# Human Services for All Tempe Residents—

# Creating Outstanding Value for Those Served



## A Needs Assessment Sponsored by
## Tempe Community Council

Conducted and compiled by:

I&E Consulting, Inc.



*Consulting to Inspire and Enhance Your Mission*

November 2017

*THIS WORK IS A JOINT EFFORT BETWEEN I&E CONSULTING, INC. (I&E) AND SEVERAL WHO HAVE SUPPORTED THE RESEARCH PROJECT:*

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*A SPECIAL THANK YOU TO THESE ORGANIZATIONS THAT WENT ABOVE AND BEYOND TO HOST GROUPS AND/OR REFER SERVICE RECIPIENTS FOR THIS ASSESSMENT. MANY OF THESE ORGANIZATIONS WERE AMONG THOSE MENTIONED BY PARTICIPANTS AS PROVIDING THE HIGHEST QUALITY SERVICES AND SUPPORT FOR TEMPE RESIDENTS:*

CARE7
DESERT PALM UNITED CHURCH OF CHRIST
ESCALANTE MULTI-GENERATIONAL COMMUNITY CENTER
FIRST UNITED METHODIST CHURCH OF TEMPE
GRACE COMMUNITY CHURCH
GRACIE'S VILLAGE AND THRIFT STORE
GUARDIAN ANGEL COMMUNITY
IGLESIA DE DIOS PENTECOSTAL M.I.
MAGGIE'S PLACE
MISSIO DEI COMMUNITIES
MULLIGAN'S MANOR
PAZ DE CRISTO
PEER SOLUTIONS
REDEMPTION CHURCH TEMPE
SAVE THE FAMILY
TEMPE COMMUNITY ACTION AGENCY
TEMPE ELEMENTARY SCHOOL DISTRICT #3
TEMPE UNION HIGH SCHOOL DISTRICT
TEMPE VILLA APARTMENTS
TEMPLE EMMANUEL OF TEMPE
THRIVE TO FIVE (INCLUDING FAMILY RESOURCE CENTERS AND PARENT LIAISONS)

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# Tempe Human Services 2017 Needs Assessment Executive Summary

Between mid-July and mid-October, 2017, I&E Consulting, Inc., (I&E) actively engaged with the Tempe human services community (both recipients and providers of services); leaders/members of Tempe faith communities; residents and community advocates; leaders/staff members of City of Tempe human services and public safety departments; volunteers and members of nonprofit boards, commissions and coalitions; and representatives of Arizona State University to conduct a human services needs assessment for the community. Researchers from I&E were chosen to conduct this assessment through a competitive Request for Proposals (RFP) selection process organized and funded by Tempe Community Council (TCC) and a cadre of faith community partners: Guardian Angels Community, Missio Dei Communities, Redemption Church of Tempe, and Temple Emanuel of Tempe.

Even before the research project began, the understanding existed that many good works occur daily throughout Tempe to ease the challenges faced by a significant number of residents in meeting their basic needs. People are fed, clothed and offered varying degrees of support. Assistance with utilities and rent payments is provided. Community members are helping neighbors. Community leaders across nonprofit and for-profit organizations, members of faith communities, and City of Tempe employees continue diligently to provide their time and their attention toward residents struggling with a wide variety of difficult situations, often taking exhaustive steps to help those in need. However, the depth and breadth of human services needs are not wholly visible to the greater community and some critical needs remain unmet and underserved. This report is offered as a snapshot of those needs at a definitive point in time.

A typical temptation for busy people with multiple demands on their time is to rely on a project Executive Summary to provide all the pertinent facts and points presented in the larger report for the purpose of making immediate decisions. Although this summary assembles a significant portion of the research results into a cohesive, abbreviated compendium, some segments of the research require a more in-depth review and understanding of the findings on the part of the reader interested in putting the research to productive use. In those instances, this Executive Summary will provide a guide to link the reader with specified sections of the larger report.

Tempe Community Council has been commended by residents and community stakeholders throughout the research process for their commitment to the people of Tempe in their decision to take a closer look at the needs of the city's most vulnerable residents. The scope of work proposed in the RFP sought to respond to the following questions—

1. *A prioritization of the needs, gaps or duplication of human services, and current trends, including but not limited to, the six target populations identified by Tempe Community Council and currently receiving City funds through a community-driven funding process to assist nonprofits in serving their needs.* The six identified population groups stated in the RFP included: youth, senior citizens, homeless individuals, domestic violence victims, individuals with disabilities, and the working poor. Through the research process, the descriptive titles of these groups were revised to reflect the realities and preferences of those included in the study, and one additional population group emerged to bring the total to seven.

2. *An inventory of relevant community resources, programs, and services that currently exist in Tempe that can help meet the identified human services needs.*

3. *Recommended conclusions for the organizations to be able to respond with appropriate remedial action. These conclusions would offer direction for the human service delivery system in Tempe, including examples of best practices locally, regionally, and/or nationally.*

In Section One of this Executive Summary, the four parts of the needs assessment report are summarized with references to the sections of the report providing detail for each of the population groups included in the study. In Section Two, capsulized versions of the prioritized recommendations presented in the report are provided along with references to a more detailed discussion of each.

## SECTION 1: REPORT SUMMARY

### PART I. BACKGROUND RESEARCH AND COMMUNITY DEMOGRAPHICS

This Part I of the report offers the reader a "big picture" look at Tempe and provides the foundation for examining the current needs for human services within the community. The majority of Tempe residents are experiencing a quality of life envied by many other communities of equal size while maintaining a much-appreciated caring, small-town atmosphere. This suburban community has been recognized with multiple awards and has received a number of positive accolades.

These ongoing awards of recognition are of particular interest when viewed in the context of a statistical review of Tempe demographics: a median household income slightly below the average in Arizona, a relatively young average age of 28.8 years (significantly younger than surrounding communities, not unexpected for a major college town), high levels of educational attainment for the majority, with a shortage of affordable housing and above-average home prices valued in excess of $233,000.

For the less visible part of the population made up of more than one-third of Tempe residents and experiencing struggles and grave challenges, the needs are palpable. The demographics for this segment of the population present a stark contrast to the majority of Tempe residents doing well: more than 38,000 residents living below the federal poverty threshold, over 19,000 students in the public schools qualifying for the free/reduced lunch program for the children of low income families, over 6,000 residents with less than a 9th grade education and another more than 9,000 residents having some high school education with no degree or GED, more than 14,000 residents with disabilities/special needs, more than 900 homeless individuals and families living on the streets and in shelters and looking for work, approximately 4 calls to the Police Department each week for suicides or attempted/threatened suicides, 3.4 sexual assault calls and 72 domestic violence calls per week, and 45 drug use arrests and 21 DUI arrests each week. The demographics provide the statistics; the following sections of the report tell their stories. Unfortunately, these segments of the Tempe population are not easily reached except through this type of community dialogue, and most do not respond to resident surveys due to being homeless with no mailing address, focusing on the immediate crises of their lives, experiencing disabilities that require representation by advocates, or having language challenges.

### PART II. HUMAN SERVICES NEEDS ASSESSMENT METHODOLOGY AND DEFINITIONS

This section describes for the reader the research design and methodology used to get in touch with the needs of the community and to gather both relevant statistical information and the stories of those in critical need of human services through a process of extensive community outreach. Utilizing a multi-method research approach for simultaneously gathering data and validating each arm of the methodology, two experienced Ph.D.-level researchers brought a broad range of experience and expertise to the effort. The multiple prongs of the research study included: 1) the collection of detailed information from 292 Tempe human service recipients, service providers and key community stakeholders utilizing in-depth, personally-proctored survey questionnaires; 2) 10 focus groups attended by 172 diverse participants who receive or need human services; 3) dialogue with 99 human services providers in six TCC-sponsored roundtable discussions representing the specific population groups included in the study, as well as discussions with 198 participants in 12 assessment-specific community

gatherings; 4) in-depth structured interviews with 26 human services recipients, service providers and key community stakeholders, plus five informal, unstructured interviews; and 5) a community forum convened for clarification and corroboration of information gathered throughout the process to further support prioritization of strengths, gaps and recommendations for inclusion in the final report. Within this forum attended by 90 individuals from the human services community (both recipients and providers), the faith community, Tempe residents, community advocates, TCC Board members, and City Councilmember Lauren Kuby, the research team reviewed preliminary findings and a sampling of recommendations for further discussion and input. (Details of the widespread representation of the community through these research methods are described in Part II.)

This section of the report also includes the all-important definitions that underpin the research, including definitions of human services, the human services community, domestic violence victims and survivors, homeless, residents with disabilities/special needs, seniors, working poor, and youth. Although the reader may feel comfortable in defining most of these groups, the nuances of the definitions are important to understand the breadth of the groups as well as the depth. (Definitions of these groups can be found on pages 31-41.)

## Part III. Tempe Needs Assessment Data and Findings

Part III of the report is considered to be the most important section for anyone to read who considers Tempe their home—no matter which segments of the population apply to the reader, if any. "Community outreach" toward individuals and families within the six originally-designated population groups of Tempe residents and potential emergent groups, credible research into their realities, and "community input" from residents sharing their personal stories were a key part of the mandates for the study as expressed in the RFP.

Any abbreviated summary of this section of the report has the potential of doing damage to the integrity of the research—diminishing the stories and critical needs of neighbors into raw statistics. The richness of the results of the research provide the reader with: an experiential perception that rates the adequacy of 42 specific human services offered to service recipients within the six population groups; a survey of the quality of human services, greatest strengths and largest gaps in human services within Tempe; an in-depth list of identified resources accessible and affordable for Tempe residents; prioritized lists of strengths and challenges by population group; the opportunity to hear the voices of neighbors through relevant poignant quotes; and the validation and support expressed by community stakeholders, Tempe leaders/officials, service providers and members of faith communities. For these reasons, the only portion of the data and findings that will be shared as a part of this Executive Summary is the rank ordering of the criticality of need for added services by population group, as identified by human services recipients and providers, and the inclusion of an emerging group of critical needs identified through the research process (ranked from greatest need for *added* services to least. *Other possible emerging groups are listed in the order of frequency mentioned on page 70.*):

1. *Individuals with mental health, substance abuse, and health care treatment needs*
2. *Homeless individuals and families*
3. *Domestic violence, sexual assault, and sex trafficking  survivors*
4. *Individuals with disabilities/special needs*
5. *Working poor individuals*
6. *Seniors*
7. *Youth*

The participants are adamant in their expression that *all* of these groups are in need of additional services and they cannot, in good conscience, suggest that one group should be "robbed" of resources

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to serve another. (This section of the report is a "must read" for anyone who truly wants to know about a wide variety of needs that exist within Tempe and can be found on pages 43-73.)

## PART IV. PRIORITIES AND RECOMMENDATIONS

This section of the report provides the reader with several important pieces of the study, including a prioritized list of recurrent needs common to all population groups, a prioritized list of services needed by each of the seven population groups (including the new emerging group listed above), prioritized recommendations and best practice strategies to address the gaps, and prioritized suggestions for local and/or regional partnership strategies. In addition, the I&E team has taken the initiative to offer some tough questions related to moving forward from the identification of needs to meeting those needs, as well as recommendations for further research. (This section of the report can be found on pages 75-91.)

Two critical pieces to note are the prioritized list of recurrent needs common to all population groups and the prioritized list of needs for added services by population group. Both provide a foundation for the abbreviated list of recommendations offered in Section 2 of the Executive Summary. First, the prioritized list of recurrent needs common to all population groups. These universal gaps are considered critical within each of the population groups below and are considered a first priority in each case:

1. *Affordable and accessible housing*
2. *Safe shelter and services to meet basic needs, including emergency shelter for the most vulnerable*
3. *More jobs at livable wages, including a preference for hiring Tempe residents*
4. *A complete system of care to provide human services to economically disadvantaged individuals and families, including multilingual access*
5. *An holistic individualized approach to case management with access to a single case manager/navigator per individual/family*
6. *Flexible funding to allow providers adaptability to meet needs*

Next, the prioritized list of needs for added services by population group:

1. ***Individuals with mental health, substance abuse, and health care treatment needs across all population groups***
   a. *Safe, accessible housing includes residential treatment services, as needed*
   b. *Access to assessment and treatment services*
   c. *Counseling and continued recovery assistance*
   d. *Linkages and access to additional affordable, more immediate healthcare services including prevention (e.g., yearly exams), basic healthcare needs (e.g., vision needs and dental work identified as a critical need across multiple populations), and specialized health circumstances (e.g., injuries or disease).*
2. ***Homeless individuals and families***
   a. *Safe emergency housing/placement for the homeless includes crisis shelter for the most vulnerable*
   b. *Fulfillment of basic needs like safety, water, laundry facilities, restrooms, storage lockers*
   c. *Consistent motivation and support*
   d. *Transition needs, e.g., trauma counseling, special needs placements, continuing education, and job readiness*

3. ***Domestic violence, sexual assault, and sex trafficking survivors***
   a. *Accessible housing for survivors includes quicker response to placement into safe, non-separated housing for survivor families*
   b. *Increased CARE7 trauma informed care providers*
   c. *Focused support for youth in trauma*
   d. *Increased services for those experiencing sexual assault/child abuse*
   e. *Relocation/moving services, including pet friendly relocations*
4. ***Individuals with disabilities/special needs***
   a. *In home disability/personal care assistance to remain in place*
   b. *Integration into the community, including accessible resources, housing, employment, transportation (with wheelchair accessibility)*
   c. *Tiered services to meet the needs of individuals with disabilities based on level/type of disability as well as those compounded by age*
   d. *Services to transition from school resources to adulthood*
   e. *Tempe resources compliant with disability standards, including Tempe.gov web site and Tempe library*
   f. *Transportation to services not located in Tempe*
5. ***Working poor individuals and families***
   a. *Safe, affordable housing for the working poor includes crisis services to prevent homelessness*
   b. *Resources to meet basic needs and preventive emergency assistance, i.e., rent and utilities assistance*
   c. *Intervention with landlords to prevent eviction*
   d. *Affordable education and vocational training*
   e. *Affordable, safe child care (including 24-hour care that incorporates education/ prevention programming and a source of diapers)*
   f. *Access to legal services for issues with housing and benefits*
6. ***Seniors***
   a. *Safe, affordable, accessible housing for senior includes a dedicated shelter space for seniors*
   b. *Communication/Accessibility Advocate for resources available to the economically disadvantaged*
   c. *Caregivers for Activities of Daily Living (ADLs)*
   d. *Quality lifelong learning senior services*
   e. *Emotional/mental health support to combat loneliness and isolation*
7. ***Youth***
   a. *Counseling and suicide prevention, sexual assault and sex trafficking education*
   b. *Safe, accessible housing for youth includes emergency housing for youth*
   c. *Youth program fee assistance and transportation for economically disadvantaged youth*
   d. *Mentoring to find purpose and connection*
   e. *Parenting support*

The second section of this Executive Summary will attempt to offer the reader an abbreviated summary version of the prioritized recommendations suggested for addressing the needs identified through the research process. However, as is often the case with abbreviated summaries, the full intent of the recommendations will require a more thorough reading of the report.

## SECTION 2:  Abbreviated Summary of Prioritized Recommendations and Best Practices Strategies

**Recommendation # 1.** Revisit the Agency Review (AR) procedures for FY2018/2019 Tempe Human Services Funding to reflect Tempe City Council's Strategic Priority #3 to "enhance the quality of life for all Tempe residents and workers" through investment in human services consistent with the identified prioritization of needs for all human services population groups. *(See pages 79-81 for more detail)*
- Recommendation to make this Tempe Human Services Needs Assessment report visible and accessible as a link on the Tempe.gov web site to acknowledge community input in identifying needs/gaps and to respond to requests for access to the report, when completed.
- *Followed by a series of recommendations for a revised procurement strategy for FY 2018/2019 in which the Tempe Request for Proposals (RFP) requires specific responses from all offerors to include: addressing the most critical needs/gaps identified through the research; a clear description of the population group(s) served, with the opportunity to submit proposals that reflect the realistic overlap in serving two or more of the human services population groups funded, e.g., the closely related homeless and working poor groups; a realistic measurement for achievement of the agency performance goals related to specific population group needs/gaps; plans for increasing and mobilizing volunteer efforts; and the development of innovative ideas to increase cost-effectiveness.*

**Recommendation # 2.** Implement a first step toward creating a "seamless continuum of care" (Recommendation # 3 below) through improved communication and awareness of human services available/accessible to Tempe residents by placing an interactive button/link on the Home page of the Tempe.gov web site that reads "I Need Help Connecting to Tempe Human Services." The link would immediately connect the resident to "a real person" from the CARE7 team for assessment/referral of their needs.  *(See page 81 for more detail)*

**Recommendation # 3.** Create a "seamless continuum of care" within the experience base of CARE7 to provide human services to economically disadvantaged individuals and families, including a centralized Tempe hub to connect those in need of services with the appropriate providers. The continuum of care is one in which a case management system is established (with collaborative co-case management led by an established and highly visible/respected and oft-cited provider of direct services within the City of Tempe Human Services Department and coordinated with a designated nonprofit agency coordinator, likewise highly respected for providing multiple human services and considered the "go to" agency for quality direct services within Tempe) to connect each client with all the satellite services to meet the holistic needs of that client through interagency coordination and collaboration. Community nonprofit providers of services and City of Tempe Human Services Department services providers are invited to join as members of the Continuum of Care. This shared network model closely links all providers of direct services to serve clients with individualized holistic case management and creates a system of checks and balances. *(See pages 81-83 for more detail)*
- Recommendation to establish a highly respected, recognized, and effective direct service provider within the City of Tempe Human Services Department as the hub location, connected with the nonprofit human services community through a broad-based partnership arrangement and linked through a nonprofit agency coordinator. (Supports Council Strategic Priorities 1.20 and 2.7, among others)
- Recommendation for the most highly respected, recognized, and effective nonprofit provider of human services within Tempe  to serve as the nonprofit agency coordinator to co-case manage Tempe human services clients and to navigate the longer-term services with nonprofit members of the Continuum of Care Plan. This position is recommended to be arranged with a nonprofit

agency marked by a direct service presence and established community recognition in Tempe as evidenced by the preponderance of community responses/references in dialogue with members of the human services community. The Continuum of Care would benefit from the selection of a nonprofit agency with a demonstrated track record for being able to mobilize resources relatively quickly in a crisis and to establish East Valley coalitions, further strengthening their role in the Continuum of Care.

- *Includes a series of detailed recommendations and strategies for creating and implementing the Tempe Continuum of Care.*
- **Research Disclaimer: The I&E research team recognizes that the successful implementation of this recommendation requires that the agencies tasked with this critical responsibility must meet the highest of standards and demonstrated success within the Tempe human services community. Clear designees emerged through the research process and those recommendations have been provided to the TCC Board**.

**Recommendation # 4.** Create a Human Services Community Volunteer Coordinator one-stop site to connect Tempe residents interested in volunteering with opportunities that connect to their greatest skills and areas of interest/compassion. This resource for community volunteerism would collaborate with members of the extensive caring community to motivate, recruit, train, and assign volunteers, as well as to establish a focused community relationship with Arizona State University. *(See pages 83-84 for more detail)*

- Recommendation for an agency with a longstanding position in the community to fulfill this role.
- **Research Disclaimer: The I&E research team recognizes that the successful implementation of this recommendation requires that the agency tasked with this critical responsibility meet the highest of standards and demonstrated success within the Tempe human services community. A clear designee emerged through the research process and that recommendation has been provided to the TCC Board.**

**Recommendation # 5.** Continue to pursue the development of a comprehensive affordable housing program in Tempe as well as the implementation of an Affordable Housing Impact Statement (AHIS), with consideration being given to identifying stop-gap measures to fill the critical affordable housing shortages identified in the recent *Housing Inventory and Affordability Analysis* conducted for Tempe by BBC Research & Consulting. Those who are "cost burdened" by the housing crisis are currently living in an at risk status for homelessness. The report supported the understanding that the lack of affordable housing crosses all population groups under study in this needs assessment—"many are working residents earning low wages, residents who are unemployed and residents who are disabled and cannot work." Strategic planning is critical but likewise so is the need to alleviate the daily burdens for these individuals and families. *(See pages 84-85 for more detail)*

**Recommendation # 6.** Take an active role in working with health care professionals in the larger metropolitan area to explore solutions to meet the critical need for high-quality mental health, substance abuse, and health care treatment options accessible to the human services community. *(See page 85 for more detail)*

**Recommendation # 7.** Create a proactive priority to engage ASU and other local colleges in richer collaboration and community partnership to address the needs of students and the sharing of resources to meet their needs and to increase opportunities for ASU student internships with Tempe's human services providers. This recommendation is linked to Recommendation # 4 above. *(See pages 85-86 for more detail)*

**Recommendation # 8.** Develop a comprehensive data base to gather specific information about the types of public safety calls being addressed within Tempe to add emergency mental health calls, mentally disturbed persons, elder abuse incidents, bullying, child pornography, stalking, teen dating victimization, and hate crimes among others. These data will inform future definition of human services needs and decision making. *(See page 86 for more detail)*

**Recommendation # 9.** Develop and implement services to address the immediate critical basic needs of homeless individuals and families in Tempe. These stabilizing services alleviate barriers to self-sufficiency in readiness for case management through the Continuum of Care presented in Recommendation # 3. *(See page 86 for more detail)*

**Recommendation # 10.** Create basic support services for survivors of domestic violence, sexual assault and sex trafficking (in accordance with the suggestions offered by the Family Justice Commission following its recent study) to offer safety and stability as first steps to entering into trauma informed care through the Continuum of Care presented in  Recommendation #3. *(See pages 86-87 for more detail)*

**Recommendation # 11.** Establish a plan to address the immediate challenges of individuals with disabilities/special needs to provide for safety and accessibility to the services needed for self-reliance through the Continuum of Care presented in Recommendation #3. *(See page 87 for more detail)*

**Recommendation # 12.** Provide for the basic needs of working poor individuals and families to prevent sliding into homelessness and to stabilize their lives as they work with case managers to alleviate barriers to economic self-reliance through the Continuum of Care presented in Recommendation #3. *(See page 87 for more detail)*

**Recommendation # 13.** Develop plans for addressing the immediate basic needs of economically disadvantaged seniors to remain safe and stable while working with a case manager to create a long-term plan through the Continuum of Care presented in Recommendation #3. *(See pages 87-88 for more detail)*

**Recommendation # 14.** Expand on programs offered through the schools for youth with critical needs to maintain immediate safety and equilibrium while their connections to human services are facilitated through the Continuum of Care presented in Recommendation #3. *(See page 88 for more detail)*

**Recommendation # 15.** Continue pursuit of strategic priorities to bring more jobs and higher wages to Tempe while creating more jobs at a livable wage for unskilled workers. *(See page 88 for more detail)*

**Recommendation # 16.** Reward human service providers with increased funding dollars as they demonstrate the implementation of best practices and the highest level of success for their Tempe clients, utilizing standardized performance measures and quarterly evidence of measurable outcomes. *(See pages 88-89 for more detail)*

**Recommendation # 17.** Prepare now for the aging of Tempe residents to be ready to meet the human services needs of increasing numbers of seniors, projecting future needs and resources over the next five years. The needs of this segment of the population constitute a future gap in human services. *(See page 89 for more detail)*

**Recommendation # 18.** Support successful strategies for neighborhood building and empowerment by encouraging local neighborhood associations to provide increased communication, with a focus on

community mobilization, building relationships and linking individuals to needed resources. *(See page 89 for more detail)*

**Recommendation # 19.** Create accessible resources for connecting individuals with employment opportunities, e.g., a job bank coordinator that matches skill levels with available jobs. *(See page 89)*

**Recommendation # 20.** Develop strategies to provide more bilingual access to City and nonprofit services through attention to hiring practices to meet this need. *(See page 89)*

## Prioritized Suggestions for Local and/or Regional Partnership Strategies

**Partnership Recommendation # 1.** Develop regional partnerships to provide prevention services to all population groups in collaboration through the Tempe Continuum of Care, engaging all Continuum of Care members, i.e., coordinators/navigators, nonprofit agencies, and faith communities. *(See page 89 for more detail)*

**Partnership Recommendation # 2.** Expand/expedite current partnerships and develop new agreements with existing service providers who serve Tempe residents in need through the use of reciprocal funding arrangements or resource sharing. *(See page 89 for more detail)*

**Partnership Recommendation # 3.** Implement partnership communication strategies. *(See page 90 for a series of recommendations)*

**Partnership Recommendation # 4.** Investigate the possibility of regional partnerships (with Tempe in the lead) to collectively fund increased housing options for families and transitional youth. *(See page 90)*

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## PART I
## BACKGROUND RESEARCH AND COMMUNITY DEMOGRAPHICS

## ASSESSING HUMAN SERVICES NEEDS FOR TEMPE RESIDENTS–CREATING OUTSTANDING VALUE FOR THOSE SERVED

***Purpose.*** Tempe Community Council (TCC) has committed to "connect those in need with those who care." The identification of funds and program resources that promote an improved future for any resident experiencing a significant need for assistance is one of the first steps in moving forward. The initial groups TCC chose to explore as a part of this study to determine the human services needs that actually exist in Tempe are (in alphabetical order):

- Domestic violence victims
- Homeless individuals
- Individuals with disabilities
- Senior citizens
- Working poor
- Youth

Recognizing that reducing the critical needs of these groups and others will contribute to individual and community well-being and stabilization of Tempe neighborhoods, TCC advocated for a community-wide needs assessment to determine if a change is needed in the priorities and protocols associated with awarding City of Tempe general funds to providers of human services for Tempe residents. They understood that the first step is to engage the entire human services community in the dialogue— service recipients, those with unmet needs, nonprofit providers, City of Tempe providers of human services, and the wide cadre of volunteers contributing time and resources to meeting the needs of others. TCC began by adhering to their mission statement to connect those in need with those who care, calling for support from the community to fund the project. Four faith communities stepped up to the challenge and gave generously of their resources, and they deserve the gratitude of the community for their leadership and partnership:

- Guardian Angels Community
- Missio Dei Communities
- Redemption Church Tempe
- Temple Emanuel of Tempe

Through this needs assessment process, TCC is demonstrating a commitment to the standard that consistently sets the vision for the Tempe community....

## SHARED VISION, SUPERIOR SERVICE AND SUSTAINABLE PRACTICES!

Through the commissioning of this systematic assessment of the human services needs of residents, TCC is taking a proactive step forward to identify the scope of the needs that exist in the community, the

human services currently available within Tempe and the surrounding communities that are accessible and affordable to residents, any gaps or areas of improvement in the provision of human services that may exist currently or are likely to emerge in the future, the greatest needs that currently exist for residents, and an initial exploration of how to address those needs through local resources and/or regional partnerships. One of the best places to begin such a study is at the very beginning. Who are the people of Tempe today and how did it become this community?

***Tempe History.*** The Tempe Tourism Office begins its history of Tempe:

> *Distinct, diverse, dynamic and entrepreneurial are characteristics that have defined the City of Tempe since prehistoric times when the resourceful Hohokam people lived here for about 1,500 years until sometime around 1450.*

The first settlers in the area that is now Tempe were Hispanic families who had moved from southern Arizona to help construct the two irrigation canals and to start their own small farms. Meanwhile another settlement known as Hayden's Ferry developed west of Tempe Butte, initially homesteaded in 1870 by Charles Trumbull Hayden, owner of a mercantile and freighting business in Tucson. The Hispanic community located east of Tempe Butte became known as San Pablo in 1872, and the two settlements came together in 1879 to form one community. The new town was named Tempe. From these early roots, this community has been one of diversity and growth, with the heritage of a small agricultural community throughout most of its history.

In 1885, the Arizona legislature selected Tempe as the site for the Territorial Normal School to train teachers for Arizona's schools, with no possible expectation of it growing into Arizona State University, currently the 5th largest public university in the United States. Soon the railroad, built in 1887, transformed the small agricultural community into one of the most important business and shipping centers for the surrounding agricultural area. From these early days, Tempe became noted for its progressive innovation, continually transforming as a strong, modern economy based on commerce, tourism, technology and sustainability.

In 1912, the Territory of Arizona became the 48th state, and a group of 14 women met at the Eighth Street and Mill Avenue Schoolhouse to form a Mother's Club. In January of 1913, the club chose the name Tempe Woman's Club, and the motto was adopted, which is still in use today: "*In essentials, unity. In non-essentials, freedom. In all things, charity.*" The stated purpose was, "to enable women to work more efficiently for the benefit of the schools and the city in general." These women immediately went to work to deal with the Tempe Buttes, which by this time had become a dumping ground and an eye-sore. They organized a group of volunteers to clean it up. They spotted problems of sanitation and a lack of supervision on school playgrounds. They raised money for charities, schools, and hospitals. As Tempe continued to grow and transform, this early group of women began their own "human services needs assessment" and created a foundation for the commitment within Tempe to meet the needs of individuals and families in the community who are faced with a variety of challenges. The delivery of human services to people in need has been an integral part of Tempe from its early days…and this sense of a diverse and caring community remains at its core in 2017.

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***Tempe Population Rank and Growth.*** Tempe is unique. More than once referred to as a "landlocked college town," Tempe has not been subject to the pains of rapid population growth experienced in surrounding cities.  In fact, Tempe's growth is about average across the U.S. Forty-three percent of similarly sized cities are growing faster than Tempe since 2000. While Tempe has experienced a growth rate of 14.8 percent, Phoenix has grown at a rate of 21.7 percent during this same time period (2000-2016). However, this reported level of growth in population does not define Tempe without a closer look at the East Valley of which it is a part and its position in that regional grouping of cities, especially with regard to population density. The average population density (people per square mile) in Arizona is 56.3 people, and in the U.S. the average is 87.4. Phoenix is ranked 11th among Arizona cities for population density; Tempe is ranked 4th. Tempe initially presents a stereotypical profile of the density of "city" living to a greater extent than the other surrounding cities represented in Table 1. (The top three Arizona communities with greater population density are Guadalupe, South Tucson, and Flowing Wells.)

**Table 1. Tempe Population Relative to Other Comparative Communities**

| Community | US Rank | 2016 Population | Growth 2000-2016 | Population Density (people/sqmi) | AZ Rank |
|---|---|---|---|---|---|
| **Tempe** | **133** | **182,498** | **14.8%** | **4,050.2** | **4** |
| Chandler | 84 | 247,477 | 37.8% | 3,665.8 | 7 |
| Mesa | 36 | 484,587 | 20.2% | 3,217.5 | 8 |
| Gilbert | 93 | 237,133 | 102.1% | 3,067.2 | 10 |
| Scottsdale | 85 | 246,645 | 20.7% | 1,182.0 | 30 |
| Glendale | 86 | 245,895 | 10.8% | 3,780.2 | 6 |
| Peoria | 156 | 164,173 | 47.9% | 883.4 | 49 |
| Surprise | 202 | 132,677 | 310.1% | 1,111.3 | 35 |

Source: Biggestuscities.com, 2017, last updated October 3, 2017.

***Tempe Household Economic Overview.*** The average income per capita within Arizona is $25,784 and average income per household is $50,752. Within the State of Arizona, the number of people living below the poverty line is 16.2 percent. These figures compare nationally at an average U.S. income per capita of $27,915 and an average U.S. household income of $52,762, with 14.3 percent living below the poverty line in the U.S. The data presented in Tables 1 and 2 are particularly relevant to the need for human services in Tempe. A snapshot that depicts population density coupled with low income for over 38,000 residents begins to create a framework for understanding the level of need among economically disadvantaged residents. For those individuals and families living below the poverty threshold, connecting with the assistance they need is critical to their ability to attain the most basic quality of life—and these statistics generally do not include a large number of homeless individuals and families.

**Table 2. Tempe Income/Housing Demographics Relative to Surrounding East Valley Communities**

| City/Town | Income per capita | AZ Rank | Income per household | AZ Rank | Income below poverty threshold | AZ Rank | Median Home Value | AZ Rank |
|---|---|---|---|---|---|---|---|---|
| Tempe | $25,561 | 36 | $48,618 | 49 | 21.1% | 21 | $233,400 | 28 |
| Chandler | $32,942 | 20 | $71,343 | 20 | 7.9% | 74 | $255,100 | 22 |
| Mesa | $24,872 | 42 | $49,872 | 44 | 13.5% | 52 | $178,900 | 45 |
| Gilbert | $31,376 | 23 | $80,090 | 10 | 5.8% | 82 | $266,100 | 20 |

Source: Biggestuscities.com, 2017, last updated October 3, 2017.

*Tempe Age Demographics.* The overall vibrancy of the community is enhanced by an examination of the age demographics which present a visual picture of a relatively young community with a median age of 28.8 years, compared to the Arizona median age of 37.4 years. (See Figure 1) Although this picture of youth is prevalent, Tempe was ranked the 5th Best Place to Retire in Arizona in 2017 by niche.com, while the current population continues to age. The *2015 American Community Survey* estimates over 15,000 Tempe residents 65 years of age and over, including more than 2,000 elderly aged 85 and over. The need for services for seniors and the elderly will continue to rise over the next several years and presents a clear signal to consider engaging in the planning today in order to meet those needs.

**Figure 1. Tempe Age Demographics**



| | Under 5 Years | 5 to 9 Years | 10 to 14 Years | 15 to 19 Years | 20 to 24 Years | 25 to 34 Years | 35 to 44 Years | 45 to 54 Years | 55 to 59 Years | 60 to 64 Years | 65 to 74 Years | 75 Years and over |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| % of Total | 4.50% | 4.10% | 4.30% | 10.20% | 18.50% | 19.30% | 10.50% | 10.20% | 5.00% | 4.30% | 5.40% | 3.60% |
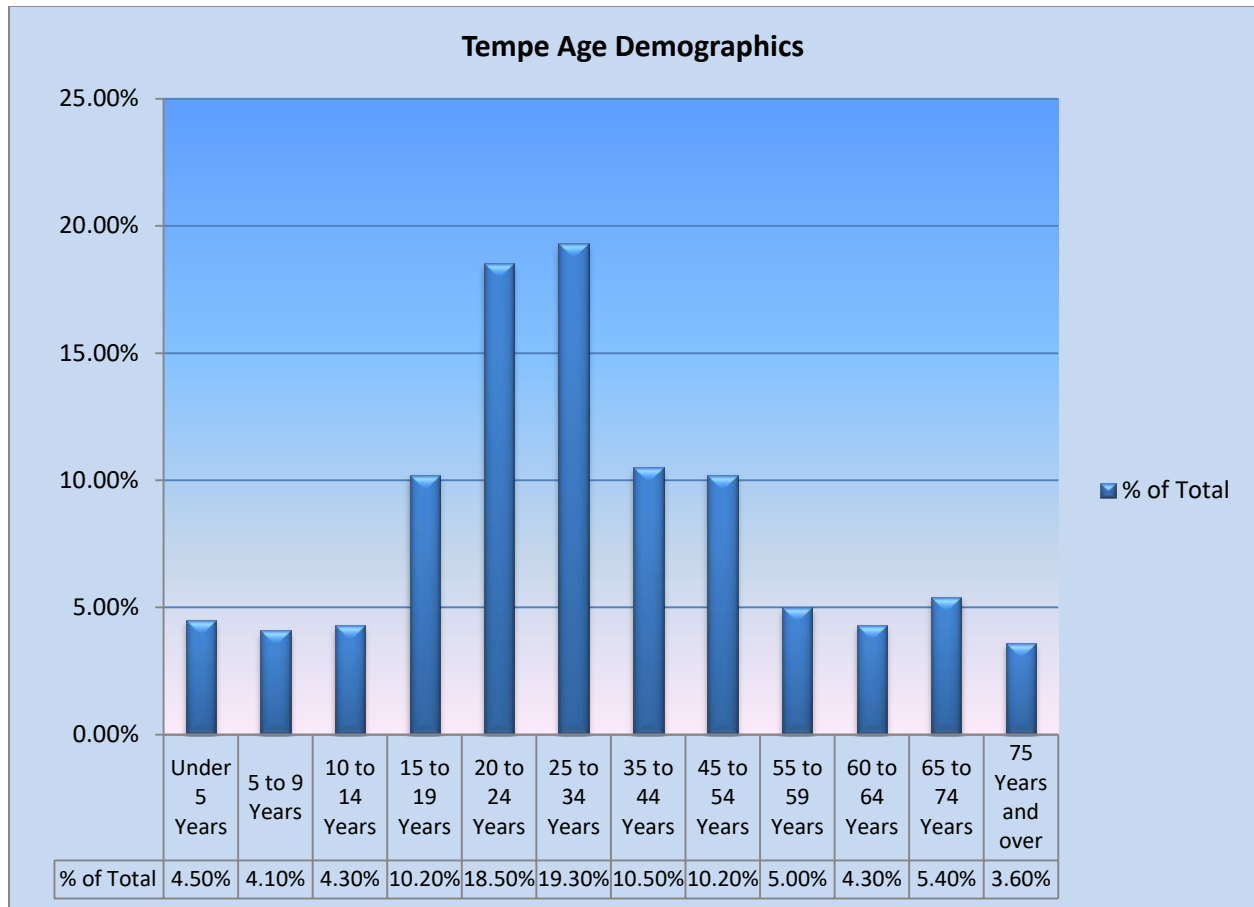
Source: *U.S. Census Bureau, 2015 American Community Survey*

The age demographics of East Valley communities vary in some subtle but characteristic patterns:

**Table 3. Tempe Age Demographics Relative to Surrounding Communities**

| City/Town | Under Age 5 | Rank | Median Age | 65 or Older | Rank |
|---|---|---|---|---|---|
| Tempe | 5.0% | 68 | 28.8 | 8.4% | 77 |
| Chandler | 7.6% | 36 | 34.9 | 7.8% | 80 |
| Mesa | 7.7% | 35 | 38.4 | 14.1% | 53 |
| Gilbert | 8.5% | 24 | 32.9 | 6.1% | 93 |

Source: *U.S. Census Bureau, 2015 American Community Survey*

While Chandler and Gilbert have trended toward attracting young affluent families with young children, Tempe is unique in its attraction to millennials—ranking as the #1 best city for millennials in Arizona. Tempe also ranks as the #1 city for multi-unit apartment buildings. However, one of the demographic characteristics that makes Tempe unique (and specifically in its East Valley region) is the youngest median age of 28.8 years while having a significant senior population and residents in the age groups that will require increasing levels of human services to seniors. The *2011-2015 American Community Survey 5-Year Estimates* reflect 4.3 percent of the population age 60-64, 5.4 percent age 65-74, 2.4 percent age 75-84, and 1.2 percent 85 and over. Mesa is already experiencing the challenges associated with an aging population approaching the Arizona average of 16.9 percent age 65 and over.

***Tempe Educational Demographics.*** Taking this exploration of the Tempe community a step further, the link between lower levels of prosperity (as evidenced by the number of residents living below the poverty threshold in Tempe) and lower levels of education (well documented throughout the socioeconomic research) would generally lead to the expectation that Tempe's level of education would be low. However, because students living off campus on their own are included in the Census "poverty universe," their poverty status is based on their total personal income. Therefore, colleges and universities can have a significant impact on the demographic and economic make-up of a community. Frequently, the area surrounding college/university campuses can give a false sense that the university community is more in need than some of the predominantly immigrant non-student communities across town. The caution is that this understanding can lead city planners to negate statistical poverty data around the university, assuming that parents and family members are supplementing the personal income of the students. This assumption can likewise be misleading regarding those students who are legitimately "on their own" and experiencing serious financial stress in light of the high cost of education. In fact, this needs assessment report reflects data that indicate the financial challenges of a number of ASU students. Unfortunately, the I&E team also found that many human services providers are not maintaining records that could document the magnitude of their human services needs.

**Figure 2. Tempe Highest Educational Attainment**
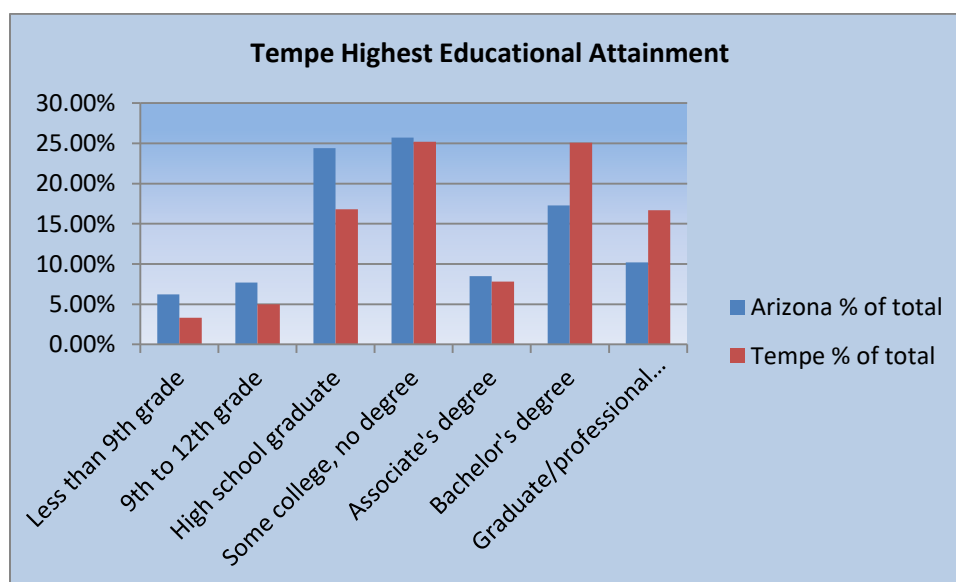


Source: *U.S. Census Bureau, 2015 American Community Survey*

In addition, the higher levels of seniors (62 years of age and over) in Tempe could be retired university professors/staff members and have sufficient retirement income to meet their needs. However, once

again the data gathered for this needs assessment report reveals a significant number of seniors who are economically challenged with health/disability concerns and no close family members to assist them in meeting their increasing human services needs. These gaps in data gathering create an additional challenge for decision makers.

**Table 4. Tempe Education Demographics Relative to Surrounding Communities**

| City/Town | High School Graduate or Higher, percent of persons age 25 years+ | Bachelor's degree or higher, percent of persons age 25 years+ |
|---|---|---|
| Tempe | 91.7% | 41.9% |
| Chandler | 91.5% | 40.9% |
| Mesa | 87.5% | 24.9% |
| Gilbert | 95.6% | 41.3% |

Source: *U.S. Census Bureau, 2015 American Community Survey*

The regional East Valley perspective related to education indicates a possible partnership arrangement by which those who reside in Tempe and have advanced degrees could offer education and training opportunities to individuals. These services could be offered in both Tempe and Mesa, for example, in exchange for other human services, such as additional shelter space or health care services.

***Tempe Ethnicity Distribution.*** Currently the ethnicity distribution within Tempe differs significantly from the distribution for Arizona as a whole, with approximately 50 percent fewer residents of Hispanic or Latino descent and approximately 25 percent fewer residents of African American descent as compared to the Arizona population distribution. (See Figure 3 and Table 5)

**Figure 3. Tempe Ethnicity Distribution**
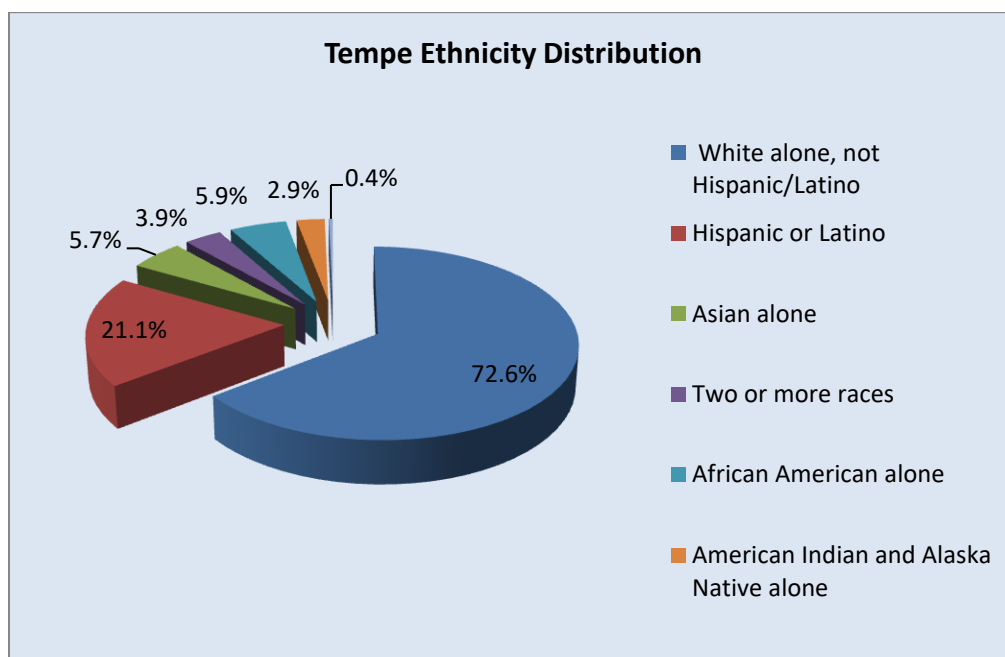


Source: Biggestuscities.com, 2017, last updated October 3, 2017.
Note: 0.4% above represents Native Hawaiian and Other Pacific Islanders alone

**Table 5. Comparison of Tempe Ethnicity Relative to Surrounding Communities**

| Ethnicity | Tempe | Chandler | Mesa | Gilbert |
|---|---|---|---|---|
| Non-Hispanic White alone | 72.6 % | 73.3% | 77.1% | 81.8% |
| Hispanic or Latino | 21.1 % | 21.9% | 26.4% | 14.9% |
| Asian alone | 5.7 % | 8.2% | 1.9% | 5.8% |
| Two or more races | 3.9 % | 3.7% | 3.4% | 3.5% |
| Black/African American alone | 5.9 % | 4.8% | 3.5% | 3.4% |
| American Indian alone | 2.9 % | 1.5% | 2.4% | 0.8% |
| Native Hawaiian and Other Pacific Islander alone | 0.4 % | 0.2% | 0.4% | 0.2% |

Source: Biggestuscities.com, 2017, last updated October 3, 2017.

The same U.S Census Bureau source reports on the primary language spoken in the home. (See Table 6)

**Table 6. Primary Language Spoken in the Home of Tempe Residents**

| Language Spoken at Home | Tempe Residents | Arizona Residents |
|---|---|---|
| English | 75.2 % | 73.1 % |
| Spanish | 14.4 % | 20.5 % |
| Other Indo-European Languages | 3.5 % | 2.0 % |
| Asian and Pacific Islander Languages | 5.1 % | 2.0 % |
| Other | 1.9 % | 2.4 % |

Source: Biggestuscities.com, 2017, last updated October 3, 2017.

Another distinguishable segment of the Tempe population is composed of individuals and families who have come from other locations—other states and other countries—and have been, at least initially, unfamiliar with how and where to access available human services assistance, if needed. One school administrator provided a glimpse into the scope of this diversity and complexity when she noted that Tempe students come from 77 countries, 70 languages and 68 Native American tribes.

***Tempe Residents with Special Needs.*** The U.S. Census Bureau provides data on the "Disability Status of the Civilian Non-institutionalized Population." However, this is an area of need that is a topic of debate in the medical and research communities and is believed to be consistently underreported. The working definition of "special needs individuals" used for the purposes of this report utilizes the broader definition that includes "persons experiencing chronic physical, mental, emotional or developmental impairment that results in marked and severe functional limitations." Therefore, the data reflected in Table 7 below are likely to not represent the totality of the special needs within Tempe.

**Table 7. U.S. Census Bureau Data for the Disability Status of the Civilian Non-institutionalized Population (underrepresenting the extent of the totality of special needs within Tempe and Arizona)**

| Disability Status | Percent of Tempe Residents | # of Tempe Residents | Percent of Arizona Residents |
|---|---|---|---|
| Total Non-institutionalized Population | 8.3 % | 14,126 | 12.2 % |
| Under 18 years | 2.9 % | 803 | 3.6 % |
| 18 to 64 years | 6.4 % | 8,077 | 10.1 % |
| 65 years and over | 34.9 % | 5,246 | 34.3 % |

Source: U.S. Census Bureau, *2011-2015 American Community Survey 5-Year Estimates*

Table 7 provides a perspective on the scope of disabilities and special needs within Tempe, in most cases significantly below the averages found within the State of Arizona. However, the disabilities identified among residents 65 years and over add emphasis to the overlap between the senior and disabilities/special needs population groups, as well as the call to project the needs for Tempe's aging population into future planning.

***Tempe Mental Health and Substance Abuse Treatment Needs.*** Tempe human services providers, key stakeholders, and City of Tempe officials provided data to substantiate a critical need for mental health and substance abuse treatment services among Tempe residents. Statistics obtained from Tempe police records reveal a substantial need for local treatment options for public safety officers and the City of Tempe Human Services Department CARE7 trauma informed care team to access when facing the challenges of serious mental health issues among Tempe residents on a daily basis. This critical need arose repeatedly throughout the Tempe research process. Table 8 provides an overview of the reality facing Tempe residents today:

**Table 8. Tempe Mental Health and Substance Abuse Related Public Safety Calls**

| Mental Health Petition Calls | Public Safety Calls January-September 2017 | Average Calls Per Week |
|---|---|---|
| Suicide Calls | 27 | 0.7 |
| Suicide Attempt Calls | 122 | 3.1 |
| Sexual Assault Calls | 134 | 3.4 |
| Sexual Assault Reports | 102 | 2.6 |
| Family Violence Fight Calls | 2,807 | 72.0 |
| Drug Use Arrests | 1,765 | 45.3 |
| DUI Arrests | 849 | 21.8 |

Source: Tempe Police Department, October 13, 2017.

Although public safety officers do not always maintain detailed records of the specific types of calls, CARE7 does. However, they do not accompany police and fire on all calls, so their data do not currently provide a comprehensive data base.

***Tempe Human Services Department.*** Approximately three years ago, a series of decisions was implemented to create a Human Services Department within the City of Tempe and to place several existing offices under that umbrella. In many cases, existing departments or segments of departments that provided human services to Tempe residents were brought into that newly formed Human Services Department. The organization has grown to more than 60 administrators and staff members listed in its directory. One decision was to develop a Memorandum of Understanding between the TCC Board of Directors and the City to make TCC a nonprofit arm under the City. Many of the existing staff members moved into positions within the newly-formed department, leaving only a small staff presence within TCC and converting all staff positions to City of Tempe employees. A Deputy Director of the Human Services Department was assigned to serve as the Executive Director of TCC. Although this has been a cumbersome transition and some nonprofit agencies and others remain confused about the potential for conflict between a nonprofit competing for City funds alongside other nonprofits while managing the Agency Review process that determines funding decisions and being led by a City employee, the agreement is nearing completion and the details are being worked out.

***Per Capita Human Services Spending for Localities in the East Valley.*** In early 2014, the Maricopa Association of Governments (MAG) conducted a Human Services Per Capita Funding Study to review the per capita level of funding for human services within Maricopa County cities, including specifically

staffing, direct services, contracts with nonprofit agencies, federal funding, and local general funds as components of a total human services budget. At that time, Tempe was not a part of the project, because they were in the early stages of creating the new Human Services Department and did not have clear numbers to convey. However, going back now to the time the department was formed and comparing the early initial budget with other East Valley cities at that time, the profile at that snapshot in time provides an interesting point of discussion. Different cities obviously see human services funding differently. The question is how funding dollars are spent—on large, fully-staffed departments or almost solely for direct services to recipients…or various combinations of those two extremes.

**Table 9. Per Capita Human Services Spending for Localities in the East Valley**
**(as of July 2013)**

| Municipality | Total Human Services Budget | Total Population | Per Capita Human Services Spending |
|---|---|---|---|
| Tempe (2014) | $14,537,200 | 169,530 | $85.75 |
| Gilbert | $1,228,541 | 219,666 | $5.59* |
| Chandler | $2,476,480 | 241,214 | $10.26 |
| Mesa | $20,443,051 | 444,856 | $45.95 |
| Scottsdale | $14,290,779 | 219,713 | $65.04 |

**Source: Maricopa Association of Governments, *Town of Gilbert Community Assessment*, (July 2013).**

***Tempe Accolades.*** Tempe has received a number of positive accolades in recent years:
- 1st Best College Town in the Country (*Livability.com 2016*)
- 2nd Best Place for Millennials in Arizona (*Niche.com 2017*)
- 5th Best Place to Retire in Arizona (*Niche.com 2017*)
- 7th Best Downtown in the U.S. (*Livability.com* 2016)
- 33rd Best Place to Live in America (*Niche.com 2017*)
- 33rd Best Public Schools in America *(Niche.com 2017)*
- Named a Dementia Friendly City *(White House 2015)*

However, the request for this human services needs assessment is evidence of the understanding that Tempe cannot rest on the accomplishments of some segments of the population without considering the experiences of others who are struggling with challenges that seriously diminish their quality of life. The first step in this human services needs assessment was to gather existing data to reveal the statistical identity of the overall population…those who are enjoying a general sense of well-being and those whose needs place them at risk on a daily basis and are in need of assistance.

This Part I of the Tempe Human Services Needs Assessment project provided the background and set the stage for developing a research study designed to gather input and data from the human services community of recipients, service providers and volunteers. Parts II and III define the methodology and definitions for the study and report the input of human services recipients and providers as well as a cross-section of community leaders and stakeholders. Part IV sets forth the analysis of strengths, needs and challenges in terms of a series of recommendations for City Council consideration based on the research study.

*We are young. We are old. We are students and we are workers. We come from all over but we make our home here. Sometimes we need help and sometimes we are there to give it. We are very different. And we are people who care.*

*Because we are Tempe.*

—Tempe Community Council

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# Part II
# Human Services Needs Assessment Methodology
# And definitions

## Getting Started

On May 24, 2017, Tempe Community Council (TCC) issued a Request for Proposals (RFP) in search of consultants to conduct a Human Services Needs Assessment targeting needs in Tempe. The specific purpose of the research project stated in the RFP was "to inform Tempe stakeholders of the current gaps in services, to target funding, and to develop needed services and optimize their delivery." From this early point in the definition of the study, reference was made to the dedicated group of "hard working, selfless people looking to promote, advocate and respond to the community's call to action." The desired outcome of data collection and analysis was to utilize a consultant-proposed research design and methodology to provide answers to address the following three related areas of concern set forth in the RFP:

1. *A prioritization of the needs, gaps or duplication of human services, and current trends, including but not limited to, the six target populations identified by Tempe Community Council and currently receiving City funds through a community-driven funding process to assist nonprofits in serving their needs.* The six identified population groups stated in the RFP included: youth, senior citizens, homeless individuals, domestic violence victims, individuals with disabilities, and the working poor.
2. *An inventory of relevant community resources, programs, and services that currently exist in Tempe that can help meet the identified human services needs.*
3. *Recommended conclusions for the organizations to be able to respond with appropriate remedial action. These conclusions would offer direction for the human service delivery system in Tempe, including examples of best practices locally, regionally, and/or nationally.*

In addition, the RFP set forth specific questions to consider as a part of the assessment, and they are identified and addressed throughout this report.

I&E Consulting, Inc., (I&E) responded to the Request for Proposals on June 1, 2017, and was awarded the contract to conduct the Tempe Human Services Needs Assessment on July 15, 2017. I&E assigned two doctorate level researchers to the Tempe project to bring a broad range of expertise to the effort. Both served as project co-directors for research, analysis and synthesis. The assigned project leaders include:

- Lisa Armijo Zorita, Ph.D., Executive Director of I&E Consulting, Inc.
- Linda M. Williams, Ph.D., Executive Director of IMI and Research Associate of I&E

Dr. Williams and Dr. Zorita previously conducted human services needs assessments for Chandler and Gilbert in the East Valley.

Tempe Community Council staff provided I&E with multiple pieces of existing data on the community's demographics and relevant reports on topics within the city from their research database to use as the basis to examine the current human services available to Tempe residents who come from the six funded human services populations. These data set the foundation for the data collection

process and research design and methodology and for understanding the needs of the Tempe population. Ultimately, over 45 documents and reports were reviewed and analyzed.

Early in the process, I&E began to conduct research based on a slightly reworded version of these groups—with the understanding that several of these population groups overlap:

- Victims of domestic violence
- Homeless individuals and families
- Individuals with special needs/disabilities
- Senior residents (over 62 years of age)
- Working poor individuals and families
- Youth

The new data collected throughout the needs assessment process and detailed in this report provide Tempe with a fresh look at human services needs among its citizens while engaging the entire community in providing input.

## Research Design and Methodology

The published secondary research data available within the City (plus State, County, and Census data for all cities in the East Valley) provided an understanding of demographic trends and population variables. These secondary data and contact with primary sources of Tempe data provided in Part I of the report were used in crafting a series of research tools tailored to the specific Tempe needs assessment project. The chosen multi-method research approach provided for simultaneously gathering data and validating each arm of the research methodology. The data reviewed are pertinent to the six population groups designated in the RFP but extend beyond to the greater human services community, with an eye toward always being open to the identification of other significant emerging groups such as immigrants and refugees, families in crisis, victims of sex trafficking or ASU students—as they may or may not relate to their need for city-funded human services. And that is an important distinction! This assessment is focused on recipients or potential recipients within the purview of that human services definition that seeks to provide help to stabilize their lives through guidance, counseling, treatment and the provision of resources to meet basic needs…*specifically* related to their need for services funded through the city-funded Agency Review process and the City of Tempe Human Services Department. Therefore, the background research was important to refine the remainder of the process in the crafting of research tools, focus group and structured interview questions, and the creation of survey questionnaires. We utilized all the data gathered for the comparison of quantitative and qualitative results generated throughout the process.

**Survey Questionnaires.** Initially, the I&E research team anticipated collecting data from an estimated 100+ surveys to provide statistical reliability of results; in fact, the number of actual survey instruments gathered totaled 292. These survey responses provide a point of comparison and support for the data gathered through the focus group component of the study as well as for interview data to create a seamless response to the questions outlined in the RFP. The survey questionnaires were administered to a targeted sample of members of the Tempe human services community in a personally-proctored, controlled environment with focus group participants (human services recipients and those in need of services), nonprofit human services providers serving Tempe residents, City of Tempe (COT) providers of services (Human Services Department staff, including direct service providers; police; fire and medical

rescue), individuals in targeted community gatherings relevant to the population groups under study or any emerging groups, and structured personal one-on-one interviews with service recipients, community leaders and stakeholders. This targeted survey process is designed to gather quantitative and qualitative data from individuals most closely involved with human services in Tempe, both those in need of services and those engaged in the day-to-day delivery of services, and to assure a maximum response rate and a minimum of survey ambiguity.

The viable, in-depth survey instrument crafted by the I&E research team captured information critical to the various areas of focus within the needs assessment process, and the data were subjected to appropriate coding and statistical analysis. This instrument creates a foundation for addressing potential gaps in human services by matching responses to specific population groups identified within Tempe as well as to identify any emerging population groups for possible future research. All surveys were conducted only in a face-to-face format with a qualified researcher on hand to answer questions and to avoid any skewing of responses by uneven representation within groups. This face-to-face venue ensures consistency in the instructions given and a higher response rate in the completion of questionnaires, and experienced team members created an environment in which each respondent was made to feel safe enough to answer the survey honestly, ensuring the protection of individual privacy. All materials were made available in both English and Spanish. Each focus group included the collection of survey data from all participants.

In addition to the research team survey questionnaires, TCC offered an abbreviated online survey for residents of the community-at-large similar to the I&E survey questionnaire. TCC targeted a broader range of individuals who are providers/community leaders, including distribution to various TCC email lists including: the faith community, past board members, agencies that TCC funds and represents, Don Carlos awardees, senior community members, volunteer community members, neighborhood associations, people in HOAs, and City of Tempe departments. Although the personally-proctored survey instrument provides richer, more rigorous research results than the e-survey questionnaire, both captured valuable quantitative and qualitative information relevant to the human services needs assessment process. The data from these TCC surveys are incorporated into this report under the section entitled "TCC Sponsored Online Survey Results" along with a brief analysis of the comparative results.

The survey questionnaire designed by the I&E research team included the following areas of study [See Attachment A for a copy of the research team survey questionnaire]:
- Respondents' affiliation with a human services agency serving the Tempe area, if any (either as a volunteer or employee)
- Descriptive information about the respondents pertinent to the six human services population groups targeted in the needs assessment and other areas relevant to the human services community, as defined by the Request for Proposals and consistent with the intent of the research project
- A rank ordering of respondents' perception/observation regarding the six human services population groups funded within Tempe from "greatest need for *added* services" (1) to "least need for *added* services" (6) (population groups were listed in the survey instrument in alphabetical order as follows):
  - Domestic violence victims
  - Homeless individuals
  - Individuals with disabilities/special needs
  - Seniors
  - Working poor
  - Youth

- Identification of any social services utilized by the respondent during the past 12 months and/or reasons for not connecting with services needed
- Assessment of the adequacy of an extensive list of human service areas relevant to the population groups identified for research by TCC, specifically measuring respondents' perception and personal experiences regarding whether each identified service area reflects—
  - Seriously inadequate services;
  - Some gaps in services;
  - Adequate services;
  - Some duplications in services;
  - Multiple redundancies in services; or
  - A response that indicates an insufficient knowledge about the service to assess its adequacy.
- Assessment of the perceived/experiential quality of services being provided to the six population groups listed above on a five-point scale
- A request for respondents to state their perceptions of the *greatest strength* in human services offered to residents of Tempe
- A request for respondents to state their perceptions of the *largest gap* in human services available to citizens of Tempe
- Identification of the resources used by the respondents to learn more about the availability of human services available to Tempe residents
- Assessment of respondents' personal evaluation of quality of life elements within Tempe on a five-point scale
  - Safety/level of crime and delinquency
  - Support for building community within individual neighborhoods
  - Support for bilingual services
  - Support for individuals and families in crisis
- Identification of services needed by the respondents to meet existing challenges and corresponding organizations that provide those human services, utilizing a relatively extensive list of potential services related to the six population groups addressed by the project. Respondents were asked to identify their needs and specific organizations they have used to meet those needs in the interest of creating an extensive list of available services. Human service providers were asked to identify specific organizations they use for referrals to human services clients.
- An opportunity to provide additional comments to assist in the needs assessment process
- Demographic data for the respondents, including—
  - Gender
  - Age
  - Ethnicity and languages spoken
  - Current cohabitation status
  - Children/dependents
  - U.S. citizenship
  - Education level
  - Home ownership
  - Faith community connection
  - Current zip code in Tempe
- A separate set of questions for information from human services providers, including—
  - Human services provided by the organization each respondent represents
  - Human services provided by other community organizations
    - Faith-based community organizations

- Social/civic volunteer groups (e.g., Rotary, Kiwanis, Lions, Soroptimist)
- Public agencies (e.g., courts, schools)
  o Groups providing meaningful services
  o Human services delivery programs working well
  o Suggestions for improvement of services
  o Suggestions for partnering/collaboration
  o Tempe key players most supportive of human services
  o Gaps observed in human services
  o Impact, if any, of ASU students on human services in Tempe
  o Prevention/intervention strategies currently in use in Tempe
  o Demonstration  of clear outcomes

The 292 survey respondents represented the following research areas (including significant overlap among population groups):
- 158 Human services recipients
  o 11 Victims of domestic violence
  o 33 Homeless individuals
  o 23 Individuals with disabilities/special needs
  o 30 Seniors (over 62 years of age)
  o 110 Low-Moderate income participants
  o 71 Parents of youth and youth (including 10 youth)
  o 46 Immigrants/refugees
  o 18 Veterans
- 132 Human services provider participants (including nonprofit providers, COT providers and volunteers)
  o 45 Nonprofit service providers
  o 38 COT providers of human services
  o 49 Human services volunteers

The demographics extracted from the 292 surveys are detailed below:

| **Gender** | Female | 191 (65.4%) |
|---|---|---|
| | Male | 81 (27.7%) |
| | Transgender | 2 ( 0.7%) |
| | Blank | 18 ( 6.2%) |
| | | |
| **Age** | 15-19 years | 11 ( 4.1%) |
| | 20-24 years | 12 ( 4.5%) |
| | 25-34 years | 50 (18.6%) |
| | 35-44 years | 60 (22.3%) |
| | 45-54 years | 54 (20.1%) |
| | 55-61 years | 31 (11.5%) |
| | 62-69 years | 32 (11.9%) |
| | 70-79 years | 14 ( 5.2%) |
| | 80-89 years | 5 ( 1.9%) |
| | Missing/Blank | 3 ( 2.9%) |

**Dependents** 101 respondents reported having dependent children under 18 years of age
43 respondents reported having other dependents

| **Ethnicity** | American Indian or Alaskan | 13 ( 4.8%) |
|---|---|---|
| | Asian or Pacific Islander | 7 ( 2.6%) |
| | Black or African American | 21 ( 7.7%) |
| | Hispanic/Latina(o) | 85 (31.3%) |
| | White | 127 (46.7%) |
| | Other | 9 ( 3.3%) |
| | Multiple | 9 ( 3.3%) |
| | Blank | 21 ( 7.2%) |

| **Marital Status** | Single (never married) | 77 (28.4%) |
|---|---|---|
| | Married | 116 (42.8%) |
| | Separated | 9 ( 3.3%) |
| | Unmarried living in partnership | 17 ( 6.3%) |
| | Widowed | 7 ( 2.6%) |
| | Divorced | 45 (16.6%) |
| | Blank | 21 ( 7.2%) |

| **U.S. Citizenship** | Yes | 227 (88.0%) |
|---|---|---|
| | No | 31 (12.0%) |
| | Blank | 34 (11.6%) |

**Education**

| Highest Grade Completed | | |
|---|---|---|
| **Grade Level** | **Recipients of Services** | **Nonprofit-COT-Volunteer** |
| Elementary school | 15 (10.9%) | 0 ( 0.0%) |
| High school graduate/GED | 67 (48.9%) | 14 (11.3%) |
| Vocational training | 22 (16.1%) | 0 ( 0.0%) |
| Associate degree | 13 ( 9.5%) | 8 ( 6.5%) |
| Bachelor's degree | 12 ( 8.8%) | 39 (31.5%) |
| Graduate degree | 8 ( 5.8%) | 63 (50.8%) |
| Blank | 21 ( 7.5%) | 9 (14.7%) |

Member of a Faith Community

| | Yes | 124 (47.9%) |
|---|---|---|
| | No | 134 (51.7%) |
| | Blank | 34 (11.6%) |

**Focus Groups.** The I&E research team proposed conducting 8 focus groups with a goal to reach 100 participants. The breadth of the focus groups was expanded during the research process to include 10 focus groups attended by 172 participants:

- 1 group consisting of veterans, individuals experiencing disabilities/special needs, homeless individuals, working poor individuals, youth, seniors and families (24 participants)

- 1 group consisting of working poor individuals, youth, families and refugees (11 participants)
- 1 group of homeless individuals (16 participants)
- 1 group of individuals experiencing disabilities/special needs, seniors, working poor, Spanish speakers, and families (14 homeless participants)
- 1 group of domestic violence survivors, homeless women, and parents of youth (8 participants)
- 1 group consisting of youth, families, homeless women and children, individuals experiencing disabilities/special needs, and survivors of sexual assault (23 participants)
- 1 group of seniors, individuals with disabilities/special needs and Spanish speakers (39 participants)
- 1 group consisting of Spanish speakers, immigrants, families and young adults (13 participants)
- 1 group of immigrants, Spanish speakers, domestic violence survivors, seniors, and working poor individuals and families (18 participants)
- 1 group consisting of families not yet connected to services, homeless families, working poor individuals, and survivors of domestic violence (6 participants)

Focus group research was a primary chosen methodology for this project due to its suitability for gathering comprehensive information and data from a range of diverse individuals in the most efficient manner. Focus group interviews give the interviewees greater control of the discussion as they bounce off each other, rather than simply with a single interviewer, creating a group dynamic. Based on the importance of involving key human services recipients and the level of significant data to be collected, the research team chose to use a target sample of individuals representing the six population groups within the human services community. Research reveals that one hour spent with eight people in a focus group generates about 70 percent of the original information to be gained from eight one-hour interviews with those same individuals. The ultimate results achieved in the composition of the Tempe Needs Assessment focus groups were completely consistent with the guidelines for the best possible focus group research.

When crafting a method of a study's design, it is important to choose a methodology for data collection that will bring about the greatest likelihood of answering the questions of Tempe administrators. This project is steeped in grounded theory which is an inductive research method to generate conclusions, using qualitative and quantitative data.[1] Following a grounded theory approach, the I&E research team continued an ongoing analysis between interviews, focus groups, roundtable discussions, and surveys to help ensure that all necessary information was captured. To further promote theoretical sampling, analysis occurred following the focus groups to utilize pertinent topic areas that emerged.[2] As researchers, the I&E team simultaneously collects and analyzes data.

Although focus groups are highly labor intensive, difficult to schedule and somewhat costly to administer and code in a format appropriate for statistical analysis, they provide in-depth community feedback, a synergistic opportunity for exploring resources and implementation strategies, and validation of data results. Focus group research is useful in gathering comprehensive information and data from a range of diverse individuals in an efficient manner. These groups were designed to elicit a range of views and relevant analytical perspectives within a group context and were useful in exploring the level of consensus on human services needs within Tempe while giving individuals the opportunity to become involved in the decision making process and to work collaboratively. Moreover, as previously found in similar research conducted, incentives help ensure the attendance of community participants. Therefore, a $10 grocery store/gas card was provided for them. All focus groups were recorded, transcribed and coded for statistical analysis.

Insight into whose voice should be included in this project was seen as critical for success. Based on past experience of this research team, identifying, organizing and scheduling participants require careful planning. Getting busy people to attend group gatherings can be difficult, and arranging for appropriate

venues with adequate facilities and the right people in attendance often requires a significant amount of time and effort. The results of the focus groups are only as valuable as the appropriate mix of the people involved. If participants are too heterogeneous, the differences between participant perspectives can make a considerable impact on their contributions, but if a group is too homogeneous, diverse opinions and experiences may not be revealed. Selecting participants to be involved in the focus groups is not a random sample but more about a careful selection of participants based on reliability, trustworthiness, and the respondents' ability to provide solid, usable information. If the focus group sample was strictly random, the process may end up with a bad sample where the people involved are either not knowledgeable or with a group of people who are not a cross representation of the groups the study is seeking knowledge about.

Participants were ultimately selected for their knowledge about their circumstance and their ability to speak about it. This is deemed as a "primary selection" of participants.[3] The sample of participants should be "information rich".[4] To this end, a variety of voices and viewpoints were sought in numerous ways, including flyer posting and distribution at public locations, contacting key agencies, schools, community centers and public providers involved in human services, and exploring data bases of entities who serve recipients. Administrators, but more importantly front-line workers, were contacted who work directly with those whose input was sought. Additionally, the I&E team connected with those not receiving services to provide additional feedback.

As a goal, two types of sampling of focus group participants were targeted. First "intensity sampling" (which may include extreme cases but less of an emphasis on this type) was used to select participants who are experiential experts and who are authorities about their circumstance.[5] "Maximum variety sampling" was also used where participants from a variety of backgrounds were solicited to observe commonalities in their experiences.[6] A spreadsheet was maintained with each person and group representing each of the six categories of funded recipients. This spreadsheet also included emergent groups and recorded information for each focus group participant. In this way, researchers could attempt to connect with the individuals from whom a viewpoint was missing. However, most importantly, the goal was for the focus groups to be made up of participants who are "acute observers and who are well informed…a small number of such individuals brought together as a discussion and resource group, is more valuable many times over than any representative sample".[7]

In this case, the formation of the focus groups required approximately twice the time and effort generally needed to reach research goals. Although the research team could speculate on the factors that contributed to this unanticipated difficulty, ranging from lack of time for referral sources to reluctance on the part of service recipients to participate in a public forum for a variety of reasons, no explanations can be scientifically validated.

The focus group process is very much an anthropological, hermeneutical one, bringing to light the community's needs through data gathering that is elicited directly from the voice of the community. All relevant topic areas were addressed, however, following grounded theory. A rigid adherence is not necessary in the event that the conversation takes a turn in a worthy direction. There is no right or wrong answer. No one opinion matters more than another's. The process of how the group is run facilitates how each voice is heard and helps to facilitate participants' listening and healthy influence on one another. When inviting the community, it was important to let them know the importance of their participation. It was a way for them to contribute to their community, a form of volunteer work demonstrating investment in their community and even something to put on their resume if needed. It was important for participants to know that their names are confidential and their personal information will not be released or associated with their direct answers.

Over 3,000 individuals and multiple organizations were contacted, including faith communities (individual outreach as well as coalitions), board members, city government and human services staff, Chamber of Commerce, schools, human services providers, businesses, medical facilities, food banks,

college community, police, fire, recovery groups, thrift stores, housing complexes, neighborhood associations, libraries, family resource centers, Tempe community centers, foundations, call centers, prevention centers, education and workforce centers, Tempe coalitions and commissions, and media outlets. Invitations were issued utilizing flyers, email, phone calls, and media. Direct visits were also made to multiple community locations to elicit support. [A copy of the primary focus group invitation/schedule is included as Attachment B to this report. Tailored invitations were created for specific focus groups, and a Spanish version was also created.]

Every organization identified during a focus group or interview as serving Tempe residents was cross checked to ensure that representatives from that organization had been invited to participate. Human services providers were enlisted to encourage client participation in specified focus groups. Providers were asked to either: 1) supply I&E with client contact information; 2) identify alternative opportunities to connect with clients; or 3) link I&E with direct service workers who could assist with inviting clients to participate.

Potential barriers to participation were eased by selecting the best possible focus group locations for each population group to attend. I&E consultants created every opportunity possible for people to participate, including varied weekday and weekend options for focus groups. Transportation via bus and/or cab was offered to offset any barriers that would prohibit attendance. Opportunities for individual interviews were also provided for anyone unable to attend a regular focus group; one individual took advantage of this accommodation.

Care was taken to provide the most detailed, creative and comprehensive tools for gathering information. These materials included confidentiality agreements and protection of participation rights, a safe environment for domestic violence, sexual assault, and sex trafficking survivors, and accommodations for individuals speaking languages other than English. All instruments used were translated into Spanish, and the team stood ready to translate into any other language requested. Translators were available and utilized to provide verbal translation for focus group participation. [Copies of the focus group questions are included as Attachment C to this report. Copies of the Confidentiality Agreement and Consent to Participate are provided at Attachment D.]

**Roundtable Discussions.** The I&E research team also participated in six TCC-hosted roundtable gatherings of providers of human services to the six population groups in Tempe, engaging in dialogue and strategizing for improvement as well as administering in-depth proctored survey questionnaires. The information gathered at these roundtable discussions with 99 participants in attendance offered insight and qualitative data to better understand the complexities and challenges of the provision of human services to those in need in Tempe, in addition to identifying current gaps.

Discussions were likewise held in 12 assessment-specific community gatherings including 198 participants representing the following groups: principals of the Tempe Union School District, two groups of homeless individuals, leaders from Tempe faith communities, seniors, veterans, members of the Tempe Coalition to reduce underage drinking and drug use, members of the Family Justice Commission and Veteran's Commission, volunteers from a Tempe faith community, two groups of youth, the Executive Leadership Team of the Tempe Elementary School District, and parents of Tempe youth. These discussions not only provided an opportunity for gathering survey data but also allowed the research team to engage in dialogue with concentrated large numbers of recipients and providers of human services to gain additional information and perspectives.

**Structured Interviews.** As review of the background research and focus group data proceeds, key individuals and/or topics for providing additional information and insight are identified. Sometimes that identification comes in the form of the research revealing key stakeholders in the community who have either an enhanced "big picture" perspective or specific detailed information to complete missing

pieces. Sometimes the interviews can provide data pertinent to people in special circumstances expressed by a particularly insightful focus group participant or about a possible emerging group.

The I&E research team proposed conducting individual interviews with 10-12 individuals from the community, paying special attention to strengthen information about human services groups identified with less representation in other areas of the research process, as well as any other emerging groups. The expectation was that 5-6 of the interviews would be conducted with key community stakeholders, 3-4 with service recipients/gatekeepers of services for critical issues, and 2-3 interviews with people in special circumstances. The use of targeted personal interviews to respond to the need for gathering additional information identified as needed through the research adds depth to the report. In fact, individual interviews were held with a total of 26 individuals. The mix of stakeholder, recipient and provider interviews was targeted to best support the needs assessment research:

- Tempe Police Chief Sylvia Moir
- Tempe Fire-Medical Rescue Fire Chief Greg Ruiz
- Tempe Fire-Medical Rescue Deputy Chief for Medical Services Andrea Glass
- Maricopa Association of Governments Assistant Director Amy St. Peter
- Downtown Tempe Authority Executive Director Kate Borders
- Tempe Deputy Human Services Director Valerie Kime Trujillo, serving as Tempe Community Council Executive Director
- Executive Director of Tempe Community Action Agency Deborah Arteaga
- Former Tempe Community Council Executive Director
- Former President/CEO of the Tempe Chamber of Commerce
- Past President Tempe Community Action Agency and TCC Board member
- Past President Tempe Community Action Agency and I-HELP volunteer
- I-HELP Coordinator at Grace Community Church
- I-HELP General Manager at Grace Community Church
- Tempe Community Council Board member
- Missio Dei Communities pastor
- Two homeless and formerly homeless individuals
- Survivor of recent domestic violence
- 8 student participants from the 2017 Tempe Youth Town Hall

In addition, five informal, unstructured interviews were held with ASU's Director of Student Advocacy and Assistance, an additional ASU professor, the Awareness and Training Manager from the Arizona Coalition to End Sexual & Domestic Violence, a Senior Director of Housing at UMOM, and a representative of Eve's Place, a domestic violence mobile and community advocacy unit. These interviews were likewise arranged for the purpose of gathering specific data missing from the larger research process.

All data gathered through these interviews have been integrated anonymously into the interview results reported in this section. These interviews provided valuable insight into trends and the perspectives of the multiple stakeholders involved in providing human services to those in need within Tempe. Not only did the interviews support and validate the data gathered through the focus group and survey process, the information from these personal interviews served the research team well in better understanding the complexity of the issues and the composition and prioritization of the recommendations and better informing the ultimate decisions to be made by Council.

Although research reveals that one hour spent with individuals in a focus group can generate about 70 percent of the original information to be gained from individual one-hour interviews with those same individuals, personal one-hour interviews can provide greater detail to round out research findings and

fill gaps in the information gathered. In addition, by engaging individuals in more in-depth dialogue, the I&E research team was able to offer valuable insight into the needs of multiple population groups.

Information gathered from these interviews was utilized to corroborate the focus group analysis, validate the research methodology and data at a research midpoint, and lend depth to the findings and recommendations.

**Community Forum.** A final data gathering event was conducted as a part of the research design. This TCC-sponsored forum was convened for clarification and corroboration of information gathered throughout the process to further support prioritization of strengths, gaps and recommendations for inclusion in the final report. In addition, it provided a "member check", in research terms, with key community members and recipients who access services to help ensure additional credibility of the findings. Within this forum attended by 90 individuals from the human services community (both recipients and providers), the faith community, Tempe residents, community advocates, TCC Board members, and City Councilmember Lauren Kuby, the research team reviewed preliminary findings and a sampling of recommendations for further discussion. The input received from this forum is reflected primarily in the Priorities and Recommendations section of this report where several outstanding ideas have been integrated into the narrative.

These types of dialogue groups lend themselves to a Participatory Action Research Framework which stipulates that the best research and reporting results come from eliciting targeted community input that can be realistically implemented and utilized.

## Human Services Population Definitions

*Human Services.* Due to the diversity and overlap of the population groups addressed by this human services needs assessment, the first question to answer is "What specifically is meant by the term 'human services'?" For the answer to this question, the I&E research team turned to a respected provider of up-to-date information of relevance to the human services profession, Humanservicesedu.org:

> Human Services are designed to help people navigate through crisis or chronic situations where the person feels they need external help and guidance to move forward with their life and rediscover their personal power and self-sufficiency. Sometimes the situation the person needs help with is *external*, such as the loss of a job or income, the need for food or housing or for help getting out of a dangerous situation. For other people the difficulty they are facing is an *internal* challenge such as depression, a physical ailment or disability, or other mental or physical health crisis.

> So then, the definition of Human Services is a service that is provided to people in order to help them stabilize their life and find self-sufficiency through guidance, counseling, treatment and the providing for basic needs.

*Human Services Community.* For the purposes of this needs assessment project, a working definition of "the Tempe human services community" was created to define the scope of the research sample and findings and to be certain that everyone utilizing the report in the future is consistent in understanding the segment of the population the research team was asked to delineate. The target sample for the research was taken from the larger "Tempe human services community" population, using statistical terminology. The human services community is defined as "human services stakeholders and providers *within* Tempe, human services providers *accessible* and *available* to Tempe residents (and *affordable*)

but located outside the community, Tempe residents in need of human services assistance, community advocates and concerned citizens with a specific interest in a distinct human services population group."

A description of the larger community from which the population is drawn and the Census data, national/state/county reports, and other secondary research data pertaining to the specific six population groups included in this study is detailed in Part I of this report. The "Tempe human services community" is a subset of the entire general population of Tempe but an integral part, as designated by the word "community."

Clarifying definitions of the six population groups follow (in the alphabetical order utilized for this research study:

***Domestic Violence Victims and Survivors.*** The U.S. Department of Justice on its web site (used as the definition for the purposes of this report) defines domestic violence as "a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone." Not only can those impacted by domestic violence come from all socioeconomic backgrounds, they can be of any race, age, sexual orientation, religion, or gender. The nature of their intimate relationship can be married, living together, or dating. However, the definition of "victims" extends beyond those who are abused and those who have ultimately lost their lives. The Justice Department points out that domestic violence affects family members, friends, coworkers, other witnesses and the community at large, but children who witness domestic violence are not only seriously and immediately affected by the crime, the impact of their trauma can reach into the next generation of victims and abusers. Therefore, human services made available to this segment of the population are seen as far-reaching with an eye toward healing and empowerment. For this reason, after taking the time to listen to the experiences and needs of this population group, the I&E research team chose to revise the nomenclature for this population group in this report of research findings to "domestic violence survivors" and incorporating the generally linked and overlapping categories of sexual assault and sex trafficking to form a new group entitled "domestic violence, sexual assault, and sex trafficking survivors."

***Homeless.*** An attempt to provide an answer to "What is the *official* definition of homelessness?" can be somewhat elusive. Many "official" definitions exist for the purpose of setting funding constraints on various forms of assistance from different agencies. For example, Section 330 of the Public Health Service Act defines homelessness in this way:

> **[Section 330 of the Public Health Service Act (42 U.S.C., 254b)]** A homeless individual is defined in section 330(h)(5)(A) as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing." A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation.

The Bureau of Primary Health Care Assistance Program defines "homeless" somewhat differently by adding the reality of those persons who are "couch surfing" and/or "doubled up"—forced into a shared space with friends or family members:

**[(HRSA/Bureau of Primary Health Care, Program Assistance Letter 99-12, Health Care for the Homeless Principles of Practice)]** An individual may be considered to be homeless if that person is "doubled up," a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. Recognition of the instability of an individual's living arrangements is critical to the definition of homelessness.

But the definition used by programs funded by the U.S. Department of Housing and Urban Development (HUD), more limited in some ways (e.g., not recognizing the category of "doubled up") clearly recognizes the door to homelessness in those threatened with eviction and the dangers of contributing to cyclical generational homelessness in unaccompanied youth and homeless families with children and youth.

**[Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (P.L. 111-22, Section 1003)]**

- An individual who lacks a fixed, regular, and adequate nighttime residence;
- An individual who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);
- An individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
- An individual or family who will imminently lose their housing [as evidenced by a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days, having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days, or credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause]; has no subsequent residence identified; and lacks the resources or support networks needed to obtain other permanent housing; and
- Unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who have experienced a long-term period without living independently in permanent housing, have experienced persistent instability as measured by frequent moves over such period, and can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

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Tempe Community Action Agency (TCAA) depicts the far-reaching depth of their agency focus to alleviate hunger, poverty and homelessness in their newly released illustration below that views the extent of the challenge to Tempe residents—advocating for proactive prevention strategies to be delivered simultaneously with services to transition those already homeless toward an individualized response to meet their most basic needs. The TCAA mission requires that agency to go beneath the surface of Tempe's street homeless and consider the growing population of those in crisis and at-risk of homelessness—"to foster dignity and self-reliance for the economically vulnerable" in the communities they serve.



The Tempe City Council recognizes both the human social responsibility and the challenges of addressing the increasing homeless population in Tempe. With these initiatives in mind, a deliberate step toward ending homelessness was the appropriation of $170,000 in mid-year supplemental funding to resolve issues related to homelessness in desert parks and to engage in an intense effort to gather

data to assist the Council in prioritization and strategic use of resources for ending homelessness.  As a result of that appropriation of funds an intense effort was made to address homelessness in Tempe through a 16-week initiative that utilized the appropriated funds as follows:

**Table 10. Funding Breakdown for Mid-Year Supplemental Appropriation to Address Homelessness**

| Department | Description | Budget & Actual Expenses |
|---|---|---|
| Human Services | HOPE expanded work hours | 4,000 |
| Human Services | CARE7/Outreach temporary staff (16) | 50,000 |
| Human Services | Direct service – housing | 29,000 |
| Police | Electric All-Terrain Vehicle (ATV) | 20,000 |
| Public Works | Encampment cleanup/maintenance | 67,000 |
| | **Total** | **$170,000** |

The funded study led to the identification of 629 unduplicated individuals homeless and living on the streets unsheltered in Tempe. The results of this study and the action taken will be discussed further in the section of this report entitled "Greatest Strengths and Challenges by Population Group."

Although the nuances are sometimes subtle, the realities of the characteristics of homelessness are not. The definition of "homeless" for the purposes of this report is "lacking a fixed, regular and adequate night-time residence and living in a shelter, temporary institutional residence or a public or private place not designed for a regular sleeping accommodation, e.g., living on the streets, sleeping in a car, "couch surfing", doubling up with a friend or family member, or alternating between a motel room and one of these options."

On September 1, 2017, the Arizona Department of Economic Security estimated over 40,700 homeless people (including many women, children, families and veterans) living in Arizona in its report *Homeless in Arizona: Annual Report 2016* (compared to over 27,000 just three years ago in their Annual Report 2013). The largest population of individuals experiencing homelessness is in the urban community of Phoenix and Maricopa County, accounting for slightly over 54 percent of the state's homeless population. Over 39 percent of the homeless in Maricopa County self-report some level of mental, physical, or substance abuse disabilities. Reported substance abuse and physical or mental disabilities are highest among the single adult homeless population. Domestic violence is reported as a leading cause of homelessness among women, and job loss and family conflict were also significant factors leading to homelessness in 2016.

According to the *Annual Report 2016*:

> Addressing chronic homelessness is a priority focus in Arizona's efforts to end homelessness. Chronically homeless means a person has experienced homelessness more than four times in the past three years or has been homeless for one continuous year or longer.  Chronically homeless individuals include the most vulnerable, the most visible street homeless and the most difficult population to serve. Many have lived on the streets for years and have difficulty transitioning to housing and reconnecting with community. They are predominately single (64 percent) and they are the highest users of emergency rooms and hospital services. They are also the most likely to die on the streets if a system to house them is not provided. The annual Point In Time (PIT) count, required by the U.S. Department of Housing and Urban Development (HUD) for communities receiving federal funds from the McKinney-Vento Homeless Assistance Grants program, reported that 8,684 homeless persons experienced homelessness in

Arizona on any given night during SFY 2016. Of those 8,684 persons counted, an estimated 15 percent (1,297) were identified as chronically homeless.

Single adults surveyed accounted for 64 percent of the homeless population during the annual PIT count. The majority of the single homeless during the PIT count were men at an estimated 62 percent. According to national homeless surveys, drug and alcohol abuse and the concurrent need for treatment are more prevalent among single adult homeless. The 2016 Annual Arizona PIT survey counted 2,579 homeless people in families residing in shelters and on the streets. People in families accounted for approximately 30 percent of the total homeless PIT count. During SFY 2016, AZDES reported that 3,555 adults and 3,566 children were residing in domestic violence emergency shelters. Of those served in emergency shelter, 58 percent reside in the metropolitan areas of Maricopa and Pima Counties. The average length of stay in the domestic violence shelter system was approximately 40 days.

Additional data obtained from the Maricopa Association of Governments (MAG) provides some comparisons by city from the PIT count by municipality conducted the last week of January (2013-2017). Numbers for all communities with the exception of Phoenix are a direct census of individuals interviewed by volunteers, law enforcement, and outreach workers:

**Table 11. Unsheltered Street PIT Count by Municipality (2013-2017)**

| Municipality | 2017 | 2016 | 2015 | 2014 | 2013 |
|---|---|---|---|---|---|
| Phoenix | 1508 | 1235 | 994 | 771 | 1339 |
| East Valley Municipalities | | | | | |
| Tempe | 202 | 88 | 24 | 97 | 125 |
| Chandler | 27 | 14 | 31 | 18 | 20 |
| Gilbert | 2 | 1 | 1 | 0 | 0 |
| Mesa | 130 | 95 | 155 | 55 | 42 |

**Maricopa Association of Governments**

Unaccompanied homeless youth (often referred to as "youth on their own") are most difficult to quantify, as reported by the *Annual Report 2016*. This category includes young people who left home, were thrown out of their homes, or abandoned by parents or guardians as well as youth who have aged out of the foster care system and have no resources or family connections. The report attempts to count the number of unaccompanied children and youth while expressing the inability to ascertain an accurate count:

**Table 12. Unaccompanied Homeless Youth in Arizona**

| Geographical Location | # of children (under 18) | # of youth (18-24) | Total # |
|---|---|---|---|
| Maricopa County | 66 | 304 | 370 |
| Pima County | 16 | 105 | 111 |
| Balance of State | 0 | 1 | 1 |
| Total | 82 | 410 | 492 |

*Homeless in Arizona: Annual Report 2016* **released September 1, 2017**

Figure 4 provides Arizona data on pre-kindergarten – 12th grade students enrolled in Arizona public schools:

**Figure 4. Nighttime Residence for Arizona Homeless Students**
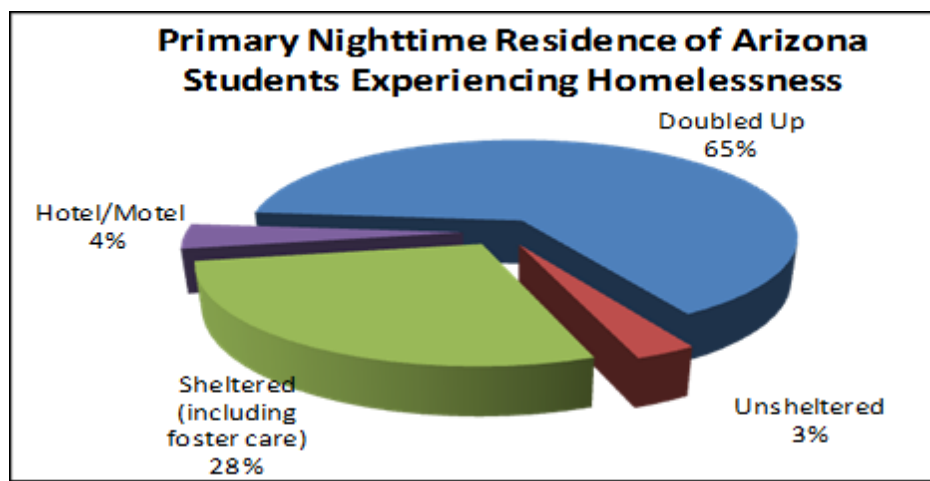


*Homeless in Arizona: Annual Report 2016* **released September 1, 2017**

***Residents with Disabilities/Special Needs.*** The definition of "special needs populations" has been a topic of debate among different organizations and government entities and varies based on the focus of the organization defining the term, e.g., medical treatment, disability compensation or emergency preparedness. For the purposes of this needs assessment study, a less precise and more functional definition was needed to encompass all special needs populations and lend itself to inclusivity of a wide range of special needs individuals residing in the community. Therefore, the research team chose not to focus on specific diagnoses or labels.

The working definition of "disabilities/special needs individuals" reflected in this report includes "persons experiencing chronic physical, mental, emotional or developmental impairment that results in marked and severe functional limitations." These functional limitations include a wide range of special needs that lead to difficulty in maintaining independence, understanding communication, securing transportation, remaining safe and secure, obtaining appropriate supervision and care, sustaining acceptable living conditions, acquiring legal protection and enjoying a high quality of life with an appropriate level of education/training and medical treatment.

***Seniors Over 62 Years of Age.*** For the purposes of this report, the research team chose to define seniors as "over 62 years of age" coinciding with the average retirement age in the U.S. of 63, according to U.S. Census Bureau data. This demographic group is growing, demonstrating specific needs today and promising to need resources increasingly in the future. Seniors constitute a population group that this report will address as a "future gap in human services"—requiring forethought and planning in forming strategic initiatives today.

The Federal Interagency Forum on Aging provides a "big picture" review of the challenges facing the elderly in its comprehensive report on a variety of topics important to the well-being of older Americans (2016 *Older Americans: Key Indicators of Well-Being*). These 42 key indicators that contribute to the quality of life accessible to this population include:

**Table 13. 2016 Key Indicators of Well Being for Older Americans**

**Key Indicators by Focus Area**

| Population | Health Risks and Behaviors |
|---|---|
| 1. Number of Older Americans | 23. Vaccinations |
| 2. Racial and Ethnic Composition | 24. Cancer Screenings |
| 3. Marital Status | 25. Diet Quality |
| 4. Educational Attainment | 26. Physical Activity |
| 5. Living Arrangements | 27. Obesity |
| 6. Older Veterans | 28. Cigarette Smoking |
| **Economics** | **Health Care** |
| 7. Poverty | 29. Use of Health Services |
| 8. Income | 30. Health Care Expenditures |
| 9. Sources of Income | 31. Prescription Drugs |
| 10. Social Security Beneficiaries | 32. Sources of Health Insurance |
| 11. Net Worth | 33. Out-of-Pocket Health Care Expenditures |
| 12. Participation in the Labor Force | 34. Sources of Payment for Health Care Services |
| 13. Housing Problems | 35. Veterans' Health Care |
| 14. Total Expenditures | 36. Residential Services |
| **Health Status** | 37. Personal Assistance and Equipment |
| 15. Life Expectancy | 38. Long-Term Care Providers |
| 16. Mortality | **Environment** |
| 17. Chronic Health Conditions | 39. Use of Time |
| 18. Oral Health | 40. Air Quality |
| 19. Respondent-Assessed Health Status | 41. Transportation |
| 20. Dementia | **Special Feature** |
| 21. Depressive Symptoms | Informal Caregiving |
| 22. Functional Limitations | |

Like the rest of the nation, Maricopa County's population is aging. Although the median age for Tempe is younger than many cities in Arizona, in 2015, persons 65 years and older represented 9.0 percent of the Tempe population, and in the *2011-2015 American Community Survey 5-Year Estimates*, 34.9 percent of those 65 and over were experiencing a disability while 31.3 percent of grandparents in Tempe were responsible for grandchildren [Note: The Census Bureau describes "responsible grandparents" as having primary responsibility for the children, even though the child's parents may also be present in the household. No further explanation of the relationship is provided.]

The older population in the U.S. (persons 65 years and older) reached 47.8 million in 2015. A *Profile of Older Americans: 2016* published by the Administration on Aging indicates that nationally:

- The number of older Americans increased by 11.1 million or 30 percent since 2005, compared to an increase of 5.7 percent for the under-65 population. By 2040, there will be about 82.3 million older persons, over twice their number in 2000.
- The 85+ population is projected to triple from 6.3 million in 2015 to 14.6 million in 2040. They represent 14.9 percent of the U.S. population which translates to one in every seven Americans.
- About 29 percent of non-institutionalized older persons live alone.
- Almost half of older women (46 percent) age 75+ live alone.
- About 8.7 percent of elderly persons were below the poverty threshold nationally in 2015.

Although baby boomers are at the age of retirement, the Administration on Aging reports that a growing proportion of older Americans are remaining in the workforce. The *Economist* has long been predicting the impending shortfall in pensions on which baby boomers have been relying for their retirement years, terming this the "pensions crisis." The prediction is becoming reality today; by the time the individual discovers how low his pension really is, it is too late to do anything about it. Labor force participation rates for older men and women have been increasing significantly since 2002 to over 20 percent.

***Working Poor.*** Like other terms related to poverty in America, the identification of individuals with a designation of "working poor" follows a specific definition. The working poor are "people who spent at least 27 weeks in the labor force (that is, working or looking for work) but whose incomes still fell below the official poverty level (poverty threshold)." According to *A Profile of the Working Poor, 2015* released in April 2017, 8.6 million individuals were among the "working poor" in 2015, according to data from the Bureau of Labor Statistics; the 8.6 million figure was down from 9.5 million in 2014. In 2015, the working-poor rate—the ratio of the working poor to all individuals in the labor force for at least 27 weeks—was 5.6 percent. Following are some highlights from the most recent *Profile*:

- Full-time workers continued to be much less likely to be among the working poor than were part-time workers.
- Women were more likely than men to be among the working poor. In addition, Blacks and Hispanics continued to be more than twice as likely as Whites and Asians to be among the working poor.
- The likelihood of being classified as working poor diminishes as workers attain higher levels of education.
- Individuals who were employed in service occupations continued to be more likely to be among the working poor than those employed in other major occupational groups.

Any discussion of need within the human services community hinges on an understanding of two versions of the federal poverty measure commonly used interchangeably in error. The two versions are:
- The poverty thresholds, and
- The poverty guidelines

The *poverty thresholds* are the longstanding version of the federal poverty measure developed by Mollie Orshansky of the Social Security Administration (SSA) in 1963 and revised in 1965 when the measure of income inadequacy was adopted as the official poverty thresholds. The thresholds have been adjusted annually for price changes each year since that time by the Census Bureau and are used mainly for statistical purposes, primarily to prepare estimates of the number of Americans in poverty each year. Despite the calculation and publication of poverty thresholds annually, the U.S. Census Bureau acknowledges that "many of the government's aid programs use different dollar amounts as eligibility criteria."

The *poverty guidelines* are issued each year in the *Federal Register* by the Department of Health and Human Services (HHS). The guidelines provide a simplification of the poverty thresholds for use for administrative purposes, such as determining financial eligibility for certain federal programs. The poverty guidelines are sometimes loosely referred to as the "federal poverty level" (FPL), but use of that phrase is officially discouraged by HHS for its ambiguity and lack of precision. The most recent poverty guidelines issued by HHS in January 2017 appear in Table 14.

**Table 14. 2017 Health and Human Services Poverty Thresholds**

| Size of Family Unit | 48 Contiguous States and DC | Alaska | Hawaii |
|---|---|---|---|
| 1 | $12,060 | $15,060 | $13,860 |
| 2 | 16,240 | 20,290 | 18,670 |
| 3 | 20,420 | 25,520 | 23,480 |
| 4 | 24,600 | 30,750 | 28,290 |
| 5 | 28,780 | 35,980 | 33,100 |
| 6 | 32,960 | 41,210 | 37,910 |
| 7 | 37,140 | 46,440 | 42,720 |
| 8 | 41,320 | 51,670 | 47,530 |
| For each additional person, add | 4,180 | 5,230 | 4,810 |

Source: *Federal Register*, Vol. 82, No. 19, January 31, 2017, pp. 8831-8832

General agreement exists among researchers and service providers that individuals whose income is less than 200 percent of the federal poverty guidelines are considered low-income workers. This is the working definition for the purposes of this report. For example, the U.S. Census Bureau uses 200 percent of poverty as a key threshold in their annual poverty reports. Families with incomes between 100 and 200 percent of the poverty guidelines are eligible for many government means-tested assistance programs, e.g., Earned Income Tax Credit, many of the state Child Health Insurance Programs and food stamps. Table 15 provides calculations used for the purposes of defining low/moderate income individuals and families for the purposes of this report. However, it should be noted that this table represents the base amounts for individuals and families considered "low income." Even the U.S. Census Bureau does not have an official definition for "moderate" or "middle" income, although they tend to use the middle quintile, which includes families with annual incomes between about $40,000 and $65,000.

**Table 15. 2017 Calculation of Low Income Worker Guidelines**
**(calculated based on 200 percent of the 2017 Federal Poverty Thresholds)**

| Persons in family/household | Total Income |
|---|---|
| 1 | $24,120 |
| 2 | 32,480 |
| 3 | 40,840 |
| 4 | 49,200 |
| 5 | 57,560 |
| 6 | 65,920 |
| 7 | 74,280 |
| 8 | 82,640 |

Source: *Federal Register*, Vol. 82, No. 19, January 31, 2017, pp. 8831-8832

In a study released in June 2016, "Income Inequality in the U.S. by state, metropolitan area, and county", the Economic Policy Institute provides statistics to document the extent of income inequality in Arizona and the Phoenix metropolitan area. Arizona ranks #18 of the 50 states for inequality based on the ratio of the top 1 percent to the bottom 99 percent income levels. In the Phoenix metropolitan area, the top 1 percent makes 20.7 times more than the bottom 99 percent. The average income of the top 1 percent is $878,773 while the average income of the bottom 99 percent is $42,423. Jared Bernstein, Senior Economist with the Economic Policy Institute stated, "When income growth is concentrated at

the top of the income scale, the people at the bottom have a much harder time lifting themselves out of poverty and giving their children a decent start in life."

*Youth.* Although youth, as a population group, would appear to be self-explanatory, the research for this needs assessment sought to draw out responses from the human services community that differentiated between services to various segments of the youth population, always with an eye toward youth falling within the definition of human services—which is where this section of the needs assessment began, i.e., services that are provided to people in order to help them stabilize their life and find self-sufficiency through guidance, counseling, treatment and providing for basic needs—

- Youth out-of-school programs (elementary, middle school and high school)
- Assistance for students in school
- Affordable child care
- 24-hour child care
- Foster care
- Recreational activities
- Educational assistance
- Food assistance programs
- Homelessness

In more than one section of this report, attention is drawn to young people 18-21 years of age as they transition into adulthood. Residents take pride in the wide range of activities and programs offered for youth. Therefore, the needs assessment research for this population group focused primarily on the adequacy, appropriateness, affordability and accessibility of services available to those youth falling within the definition of human services.

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# Part III
# Tempe Needs Assessment Data and Findings

## Human Services Community Input

This portion of the Tempe Human Services Needs Assessment is considered to be the most important section for anyone to read who cares about Tempe as a unique and special community in which *all* have the opportunity to thrive—no matter which segments of the population apply to the reader, if any. In requesting this needs assessment, Tempe Community Council (TCC) expressed a desire to listen to the input of the greater community. "Community outreach" toward individuals and families within six specific population groups of Tempe residents, credible research into their realities, and "community input" from residents sharing their personal stories were key parts of the original mandate for the study expressed in the RFP. Although this study focuses exclusively on the human services community (an integral segment of the Tempe population that represents over one-third of city residents), the needs are sometimes less visible. The I&E team has worked diligently to convey the input of members of the human services community and the research that supports their challenges as accurately as possible.

The research data and findings are the second best part of any study right behind the purpose for conducting the research in the first place—they convey the conclusions to be drawn from the community input and ideas for putting the information to good use. This section of the report is intended to present the data and findings from the Tempe Human Services Needs Assessment project in a way that organizes and summarizes the results into conclusions that can be drawn to represent the current realities of the larger Tempe human services community population. The intent is to provide a clear presentation of the results and findings to reveal the current picture of what is happening in Tempe. Part IV of the report will utilize these data and findings to assess the links, differences and other relationships among human services within the city in terms of conclusions and recommendations.

**Participant Survey Data Results.** The research design for the project called for 100 survey questionnaires to be completed; in fact, 292 surveys were completed and analyzed. The I&E team designed a plan to solicit survey data from a target sample extracted from the "Tempe human services community," as defined in the section of this report entitled "Human Services Population Definitions." The larger human services community (population) consists of "human services stakeholders and providers *within* Tempe, human services providers *accessible* to Tempe residents (and *affordable*) but located outside the community, Tempe residents in need of human services assistance, community advocates and concerned citizens with a specific interest in a distinct human services population group."

A research sample must be selected from the target population. In this case, the needs assessment process was intended to learn more about services within Tempe (including perceptions of strengths, gaps and challenges) from those who know and understand the needs of the community, i.e., those who provide services, those who receive/need them, and those who advocate for specific population groups in need, as well as representatives of local government with an understanding of the challenges and resources available to this community. How the sample is selected in any given research project is critical to the accuracy and quality of the results. Special care was taken to represent each of the six population groups that served as the focus for this study as evenly as possible (presented here in alphabetical order): domestic violence survivors, homeless individuals and families, individuals with disabilities/special needs, seniors, working poor individuals, and youth. A detailed overview of the survey questions, the process used for obtaining a representative sample and the description of the makeup of the sample are described in the section of this report entitled "Research Design and Methodology: Survey Questionnaires" and in attachments to the report.

A good sample must be large enough for the results to be accurate. A large sample size selected from the target population assures the accuracy of the results. The I&E research team was successful in obtaining 292 survey responses. Data were analyzed utilizing the *Statistical Package for the Social Sciences, Version 23.0* (*SPSS*) software. Using a t-statistic, SPSS calculated a 95% confidence interval for the survey results reported.

The possibility of typical data collection problems was minimized by assigning trained PhD-level personnel to the needs assessment project. I&E survey questionnaires were administered in a face-to-face setting prior to the focus groups and interviews facilitated by these trained team members and following roundtable discussions/community gatherings to allow for consistency in the instructions given and the responses to questions from survey respondents. In addition, this face-to-face venue ensured a high response rate in the completion of questionnaires. Team members created an environment in which each respondent was made to feel safe enough to tell the truth, ensuring the protection of individual privacy and encouraging people to respond. The descriptive information requested at the beginning of the survey questionnaire, e.g., organizational affiliation and status as an employee or volunteer, allowed the I&E research team to make adjustments in the data where a possible bias in the responses might skew the results. [Note: In addition to the I&E personally proctored, in-depth surveys, TCC sponsored an abbreviated online survey made available to the community-at-large. The results of that survey are presented in a separate section entitled "TCC Sponsored Online Survey Results" following this summary of I&E survey results.]

**Survey of *Adequacy* of Human Services Available to Tempe Residents.** A significant objective within the needs assessment process was to query the Tempe human services community regarding the adequacy of human services available to residents within the city, as perceived and experienced by human services recipients and providers, both those providers geographically located within the city and those available in Maricopa County. Specific information inquiries regarding adequacy of services throughout all aspects of the research were focused on responding to one of TCC's questions for consideration: What are the gaps in human services in the community?

Of the 292 survey questionnaires submitted, 259 respondents completed the section of the survey requesting an evaluation of the adequacy of 42 specific human services offered to service recipients within the six human services population groups identified for inclusion in this study. Several points to be considered in analyzing the data found in Table 16 include:

- The mean score calculated from the ratings provided for each service area by the respondents is recorded in the column corresponding to the score. These scores were calculated utilizing *SPSS 23.0* which weighted the respondent ratings and divided by the # of raters. These scores provide an average response for each area of service on a scale of 1 to 5 where—
  - 1 represents "Seriously inadequate services"
  - 2 represents "Some gaps in services"
  - 3 represents "Adequate services"
  - 4 represents "Some duplication in services"
  - 5 represents "Multiple redundancies in services"
- Respondents unfamiliar with the particular service listed were given the option to check "Don't Know." This assured that the adequacy ratings and calculated scores of raters would only represent the perspective of those familiar with the services offered in each human services area.

Following are the ranked ratings by category (from area of greatest need to lesser need). Note that respondents were asked to choose between definitive responses corresponding to whole numbers.

Therefore, "Seriously Inadequate Services" relates statistically to a score most closely rounded to "1" and so forth.

## "Seriously Inadequate Services" (1.00 – 1.49)

### None

Although none of the rounded mean scores reflected "Seriously Inadequate Services," three of the services rated by the human services community reflected a lower tier of responses (scores between 1.50 and 2.00 but rounded up to an overall score of "Some Gaps in Services"). The most serious inadequacies, as rated by the respondents as a whole, are listed below in order of seriousness:

- 24-hour child care (1.82)
- Re-entry services for previously incarcerated (1.98)
- Emergency housing for families in crisis (1.93)

[Note: Although some services received more "Seriously Inadequate" responses than "Some Gaps" responses, the co-existence of some "Adequate" responses offset the statistical average for the category. The reader will need to obtain additional insight into these differences in perspective related to the gaps expressed through a careful review of the focus group results presented as a part of this report.]

One finding worth mentioning is that service recipients generally were more generous in their rating of the adequacies of services available to Tempe residents than the "combined provider group" of nonprofit providers, City of Tempe (COT) human services providers, and volunteers, even though in most cases the number of respondents in each of these two groups is relatively similar. Services rated by the *combined provider group* as the most serious inadequacies (scores between 1.50 and 2.00) are listed below in ranked order. These are services understood by providers as critical to the success of individuals and families moving forward:

- 24-hour child care (1.45)
- Affordable child care (1.73)
- Re-entry services for previously incarcerated (1.76)
- Emergency housing (1.76)
- Affordable safe housing for individuals and families (1.80)
- Elder abuse (1.84)
- Mental health/emotional disorders (1.86)
- Affordable, safe housing for seniors/elderly (1.86)
- Child respite care or emergency respite care (1.95)

Another finding that calls for attention is the observance that further analysis of the survey instruments by respondent group indicated that many of the "Don't Know" responses omitted from the scoring came from the *combined provider group*. Some explanations for this result may reflect the significant number of providers who come from outside Tempe and are uncertain about what services are or are not available to residents. However, anecdotal evidence from verbal comments received by the I&E team reflect a response of "I need to become better informed about all of the services required and provided in the area." Recognition of this wider lack of communication among providers and volunteers is a concern, because human services providers and volunteers who are often the "front line responders" to residents in need and frequently the first point of contact for referrals are in need of additional information about services available to residents—further evidence that the development of

a central point of human services individualized contact and case management is critical to serving the needs of Tempe residents effectively and efficiently.

## "Some Gaps in Services" (1.50 – 2.49)

Although Table 16 presents the data findings in the category of "Some Gaps in Services" in the context of the survey questionnaire, some members of the combined provider group expressed interest in a prioritized list of gaps from the perspective of the community. Therefore, the following list provides a rank ordered list of service gaps reflected in responses to the survey questionnaire:

[Note: The relatively rare responses to "Some Duplications in Services" and "Multiple Redundancies in Services" were insufficient to change the average scores.]

- 24-hour child care (1.82)
- Emergency housing (1.93)
- Re-entry services for previously incarcerated (1.98)
- Affordable, safe housing for seniors/elderly (2.00)
- Affordable child care (2.01)
- Assistance to those with mental/emotional disabilities (2.02)
- Elder abuse (2.08)
- Affordable, safe housing (working poor individuals and families) (2.11)
- Affordable elder care (long-term, day/respite) (2.16)
- Foster care (2.16)
- Fee assistance for full participation in activities (2.18)
- Emergency legal services (2.21)
- Legal services for immigrants/refugees (2.21)
- Employment services (working poor un- and under-employed) (2.24)
- Diversity support for sexual orientation/gender identity (2.24)
- Diversity support for immigration/naturalization (2.24)
- Access to bilingual services (2.24)
- Treatment for substance abuse (2.25)
- Child abuse/CPS investigation/removal of child (2.25)
- Emergency assistance for child respite care or emergency respite care (2.26)
- Assistance to the homeless (2.27)
- Senior transportation assistance (2.28)
- Transportation assistance for working poor (2.29)
- Diversity support for ethnicity (2.29)
- Services for 0-5 year olds (2.30)
- Emergency assistance for victims of sexual assault/sex trafficking (2.34)
- Assistance to those with developmental disabilities (2.34)
- Assistance to those with physical disabilities (blind, deaf, physiological) (2.39)
- Assistance to veterans (2.40)
- Youth assistance programs (high school) (2.44)
- Youth assistance programs (middle school) (2.46)
- Assistance to victims of domestic violence (2.49)

**Table 16. Rating of the Adequacy of Human Services to Tempe Residents**

| Human Services Areas (including appropriate counseling services) | Seriously inadequate services | Some gaps in services | Adequate services | Some duplications in services | Multiple redundancies in services | Don't know |
|---|---|---|---|---|---|---|
| **Assistance to Victims of Domestic Violence** | | 2.49 | | | | |
| **Assistance to the Homeless** | | 2.27 | | | | |
| **Assistance to Citizens with Disabilities—** | | | | | | |
| Physical disabilities (blind, deaf, physiological) | | 2.39 | | | | |
| Developmental disabilities | | 2.34 | | | | |
| Mental/emotional disorders | | 2.02 | | | | |
| **Health Care Services for the Uninsured—** | | | | | | |
| Assistance to individuals with AIDS | | | 2.59 | | | |
| Pregnancy services | | | 2.77 | | | |
| Immunization clinics | | | 2.82 | | | |
| **Assistance to Seniors—** | | | | | | |
| Affordable elder care (long-term, day/respite) | | 2.16 | | | | |
| Affordable, safe housing for seniors/elderly | | 2.00 | | | | |
| Senior transportation assistance | | 2.28 | | | | |
| Senior assistance with delivery of meals | | | 2.50 | | | |
| **Assistance to the Working Poor—** | | | | | | |
| Affordable, safe housing (individuals & families) | | 2.11 | | | | |
| Employment services (un- and under-employed) | | 2.24 | | | | |
| Transportation assistance | | 2.29 | | | | |
| Food banks | | | 2.61 | | | |
| **Youth Assistance Programs** (elementary) | | | 2.54 | | | |
| **Youth Assistance Programs** (middle school) | | 2.46 | | | | |
| **Youth Assistance Programs** (high school) | | 2.44 | | | | |
| **Youth Services—** | | | | | | |
| Affordable child care | | 2.01 | | | | |
| 24-hour child care | | 1.82 | | | | |
| Services for 0-5 year olds | | 2.30 | | | | |
| Fee assistance for full participation in activities | | 2.18 | | | | |
| **Emergency Assistance—** | | | | | | |
| Food assistance programs | | | 2.51 | | | |
| Victims of sexual assault/sex trafficking | | 2.34 | | | | |
| Child respite care or emergency respite care | | 2.26 | | | | |
| Assistance with utilities | | | 2.58 | | | |
| Clothing assistance programs | | | 2.60 | | | |
| Legal services | | 2.21 | | | | |
| Re-entry services for previously incarcerated | | 1.98 | | | | |
| **Assistance to Families in Crisis—** | | | | | | |
| Child abuse/CPS investigation/removal of child | | 2.25 | | | | |
| Foster care | | 2.16 | | | | |
| Emergency housing | | 1.93 | | | | |
| Treatment for substance abuse | | 2.25 | | | | |
| Elder abuse | | 2.08 | | | | |
| **Assistance to Immigrant/Refugee Groups—** | | | | | | |
| Access to bilingual services | | 2.24 | | | | |
| Legal services | | 2.21 | | | | |
| **Diversity Support—** | | | | | | |
| Ethnicity | | 2.29 | | | | |
| Sexual orientation/gender identity | | 2.24 | | | | |
| Immigration/naturalization | | 2.24 | | | | |
| **Assistance to Veterans** | | 2.40 | | | | |
| **Public Transportation** | | | 2.55 | | | |

**"Adequate Services" (2.50 – 3.49)**

The mean/average survey responses identifying 10 human services areas as reflective of "adequate services" are strong support for the oft-repeated perspective from both service recipients and providers that Tempe is a community of people who care and do not give up on challenging circumstances. Intuitively, one would expect that gaps exist in *all* areas of human services due to the limitations of funding and resources in the face of extensive needs. Therefore, to have the human services community rate 10 areas as "adequate" is an endorsement of a city striving to create outstanding value for those served through "shared vision, superior service and sustainable practices." These 10 services in rank order from lowest level of adequacy to highest are:

- Senior assistance with delivery of meals (2.50)
- Emergency food assistance programs (2.51)
- Youth assistance programs (elementary) (2.54)
- Public transportation (2.55)
- Emergency assistance with utilities (2.58)
- Assistance to individuals with AIDS (2.59)
- Emergency clothing assistance programs (2.60)
- Food banks (2.61)
- Pregnancy services (2.77)
- Immunization clinics (2.82)

The fact that three of these services relate to providing food for the hungry is a highly positive research finding.

With regard to inadequacies and gaps in services, this survey question related to perceptions and experiences of the *adequacy* of services within each of the identified human services areas is useful in identifying and ranking the need for improvements in human services delivery, expressed in terms of a quantitative statistical picture. More information about the discussion of gaps in human services was gleaned from the focus groups, and those qualitative results can be found in the section of this report entitled "Participant Focus Group Results." However, the results of this survey question are valuable in their ability to highlight specific areas of need, some of which were not discussed in great depth within the focus groups.

**Survey of Ranked Order of Human Services Needs for *Added* Services in Tempe by Population Group.**
Effective allocation of community resources is a significant area of concern expressed by TCC within the Scope of Work set forth for this needs assessment project. In fact, the next question on the survey questionnaire relates to one of TCC's questions for consideration: What are the primary human services needs in Tempe, and is there a call to action? The previous section on *adequacy* of human services currently being provided leads to the next area of inquiry that examines where additional resources are currently most needed. Survey respondents were asked to rank order the six population groups identified for focus in the needs assessment project reflecting their perceptions/experiences from *greatest* need for *added* services (#1) to the *least* need for *added* services (#6). Respondents were instructed to use only whole numbers (1 through 6) in the ranking process. Of the 292 survey questionnaires submitted, a total of 210 respondents completed this question accurately and completely for the purposes of statistical analysis. The 210 respondents are identified with the following demographic characteristics, registering some overlap:

- 83 individuals receiving or in need of human services, further identified (with demonstrated overlap) as…
  - o  7 victims of domestic violence
  - o  22 homeless individuals
  - o  12 individuals with disabilities/special needs
  - o  15 seniors (62+)
  - o  59 identifying as living below the poverty threshold
  - o  39 parents of youth
  - o  4 veterans
  - o  21 immigrants/refugees
- 42 nonprofit human services providers
- 37 COT human services providers
- 48 Tempe human services volunteers

An important aspect of the understanding of the response to this question that continued to unfold throughout the research findings, including more in-depth discussion from the focus groups, is the importance of the nature of the question asking respondents for the rank order based on the greatest need for *added* services. Representatives from the human services community responded to this question on the basis of their perceptions and experiences regarding which of the population groups are most in need of *additional* resources. A deeper understanding of the more specific *types* of services needed is available by referring to other sections of this report providing results of focus groups, roundtable discussions, structured interviews, and the community forum. During these discussions, representatives of the human services community were assured that they were not being asked to advocate for "robbing" one of the population groups of their resources in order to "pay" more resources to another group. In fact, the Tempe human services community argues against the idea that *any* human services area is currently over-funded or providing duplicative or redundant services.

Once again, *SPSS 23.0* software was used to test the 210 responses from members of the human services community asked to evaluate the rank order of the need for added services among the six designated population groups within Tempe. The following rank order is reported (listed from greatest need for *added* services to least need for *added* services):

**Table 17.  Rank Order from Greatest to Least Need for *Added* Human Services in Tempe**

| Population Group | Sample Size (N) | Sample Mean | Sample Mode |
|---|---|---|---|
| 1. Homeless | 210 | 2.53 | 1 |
| 2. Domestic Violence | 210 | 3.50 | 2 |
| 3. Disabilities/Special Needs | 210 | 3.54 | 4 |
| 4. Working Poor | 210 | 3.60 | 5 |
| 5. Seniors | 210 | 3.83 | 5 |
| 6. Youth | 210 | 3.99 | 6 |

Throughout the data entry process, midpoint checks on the rank ordering of these groups were tested and some significant observations are worth noting (color coded in tiers above). The category of homeless individuals and families never wavered from first place in the survey. However, the next three groups (domestic violence survivors, individuals with disabilities/special needs, and working poor) changed positions within that tier as the number of survey respondent entries increased and the results became more solidified. Nonetheless, these three groups in the second tier above remain closely aligned

in their rank order. The rank order will be revisited at various points throughout this report as each population group is explored in greater depth.

Another critical aspect for better understanding the responses to this question is the recognition of the definitions of each of these groups provided in the earlier section of this report entitled "Human Services Population Definitions." The six population groups identified for focus in this needs assessment project demonstrate significant overlap, e.g., domestic violence survivors may be homeless due to low/moderate income and may include family members young and old, some possibly with special needs. However, the definitions provided in this report assist in distinguishing between the major stressors on the lives of these individuals and families that serve to place them in one or more categories. In addition, the availability and accessibility of services vary based on the needs and the time-critical nature of those needs.

**Survey of *Quality* of Human Services within Tempe by Population Group.** In the *City of Tempe 2016 Community Survey* one of the questions posed to residents was to rate their satisfaction with the quality of various City services. The results of that survey reported that the most significant decrease was a 17 percent decrease in the satisfaction rating associated with the quality of social services/human services in Tempe (from 70 percent satisfaction in 2014 to 53 percent satisfaction in 2016—#5 on the list of City services that should receive the most emphasis over the next year). The *City of Tempe 2016 Community Survey* was mailed to a random sample of households in Tempe by ETC Institute. Once the surveys were mailed, ETC Institute sent emails and placed phone calls to the households that received the survey to encourage participation. The emails contained a link to the on-line version of the survey (www.TempeGov.com) to make it easy for residents to complete the survey. A total of 1,202 households completed the online survey. Through the commissioning of this human services needs assessment, TCC picked up the challenge to assist the City in identifying ways in which this satisfaction rating might be improved.

As mentioned earlier, this 2017 Tempe human services needs assessment targeted responses from within the human services community of recipients and providers of services. The oft-repeated perspective referenced earlier that Tempe is "a community of people who care and do not give up on challenging circumstances" comes from a segment of the larger community that is directly related to human services needs and services experientially, rather than the wider community-at-large. Although not all of the 292 survey respondents in this human services needs assessment answered the question asking them to rate the quality of human services being provided in each of the six population groups specifically addressed in the needs assessment survey, a total of 229 respondents answered the questions with some leaving one or more population groups blank, expressing a lack of knowledge to rate the quality of the services in those groups. Therefore, the number of respondents completing each segment is listed parenthetically after each element.

The total number of survey respondents identifying with each of the six population groups (including significant overlap among population groups) is summarized below:
- Domestic violence survivors (14)
- Homeless individuals (32)
- Individuals experiencing disabilities/special needs (24)
- Seniors (45)
- Working poor individuals (96)
- Parents of youth (92)

The rating of the quality of services available to those residing in Tempe was measured using a five-point Likert scale. Results are reported as follows:

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Poor | | Average | | Outstanding |

- **Domestic Violence Survivors** — (211 responses calculated as a mean score of 3.03) – The results of the responses to this question rated the overall quality of services to victims of domestic violence as "average" with 52.6 percent of respondents choosing this rating. The distribution of responses below average and above average was almost equally divided, 22.8 percent and 24.7% respectively.

- **Homeless Individuals** — (229 responses calculated as a mean score of 2.59) – The quality of services to the homeless was rated nearly at a midway point between "average" and "below average." Although Tempe is working diligently to reduce/eliminate homelessness, the needs currently exceed the resources applied. Over 46 percent of the responses rated the quality of services to the homeless as "below average" with 18.8 percent rating the quality of these services as "above average."

- **Individuals with Disabilities/Special Needs** — (214 responses calculated as a mean score of 2.86) – Survey respondents participating in the needs assessment process rated the quality of services to residents with disabilities/special needs as slightly less than "average". Twenty-nine percent of the respondents surveyed rated the quality of services to this population group as "below average," while 17.2 percent of respondents rated the quality of services as "above average."

- **Seniors** — (227 responses calculated as a mean score of 3.01) – The responses to this question rated the overall quality as "average." The distribution of responses to the quality of services to seniors was relatively normal with nearly 48 percent rating the quality as "average."

- **Working Poor Individuals** — (229 responses calculated as a mean score of 2.54) – The quality of services to the working poor were rated the lowest among the services offered to the six population groups under study—a score equating to "below average." While the rating of the quality of services to the homeless was quite similar (a mean score of 2.59), this rating for working poor individuals is a strong indicator of the perceptions of those throughout the human services community that the services designed to *prevent* homelessness are critically linked to reducing/eliminating homelessness in Tempe. In addition, nearly 42 percent of the respondents to this question to rate the quality of services in the six population groups identify with the "low/moderate income" category in the survey questionnaire to best assess the quality of available services to the working poor.

- **Youth** — (222 responses calculated as a mean score of 3.05) – The responses from the Tempe human services community to the needs assessment survey rated services to youth as "average." The expectation is that the majority of those completing this human services needs assessment were specifically rating the quality of *human services* to youth and their access to opportunities to "navigate through crisis or chronic situations"—not all youth services in Tempe.

**Greatest Strengths and Largest Gaps in Human Services for Tempe Survey Participants.** The I&E team offered survey respondents the opportunity to share their perceptions of the greatest strengths and largest gaps in human services provided to Tempe residents. The responses to these two open-ended questions will be revisited in the section on "Participant Focus Group Results" in which focus group participants were asked to share their perceptions on greatest strengths and challenges *by population group*. This research approach gave participants openings in their community outreach experience to express both comprehensive community-wide assessments and specific views on their highest order commendations and requests for additional follow-up within each of the six designated population

groups in the human services community. Following is a summary of the strengths and gaps expressed by survey respondents independently choosing and expressing their own individualized assessments:

- **Top Four Greatest Survey Strengths**
  - People who care and are committed to helping those in need through innovation and collaboration
  - Availability of services to meet diverse human services needs of the six population groups, specifically repeatedly referencing CARE7 trauma informed care, TCAA and I-HELP
  - Preventive services and a baseline safety net to meet basic needs, e.g., food, showers, and rent and utilities assistance in times of crisis
  - Transportation services

- **Largest Survey Gaps**
  - Increased number of homeless in Tempe
  - Affordable and accessible housing for various segments of the population
  - Need for centralized human services and an holistic individualized approach to case management, including improved awareness of available services
  - Prevention services for working poor, specifically jobs, rent and utilities assistance in times of crisis
  - Increased access to mental health, substance abuse, and health care services

**Quality of Life in Tempe.** The I&E team included a brief section in the needs assessment survey questionnaire related to four elements that contribute to the quality of life in Tempe to determine how the human services community, as a subset of the greater Tempe population, rated these elements. Using a five-point scale, the 292 survey respondents were provided instructions that asked them to consider each element as it contributes to their quality of life in Tempe from their own perspectives and experiences.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Low Quality | | Average Quality | | Exceptional Quality |
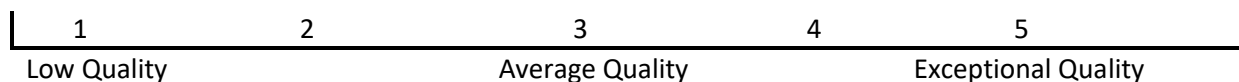
For example, if the respondent considered *The Level of Crime and Delinquency* to be very low in Tempe, presumably that perception would contribute to an *Exceptional Quality* of Life in Tempe (with a high rating of 5).

**The Level of Crime and Delinquency.** (242 responses) The Tempe human services community survey respondents were asked to rate the *overall* level of crime and delinquency within the city as it contributes to the quality of life for citizens, using a five-point scale. The surveys rated the level of crime and delinquency to be between "average" and "above average" (a mean score of 3.26). While slightly more than 15 percent rated the level of crime and delinquency to contribute to a negative quality of life ("below average" to "low quality"), 42.1 percent rated the level as "average quality" and 39.7 percent rated the level as "above average" to "Exceptional quality."

**Support for Building Community within Individual Neighborhoods.** (237 responses) "Building community" is a concept frequently omitted from survey questionnaires, substituting instead the level of services and accessibility to services and basic needs as "markers" for the concept. However, discussions with individuals in any locale generally have much to say about the "sense of community" or

the "lack of community" where they live. In this survey, the Tempe human services community rated "support for building community within individual neighborhoods" as "average" (mean of 3.03). Relationships are the basis for knowing and understanding individuals and families and defining quality of life.

A single survey question is insufficient to address the depth and complexities of this concept. Although a bit more information can be gleaned from focus group discussions of concepts such as these, the responses to the survey question provided at least a starting point for future discussions regarding how the city could be more supportive of *building* a sense of community and *welcoming* residents of diverse backgrounds.

**Support for Bilingual Services.** (219 responses) A contributing element to quality of life in a diverse population such as exists in Tempe is the question of support for diversity. The survey question put before participants in the Tempe needs assessment project was specifically addressing the idea of support for bilingual services within the Tempe human services community. The survey respondents rated this contributor to the quality of life in Tempe as "average" (a mean score of 2.94).

**Support for Individuals and Families in Crisis.** (226 responses) Concerns about the level of public safety calls associated with suicide, mental health issues, domestic violence and substance abuse relate directly to ratings about support for residents who found themselves in crisis situations and circumstances. The Tempe human services community survey rated the level of support for this group as "average" (mean of 3.00) with an almost perfect normal distribution. Slightly more than 27 percent of survey respondents considered the lack of support for this population group ("below average" and "low quality") to contribute to a negative quality of life while exactly 27 percent considered the "above average" and "exceptional quality" to contribute to a positive quality of life. These results are reflective of dichotomous community experiences for Tempe residents. A more in-depth discussion of these expressed concerns can be found throughout the section of this report entitled "Participant Focus Group Results."

**Resources Utilized to Access Human Services in Tempe.** Respondents to the survey questionnaire were asked to provide information about the resources they have used to learn about the availability of human services in Tempe. The question provided a variety of options as well as the opportunity to list other resources. The purpose of this question is to identify the most viable options for disseminating information regarding available resources throughout the community:
- ☐ Internet (Tempe.gov website, Google, Facebook, Instagram, Twitter, , E-newsletters)
- ☐ Media Advertising (TV, radio, newspapers, flyers, newsletters, pamphlets)
- ☐ Billboards
- ☐ Family/Friend/Neighbor Referral
- ☐ Professional referral (court, social service agency, counselor)
- ☐ Promotion at Special Events
- ☐ Materials at Park and Recreation Facilities
- ☐ Other (please specify)

Although the responses lean heavily toward the internet as the most frequently used resource for learning about human services available in Tempe (73.0 percent), both survey respondents and focus group participants indicate that access to technology ranges from intermittent (often through the library) to non-existent for a significant number of individuals seeking human services. In addition, they express difficulty knowing how/where to conduct a successful search that includes current information. For many of the internet users and the majority of the 27 percent *not* using the internet as a preferred

source, "family/friend/neighbor referral" and "professional referral" were cited as resources of choice (44.8 percent and 42.7 percent respectively). A significant number of respondents chose *only* one or both of these referral options, believing these individuals are more likely to offer reliable information that can be trusted. Media advertising was far less frequently selected as a fourth option (21.1 percent of respondents).

Based on these results and additional input received through focus groups, interviews, discussions and the community forum, one of the most viable resource recommendations offered was the idea to provide a prominent link on the home page of the tempe.gov web site that is labeled as simply as "I Need Help" to reach a human services representative with answers and appropriate connections to services. Further development of this recommendation is included in the section of this report entitled "Priorities and Recommendations."

**Visibility and Use of Human Services Organizations Accessible to Tempe Residents.** The 292 members of the human services community participating in the survey research were provided with a list of human services generally sought by individuals and families within the six population groups included in this study to meet their needs. They were asked to indicate which of those services they "*Need*" and/or "*Use.*" In the case of service providers, they were asked to indicate which of those services they use as referrals. They were also asked to provide the name(s) of the organizations they use for each service. The data gathered through this survey question were cross-checked with the list of human services providers the I&E team was developing throughout the research process. This list of organizational names, general area of services provided, addresses and telephone numbers are included in Attachment E as an inventory of sources of human services mentioned throughout the research process. A cautionary note from the I&E team emphasizes that this list is simply an inventory of sources offered by research participants, not intended to be utilized as a resource guide of recommended sources. Furthermore, the I&E team understands that the best of resource guides, once created, can be out-of-date within a matter of weeks or even days.

**TCC Sponsored Online Survey Results.** With the understanding that the I&E team would be conducting research within the human services community, TCC expressed a desire early in the process to offer an abbreviated online version of the in-depth proctored survey for residents of the community-at-large to provide input as well. This survey was sponsored and managed by TCC; however, I&E agreed to present the results of the survey as a part of this report. TCC received 184 responses to the online survey, and following are the findings pertinent to comparison with this report:

By comparison with the previous section reporting on the in-depth, proctored survey utilized by the I&E team, the breakdown of online survey respondents included:

- 1 representative of Tempe police
- 141 identified as Tempe residents
- 10 school/education association members
- 7 past TCC board members
- 10 representatives of businesses/merchants
- 17 representatives of faith communities
- 2 Tempe elected officials
- 12 City of Tempe employees
- 22 providers of human services
- 15 identified as "other"

The demographics extracted from the 184 surveys are detailed below:

**Gender**          Female                          76.98%
                    Male                            23.02%

- 82.98 percent parents of youth under 18 years of age
- 20.98 percent seniors
- 7.69 percent veterans
- 25.87 percent low/moderate income
- 8.39 percent victims of domestic violence
- 2 individuals self-identifying as homeless
- 9.09 percent living in a household with more than one family
- 1.40 percent immigrants
- 6.29 percent individuals with disabilities/special needs
- 9.09 percent caregivers

Following are the reported results of the TCC sponsored online survey prioritized rank ordering of the six population groups from the greatest to the least need for *added* human services in Tempe:

- **Homeless**
- **Working poor**
- **Domestic violence**
- **Disabilities/Special needs**
- **Youth**
- **Seniors**

Although the rank order differs slightly from the results for the same question posed to the human services community, the inclusion within three tiers of population groups discussed earlier is somewhat similar. In this survey, homeless individuals and families as the top priority mirrors the assessment from the human services community. The next three ranked population groups (in blue) continue to be closely matched in priority, and the last two are relatively equally matched.

The slight differences represented in these results are likely related to the somewhat different composition of the sample. One of the cautions about self-selected responses to online surveys is to what extent the sample represents the population being studied. Some of the parameters difficult to discern are whether the online survey over-represents those individuals who are less personally in touch with the topic under study, less stressed by challenges requiring immediate attention, more vested in the outcome of the results, and less likely to be affected by limiting factors that can skew the responses, e.g., the time required for responding and the accessibility of the survey to all groups in need of human services.

The age demographics of the TCC online survey respondents were similar, although slightly older than those responding to the I&E team survey. One of the most interesting differences in the sample demographics is that only a little over one-third of the I&E survey respondents reported being parents of youth under 18 years of age while, even though the average age of the online respondents was slightly older, 82.98 percent of the online respondents answering this question reported being parents of youth under 18 years of age. Notably, 137 of the 184 respondents skipped this question entirely.

Those responding to the TCC online survey were predominantly "White" (73.8 percent compared to 46.7 percent in the I&E survey). The demographic associated with the TCC survey is more in line with the overall ethnicity profile of Tempe. However, the I&E sample, targeting those who are in need of human services, demonstrates the relationship between ethnicity and the likelihood of experiencing poverty. Likewise, the education level of those responding to the online survey was more closely related to the combined provider group education in the I&E survey and did not include the segment of the population with less formal education.

The individual comments provided as a part of the online survey were reviewed by the I&E team to provide additional input from the community to the qualitative data gathered throughout the research process.

**Participant Focus Group Results.** The initial research design for the focus groups called for the I&E research team to conduct 8 focus groups from the Tempe human services community (one for each of the six population groups, one for human services providers, and one for other emerging human services recipients) with a goal to reach approximately 100 participants. After further familiarity with other opportunities to engage with providers in Tempe, e.g., the six annual TCC-sponsored provider roundtable discussions that would be occurring during the research period as well as additional input from TCC, a decision was reached to utilize the eight focus groups for a more in-depth connection with service recipients and those in need of services but not yet connected. As the research process progressed, two additional focus groups were added to reach a wider segment of the human services community, bringing the total number of focus groups held to 10 including 172 participants. The process used to form the focus groups to assure broad representation across the range of human services and to engage individuals directly involved with the six population groups, as well as the composition of those focus groups, was covered in the earlier section on "Research Methodology."

Focus groups were facilitated by a trained and experienced PhD-level facilitator, and the results of the discussions were fully recorded with multiple means of documentation, including notes from trained note takers and digital audio recordings. Each focus group was 1½-2 hours in length. The recordings and documentation for each focus group were studied in depth and transcribed by a PhD-level researcher experienced in focus group coding and analysis. The I&E research team engages in a "hands-on" approach to coding and analysis in order to become immersed in the voices and experiences of the research participants. Responses to each of the individual focus group questions were categorized and recorded to assure no response was overlooked. Data were analyzed utilizing qualitative coding techniques. The results and findings extracted from the focus group process are presented in this section of the report to support the analysis of strengths and gaps and the development of priorities and recommendations for use in the TCC Agency Review (AR) process and by the City Council in forming human services initiatives and making funding decisions.

**Greatest Strengths and Challenges by Population Group.** Focus group participants were asked to identify their perspectives/experiences regarding: 1) the greatest strength of human services offered to each population group; 2) the greatest challenge each group experiences; 3) how well challenges are being met and/or what is missing; and 4) how accessible the needed services are to Tempe residents. Their responses were recorded by focus group, coded to provide categories (themes) useful for prioritization of resource allocation and analyzed for dominant themes. This level of analysis provided distinct categories of significant agreement within the human services community, including a number of themes recurrent across all population groups. This section begins first with the common recurrent themes and then presents the dominant themes specific to each of the population groups. From this point on in the report, the six population groups will be presented in their rank order, as defined from the research participants' surveys, from greatest need for *added* services to least need for *added* services). In addition, survey responses that align with or relate to the focus group results are integrated as appropriate.

**Recurrent Themes Across All Population Groups.** Participants in each of the 10 focus groups were asked to provide responses to the question related to strengths and challenges. The strengths identified as common to all groups are universal, including the most frequent reference from participants that Tempe is a community of people who care and do not give up on challenging circumstances. This sense of community was repeated again and again. Tempe residents take distinct pride in the sense of community demonstrated in the city in which they live.

Other common strengths included an appreciation for Tempe being a progressive community in which leaders are supportive of innovation, collaboration and thoughtful solutions to meet the needs of *all* residents. A significant part of that support is the

> **"It's the sense of community. It may not really be, but you get the sense that your community is more accessible. It feels like the city cares…for sure."**
> **— Previously Homeless Tempe Resident**

recognition among city leaders that preventive services are equally as important as treatment services, providing a baseline safety net in times of crisis to avoid greater calamity. Another recurrent strength expressed in the community was the dedicated cadre of human services providers, specifically pointing to City of Tempe CARE7 human services and TCAA/I-HELP as model programs. In addition to the professional human services providers, Tempe residents repeatedly recognized the invaluable contributions of a strong, proactive faith-based, business and community group of volunteers—with even more approaching the I&E team to seek suggestions about how they can help. Although transportation is always a major challenge for those in need of human services in any city, the free Orbit bus was a significant strength in the eyes of the human services community. The route is limited and many would benefit from its extension, but the benefits associated with this City service were consistently included among any list of Tempe strengths.

Although a basic core of common challenges was universal to all groups, the *nature* of the themes varied by population group to some extent. For example, the theme of "affordable and accessible housing" took on a slightly different perspective for each group:

**Greatest Strengths Across Groups**
*People who care
*Progressive community
*Preventive services/baseline safety net
*Dedicated human services provider
*Proactive faith-based, business and
  community volunteer force
*Free Orbit bus!

**Greatest Challenges Across Groups**
*Affordable and accessible housing
*Safe shelter/services to meet basic needs
*Access to mental health, substance abuse
  and health care services
*More jobs at livable wages
*A centralized seamless continuum of care
  (defined later in this section)
*An holistic individualized case management
  approach
*Flexible funding to meet needs

- For homeless individuals and families—affordable and accessible housing includes a variety of options such as short-term emergency shelters, transitional housing while struggling to regain stability after escaping from domestic violence, age-appropriate shelters for vulnerable youth and seniors, and long-term shelters for those individuals with serious mental health issues.
- For survivors of domestic violence, sexual assault, and sex trafficking—adequate housing includes more shelter space for families where the children and parents are not separated and a need for moving services to remove survivors and their belongings from the home of the abuser.
- For individuals with disabilities/special needs—the search for housing includes living arrangements that accommodate the individual needs of those who are physically or

developmentally disabled, offer safe environments that provide a level of assistance to live without fear, and provide options for inpatient mental health care.

- For working poor individuals and families—finding affordable and accessible housing includes options for young lifelong Tempe residents just getting married and wanting to find a home that fits a new career at a base salary but still remain in Tempe near family, for City and local business employees who cannot afford to live near where they work, for individuals and families "one paycheck away" from losing their housing if a health or economic crisis arises, and for residents for whom their rent has been raised to a level they can no longer afford.

> "I lived in Tempe my whole life. I had a housing voucher for $650. The places that were available posted rents at $651. I was unable to find housing and for the first time, I had to move to Maryvale."
>
> —Lifelong Tempe Resident

- For seniors—housing decisions include the search for options such as affordable long-term care/assisted living, the need to downsize to live on a retirement income insufficient to meet the rising cost of housing, and finding a home that feels safe after losing a spouse and becoming isolated.
- For youth—safe, affordable housing includes shelters for teens who are homeless to protect them from victimization by sex trafficking rings as well as group homes for youth in special circumstances, e.g., abusive homes, homes with extensive substance abuse issues and those with mental health concerns.

This is one example of the depth and complexity surrounding the issues faced within each of the six population groups under study. A recently released *Housing Inventory and Affordability Analysis* for the City of Tempe, conducted by BBC Research and Consulting and dated September 18, 2017, provided the City Council with a better understanding of the current mismatch in the rental market that leaves a gap, or shortage, of nearly 8,000 units for the extremely low income households. The report states:

- Twenty-one percent of renters (8,586 households) living in Tempe earn less than 30 percent of the Area Median Income (AMI) for Tempe per year ($62,900). These renters need units that cost less than $425 per month to avoid being cost burdened. Just 2 percent of rental units (674 units) in the city rent for less than $425/month (including subsidized rental units). This leaves a "gap," or shortage, of nearly 8,000 units for these extremely low income individuals.
- Another 5,400 renters earn between 30 percent and 50 percent of AMI per year. There are only 4,700 rental units priced at their affordability range (between $425 and $709/month), leaving a shortage of about 680 units.

The reports goes on to explain that renters who cannot find affordability priced rentals are living in units that cost more than they can afford and are "cost burdened." Many of these Tempe individuals and families are experiencing crisis today. While additional study is intended to bring long-term relief, the human services community is faced with the immediate challenge of bridging the gap for these residents until adjustments can be made.

Common challenges across all population groups, in addition to affordable and accessible housing, include universal concerns about safe shelter and services to meet basic needs, including emergency shelter for the most vulnerable. The cost of basic necessities creates yet another struggle for many residents to balance income between rent/mortgage payments, utilities, food, water and transportation.

A major challenge that emerged as a significant population group entitled to its own separate designation as a seventh group to be added throughout the remainder of this report includes "Individuals with mental health, substance abuse, and health care needs" that clearly overlaps most, if not all, of the other six population groups within this study.

Another significant challenge is the need for more jobs at a livable wage, including a preference for hiring Tempe residents. Currently, substantial numbers of those who work in Tempe live elsewhere, including the majority of City employees surveyed.

However, an overarching challenge that was consistently voiced in discussions with human services recipients, providers, community leaders/stakeholders, and volunteers is the need for a "seamless continuum of care" to provide human services to economically disadvantaged individuals and families, including a centralized hub to connect those in need of services with

> **"It's hard to get a live person to talk with who calls back. Many of us do not have internet and people assume internet access."**
>
> **— Tempe Resident in Need of Services**

the appropriate providers. The concept of a seamless continuum of care is one in which a case management system is established to connect each client with all the satellite services to meet the holistic needs of each client. This centralized hub could meet the additional challenge cited repeatedly to offer an holistic, individualized approach to case management with case manager/navigators to assess the needs of the individuals/families, link them to the services they need, and follow up to move them toward a successful outcome. A related challenge expressed by human services providers for all population groups is a need for more flexible funding sources to allow them to meet needs without the frustration of denying services based on cumbersome funding restrictions. These overarching concerns will be discussed throughout this section and will be the subject of recommendation(s) for Council consideration.

In every group, mention was made of the lack of knowledge regarding what services already exist, the lack of a centralized source of information for meeting the need for human services. During the focus group dialogues, participants repeatedly confirmed experiences in which organizations they thought would be able to point them in the right direction were often unaware of the available resources. Another of the recurrent themes that surfaced in both discussions and interviews was the concern that often Tempe residents are relying on finding resources in the surrounding communities to meet their needs. At the beginning of each focus group, the gathered participants were asked to introduce themselves and share a little about "what your life is like right now." As the strengths and challenges for each of the six population groups under study are presented in the following pages, each of the segments will include two or three quotes from focus group participants to provide a picture of the many faces and complexities of each group.

**Homeless.** This population group was ranked in first place in the identification of groups most in need of additional services by human services recipients and providers alike. As defined earlier in this report, the Tempe human services community clearly understands that the homeless population group clearly includes individuals and families living in temporary shelters, sleeping in their cars and "doubling up" by moving from one friend to another willing to offer them shelter. The complexities and scope are much larger than visibly meets the eye, and the faces and stories of those who are homeless vary extensively. Tempe has been actively engaged in developing a clearer understanding of the scope, beginning with the recent study conducted in Tempe by an interdepartmental work group comprised of CARE7, Public Works, Police, Human Services Departments, City Court, and Fire Medical Rescue. The data collection portion of the City Council initiative to resolve issues in desert parks and to "inform the prioritization and strategic use of resources on homelessness" led to an "expanded outreach and engagement" period

of 16 weeks from March 15 through June 30. During this period, the study team reports engaging with 629 unduplicated individuals visible and unsheltered, working toward housing as many as possible. Of the 245 agreeing to intake assessment, 85 agreed to participation in efforts to find them housing through the use of the Vulnerability Index—Service Prioritization Decision Assistance Tool (VI-SPDAT). The team reinforced the importance of flexible funding mentioned earlier and the need for permanent supportive housing. The results of this intensive effort reported housing 50 chronically homeless individuals, 20 enrolled in active case management, 200 assessed and referred to services, and 50 prevented from immediate homelessness through other funding sources. The I&E team was told by credible sources that by early October several of those housed had already returned to living on the streets. The problem is complex and requires more thoughtful consideration, but once again the human services providers are faced with the immediate challenge of bridging the gap for these individuals until adjustments can be made.

**Greatest Strengths for the Homeless**
*Availability of food for the hungry
*Clothing resources
*TCAA's I-HELP model shelter program
*Save the Family, UMOM, First United
  Methodist Church programs
*Shower facilities
*Providers who don't give up!

**Greatest Challenges for the Homeless**
*Safe emergency housing, especially
  For the most vulnerable
*Basic needs like safety, water, laundry
  facilities, restrooms, storage lockers
*Mental health, substance abuse
  and health care services
*Consistent motivation/support
*Transition needs—trauma counseling,
  continuing education, job readiness

Needless to say, the Tempe Homeless Interdepartmental Operations Team was also fully aware that many more fall within the definition of "homeless" in its less visible categories, and descriptions were shared with the I&E team to further diversify even these homeless individuals "living on the streets." For example, several who work in close contact with homeless individuals every day shared the differences between those who are long-term chronically homeless individuals experiencing multiple barriers to employment and housing (public safety officers estimate a conservative 35 percent with mental health and substance abuse treatment needs), those who are ready to engage with case management to connect with resources for finding employment and regaining self-sufficiency, and those who are younger and more transient "passing through" Tempe living a panhandling lifestyle. The City of Tempe Human Services Department Homeless Coordinator estimates 46-47 percent as chronically homeless and recognizes that any plans for housing must consider not separating the homeless individuals from their partners, families and pets. Their needs, their responses, and the resources offered are considerably different. One size does not fit all.

Due to the nature of a caring community, food and clothing are less of a challenge to homeless individuals and families in Tempe. However, dental and medical care, access to mental health treatment, access to restrooms and clean drinking water/hydration stations, a resource to acquire the necessary identification needed to access services and VA benefits, transportation to shelters located outside the Tempe community and at a significant distance,

**"You cannot go hungry in the city of Tempe."**

**"If you are starving or hungry in Tempe, you're not trying!"**

**—Previously Homeless Transitioning Out of Homelessness**

a need for storage lockers, emergency shelter not tied to case management, and opportunities for stable employment are among the basic needs expressed by the homeless in Tempe. However, TCAA offers the only shelter program in Tempe through I-HELP (Interfaith Homeless Emergency Lodging Program), initially begun by faith communities in Tempe to provide emergency lodging for homeless individuals. Today the program, in partnership with the local faith community, provides emergency

shelter and meals to 35-40 individuals 7 nights per week, 365 days per year— transitioning individuals within two weeks to a case management plan to assist with finding employment and regaining self-sufficiency. If the client does not agree to case management within the first two weeks, they are asked to seek alternative shelter for a period of 90 days before returning to I-HELP. Without City funding, TCAA would have no funds available to assist single adults, including seniors. In Temporary Assistance for Needy Families (TANF), for example, the child is the actual client. Currently 11 faith communities participate in I-HELP and a few of the larger faith communities have expressed the possibility of being able to do more, e.g., providing additional shelter space for the more vulnerable populations:

- First United Methodist Church
- Sun Valley Church
- 29:11 Church
- Grace Community Church
- Tempe Church of Christ
- Redemption Church
- University Presbyterian Church
- Desert Palm Church
- Community Christian Church
- Church on Mill
- Resurrection Catholic Church

TCAA has expanded and formed an unique East Valley Coalition with Chandler and Mesa to co-case manage clients flowing between the three cities. In this coalition, the three cities share a *single* HMIS account (Homeless Management Information System) to provide them with greater visibility across the East Valley region as the homeless move from one city to another. The HMIS local information technology system is used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness, complying with HUD's data collection, management, and reporting standards. The Coalition strengthens the system through increased information sharing.

> **"At ASU we are seeing quite an increase—a sharp increase—in homelessness and food insecurity (although food is easy to get). I have been here 14 years and it feels like it is a 25 percent increase….It is especially hard when it is understood that a student is going to be homeless….For students, homelessness typically looks like couch surfing or not having a stable place to live."**
> **—ASU Administrator**

The Tempe First United Methodist Church is another Tempe resource that offers showers and breakfast to homeless individuals twice each week. Other homeless resources located outside of Tempe offering services to the Tempe's homeless population and mentioned by individuals and families in the focus groups are Save the Family's East Valley Family Housing Hub in Mesa, A New Leaf in Mesa, and UMOM's New Day Centers Family Housing Hub and shelter for homeless families, teens and young adults (the largest in Arizona, located in Phoenix).

Another example of support located outside Tempe in Mesa, Paz de Cristo provides some of these basic resources like a mailing address, water stations and restrooms, bus passes for doctor's appointments and employment, assistance with birth certificates and VA navigation support, Arizona ID vouchers,

> **"Homeless individuals consistently leave their belongings on our property, sleep on our property, and even pee and poop on our property. We do have No Trespass signs and call Tempe PD sometimes but wish there was something better for all of these folks who clearly need services."**
> **—Tempe Property Owner**

blankets, a nurse, haircuts, hygiene kits, and legal services. Their mission is to feed, clothe, and empower those in need in the East Valley.

Unfortunately, the increased homeless population in Tempe has presented challenges within the community as well as within the lives of those who are homeless. Achieving workable, humane and effective solutions will require a community coalition to address the multi-faceted needs of all Tempe residents, both those who are homeless and those who are asked to live in community with them. These varied perspectives include:

- Merchants in downtown Tempe who are faced with homeless individuals sitting, panhandling or lying in the streets in front of their businesses causing discomfort for their customers (In the spirit of the community to find humane solutions, the Downtown Tempe Authority organized a fund raising campaign to raise $100,000 to contribute to finding positive solutions to these issues of homelessness in Tempe.)
- ASU administrators dealing both with students who are hungry and homeless and homeless individuals encamped on their property
- Homeowners and businesses who experience the homeless population displaced from places like Papago Park setting up camps on their property

In fact, sometimes what appear to be the best available solutions are not always perceived in that light. Public safety officers typically need to find the balance expected by the community between "not doing enough" and being considered too "heavy handed." Partnerships within the community assist in establishing that humane presence while supporting local ordinances. One outstanding example is visible in the Downtown Tempe Authority Safe-T-Patrol Guides who provide an enhanced presence on the streets and patrol on foot and bicycle seven days a week, often engaging in non-confrontational exchanges with the homeless.

[*For more voices of the homeless, join them in Attachment F.*]

**Survivors of Domestic Violence, Sexual Assault, and Sex Trafficking.** Although domestic violence is a crime that is consistently under-reported due to fear, lack of information about available services, no guarantee of security, and the uncertainties associated with future ramifications, the number of *reported* cases far exceeds the assumptions of many in the community, including those being abused/assaulted. The Tempe Police Department received an average of 72.0 calls per week for "family violence fight calls" during the first three-quarters of this year (January 1 – September 30, 2017). At this rate of calls, the 2,807 calls received by September 30, 2017, would be expected to reach more than 3,700 calls by the end of the year. Based on actual statistics from the Family Justice Commission for the first five months of 2017, the projected annual number of arrestees for *aggravated* assault related to domestic violence would be 122 with 235 victims and the arrestees for domestic violence assault is likely to exceed 675 with nearly 1,400 victims. These statistics are made more dramatic by the understanding that a significant number of these crimes go unreported.

In addition to the domestic violence calls, sexual assault calls to Tempe Police through 911 average 3.4 per week which equates to an annual figure of 177 calls (a projected 136 of these calls generate police "sexual assault

> **Greatest Strengths for Domestic Violence/Sexual Assault Survivors**
> * CARE7 trauma informed care
> *Eve's Place mobile resource
> *Sojourner
> *ASU programs on dating violence and sexual assault
>
> **Greatest Challenges for Domestic Violence/Sexual Assault Survivors**
> *Quicker response to safe, non-separated housing for families
> *More CARE7 trauma informed care
> *Focused support for youth in trauma
> *More services for those experiencing sexual assault/child abuse
> *Mental health services
> *Relocation services/pet care

reports"). Those that do not become formal reports are generally related to a previous report filed, determined to be the responsibility of another jurisdiction, or related to an unfounded call or the refusal of a victim to file a report. The Family Justice Commission likewise reports over 20 sexual abuse cases, 136 sexual assault cases and about 20 sexual conduct with a minor cases per year.

> **"Wow! CARE7 is indispensible! They are the team that I call for _everything_! So...this is the human condition – 'I have someone who has a need...Can you help?' 'Yes! We'll find a way.' I don't know how they _do_ it? I'm going to tell you I think it's magic and fairy dust."**
> **—Tempe Police Department**

During the focus groups and interviews and through the surveys, domestic violence survivors expressed a critical need for a central location to obtain information about available services, but they were quick to share their gratitude for the quality professionals who have linked them with critical resources: CARE7 chief among those mentioned as on the scene or in contact within the first 24 hours, Tempe Police Department's quick response, Tempe Fire and Medical Rescue's Patient Advocate Services team (PAS), Sojourner, Eve's Place, House of Refuge, My Sister's Place, A New Leaf, and Save the Family, to name those most often cited. In addition, CARE7 has

> **"My 12-year-old son came in while I was being abused, 'Hang on, Mom. I've already called 911.' The police came in time and arrested him. I told my Mom, 'Anastasia (from CARE7) is my angel.' She called me the next day and has been there for me in every way she can."**
> **—Tempe Domestic Violence Survivor**

trained Tempe police officers in the precepts of trauma informed care, helping them to recognize the red flags of trauma and the importance of connecting children at the scene with immediate care. During this needs assessment study, CARE7 had moved on to train Tempe Fire and Medical Rescue teams with the intent to eventually take their training to teachers in the schools. When dispatched by Tempe Police and/or Fire and Medical Rescue, CARE7 responds to incidents including domestic violence, sexual and physical assaults, suicides, homicides and other unexpected deaths.

Throughout the research process, the I&E team found it challenging to gather data to determine the impact of the over 50,000 ASU students on human services in Tempe. However, it is known that sexual assaults, substance abuse and suicide calls are among those made by ASU students. In a nearly universal expression of wanting to live in community with and welcome the university and its students to Tempe, individual records of services to ASU students are not generally recorded, from food banks to public safety calls. However, since Tempe Fire and Medical Rescue serves ASU by responding to calls on ASU property, they bill ASU for services _on property_. These calls range from fire alerts to sexual assault calls to substance abuse issues to suicide calls, but complete records have not been kept to quantify the types of calls. In 2016, Tempe Fire and Medical Rescue billed ASU for over 600 calls on property. However, once again this is a tip of the iceberg. The large number of apartment complexes surrounding the ASU campus and beyond house many students, and reports of calls in these locations do not typically document whether the call is from an ASU student. Tempe Fire and Medical Rescue is beginning to implement procedures to gather better data in this area, careful not to create an "us and them" scenario but to be better informed about how best to partner with ASU administrators regarding the needs of their students. The consistent response throughout the research process was the desire on the part of all to work together to develop the best community solutions.

The Tempe Family Justice Commission was directed by the Mayor and Council through city ordinance to:

1. _Advise the city council and assist city departments in promoting access to justice and safety for victims of domestic violence, dating violence, sexual assault, stalking and sex trafficking._

2. *Advise the city council and assist city departments in providing leadership and multidisciplinary response for the victims and survivors.*
3. *Advise the city council and assist city departments on coordinating cross-training and multidisciplinary tools to provide training opportunities to criminal justice personnel and healthcare providers about educational initiatives and system based standards of practice that are critical to serving the victims of domestic and sexual violence and keeping them safe.*
4. *Advise the city council and assist city departments on expanding education and outreach to vulnerable populations.*

The Family Justice Commission is appropriately qualified to address these tasks through the requirement that the Commission include members from each of the following professional categories with expertise in the fields of domestic violence, sexual assault, or sex trafficking:

1. Two (2) faculty members from Arizona State University
2. One (1) member from the CARE7 Crisis Response Team
3. One (1) member from the Tempe Police Department
4. One (1) member health care provider
5. One (1) member from the nonprofit sector
6. One (1) member from a legal services provider
7. Four (4) at-large members who reside, work, or attend school within the City of Tempe

The mission statement is to "provide advice, recommendations, and guidance to the Mayor and City Council that promotes a coordinated community response to issues related to domestic and sexual violence." The mission and vision of this Commission correlates with the results of this current needs assessment.

[*For more voices of domestic violence survivors, join them in Attachment F.*]

**Individuals with Disabilities/Special Needs.** This segment of the population is frequently overlooked, becoming "invisible" to the greater community. Although challenges facing this group are significant, the strengths expressed by those receiving services were strong. Once again, CARE7 received accolades for being on the scene as first responders and providing counseling and other services.

Gracie's Village was also mentioned as an affordable, accessible housing option with elevators. Ability360 (formerly Arizona Bridge to Independent Living—ABIL) located nearby in Phoenix was mentioned repeatedly as *the* program of choice for several—providing services to achieve or continue independent lifestyles within the community. Tempe Neighbors Helping Neighbors is a resource that provides basic, non-medical volunteer assistance for friendly calls and visits, light home maintenance, basic yard care, technology assistance, and pet care. The annual membership dues of $96 single, and $180 per couple, are extremely reasonable when used to access its many benefits.

> **Greatest Strengths for Disabilities/Special Needs Individuals**
> *CARE7 and PAS first responders
> *Tempe schools
> *Gracie's Village
> *Ability360 programs; The Center for Habilitation
> *Tempe Neighbors Helping Neighbors
>
> **Greatest Challenges for Disabilities/Special Needs Individuals**
> *(In home) disability/personal care assistance
> *Integration into the community (accessible resources, housing, employment, transportation, wheelchair accessibility)
> *Disabilities compounded by age and level of disability
> *Transition from schools to adulthood
> * Mental health services
> *Tempe resources compliant with disability standards, including Tempe.gov web site and Tempe library
> *Most services are located outside of Tempe

Tempe Fire and Medical Rescue Patient Advocate Services (PAS) is available to address medical conditions and quality of life issues for members of the community before they become an emergency. Their team coordinates with an array of medical personnel and provides services such as a complete nursing assessment, medication reconciliation and pain management, dietary evaluation, assistance with connection to financial resources, and a home safety evaluation. They receive 25-30 new referrals each week and complete 3-6 intakes per week as well as conducting in-home and phone follow-ups for Tempe residents (including VA clients). This service provided by Fire and Medical Rescue actually adds benefits for Tempe residents while creating a cost savings for the department by avoiding sending a 4-man fire crew on calls that PAS can handle.

However, the challenges for special needs individuals are significant. Many of the specialized services are located outside of Tempe. Transportation that meets the specialized needs of this population group frequently intensifies the geographic challenge. Opportunities for independent living and respite care are in short supply presenting a real worry to aging parents of disabled individuals and to individuals with no family members to care for their needs.

> **"Skilled workers/nurses/volunteers for personal care or wound care are needed."**
>
> **"I don't have nobody to come and help me. It's hard to cook. I burned my feet twice because a pot fell when I was cooking."**
>
> **—Tempe Residents with Special Needs**

Physical accessibility presents an ongoing challenge to this population group, including ill-advised decisions about where ramps are placed, how frequently benches are spaced in public places and how easily wheelchairs can navigate a space. Support for keeping handicap spots available for the truly handicapped would make independence much more attainable.

[*For more voices of individuals with disabilities/special needs, join them in Attachment F.*]

**Working Poor Individuals and Families.** These individuals and families may be on the very edge of becoming a family in crisis or homeless—perhaps just one paycheck or job layoff or medical bill away. They may already have reached that point. Therefore, this group is often seen as at risk; in the earlier reference to the recent *Housing Inventory and Affordability Analysis*, these family units are considered to be "cost burdened"—paying more for rent/mortgage than they can afford, in excess of 30 percent of their household income towards housing.

> **Greatest Strengths for the Working Poor**
> *Food is plentiful
> *TCAA multiple services
> *Rent and utilities assistance in times of crises
> *Quality Section 8 housing for those fortunate
>   enough to secure it
>
> **Greatest Challenges for the Working Poor**
> *Safe, affordable housing
> *Basic needs and preventive emergency
>   assistance
> *Intervention with landlords to prevent eviction
> *Education and vocational training
> *Affordable, safe child care (including 24-hour
>   care that incorporates education/prevention
>   programming; source for diapers)
> *Legal services

The level of support afforded working poor individuals and families is frequently inadequate to meet basic needs. They are often invisible until the crisis occurs and too often do not ask for help early enough to avoid the crisis. However, the existence of food banks in addition to food programs for children in the schools, support from faith communities for emergency needs, and programs to assist with rent and utility payments have all provided positive support and a baseline safety net.

Preventive strategies to *avoid* homelessness must be an integral part of any plans to address homelessness.

Generally, focus group participants expressed frustration with the lack of shared information regarding available resources and the inability to find employment. Local jobs are often filled by people from outside Tempe. With the higher cost of housing in Tempe and the lower wages from jobs in the service industry, staying in Tempe is a challenge for many long-time residents. However, the desire to stay in the place you call home is understandable.

Crisis comes in many sizes and shapes—an escape from domestic violence that includes everything from physical abuse to being shoved out of the house by an angry spouse who locks all the doors, the sudden loss of a job and being considered "too qualified" for $10/hour jobs when no comparable employment can be found, the loss of the family home through foreclosure when no job is available, and a choice needing to be made between food and utilities or a mortgage payment.

> **"I needed training on the job to learn another skill but it cost money, and I couldn't learn it because I didn't have the money."**
> **—Tempe Resident Qualified as Working Poor**

One human services provider explains that by the time they see these people, it's too late to avoid the crisis. They have been looking for employment for months…too late to avoid increasing debt with no income to make the payments. Their car has just been repossessed…too late to negotiate a new payment plan. Legal advice was too costly in the face of looming bills…too late to seek out free legal services now. Help might have been available and deep losses avoided…*if* they had come in earlier and *if* they were aware of a safe, confidential place to go for guidance.

> **"Just paying the bills! That's the greatest challenge!"**
> **—Tempe Working Poor Resident Nearing Crisis**

These are some of the individuals and families who public safety officers meet during the 3.8 suicide or attempted/ threatened suicide calls each week. Some of these people are also the families they meet during their 72 family violence fight calls each week and the individuals they encounter in the 67 drug and alcohol arrests each week. Human services providers emphasize the critical need for local services to meet the increasing mental health and substance abuse issues associated with stress.

> **"We have crises, families trying to get into shelters. Eviction without notice. There isn't any place for them - we've tried reaching out to Phoenix, Mesa. It's hard to tell our families 'stay in school in Tempe', but we don't offer those kinds of services. We tend to get them on Friday where kids go home and come back to school saying 'our stuff's outside and no one's home'."**
> **—Tempe School Administrator**

[*For more voices of the working poor, join them in Attachment F.*]

**Seniors (over 62 years of age).** Participants repeatedly identified the programs offered through TCAA and the senior centers as the greatest strengths for senior Tempe residents. The home-delivered and congregant meals and food bank programs available to meet dietary needs are key to healthy living for many. Recognizing Tempe's relatively high median income, few options exist for older adults whose income is *below* 30 percent of the median income.

The major challenges for this population group are the availability of affordable prescription medication, more options for safe, affordable and accessible housing, transportation in general and transportation that meets the needs of those with disabilities, and a lack of resources to meet some of the most basic of daily needs, e.g., home repairs, housecleaning, car repair and shopping assistance. One

focus group participant expressed appreciation for community volunteers but noted that if an individual uses a wheelchair, the options are seriously diminished. Once again, Tempe Neighbors Helping Neighbors provides an excellent option for meeting many of these basic needs at a reasonable annual membership fee.

**Greatest Strengths for Seniors**
*TCAA - Senior centers, food banks, and meals programs
*Orbit bus and transportation discounts (but need more)
*Tempe Dementia Friendly Program
*CARE7 and senior help line
*Tempe Neighbors Helping Neighbors

**Greatest Challenges for Seniors**
*Safe, affordable, accessible housing
*Communication/Accessibility Advocate for resources available to the economically disadvantaged
*Caregivers for Activities of Daily Living (ADLs)
*Quality lifelong learning senior services
*Emotional/mental health services to combat loneliness and isolation

In July 2015, Tempe was named "Alzheimer's and dementia-friendly" by the White House in a pilot project to create a model for other cities and states to use with residents who suffer from dementia and their families. The program was designed to provide more support, teaching residents affected by dementia to manage and cope with the disease and training first responders on recognizing and responding to dementia sufferers. At the time the program was announced, 120,000 people in Arizona were diagnosed with Alzheimer's disease with the expectation to rise to 200,000 people by 2025. Since the program was announced, Tempe has trained 50 Dementia Friend Champions who are available to train groups in Tempe to help people living with memory loss. Memory Café and monthly lectures are offered at the library. Participants expressed appreciation for the supportive, weekly roundtables in which a professional leads discussions and provides useful information. In addition, TCAA is exploring options for updating the services offered at the senior centers to meet the needs of the increasing number of seniors interested in lifelong learning opportunities.

One additional challenge is related to the struggles associated with isolation and the need for respite care when facing a crisis. Elderly individuals who become caregivers for their spouses or other family members are often frail themselves and unable to locate available options for assistance that are affordable. Neighbors, volunteers and faith community members are willing to help but likewise are not aware of where to go for assistance. Multiple focus group participants were aware of elderly spouses caring for their loved ones at great cost to their own well-being. In several cases, these are couples without children to watch over their increasing needs as they age. Arizona is different from many other states in that when active seniors move here and then grow older, many do not have family members who can come to visit or help them when they need to go to a hospital or have a fall. For those in a traditional family structure, this is not understood as a reality for others. [*For more voices of seniors, join them in Attachment F.*]

> "I have received calls from older people who are crying, saying 'I don't know how to be homeless!' after their rent has been raised 25 percent."
> —Tempe Homeless Coordinator

> "I struggle with all the paperwork and feel disrespected and discarded."
> "The money I get is not enough, so I go to the food bank to make up for it."
> — Tempe Senior

**Youth.** Focus group responses to this question on strengths and challenges identified a wide range and a large number of new and established youth programs. Students have the opportunity to attend a variety of programs, e.g., Peer Solutions, Young Lives, Thrive to Five, Second Step, Teen Zone/Kid Zone, the Teenage Pregnancy Prevention Program (TAPP), Boys and Girls Club, to name a few.

The City Council supports the understanding that human services aimed at prevention are an investment in the future of Tempe residents and the community-at-large. In March 2017, the Council announced the launch of a new high quality, citywide, free preschool program for qualifying children ages three and four. Tempe PRE is a two-year pilot program designed to increase access to high quality preschool at no cost for qualifying families. Families that are eligible for the program must live in Tempe and be living at or below 200 percent of the Federal Poverty Threshold. The program provides a full 6-hour HighScope curriculum which is child-centered and play-based, with optional before- and after-school extended learning at most sites and an optional full-day summer program 2018. These types of initiatives offer opportunities to explore models that can make a preventive difference in the future of these young lives.

> **Greatest Strengths for Youth**
> *Affordable after school programs
> *Peer Solutions and Young Lives
> *First Things First/Family Resource Ctrs
> *Tempe Schools—trusted and first line
>   of communication
> *CARE7 in-school prevention counselors
> *Tempe PRE
> *Well-coordinated school-parent liaison
>   program
>
> **Greatest Challenges for Youth**
> *Overall mental health support
>  (counseling, suicide prevention, sexual
>   assault, and sex trafficking education)
> *Substance abuse treatment
> *Emergency shelters for youth
> *Program fee assistance and
>   transportation for economically
>   disadvantaged youth
> *Mentoring for purpose and connection
> *Parenting support

On February 16, 2017, the Mayor's Youth Advisory Commission held its annual Youth Town Hall for teens. The event allowed youth and community leaders to exchange ideas on issues concerning youth. One segment of those deliberations focused on Teen Homelessness and Poverty. This group considered possible root causes of teen homelessness and poverty in the Tempe community. Some of the ideas shared included: youth having volatile home environments, youth having limited life skills, youth experiencing familial and community rejection due to their sexual orientation or identity, youth experiencing insecure foster care situations, and a lack of awareness about available support services and resources. These students likewise identified the importance of prevention resources and specifically pointed to Tumbleweed programs offered through UMOM, Tumbleweed's Mobile Outreach vans at the First United Methodist Church, TCAA, and I-HELP. Their observations of existing strengths in the Tempe community and recommendations called for:

- An expansion and promotion of UMOM's Tumbleweed program offering emergency help and shelter for homeless teens and young adults
- Expanding locations for UMOM's 24-hour Safe Place emergency callboxes around the Valley, currently at QT stores and Valley Metro Light Rail stations where teens younger than 17 can get immediate help

> **"Youth who are experiencing violence and sexual abuse lack someone to talk with. They're sent to their guidance counselor, which a lot of us aren't comfortable talking with –because those are the people you talk to about your grades, not if you are getting abused at home."**
> **—A Tempe Student**

- Expanding homelessness prevention education, through classroom announcements and counselors in the schools, such as relatively young in-school prevention counselors provided by

CARE7, while also including support of trusted and trained mentors and peers mentioned by youth

In meeting with several of the students participating in this group, the I&E team heard from these young people that they are not likely to utilize hotlines readily. Personal information is not likely to be shared until a relationship and trust are established. They suggested expanding the presence of outside counselors in the schools, including expansion to charter schools.

Some of the greatest challenges for this population group are the insufficient assistance for fees when a sliding scale is not offered (precluding participation by low income individuals in many of the sports, academic and summer programs), inadequate safety and sex trafficking awareness programs, mental health and substance abuse services, employment readiness programs, and transportation assistance for youth to attend some of the programs at a distance from local neighborhoods, especially those who are on the Tempe/Phoenix border and have a Phoenix address that precludes them from getting bus passes.

> **"Sex trafficking is beyond belief. We must do something for them. They are as young as 10!!"**
> **— Concerned Tempe Resident**

Both service providers and parents of youth repeatedly expressed interest in providing parenting support to lessen parental stress and prevent abuse. Guardians and youth from every focus group (including homeless families) expressed the need for parenting skills and prevention curriculum (i.e., bullying, mental health/coping skills, creative educational options, more opportunities for community engagement for youth), both in terms of materials and personal support.

Other critical issues identified by human services providers and service recipients include a lack of affordable and 24-hour child care, issues of child abuse, bullying and the threat of sex trafficking, and youth aging out of the foster care system with no safety net. In social media, failures are broadcast and

> **"I became homeless 7 years ago. I got out of CPS care at 18 and they cut me a fat check - I thought I was king of the world. I spent it in six months. I didn't have savings and became homeless shortly after my 19th birthday."**
> **—Tempe Previously Homeless Young Adult**

that challenges their identities. One counselor explained, "It's like not having skin. They are so exposed all the time." Add to these complexities a school system in which the Tempe Elementary School District alone serves 11,500 students. They represent 77 countries, 70 languages and 68 Native American tribes; 78 percent are on free and reduced lunch and 280 are homeless.

[*For more voices of youth, join them in Attachment F.*]

**Individuals with Mental Health, Substance Abuse, and Health Care Needs.** Earlier in this section of the report, reference was made to "Individuals with mental health, substance abuse, and health care needs" as a separate group that emerged from the research process. The importance of addressing these concerns prior to and as an integral part of any individualized holistic approach to meeting human services needs is critical to an individual's success. This group will be addressed in greater detail in Part IV under "Priorities and Recommendations."

[*For voices of individuals with mental health, substance abuse, and health care needs, join them in Attachment F.*]

**Other Emerging Population Groups.** Throughout the course of the focus groups and provider roundtables, the free flow of dialogue frequently identified additional areas of concern, and the original

RFP requested the I&E team to capture "*any existing/current and/or future gaps in human services*." A list of possible emerging groups, listed in the order of frequency mentioned, follows:

- Spanish speakers—"Right now DACA concerns trickle down and affect all Latinos in how they are supported and treated."
- Homeless families—One provider noted that there are currently over 50 families sleeping on the streets in the East Valley (that are known). "People say we don't see those families (just see the person holding a sign). It is because they are hiding in parks, couch surfing. At a gas station you see a family with a bunch of stuff, you might think they are moving or going on a trip—no, they are living at the gas station."
- Unemployed and underemployed seeking individualized job assistance—People become discouraged after weeks of being turned down.
- Immigrants and refugees—The challenges associated with language barriers and the inability to find employment with livable wages are difficult to navigate.
- Single parent households—Particular needs arise due to economic hardship, stress for the parent or juggling multi tasks.
- Foster youth—Resources are needed to support guardians who are now raising children that they have not known, and follow through is needed when foster services end and the youth age out of the system.
- Veterans—As of the annual Point in Time Survey for 2016, there were 664 homeless veterans identified as sheltered and 372 veterans identified as unsheltered in Arizona.
- Formerly incarcerated individuals—Needs include felony friendly employment options as well as care for children of parents currently incarcerated.
- Homeless pregnant women—Homeless pregnant women are being turned away from shelters due to a lack of shelter space.
- LGBTQQ+ individuals—LGBTQQ+ youth are also being turned away from shelters due to a lack of shelter space.
- College students—The influx of more than 50,000 students have a definite impact on human services needs in Tempe.
- Victims of sexual assault and sex trafficking—More safe havens for youth are needed.
- Latchkey youth—More programs are needed for youth who lack guidance and supervision for before and after school.
- Grandparents raising grandchildren—Grandparents and other family members who have not raised children for several years express a need for support in the form of resources and respite care.
- Families of deceased individuals—Challenges arise with cremation or burial due to lack of papers or within the refugee community unaware of the resources.
- Widows—Navigating through the system after the death of a spouse presents difficult challenges.

These groups were not mentioned with sufficient frequency to be designated as a separate population group at this time. However, they were mentioned sufficiently to be recommended for additional consideration to determine the extent of their needs.

**Interview Validation and Support.** The I&E team proposed a total of 10-12 targeted structured interviews to lend depth to the report, paying special attention to the human services groups identified in the RFP and any other groups emerging through the research process. The actual number of interviews conducted totaled 26. The information gained by personal interviews was used as corroborative data to determine if the research results contributed by service recipients and providers fit within the bigger picture of other Tempe stakeholders. The mix of stakeholder, recipient and provider

interviews was targeted to best support the needs assessment research. The interviews conducted included—

- Tempe Police Chief Sylvia Moir
- Tempe Fire-Medical Rescue Fire Chief Greg Ruiz
- Tempe Fire-Medical Rescue Deputy Chief for Medical Services Andrea Glass
- Maricopa Association of Governments Assistant Director Amy St. Peter
- Downtown Tempe Authority Executive Director Kate Borders
- Tempe Deputy Human Services Director Valerie Kime Trujillo, serving as Tempe Community Council Executive Director
- Executive Director of Tempe Community Action Agency Deborah Arteaga
- Former Tempe Community Council Executive Director
- Former President/CEO of the Tempe Chamber of Commerce
- Past President Tempe Community Action Agency and TCC Board member
- Past President Tempe Community Action Agency and I-HELP volunteer
- I-HELP Coordinator at Grace Community Church
- I-HELP General Manager at Grace Community Church
- Tempe Community Council Board member
- Missio Dei Pastor
- Two homeless and formerly homeless individuals
- Survivor of recent domestic violence
- 8 student participants from the 2017 Tempe Youth Town Hall

In addition, five informal, unstructured interviews were held with ASU's Director of Student Advocacy and Assistance, an additional ASU professor, the Awareness and Training Manager from the Arizona Coalition to End Sexual & Domestic Violence, a representative of Eve's Place, a domestic violence mobile and community advocacy unit, and a representative of Save the Family.

**Input from the Community Forum.** Within this forum attended by 90 individuals from the human services community, both recipients and providers, the research team reviewed preliminary findings and a sampling of recommendations for further discussion. Some of the primary input received from this forum is summarized below (those responses repeated among the various breakout groups are presented in bold type):

**Question 1:** What are some unique solutions for meeting these diverse needs—both on an emergency short-term basis (1-3 months) and an affordable long-term basis?

- Short-term solutions
    - **One-stop shop: Case manager who can vet needs with knowledge of resources**
    - **Backyard volunteer options to provide space for the homeless in exchange for utilities credit**
    - **Grow CARE7**
    - **Connect those in need with people they trust**
    - **Expanding the TCAA I-HELP locations, I-HELP for seniors**
    - **Communicating solutions to those who need them through an easy web site connection**
    - Prevention and educational programs in the schools
    - Improve communication, including up-to-date resources, specifically for Tempe-related human services
    - Sanctioned encampments, utilize churches and vacated buildings

- o Pairing services for different population groups
- o Hold the systems currently in place accountable
- o Integrate funding so it is not so strict (flexible funding)
- o Better access to therapy
- o Raise community awareness of the problems
- o Restore park rangers
  - Long-term solutions
    - o **Affordable housing, developers set aside a percentage for affordable housing**
    - o **Create a network model in which all agencies work together as a single network**
    - o **Learn to identify the "at risk" moment to keep it from snowballing**
    - o Provide non-traditional housing opportunities (e.g., people opening their homes, opening a church for people to sleep)
    - o Offer a sliding scale for subsidies
    - o Partner with schools and neighbors for help for seniors

**Question 2:** What would a system look like that considers all the circumstances of a person/family and provides a navigator that connects them with all the services they need? *(A Seamless Continuum of Care)*

- **_One_ centralized agency that someone in need goes to in order to be assessed for needs/resources and is then connected with a single case manager that can navigate the system to get the help needed and coordinate the overall effort (city departments, nonprofits, faith based communities—CARE7 and TCAA with experience of "how it works" instead of technical knowledge)**
- **Empower existing "navigators" in agencies already providing care/information/services**
- **Flexible funding that does not require evidence-based data, but practice-based experience; "sometimes successful assistance can be something very small"**
- **Community involvement and volunteer opportunities**
- Establish performance measures to ensure services are successful
- Determine which tools/software systems are appropriate to use and accessible to all agencies
- Invest in existing successful programs and agencies

**Question 3:** What forms of assistance are possible for faith communities, city government, schools, human services providers, businesses, neighborhood associations, or residents to provide to help with these needs?

- **Provide a "continuum of care" for the structure and to beware of duplication**
- **Expand I-HELP sites and services**
- **Opportunities to help while removing the fear of helping; recruit and mobilize volunteers and provide CARE7 trauma informed care training**
- Encourage businesses to volunteer, perhaps to choose one of the population groups
- Offer community awareness to reduce any stigma
- Provide after school programs and mentoring
- Encourage civic engagement
- Develop specialties for each to assist using their own areas of expertise
- Provide a clearinghouse/service center, perhaps a community café
- Counseling, education

**Participant Reflections on the Greatest Advantage of Living in Tempe.** Although the purpose of focus group research is to gather comprehensive information and data from a range of diverse individuals in the most efficient manner possible, the intensity of the input from focus group participants geared toward improving the delivery of human services within Tempe did not dampen the enthusiasm of participants when asked, "What do you consider the greatest advantage of living, serving or working in Tempe?" The overall attitude of pride in the community and agreement that "this is where I *want* to live" provided the I&E research team with an understanding that throughout the focus group process participants were expressing a sincere desire to make an outstanding community even better.

> "It's comfort. There's definitely a comfort in Tempe that you don't get in other cities."
> —Formerly Homeless Tempe Mother

When focus group participants were asked, "What do you consider to be the greatest advantage of living, serving or working in Tempe?" the responses of Tempe citizens will provide the energy needed to make the important decisions to move forward—

* "People who care…"
* "The fact that you care enough to reach out and get information from us and ask what we think."
* "The people care enough to volunteer."
* "Tempe leaders are open to suggestions."
* "This is a forward moving city."
* "People are friendly and resourceful."
* "Tempe is a beautiful city! Parks and friends…and crime is not as high."
* "It's a small enough community, you know your neighbors."
* "Many people get around for free!"
* "The Tempe police are trying to come together with the community…and that's very, very good. They are talking to us and answering our questions and that opens everything up."
* "Tempe is a nice and easy, tranquil, calm community."

> "We know we have problems. We know we're going to get problems…new problems. We know we're going to do our best to solve them. It's a whole different mindset that makes it easier to do our work here in Tempe."
> —Long-term Tempe Community Leader

## Part IV
## Priorities and Recommendations

A few years ago, an *East Valley Tribune* article reflected on Tempe's history—"A look back shows Tempe's growth from farm town to urban center." Tempe has grown from a small agricultural town in a geographic location where irrigation and farming had been practiced for at least 1,500 years, prior to its establishment as a large urban center with a population of over 180,000 residents. The article reminded us that "As with its past, much of Tempe's future seems likely to include growth and reinvention…. Tempe's future will continue to be one of redevelopment and reinventing itself for many years to come." Many challenges typically accompany growth—not the least of which is the need to accept a new character and approach decision making in a way that serves the best interests of the city and its residents. The I&E team was asked to provide:

1. A *prioritization of the needs, gaps or duplication of human services, and current trends, including but not limited to, the six target populations identified by Tempe Community Council* (accomplished in Part III of this report)
2. *An inventory of relevant community resources, programs, and services that currently exist in Tempe that can help meet the identified human service needs* (A list identified throughout the research process can be found in Attachment E.)
3. *Recommended conclusions for the organization to be able to respond with appropriate remedial action. These conclusions would offer direction for the human service delivery system in Tempe, including examples of best practices locally, regionally, and/or nationally.* (This section of the report responds to this remaining question related to recommendations and priorities.)

Specific areas of concentration have emerged in the research and needs assessment process to assist Tempe as it continues to grow. While Tempe has offered a distinctive sense of welcome and community amenities and resources that attract large numbers of diverse individuals and families, its unique personality presents its own set of challenges. The income gap between the most affluent and least affluent citizens is widening. Young professionals and families recognize the benefits Tempe has to offer, but the number of residents living below the poverty threshold remains higher than surrounding communities—causing struggles among these Tempe residents to meet their basic needs. As the stressors and cost of living escalate, the conditions of poverty contribute to the variety of critical circumstances that define homelessness and the working poor. The elderly population in this community of young families is growing and will become an increasingly larger segment of the population, needing more specialized services. A significant number of seniors are no longer able to make ends meet on a fixed income, sometimes forcing them to choose between allocating limited dollars to housing or medication. Several moved to Arizona to enjoy an active lifestyle and were drawn by the presence of a major university, leaving family members who could be called upon to help behind in other states. Housing costs are increasing and utility costs are escalating. More families continue to lose their homes. Immigrants, many of whom have lived in Tempe since the early days before city growth literally surrounded them and, in some cases, displaced them are feeling the pressures associated with the increased cost of living and decreased opportunities for employment. With a growing population, larger numbers of individuals with special needs require assistance and support, and higher levels of criminal behavior leave residents in need of trauma informed care. Tempe residents take great pride in the community they call home and express a desire to continue to enjoy living here for years to come.

Tempe Community Council and Tempe officials are to be commended for their willingness to look into the face of change, learn more about the human services needs of residents, and work with community members to manage growth in a way that maintains an acceptable quality of life for all who live, work and play in Tempe. This Human Services Needs Assessment resulted in an extensive community outreach that gave a varied group of residents the opportunity to provide input on a specific topic that touches the lives of more than one-third of Tempe residents.* Change is an exciting but sometimes difficult and unsettling task. The City Council, City and nonprofit service providers, and Tempe residents understand the importance of effective delivery of human services with an eye toward the identification of emerging needs and potential gaps in services.

The recommendations and priorities will address specifically—

- Prioritization for the delivery of human services, as determined in dialogue with the human services community,
- Identified gaps/improvements related to the delivery of human services to Tempe residents in need,
- Prioritized recommendations and best practice strategies to address gaps, and
- Prioritized suggestions for local and/or regional partnership strategies.

Each of these areas of inquiry will be addressed in separate sections in the order presented. In addition, the I&E research team has included two additional brief sections on "Asking the Tough Questions" and "Recommendations for Further Research." I&E stands ready to assist Tempe in implementing these recommendations as needed.

**Note:** Although the Scope of Work specifically required the prioritization of recommendations within this report and the I&E team developed the following list with an eye toward ranking the recommendations in order of their far-reaching criticality and effectiveness, as expressed through the research process, timing and feasibility can have a significant impact on the order of performance.

## Prioritization for Delivery of Human Services to Tempe Residents

Part I of this report provides strong evidence of Tempe's success in building a vibrant community. The request to conduct this needs assessment study is a major step toward identifying and prioritizing human services needs that fit current demographics. This definition of the changing dynamics means that Tempe needs to look to the future and determine how to address the growing human services needs of its residents. This changing reality means that when looking to the future, Tempe leaders will be challenged with decisions related to how they can best address the needs of all identified population groups which, in fact, impact all Tempe residents.

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*Due to significant overlaps between the seven human services population groups included in this study, this calculation for Tempe is a *conservative* number extrapolated from the research, based on the following statistics: senior residents (65+) = 8.4% of the population (7.2% below the poverty threshold); age 18-64 residents below the federal poverty threshold = 22.6%; youth qualifying for free/reduced lunches in the Tempe public schools = 78%; residents under age 65 with disabilities = 5.7%; plus residents in crisis, based solely on public safety calls related to suicide, mental health issues, domestic violence, sexual assaults, and substance abuse. This calculation is deemed to be a *conservative* estimate, because it does not include any numbers for services to the homeless, non-poverty threshold youth services, non-poverty threshold immigrant services or services to families in crisis.

**Prioritized List of Population Groups in Need of Added Services.** To recap the results presented in Part III, one significant measure of the prioritization for the delivery of human services in Tempe is derived from a survey question in which representatives from the human services community (both recipients and providers) rank ordered the six population groups included in the original RFP, from most in need of *additional* resources to least in need, on the basis of their perceptions and experiences. This survey question took the research requirement to identify the "greatest needs in the community" to the best source for this information—the members of the community with a keen awareness of the needs. During the focus groups, participants clarified that they would not advocate "robbing" one of the population groups of resources in order to "pay" more resources to another group. In fact, as a group, research participants argued against the idea that *any* human services area is currently over-funded or provides duplicative or redundant services. However, their responses provide a strong measure of the prioritization of the most critical human services needs by population group. The following prioritized list is drawn from their rank ordering (from greatest need for *added* services to least need for *added* services—recognizing that all six groups have needs):

1. Homeless individuals and families
2. Domestic violence survivors
3. Individuals with disabilities/special needs
4. Working poor individuals
5. Seniors
6. Youth

The reader will recall from Part III that another critical aspect for better understanding the responses to this question is the recognition of the definitions for each of these groups provided in the section of this report entitled "Human Services Population Definitions." The six population groups identified for focus in this needs assessment project demonstrate significant overlap, e.g., domestic violence survivors may be homeless due to low/moderate income and may include family members young and old, some possibly with special needs.

In addition, the Scope of Work directed the research team to *not* limit the research to the six population groups if emerging groups were identified through the research process. One group emerged as demonstrating separate needs that the community *strongly* recognized (with repeated references in multiple focus groups, roundtable discussions and interviews) as significant for focused attention: Individuals with mental health, substance abuse, and health care treatment needs. Based on analysis, the level of repetitiveness demonstrated a need to insert this emerging group into the survey ranked list in the following manner. In addition, as addressed earlier, the data gathered and the voices of the human services community expanded/renamed the "domestic violence victims" to "domestic violence, sexual assault and sex trafficking survivors."

1. Individuals with mental health, substance abuse, and health care treatment needs
2. Homeless individuals and families
3. Domestic violence, sexual assault, and sex trafficking  survivors
4. Individuals with disabilities/special needs
5. Working poor individuals
6. Seniors
7. Youth

## Identified Gaps/Improvements Related to the Delivery of Human Services to Tempe Residents

**Prioritized List of Recurrent Needs Common to All Population Groups.** The recordings and documentation for each focus group were studied in depth and transcribed by a PhD-level researcher experienced in focus group coding and analysis. Data were then analyzed utilizing qualitative coding techniques to identify categories (themes) useful for prioritization. This level of analysis provides distinct categories of significant agreement within the human services community, including a number of themes recurrent across all population groups, as described more fully in Part III of this report under the section entitled, "Recurrent Themes Across All Population Groups." These universal gaps are considered critical within each of the population groups below and are considered a first priority in each case. These themes common to all focus groups (in order of prioritization) include:

1. Affordable and accessible housing
2. Safe shelter and services to meet basic needs, including emergency shelter for the most vulnerable
3. More jobs at livable wages, including a preference for hiring Tempe residents
4. A complete system of care to provide human services to economically disadvantaged individuals and families, including multilingual access
5. An holistic individualized approach to case management with access to a single case manager/navigator per individual/family
6. Flexible funding to allow providers flexibility to meet needs

Each of these themes will be addressed within the prioritized recommendations offered later in this section of the report.

**Prioritized List of Needs for Added Services by Population Groups.** In Part III the rank ordering of the six population groups in terms of the need for added services (utilizing survey data) was reported in detail. The combined data from all sources clearly called for the addition of a seventh critical emerging group that overlaps documented needs within all of the initial six population groups and was ultimately inserted into the #1 priority position of the seven groups. Focus group data were then used to create a prioritization of the most critical needs *within* each of these population groups. Therefore, to support recommendations in the next section of this report, the prioritized list of services needed within each of the above groups is presented below:

1. **Individuals with mental health, substance abuse, and health care treatment needs across all population groups**
   a. Safe, accessible housing in this population groups includes residential treatment services, as needed
   b. Access to assessment and treatment services
   c. Counseling and continued recovery assistance
   d. Linkages and access to additional affordable, more immediate healthcare services including prevention (e.g., yearly exams), basic healthcare needs (e.g., vision needs and dental work identified as a critical need across multiple populations), and specialized health circumstances (e.g., injuries or disease).
2. **Homeless individuals and families**
   a. Safe emergency housing/placement, especially crisis shelter for the most vulnerable
   b. Fulfillment of basic needs like safety, water, laundry facilities, restrooms, and storage lockers

    c. Consistent motivation and support

    d. Transition needs, e.g., trauma counseling, special needs placements, continuing education, and job readiness

3. **Domestic violence, sexual assault, and sex trafficking survivors**

    a. Accessible housing for survivors, including quicker response to placement into safe, non-separated housing for families

    b. Increased CARE7 trauma informed care providers

    c. Focused support for youth in trauma

    d. Increased services for those experiencing sexual assault/child abuse

    e. Relocation/moving services, including pet friendly relocations

4. **Individuals with disabilities/special needs**

    a. In home disability/personal care assistance to remain in place

    b. Integration into the community, including accessible resources, housing, employment, transportation (with wheelchair accessibility)

    c. Tiered services to meet the needs of disabilities based on level/type of disability as well as those compounded by age

    d. Services to transition from school resources to adulthood

    e. Tempe resources compliant with disability standards, including Tempe.gov web site and Tempe library

    f. Transportation to services not located in Tempe

5. **Working poor individuals and families**

    a. Safe, affordable housing, including crisis services to prevent homelessness

    b. Resources to meet basic needs and preventive emergency assistance, i.e., rent and utilities assistance

    c. Intervention with landlords to prevent eviction

    d. Affordable education and vocational training

    e. Affordable, safe child care (including 24-hour care that incorporates education/ prevention programming and a source of diapers)

    f. Access to legal services for issues with housing and benefits

6. **Seniors**

    a. Safe, affordable, accessible housing, including a dedicated shelter space for seniors

    b. Communication/Accessibility Advocate for resources available to the economically disadvantaged

    c. Caregivers for Activities of Daily Living (ADLs)

    d. Quality lifelong learning senior services

    e. Emotional/mental health support to combat loneliness and isolation

7. **Youth**

    a. Counseling, suicide prevention, sexual assault and sex trafficking education

    b. Safe, accessible housing, including emergency housing for youth

    c. Youth program fee assistance and transportation for economically disadvantaged youth

    d. Mentoring to find purpose and connection

    e. Parenting support

## Prioritized Recommendations and Best Practices Strategies to Address Gaps

**Recommendation # 1.** Revisit the Agency Review (AR) procedures for FY2018/2019 Tempe Human Services Funding to reflect Tempe City Council's Strategic Priority #3 to "enhance the quality of life for

all Tempe residents and workers" through investment in human services consistent with the identified prioritization of needs for all human services population groups.

    a. Recommendation to make the Tempe Human Services Needs Assessment visible and accessible as a link on the Tempe.gov web site to acknowledge community input in identifying needs/gaps and to respond to requests for access to the report, when completed.

    b. Recommendation for a new plan for FY 2018/2019 in which the Tempe Request for Proposals (RFP) requires specific responses from all offerors to include:

        i. A plan for addressing one or more of the most critical needs/gaps identified in this report, specifically relating to the six population groups named below. Additionally, each agency must detail the services they provide for the newly added seventh population group, "Individuals with mental health, substance abuse, and health care treatment needs," which overlaps all six groups (see 1.b.ii. below). Alternatively, agencies where mental health, substance abuse, or health care treatment/services are identified as *primary*, agencies may submit a proposal responding to the needs of the seventh population group but then must detail how they serve one or more of the other six population groups within Tempe:

            a) Homeless individuals and families

            b) Domestic violence, sexual assault, and sex trafficking survivors

            c) Individuals with disabilities/special needs

            d) Working poor individuals and families

            e) Seniors (over 62 years of age)

            f) Youth (including services to vulnerable young people 18-21 years of age)

            g) A plan to address one or more of the most critical needs/gaps identified in this assessment, specifically relating to the identified population groups.

        ii. A description of how their services provide for or coordinate with their clients' *access to* the overarching gap identified in all population groups for "mental health, substance abuse, and/or health care treatment needs" if their agency is not equipped to meet these needs

        iii. A clear description of the population group(s) served with the opportunity to submit proposals that reflect the realistic overlap in serving two or more of the human services population groups funded, e.g., the closely related homeless and working poor groups.

        iv. A realistic measurement for achievement of the agency performance goals related to specific population group needs/gaps, in accordance with the Council initiative to ensure that agencies who receive human service grants from the City achieve their performance goals (a strategy under the newly revised Priority 3.10 to reduce the number of people in Tempe living below the poverty threshold).

    c. Recommendation to follow up on the instruction from City Council in their May 25, 2017, meeting to brief the AR team on the importance of making a consistent amount available for individual emergency rent and utilities assistance that prevents these recipients from sliding into homelessness, supporting the Council Strategic Priority on achieving an end to homelessness in Tempe (Priority 3.28).

    d. Recommendation that offerors would be further evaluated on the basis of strong plans for increasing and mobilizing volunteer efforts within the community.

    e. Recommendation for funding organizations that offer unique services for specific population groups, with an eye toward avoiding redundancy of funding.

    f. Recommendation for the possibility of providing funding for capacity building and partnership development with an eye toward increasing/leveraging alternative funding sources to meet the human services needs of the community.

g. Recommendation that the AR team consider funding additional MSW-level case managers (or documented experienced equivalents) in future funding cycles to support the development of the centralized hub for human services detailed in Recommendation # 3 below.

**Recommendation # 2.** Implement a first step toward creating a "seamless continuum of care" (Recommendation # 3 below) through improved communication and awareness of human services available/accessible to Tempe residents by placing an interactive button/link on the Home page of the Tempe.gov web site that reads "I Need Help Connecting to Tempe Human Services." The link would immediately connect the resident to "a real person" from the CARE7 team for assessment/referral of their needs.

a. Recommendation to improve access to CARE7 in accordance with their respect in the community for quick, effective response 24/7 (currently difficult to locate on the Tempe.gov web site).

**Recommendation # 3.** Create a "seamless continuum of care" within the experience base of CARE7 to provide human services to economically disadvantaged individuals and families, including a centralized Tempe hub to connect those in need of services with the appropriate providers. The continuum of care is one in which a case management system is established (with collaborative co-case management led by an established and highly visible/respected and oft-cited provider of direct services within the City of Tempe Human Services Department and coordinated with a designated nonprofit agency coordinator, likewise highly respected for providing multiple human services and considered the "go to" agency for quality direct services within Tempe) to connect each client with all the satellite services to meet the holistic needs of that client through interagency coordination and collaboration. Community nonprofit providers of services and City of Tempe Human Services Department providers are invited to join as members of the Continuum of Care. This shared network model closely links all providers of direct services to serve clients with an individualized holistic case management and creates a system of checks and balances.

a. Recommendation to establish a highly respected, recognized, and effective direct service provider within the City of Tempe Human Services Department as the hub location, connected with the nonprofit human services community through a broad-based partnership arrangement and linked through a nonprofit agency coordinator. (Supports Council Strategic Priorities 1.20 and 2.7, among others)

i. Create three additional MSW-level navigator/case manager positions (or documented experienced equivalents) within the designated hub to assess the individualized holistic needs of individuals/families, link them to first-tier (immediate, short-term) services, refer them (as appropriate) to the nonprofit agency coordinator/co-case manager (see 3.b. below) for second-tier (longer-term) services, avoid duplications, and follow up as the primary navigator to move them forward to a successful outcome. A single person who is knowledgeable about the person/family's story who stays with them throughout their case management process and who provides a link to needed services is imperative. (Estimate an additional 3 MSW-level FTE positions, including bilingual staff, with a caseload of approximately 80 each, dependent upon the intensity of assigned cases)

a) CARE7 already utilizes a continuum of care concept for meeting clients at the point of crisis. Although they offer a 24-hour crisis support team, victim assistance, and counseling services, the two-tier approach recommended here would focus on assigning a primary centralized navigator/case manager to the individual/family and providing support and assistance for immediate short-

term services needed. Longer-term needs for addressing issues, such as homelessness and job readiness as two examples, would be referred to the second tier nonprofit co-case manager recommended in paragraph 3.b. below.

b. Recommendation for the most highly respected, recognized, and effective direct service provider within Tempe to serve as the nonprofit agency coordinator to co-case manage Tempe human services clients and to navigate the longer-term services with nonprofit members of the Continuum of Care Plan. This position is recommended to be arranged with a nonprofit agency marked by a direct service presence and established community recognition in Tempe as evidenced by the preponderance of community responses/references in dialogue with members of the human services community. The Continuum of Care would benefit from the selection of a nonprofit agency recognized as a primary provider of multiple direct human services, as well as having strong connections in the community and a track record for being able to mobilize resources relatively quickly in a crisis. In addition, an agency with experience in developing East Valley coalitions, further strengthening their role in the Continuum of Care through increased information sharing, is recommended. (Estimate an additional 6 FTE MSW-level or documented experienced equivalents for positions within the nonprofit agency coordinator organization with a caseload of approximately 50 each, dependent upon the intensity of assigned cases)

c. **Research Disclaimer: The I&E research team recognizes that the successful implementation of this recommendation requires that the agencies tasked with this critical responsibility must meet the highest of standards and demonstrated success within the Tempe human services community. Clear designees emerged through the research process and those recommendations have been provided to the TCC Board**.

d. Recommendation for continual data base entry and follow-up for clients receiving services to ensure progression of client goals. Follow-up should occur at minimum 48 hours, one week, and monthly follow-up.

e. Recommendation for the Continuum of Care to partner with the Human Services Community Volunteer Coordinator (see Recommendation # 4 below) for coordinating the efforts of all related city departments and commissions to meet the human services needs of all seven population groups within Tempe in order to avoid conflict or duplications of services and unnecessary cost inefficiencies. For example, the Family Justice Commission recommendation to create a single location Advocacy Center within CARE7 for survivors of domestic violence, sexual assault and sex trafficking is in complete agreement with this Tempe Human Services Needs Assessment Recommendation # 3 and should serve as the model for other city departments and commissions related to the other six population groups.

f. Recommendation to consider the St. Louis County Continuum of Care Plan (in that geographic area limited to serving the homeless) as a best practice model. Although this model does not utilize a nonprofit agency coordinator, it has created a consortium of partners that includes human services providers, advocacy groups, government agencies, and homeless individuals working together to address the housing and support services needs of the homeless in the region of the Duluth/St. Louis County. This recommendation expands the coverage of the model to all seven population groups for Tempe.
   i. https://www.stlouiscountymn.gov/CoC
   ii. https://www.stlouis-mo.gov/government/departments/human-services/homeless-services/continuum-of-care/

g. Recommendation for the Council to consider providing the Continuum of Care with flexible funding guidelines to allow the case manager/navigators to meet needs without the frustration

of denying services based on cumbersome funding restrictions mandated by other funding sources.

h. Recommendation to continue expanding CARE7 trauma informed care training into the schools and all human services related city departments, as well as faith communities and nonprofit agencies.

i. Recommendation to offer 2-3 safe/trusted satellite sites in the community (such as partnering with selected faith community locations) to connect people in need with the Continuum of Care at geographically accessible locations.

j. Recommendation to train key community sites (such as faith communities) to know how to link people with the Continuum of Care

k. Recommendation to provide 8-12 monthly, calendared, roundtable discussions about resources/needs with clients at multiple trusted community sites, e.g., faith communities, nonprofit agencies, housing complexes, community centers and schools. These discussions would reach more people beyond specific caseloads and would provide an opportunity for clients to share resources while supporting one another. This follows a successful model currently utilized in Tempe's Dementia Friendly Tempe.

**Recommendation # 4.** Create a Human Services Community Volunteer Coordinator one-stop site to connect Tempe residents interested in volunteering with opportunities that connect to their greatest skills and areas of interest/compassion. This resource for community volunteerism would collaborate with members of the extensive caring community to motivate, recruit, train, and assign volunteers. Currently community members express difficulty finding the volunteer opportunities on a myriad of individual agency web sites with different training requirements and schedules.

a. Recommendation for an agency with a longstanding position in the community to fulfill this role.

b. **Research Disclaimer: The I&E research team recognizes that the successful implementation of this recommendation requires that the agency tasked with this critical responsibility must meet the highest of standards and demonstrated success within the Tempe human services community. A clear designee emerged through the research process and this recommendation has been provided to the TCC Board**.

c. Recommendation for coordination of connections and training to create an effective and robust volunteer corps for community engagement to address basic needs of residents:

   i. A clear determination of what level of training is necessary for the various roles and the best resources to conduct the various training opportunities.

   ii. Development of ongoing volunteer opportunities for immediate connection of volunteers with positions, rather than the one-year wait for recruitment and required training by some agencies.

   iii. Coordination with TCAA to develop additional I-HELP sites, including the possibility of specialized locations for the more vulnerable homeless, e.g., seniors and youth.

   iv. Coordination with Tempe Neighbors Helping Neighbors to expand their current cadre of volunteers.

   v. Coordination with ASU for linking students with community human services internships

   vi. Coordination with ACESDV to provide domestic violence training/intervention to assist in supporting domestic violence, sexual assault, and sex trafficking survivors. For a small donation (i.e., $100) hundreds of people can be trained at once, including volunteers and providers.

   vii. Connect with http://www.opentable.org/volunteer/ Consider utilizing a variation of the Open Table model that incorporates more than one faith community and uses volunteers as collateral in place of the upfront dollar amount which deters faith groups

from participating. Consider conducting some of these sessions during I-HELP meals to provide positive examples of people receiving assistance and moving forward.

**Recommendation # 5.** Continue to pursue the development of a comprehensive affordable housing program in Tempe as well as the implementation of an Affordable Housing Impact Statement (AHIS) with consideration being given to identifying stop-gap measures to fill the critical affordable housing shortages identified in the recent *Housing Inventory and Affordability Analysis* conducted for Tempe by BBC Research & Consulting. Those who are "cost burdened" by the housing crisis are currently living in an at risk status for homelessness. The report supported the understanding that the lack of affordable housing crosses all population groups under study in this needs assessment—"many are working residents earning low wages, residents who are unemployed and residents who are disabled and cannot work." Strategic planning is critical but likewise so is the need to alleviate the daily burdens for these individuals and families.

a. Recommendation to review all options to relieve the "cost burden" for low income individuals and families, including several models for invoking rent control such as utilized in the Bay area (see one San Francisco Chronicle article linked to several California cities deliberating on various aspects of rent control programs [http://www.sfchronicle.com/business/article/Bay-Area-rent-control-movement-continues-to-spread-11084978.php](http://www.sfchronicle.com/business/article/Bay-Area-rent-control-movement-continues-to-spread-11084978.php)). Four programs are currently being studied by work groups within the City of Tempe Human Services Department. One potential model under study (i.e., a model from Atlanta) is the idea to require developers to provide impact statements about how any new developments would impact housing, jobs, etc. as a part of the approval from Council to proceed.

b. Recommendation to expedite the Bridges to Permanency program currently under development within the Human Services Department to address the needs of the seriously mentally ill.

c. Recommendation to develop a careful analysis of the cost effectiveness of suggestions for building shelter space for any of the seven population groups under study versus developing lower-cost options such as additional specialized I-HELP programs for the most vulnerable, repurposing existing vacant buildings, implementing a down payment program, and creating more options for housing advocacy and subsidized housing accepted by Tempe landlords.

d. Recommendation to focus on funding homeless options to include:
   i. Existing shelter programs with proven track records, e.g., UMOM, Save the Family, and Sojourner
   ii. Permanent supportive housing subsidies for those with high level, complex needs who are not able to maintain housing
   iii. Housing and resource options that specifically consider families, women, seriously mentally ill individuals, the "chronic" homeless, and survivors of domestic violence, sexual assault, and sex trafficking

e. Recommendation to listen to the voices in this research (Attachment F) prior to developing any shelter/housing space, i.e., about living quarters that help ensure participant success and are reflective of participants' needs (e.g., safety, gender and family differences). For all population groups, prior to investing in any new service, elicit the perspectives of those who will be receiving the services to help ensure program success.

f. Recommendation to develop transition support after new housing circumstances are introduced to clients to increase success. Support ideally includes emotional support (e.g., trauma counseling), mentoring (including job readiness and life skills), and material support (e.g., connect with Furnishing Hope, an agency that provides donated furniture and household items for those transitioning out of homelessness).

g. Recommendation to consider a recent housing model introduced through ASU's social work program. Bridge Meadows is an intergenerational model based out of Oregon that incorporates foster youth, adoptive parents, and elders. (see [www.bridgemeadows.org](www.bridgemeadows.org))

**Recommendation # 6.** Take an active role in working with health care professionals in the larger metropolitan area to explore solutions to meet the critical need for high-quality mental health, substance abuse, and health care treatment options accessible to the human services community.

a. Recommendation to appoint a liaison to approach health care facilities in Tempe and surrounding communities (such as Mountain Park Health Clinic and St. Luke's Hospital providing family medicine, pediatrics, and women's health; Ability360 serving people with all disabilities; EMPACT behavioral health outpatient services; and Terros for mental health and substance abuse services) to attract organizations to locate/expand facilities in Tempe, creating a niche for Tempe human services expertise that can be used as an offset resource for surrounding communities providing Tempe residents with human services such as shelter facilities, services to the homeless and low income housing.

   i. Expand the partnership with Patient Advocate Services (PAS) within Fire and Medical Rescue to provide complete nursing assessments, medication reconciliation, referrals to medical partners, communication with primary care physicians, dietary counseling, pain management, caregiver support, and home safety evaluations. Continue to support follow-up visits and phone calls within one week of intake to assess the need for continued support.

   ii. Develop new partnerships similar to the health services currently being offered through the Escalante Center by the Chamberlain College of Nursing in Phoenix in which student nurses come on site to provide wellness checks and presentations, and expand services provided to encompass additional health needs.

   iii. Connect with local dental schools for partnerships in which students can provide services for the significant number of dental needs identified across population groups.

b. Recommendation for creating a mobile traveling health care unit. The sites needing services are geographically dispersed. This mobile unit would not need to provide extensive care but would be a source of assessment and evaluation. A nurse practitioner would be the ideal individual in charge.

c. Recommendation to utilize the Tempe Coalition to Reduce Underage Drinking and Drug Use to expand the efforts funded through their renewed five-year grant from the White House Office of National Drug Control Policy (ONDCP) to "strengthen the infrastructure among local partners to create and sustain a reduction in local youth substance use." This grant focuses on "increasing community collaboration, recruiting and retaining Coalition membership, impacting alcohol access and changing youth and adult perception of risk for marijuana."

   i. Include collaboration with quality peer-driven organizations, such as Peer Solutions

d. Recommendation to create partnerships with local substance abuse facilities and organizations, including referrals to free 12-step programs, to develop additional sources of accessible treatment and strategies for addressing all forms of substance abuse and drug use within Tempe.

e. Recommendation to develop after school or weekend clinics at the schools to partner with local health care facilities.

**Recommendation # 7.** Create a proactive priority to engage ASU and other local colleges in richer collaboration and community partnership to address the needs of students and the sharing of resources to meet their needs and to increase opportunities for ASU student internships with Tempe's human

services providers. Examine what is working and what can be improved with existing internships. [*For insight into voices and needs of ASU students, join them in Attachment F.*]

    a. Recommendation to require all city departments and nonprofit agencies to maintain records of services offered and provided to ASU students as a part of their regular data gathering protocols.

    b. Recommendation to utilize the Volunteer Coordinator role to engage in dialogue with ASU to convey and provide linkages for internship opportunities throughout the human services community and faculty/professional staff opportunities to participate as members of study teams and commissions.

**Recommendation # 8.** Develop a comprehensive data base to gather specific information about the types of public safety calls being addressed within Tempe to add emergency mental health calls, mentally disturbed persons, elder abuse incidents, bullying, child pornography, stalking, teen dating victimization, and hate crimes among others. These data will inform future definition of human services needs and decision making.

**Recommendation # 9.** Develop and implement services to address the immediate critical basic needs of homeless individuals and families in Tempe. These stabilizing services alleviate barriers to self-sufficiency in readiness for case management through the Continuum of Care presented in Recommendation # 3.

    a. Recommendation to meet basic needs with the provision of:
        i. Water stations
        ii. Expanded laundry facilities and laundry supplies
        iii. Expanded restroom availability and ready access to items such as sanitizer to stop the spread of disease.
        iv. Storage lockers, best practice models include:
            a) https://www.sandiego.gov/homeless-services/programs/transitional-storage-check-center
            b) https://www.trendhunter.com/trends/storage-locker
            c) http://www.good4utah.com/news/local-utah-state-news-/slcs-homeless-population-can-be-helped-through-lockers/205838214
            d) http://www.denverpost.com/2017/05/23/denver-storage-unit-pilot-program-homeless/
        v. Source of diapers for homeless parents/families
        vi. Location in Tempe to receive mail, similar to the service offered by Paz de Cristo

**Recommendation # 10.** Create basic support services for survivors of domestic violence, sexual assault and sex trafficking (in accordance with the suggestions offered by the Family Justice Commission following its recent study) to offer safety and stability as first steps to entering into trauma informed care through the Continuum of Care presented in Recommendation #3.

    a. Recommendation to provide for basic immediate needs with the provision of:
        i. Large storage areas for survivor supplies
        ii. Kitchen/dining area for utilization by survivors and their families
        iii. Comfortable rooms for children, teens and adult survivors to receive initial services
        iv. Relocation/moving services, including pet friendly relocations
        v. Emergency housing, as needed

b.  Recommendation to continue to support survivors of domestic violence, sexual assault, and sex trafficking through CARE7 trauma informed care and other services, including accompanying their clients to court and providing wrap-around services.

c.  Recommendation to utilize Eve's Place at no cost to Tempe—a mobile advocacy unit that assists survivors of domestic violence, sexual assault, or any crime, e.g., stalking. Eve's Place meets at the client's location and collaborates with the organization they are working with (including the courts, as an advocate) to provide emotional, social support, and resources. Advocates are available for child care while advocacy services are utilized and include advocates for youth. Services are completely free for victims. Resources begin with a phone screening and then follows up within a 24 hour period.  Recommendation for CARE7 to collaborate with Eve's Place for cases specific to this population.

**Recommendation # 11.** Establish a plan to address the immediate needs of individuals with disabilities/special needs to provide for safety and accessibility to the services needed for self-reliance through the Continuum of Care presented in Recommendation #3.

a.  Recommendation to provide for basic immediate needs with the provision of:
   i.  Free or reduced rates for accessible modes of transportation for economically disadvantaged individuals with disabilities/special needs. Transportation options for all residents with special need for accommodations, e.g., wheelchair lifts/accessibility
   ii.  Tempe resources compliant with disability standards, including Tempe.gov web site and Tempe library
   iii.  Transportation to needed services outside of Tempe
   iv.  Resources to assist with the Activities of Daily Living (ADLs)
   v.  Specific tiered assistance related to the level of disability
   vi.  Continued attention to accessibility throughout Tempe in accordance with Council Strategic Priorities 3.13, 14 and 15.

**Recommendation # 12.** Provide for the basic needs of working poor individuals and families to prevent sliding into homelessness and to stabilize their lives as they work with case managers to alleviate barriers to economic self-reliance through the Continuum of Care presented in Recommendation #3.

a.  Recommendation to provide for critical needs with the provision of:
   i.  Intervention with landlords threatening eviction
   ii.  Rent and utilities assistance that incorporates educational and prevention programming for all youth, as well as their caregivers. Programs should include incentives such as transportation, meals, and store vouchers to assist disadvantaged families to attend.
   iii.  Affordable and accessible safe child care
   iv.  Sources of diapers for low-income families

**Recommendation # 13.** Develop plans for addressing the immediate basic needs of economically disadvantaged seniors to remain safe and stable while working with a case manager to create a long-term plan through the Continuum of Care presented in Recommendation #3.

a.  Recommendation to provide for critical needs with the provision of:
   i.  Emergency housing
   ii.  Free or reduced rates for accessible modes of transportation for economically disadvantaged seniors, e.g., Tempe Neighbors Helping Neighbors, Uber/Lyft providing one free ride a day to a senior
   iii.  Discounted vehicle/car repair options
   iv.  Resources to assist with the Activities of Daily Living (ADLs)

     v.     Assistance with medication management

     vi.    Resources to relieve isolation

     vii.   Continued commitment to the goals of a Dementia Friendly City, in accordance with Council Strategic Priority 3.20.

**Recommendation # 14.** Expand on programs offered through the schools for youth with critical needs to maintain immediate safety and equilibrium while their connections to human services are facilitated through the Continuum of Care presented in Recommendation #3.

    a.  Recommendation to provide for critical needs with the provision of:

       i.    Emergency counseling and housing

       ii.   Before and after school/weekend food programs

       iii.  Youth program fee assistance and transportation for economically disadvantaged youth for educational and recreational programming that offers sliding scales for participation (especially for families who miss the cut-off for reduced lunches)

    b.  Recommendation for continued support for CARE 7 in-school prevention counselors funded at each High School. Other programs established to meet critical needs include:

       i.    The Tempe Union High School District three grants from the Governor's Office of Youth, Faith and Families (approximately $450,000) to conduct prevention work in all Tempe High Schools

       ii.   Tempe Coalition addressing the prevention of underage drinking and drug use

    c.  Recommendation to expand prevention services including:

       i.    Provide additional avenues at schools and faith communities for Family Preservation Teams and/or parenting and family support including respite care, education and training that keep youth safe.

          a)  See a best practice model through La Casa de Cristo, i.e., MOPS, Mothers and More groups ([www.lascasadecristo.com](www.lascasadecristo.com))

          b)  Continued support for City of Tempe Youth Diversion Program

          c)  Provide coping skills, e.g., Seeking Safety curriculum

          d)  All Star Leaders Program

          e)  Tempe Leadership to assist at multiple schools

          f)  Mentoring opportunities

**Recommendation # 15.** Continue pursuit of strategic priorities to bring more jobs and higher wages to Tempe while creating more jobs at a livable wage for unskilled workers.

    a.  Recommendation for continued development of high profile employers, including the expansion of the health care base in Tempe.

    b.  Recommendation for developing an initiative for a hiring preference among employers for Tempe residents, as qualified.

    c.  Recommendation creating incentives for City of Tempe employees to live and work in Tempe.

    d.  Recommendation to offer vocational and specialized training to assist individuals with securing higher wage jobs

    e.  Recommendation to offer part-time job options as requested by disabled individuals

**Recommendation # 16.** Reward human service providers with increased funding dollars as they demonstrate the implementation of best practices and the highest level of success for their Tempe clients, utilizing standardized performance measures and quarterly evidence of measurable outcomes.

    a.  Recommendation for continuing consideration of past performance in funding decisions.

b. Recommendation to require agencies funded with Tempe funds to report the number of Tempe residents served and utilize this information in funding decisions.
   i. Require quality organizations outside of Tempe to propose how they can assist in bringing Tempe residents to their facilities.

**Recommendation # 17.** Prepare now for the aging of Tempe residents to be ready to meet the human services needs of increasing numbers of seniors, projecting future needs and resources over the next five years. The needs of this segment of the population constitute a future gap in human services.
   a. Recommendation to assess current needs and projected needs based on an aging population
   b. Recommendation to consider encouraging developers to create additional low-cost housing for seniors
   c. Recommendation to provide lifelong learning opportunities through the community centers to maintain mental acuity

**Recommendation # 18.** Support successful strategies for neighborhood building and empowerment by encouraging neighborhood associations to provide increased communication within local neighborhoods, with a focus on community mobilization, building relationships and linking individuals to needed resources.
   a. Recommendation to pursue the Missio Dei Communities and Guardian Angels Community model presented at the community forum in which two of the local pastors of faith communities from the Daley Park Neighborhood offered to be the lead connectors for services to people in that area. The two faith communities would develop a pilot program to work with TCC and the Tempe community to develop partnerships with the schools, nonprofit service providers, businesses, and others in the community to support the human services needs in their neighborhood.

**Recommendation # 19.** Create accessible resources for connecting individuals with employment opportunities, e.g., a job bank coordinator that matches skill levels with available jobs.

**Recommendation # 20.** Develop strategies to provide more bilingual access to City and nonprofit services through attention to hiring practices to meet this need.

### Prioritized Suggestions for Local and/or Regional Partnership Strategies

**Partnership Recommendation # 1.** Develop regional partnerships to provide prevention services to all population groups in collaboration through the Tempe Continuum of Care, engaging all Continuum of Care members, i.e., coordinators/navigators, nonprofit agencies, and faith communities.
   a. Recommendation to utilize the TCAA I-HELP model (a best practice for homeless individuals and families) for creating regional formalized coalitions for improved communication, service delivery, and cost efficiencies. In the case of the East Valley I-HELP Coalition, the model is already in place for the combined efforts of Tempe, Chandler, and Mesa, as detailed earlier in this report.

**Partnership Recommendation # 2.** Expand/expedite current partnerships and develop new agreements with existing service providers who serve Tempe residents in need through reciprocal funding arrangements or resource sharing.
   a. Recommendation to invite East Valley agencies providing services to Tempe residents to join as members of the Continuum of Care and to increase dialogue regarding how to serve common populations with improved efficiencies.

**Partnership Recommendation # 3.** Implement partnership communication strategies, including:

a. Recommendation to offer an online resource for developing a snapshot of the most unique services each agency provides specific to Tempe residents. Partner with Arizona 2-1-1 to complete this service along with the agencies themselves for providing the most up-to-date information

b. Recommendation to create a responsibility/position within TCC for maintaining an ongoing communication with surrounding communities to share best practices, connecting those in need with those who care.

c. Recommendation to promote avenues of awareness (e.g., communication at schools during morning announcements regarding who to get in touch with for resources)

d. Recommendation to partner with Tempe Library to expand their existing services to offer bilingual classes, including workforce readiness, computer classes, educational/life skills classes, nutrition education, and ESL classes targeting the economically disadvantaged, offering incentives for participation.

e. Recommendation to utilize other communication resources, e.g., the water bill, Tempe Today, faith community flyers, resource lists for community centers and other stakeholders at key locations, community centers, food banks, and apartment complexes.

f. Recommendation to train personnel in locations such as QuickTrip and urgent care facilities that regularly come in contact with people in need of human services to recognize when it is safe and appropriate to offer a connection with Tempe's central continuum of care.

**Partnership Recommendation # 4.** Investigate the possibility of regional partnerships (with Tempe in the lead) to collectively fund increased housing options for families and transitional youth

## Asking the Tough Questions

The I&E consultants have worked closely together for over a decade to address human services needs in the East Valley. Prior to this needs assessment project, Dr. Williams and Dr. Zorita have conducted human services needs assessments for the City of Chandler and the Town of Gilbert and offer clients "consulting to inspire and enhance your mission." Part of their mandate is "asking the tough questions" that clients need to address. For this project, these questions are posed in order to serve the human services needs of Tempe—with the understanding that the I&E team has the best interests of the Tempe community in mind. Some of the overarching questions that must be addressed as a part of the strategic planning process include—

1. Is Tempe ready to work together as a community to address the human services needs prioritized through this needs assessment process in order to serve the best interests of Tempe residents? One of the RFP questions asked the I&E team to determine if there is a call to action. The overwhelming engagement in the community to support the needs assessment project that grew the project into more than double its original proposed effort and the energetic and engaged participation in the breakout sessions as a part of the community forum provide an unequivocal "yes" to a call for action.

2. With the knowledge and understanding that careful study and consideration must be given to all Council decisions to safeguard effectiveness and costs, where/how is the fine line drawn between the lengthy process of studying an issue and the time-critical need to take action, to put "boots on the ground," in order to make a difference in the lives of more than one-third of Tempe residents?

3. Is Tempe willing to accept and implement the far-reaching, all-inclusive definitions of population groups in need (as defined by respected national agencies and research

centers) and to utilize these definitions in counting individuals and families in need to set criteria to ensure its residents receive critical support?

4. When setting strategic priorities for Tempe, are all those living within Tempe (including homeless individuals and families) considered Tempe residents for the purpose of the Tempe City Council Strategic Initiative # 3 committing to "enhance the quality of life for all Tempe residents through investment in human services"—among other services?

These and other tough questions need to be introduced into the strategic planning process with a desire to meet the challenges head on. Long-range community stability will be compromised without building a firm foundation for strong, effective decision making.

## Recommendations for Further Research

All research projects uncover and identify additional areas for further inquiry, and this project has been no exception to that precept. Several areas revealed by focus group participants and the research process are recommended for further research to support a stronger, more effective human services community within Tempe—

**Research Initiative.** Develop a volunteer-based plan to build community for all residents and improve communication and awareness within Tempe. *Building* community has to do with improving the ease and success of building good relationships within Tempe. Relationships are the basis for knowing and understanding individuals and families and their needs in the community and the foundation for providing adequate support and resources to meet those needs through volunteerism, funding opportunities, and local/regional partnerships. The recommendation to develop a robust volunteer program to assist in meeting the human services needs of the community will rely on this concept of building community for its success. The oft-repeated observation shared that success will depend on the ability to build effective and personal relationships.

**Research Initiative.** Invest in projects to research best practices both regionally and nationally without delaying immediate steps to move forward. Although research is not an acceptable substitute for action, it can help to avoid "reinventing" programs when approaching human service needs in the community.

Attachment A

Tempe Human Services
Needs Assessment
2017 Human Services Survey

Tempe Community Council Human Services Community Needs Assessment
2017 Human Services Survey

1.  **If you volunteer in or are employed by a human services agency, please provide the following information:**

    ☐ **Volunteer**    ☐ **Employed: Agency _____   Location _____**

    **Title or Position: _____**

    ☐ **I am not a volunteer or employee in any human services agency.**

2.  **Which of these descriptions describe you today, if any? <u>Please mark (✓) *ALL* that apply</u>.**

    ☐ **Youth (under 18 years of age) Age: _____    Foster Child: ☐ Yes  ☐ No  If yes, how long _____**

    ☐ **Parent of Youth (under 18 years of age) ☐ Single Parent   Age(s) of children: _____**

    ☐ **Senior (over 62 years of age)**

    ☐ **Veteran:        Years of military service _____**

    ☐ **Low/Moderate Income (See chart below for the definition of low/moderate income)**

| Persons in family/household | Total Income |
|---|---|
| 1 | $24,120 |
| 2 | 32,480 |
| 3 | 40,840 |
| 4 | 49,200 |
| 5 | 57,560 |
| 6 | 65,920 |
| 7 | 74,280 |
| 8 | 82,640 |

    ☐ **Victim of Domestic Violence (Defined as "experiencing a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner; domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person")**

    ☐ **Homeless (Defined as "lacking a fixed, regular and adequate night-time residence and living in a shelter, temporary institutional residence or a public or private place not designed for a regular sleeping accommodation, e.g., living on the streets, sleeping in a car, doubling up with an acquaintance, or alternating between a motel room and one of these options")**

    ☐ **Living on streets ☐ Sleeping in car ☐ Doubling up with acquaintance ☐ Occasional motel room**

    ☐ **Living in a household that includes more than one family**

    ☐ **Immigrant:    Country of Origin _____   Years in U.S. _____**

    ☐ **Refugee:     Country of Origin _____   Years in U.S. _____**

    **Please proceed to the next page of questions.**

2017

☐ **Special Needs (Defined as "experiencing chronic physical, mental, emotional or developmental problems that result in definite and severe functional limitations")**

Description of your special need: _____

☐ **Caregiver**    Description of care required _____

☐ **Enrolled in School Full-time**  ☐ **Enrolled in School Part-time** ☐ **Enrolled where** _____

☐ **Employed Full-time**        ☐ **Employed Part-time**           ☐ **Unemployed**

☐ **Receiving public assistance**   ☐ **Formerly incarcerated**    ☐ **Family member incarcerated**

**# of prison stays** _____    **Time spent in jail** _____    **Crime** _____

☐ **History of substance abuse(s)** ☐ **If yes, what substance(s)** _____   ☐ **Age of first use** ___

3.  In your opinion, please *rank order* the greatest critical need for added services to the least need for the following groups within Tempe (1 = <u>greatest need</u> for added services)/(6 = <u>least need</u> for added services). <u>Assigning a rank order number to each group is important to the validity of this question</u>.

    *Please use 1, 2, 3, 4, 5, and 6.*
    _____ **Domestic Violence Victims**
    _____ **Homeless Individuals**
    _____ **Individuals with Disabilities/Special Needs**
    _____ **Seniors**
    _____ **Working Poor**
    _____ **Youth**

4.  Has your household utilized any social service programs (for example, financial assistance, housing services, homeless assistance, youth programs, services for seniors, veterans resources, counseling services) provided in Tempe during the past 12 months?

    ☐ **Yes (Answer Question 4.a.)**        ☐ **No (Answer Questions 4.b.)**

    4.a.  Please mark (✓) all of the following human services programs provided that you have utilized in the past 12 months:

    ☐ **Housing services**             ☐ **Counseling services**
    ☐ **Homeless assistance**          ☐ **Youth programs**
    ☐ **Senior services**              ☐ **Veterans/Military resources**
    ☐ **Home delivered meals**         ☐ **ADA/accessibility services**
    ☐ **Financial services**           ☐ **Community supervision services**
    ☐ **Utilities assistance**         ☐ **Food programs**
    ☐ **Services for victims of domestic violence,**    ☐ **Substance abuse services**
       **sexual assault, stalking and sex trafficking**  ☐ **Other** _____

    4.b.  Please mark (✓) all of the following <u>reasons</u> you have NOT participated in human services programs in the past 12 months:

    ☐ **No services needed**            ☐ **Unaware of the programs available**
    ☐ **Could not locate the program**  ☐ **Lack of necessary documentation**
    ☐ **Did not qualify for the program** ☐ **Transportation challenges**
    ☐ **Language barrier**              ☐ **Physical limitations**
    ☐ **Non-resident**                  ☐ **Lack of family support**

                                        **Please proceed to the next page of questions.**

5. Please mark (✓) the box that best describes your assessment of the adequacy of _EACH_ of the following human service areas available to Tempe residents—How well is the need met? <u>Please provide an answer for each line of the survey; check "Don't know" if you are not sure.</u>

| Human Services Areas (including appropriate counseling services) | Seriously inadequate services | Some gaps in services | Adequate services | Some duplications in services | Multiple redundancies in services | Don't know |
|---|---|---|---|---|---|---|
| **Assistance to Victims of Domestic Violence** | | | | | | |
| **Assistance to the Homeless** | | | | | | |
| **Assistance to Citizens with Disabilities**— | | | | | | |
| Physical disabilities (blind, deaf, physiological) | | | | | | |
| Developmental disabilities | | | | | | |
| Mental/emotional disorders | | | | | | |
| **Health Care Services for the Uninsured**— | | | | | | |
| Assistance to individuals with AIDS | | | | | | |
| Pregnancy services | | | | | | |
| Immunization clinics | | | | | | |
| **Assistance to Seniors**— | | | | | | |
| Affordable elder care (long-term, day/respite) | | | | | | |
| Affordable, safe housing for seniors/elderly | | | | | | |
| Senior transportation assistance | | | | | | |
| Senior assistance with delivery of meals | | | | | | |
| **Assistance to the Working Poor**— | | | | | | |
| Affordable, safe housing (individuals & families) | | | | | | |
| Employment services (un- and under-employed) | | | | | | |
| Transportation assistance | | | | | | |
| Food banks | | | | | | |
| **Youth Assistance Programs** (elementary) | | | | | | |
| **Youth Assistance Programs** (middle school) | | | | | | |
| **Youth Assistance Programs** (high school) | | | | | | |
| **Youth Services**— | | | | | | |
| Affordable child care | | | | | | |
| 24-hour child care | | | | | | |
| Services for 0-5 year olds | | | | | | |
| Fee assistance for full participation in activities | | | | | | |
| **Emergency Assistance**— | | | | | | |
| Food assistance programs | | | | | | |
| Victims of sexual assault/sex trafficking | | | | | | |
| Child respite care or emergency respite care | | | | | | |
| Assistance with utilities | | | | | | |
| Clothing assistance programs | | | | | | |
| Legal services | | | | | | |
| Re-entry services for previously incarcerated | | | | | | |
| **Assistance to Families in Crisis**— | | | | | | |
| Child abuse/CPS investigation/removal of child | | | | | | |
| Foster care | | | | | | |
| Emergency housing | | | | | | |
| Treatment for substance abuse | | | | | | |
| Elder abuse | | | | | | |
| **Assistance to Immigrant/Refugee Groups**— | | | | | | |
| Access to bilingual services | | | | | | |
| Legal services | | | | | | |
| **Diversity Support**— | | | | | | |
| Ethnicity | | | | | | |
| Sexual orientation/gender identity | | | | | | |
| Immigration/naturalization | | | | | | |
| **Assistance to Veterans** | | | | | | |
| **Public Transportation** | | | | | | |
| **Other:** | | | | | | |

**Please proceed to the next page of questions.**

2017

**6.** **How would you rate the *quality* of services in each of the following human services areas within Tempe? Circle the appropriate number on each scale. (Please circle only whole numbers)**

**Victims of Domestic Violence**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Poor | | Average | | Outstanding |

**Homeless**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Poor | | Average | | Outstanding |

**Individuals with Disabilities/Special Needs**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Poor | | Average | | Outstanding |

**Seniors**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Poor | | Average | | Outstanding |

**Working Poor**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Poor | | Average | | Outstanding |

**Youth**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Poor | | Average | | Outstanding |

**7.** **What do you consider to be Tempe's *greatest strength* in human services offered to its citizens?**
_____

_____

**8.** **What do you consider to be Tempe's *largest gap* in human services provided to its citizens?**
_____

_____

**9.** **Which of the following resources have you used to learn about the availability of human services in Tempe? Please mark (✓) all that apply:**
_____ **Internet** (Tempe.gov website, Google, Facebook, Instagram, Twitter, E-newsletters)

_____ **Media Advertising** (TV, radio, newspapers, flyers, newsletters, pamphlets)

_____ **Billboards**

_____ **Family/Friend/Neighbor Referral**

_____ **Professional Referral** (court, social service agency, counselor)

_____ **Promotions at Special Events**

_____ **Materials at Park and Recreation Facilities**

_____ **Other: Please specify** _____

**Please proceed to the next page of questions.**

**10.** **How would you rate the following elements that contribute to the quality of life in Tempe?** <u>**Circle**</u> **the appropriate number on each scale. (**<u>**Please circle only whole numbers**</u>**.)**

<u>**Safety/Level of Crime and Delinquency**</u>

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Low Quality | | Average Quality | | Exceptional Quality |

<u>**Support for Building Community within Individual Neighborhoods**</u>

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Low Quality | | Average Quality | | Exceptional Quality |

<u>**Support for Bilingual Services**</u>

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Low Quality | | Average Quality | | Exceptional Quality |

<u>**Support for Individuals and Families in Crisis**</u>

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Low Quality | | Average Quality | | Exceptional Quality |

**11.** **Following is a list of human services available in Maricopa County. Please mark (✓) the appropriate boxes to indicate which of these services you "***Need***" and which you have personally "***Used***" (for yourself or a member of your family).** <u>**For those you have "Used", please provide the name of the organization that provided you with this service.**</u> **[Note: If you are a provider of human services, please indicate the organizations you use for referrals.]**

| Human Services | "I Need" | "I Use" |
|---|---|---|
| **Domestic violence assistance** | | |
| Organization(s) used: | | |
| **Shelter/housing assistance** | | |
| Organization(s) used: | | |
| **Food banks/assistance** | | |
| Organization(s) used: | | |
| **Assistance for physical disabilities (blind, deaf or physiological)** | | |
| Organization(s) used: | | |
| **Assistance for developmental disabilities** | | |
| Organization(s) used: | | |
| **Assistance for mental/emotional disorders** | | |
| Organization(s) used: | | |
| **Assistance to individuals with AIDS** | | |
| Organization(s) used: | | |
| **Services to support the LGBT community** | | |
| Organization(s) used: | | |
| **Health care services for the uninsured/Immunization clinics** | | |
| Organization(s) used: | | |
| **Pregnancy services** | | |
| Organization(s) used: | | |

**Please proceed to the next page of questions.**

2017

| Human Services | "I Need" | "I Use" |
|---|---|---|
| **Substance abuse assistance** | | |
| Organization(s) used: | | |
| **Elder abuse assistance** | | |
| Organization(s) used: | | |
| **Elder care assistance** | | |
| Organization(s) used: | | |
| **Housing assistance for seniors/elderly** | | |
| Organization(s) used: | | |
| **Senior transportation assistance** | | |
| Organization(s) used: | | |
| **Senior assistance with delivery of meals** | | |
| Organization(s) used: | | |
| **Senior recreation/socialization** | | |
| Organization(s) used: | | |
| **Utilities assistance** | | |
| Organization(s) used: | | |
| **Housing assistance** | | |
| Organization(s) used: | | |
| **Clothing assistance** | | |
| Organization(s) used: | | |
| **Legal services** | | |
| Organization(s) used: | | |
| **Employment services (un- and under-employed)** | | |
| Organization(s) used: | | |
| **Bilingual services** | | |
| Organization(s) used: | | |
| **Youth out-of-school program** | | |
| Organization(s) used: | | |
| **Child care** | | |
| Organization(s) used: | | |
| **Assistance with youth program activity fees** | | |
| Organization(s) used: | | |
| **Child abuse assistance** | | |
| Organization(s) used: | | |
| **Immigration/naturalization services** | | |
| Organization(s) used: | | |
| **Veteran services** | | |
| Organization(s) used: | | |
| **Other:** | | |
| Organization(s) used: | | |

**Please proceed to the next page of questions.**

12. **Do you have any other comments that would assist us in assessing human services needs within Tempe?** _____

_____

**For statistical purposes only, indicate (✓) your responses to the following demographic questions:**

13. **Gender:**  ☐ Female   ☐ Male   ☐ Transgender

14. **Age:**
☐ 15 to 19 years   ☐ 20 to 24 years   ☐ 25 to 34 years
☐ 35 to 44 years   ☐ 45 to 54 years   ☐ 55 to 61 years
☐ 62 to 69 years   ☐ 70 to 79 years   ☐ 80 to 89 years
☐ 90 years and above

15. **Ethnicity:**
☐ American Indian or Alaskan  (Tribe _____)
☐ Asian or Pacific Islander   ☐ African American
☐ Hispanic/Latina(o)   ☐ White   ☐ Other

   **Languages spoken:** _____

16. **Current Status:**
☐ Single (never married)   ☐ Married   ☐ Separated
☐ Unmarried living in partnership   ☐ Widowed   ☐ Divorced
☐ Identification with the LGBTQQ community

17. **Children/Dependents:**
Number of children living with you (under 18 years of age) _____
Number of other dependents _____   Relationship _____

18. **U. S. Citizen:**   ☐ Yes   ☐ No

19. **Education:**
(Please check **highest grade _completed_**)
☐ Elementary school   ☐ High school graduate/GED   ☐ Vocational Training
☐ Associate degree   ☐ Bachelor's degree   ☐ Graduate degree

20. **Do you own your own home?** ☐ Yes   ☐ No

21. **Faith Connection:**   **Do you belong to a faith community?**   ☐ Yes   ☐ No

   **If yes, please provide the name?** _____

   **What, if any, services have you received from your faith community?**

   _____

22. **Where do you live in Tempe geographically?** _____

   **Zip Code, if applicable** _____

**HUMAN SERVICES PROVIDERS: PLEASE RESPOND TO ADDITIONAL QUESTIONS ON BACK OF THIS PAGE**

_____This Section For Human Services Providers Only_____

**23.** **What human services does your organization provide?**

| | |
|---|---|
| ☐ **Housing services** | ☐ **Counseling services** |
| ☐ **Homeless assistance** | ☐ **Youth programs** |
| ☐ **Senior services** | ☐ **Veterans/Military resources** |
| ☐ **Home delivered meals** | ☐ **ADA/accessibility services** |
| ☐ **Financial services** | ☐ **Community supervision services** |
| ☐ **Utilities assistance** | ☐ **Food programs** |
| ☐ **Clothing resources** | ☐ **Employment services** |

☐ **Services for victims of domestic violence, sexual assault, stalking and sex trafficking**

| | |
|---|---|
| ☐ **Substance abuse services** | ☐ **Other** _____ |

**24.** **What human services are provided, if any, by the following groups in Tempe?**

☐ **Faith-based/community organizations   Organization(s):** _____

**Type(s) of service:** _____

☐ **Social/civic volunteer groups (e.g., Rotary, Kiwanis, Lions, Soroptimist)   Group(s):** _____

_____ **Type(s) of service:** _____

☐ **Public agencies (e.g., courts, schools)   Agency:** _____

**Type(s) of service:** _____

☐ **Other** _____ **Organization:** _____

**Type(s) of service:** _____

**Which of these groups provide meaningful services, and explain?** _____
_____

**What is working well?** _____

**How could these services improve?** _____

**What partnering/collaboration would be useful?** _____

**25.** **What Tempe key players do you consider to be most supportive of human services?** _____
_____

**26.** **What gaps do you observe in human services, if any?** _____
_____

**27.** **What impact, if any, do ASU students have on human services in Tempe?** _____
_____

**28.** **What prevention/intervention strategies are being used in Tempe?** _____
_____

**Are they demonstrating clear outcomes?** _____

# Attachment B

# Tempe Human Services
# Focus Group Invitations

2

ATTACHMENT C

TEMPE HUMAN SERVICES
2017 NEEDS ASSESSMENT
FOCUS GROUP QUESTIONS

**Tempe Needs Assessment**
**Participant Focus Group Questions**

1.  **Please introduce yourself and tell me little about what your life is like right now.**

2.  **Are you or your family involved in any *human services* offered by non-profit agencies, faith communities or organizations that charge for their services?  Have you or your family ever received assistance from any agency?**

3.  **I'm going to name a few different population groups within the community, and I would like you to tell me the following for each:  1) The *greatest strength* of the services offered to each group for Tempe residents; 2) The *greatest challenge* this group experiences; 3) Do you believe these challenges are being met or is something missing?; 4) How accessible are needed services (from nonprofits, for profits and/or faith communities within Tempe or nearby in surrounding communities?)**

    a.  Elderly (over 62 years of age)
    b.  Families in Crisis (due to conditions such as domestic violence, child abuse, substance abuse, hunger—anything the requires immediate support and emergency intervention)
    c.  Homeless Individuals (lack of a fixed, regular and adequate night-time residence or living in a shelter)
    d.  Immigrant groups
    e.  Low/Moderate Income Individuals and Families (see chart on survey for definition)
    f.  Special Needs Individuals (physical, emotional, mental and developmental)
    g.  Youth (under 8 years of age, 8-11 and 12-18)

4.  **Are there other population groups in Tempe besides those in the above question that need services? If so who and why?**

5.  **What services have you personally found (either through referral or personal use) to be most helpful and why (what was special about these organizations)? What about least helpful and why?**

6. Are there any services that are *needed* for you or your Tempe neighbors that seem to be missing? If you or your neighbors have ever needed help or assistance, is there any assistance that could not be found?

7. A) Do you know of any agencies or services that are sometimes *overlooked* as referrals that would be helpful for residents? What do these agencies provide? Why do you think they are overlooked? B) What about any free or discounted services?

8. To assist Tempe residents, let's take a moment to brainstorm a list of all available human services resources you know about.

9. Do you have any overall suggestions about how help (or assistance) can be improved for Tempe residents?

10. If you could offer one or two suggestions to social services agency staff about what they could do to best assist people, what would you say? What about Tempe staff? Which of the recommendations stated here today are most important for Tempe residents?

11. For any needed services we have talked about, do the right people know about them to refer people in need to them? What about individuals looking for services? Where is the information shared? How well is the information shared?

12. What do you consider to be the greatest advantage of living, serving or working in Tempe? Why might you recommend living in Tempe to your friends and family?

# Attachment D

# Tempe Human Services
# 2017 Needs Assessment
# Confidentiality Agreement
# And
# Consent to Participate

TEMPE
Community
Council

I&E
Consulting

*Consulting to Inspire and Enhance Your Mission*

# Human Services Community Needs Assessment
## Confidentiality Agreement

Thank you for agreeing to be a participant in this focus group to assist Tempe Community Council, Inc. and I&E Consulting, Inc. Our goal is to determine the services (including non-profit, for-profit and communities of faith) that are currently available (in the city's limits and/or accessible to Tempe residents), identify the gaps or areas of improvement and the greatest needs in the community, and to provide recommendations and best practices for how Tempe can best serve the needs of the community. We want you to know that your participation will not adversely affect any services you may currently receive and that any information you provide will be kept strictly confidential.

*\*I&E has been asked to conduct an independent needs assessment for Tempe Community Council, Inc. Therefore, you may talk freely about human services currently offered within the community, knowing that anything you say will be maintained confidentially in a locked cabinet monitored by an I&E consultant. Any information you provide that is presented to Tempe Community Council, Inc. personnel in the final comprehensive report will be worded in such a way to protect your anonymity.*

This Confidentiality Agreement is evidence that you hereby agree to support this project by maintaining the confidentiality of personal information to which you may have access through your participation in a focus group or interview. Your commitment to I&E as a participant in this needs assessment process requires you to make the following safeguards:

1. I will maintain the confidentiality of the information provided by other participants in sessions in which I participate.

2. I agree to the **anonymous** publication of information I provide through my participation in the project.

3. I agree to the anonymous sharing of information collected by I&E with Tempe Community Council, Inc. personnel. I understand that no one's name or contact information will be disclosed.

4. I understand that although there is little risk, if any, associated with my participation in this needs assessment process, if I find answering any of the questions unpleasant or uncomfortable, I have the right to not answer any questions for any reason.

My signature below is evidence of my understanding of this Confidentiality Agreement and my commitment to participating.

_____          _____
Printed Name of Participant                                                                      Date


_____
Signature of Participant

**TEMPE**
**Community**
**Council**

**I&E**
**Consulting**
*Consulting to Inspire and Enhance Your Mission*

## Tempe Human Services Community Needs Assessment
## Consent to Participate in Data Collection and Reporting

I, _____, consent to
(Participant's name – PRINTED)

participate in data collection and reporting for the purpose of conducting a comprehensive needs assessment of the state of human services for Tempe residents conducted by I&E Consulting, Inc.

*I&E has been asked to conduct an independent needs assessment for Tempe Community Council, Inc. Therefore, you may talk freely about human services currently offered within the community, knowing that anything you say will be maintained confidentially in a locked cabinet monitored by an I&E consultant. Any information you provide that is presented to Tempe Community Council, Inc. personnel in the final comprehensive report will be worded in such a way to protect your anonymity.*

I understand that the purpose of this focus group and survey is to provide Tempe Community Council, Inc. personnel with information to better meet the human services needs of the community. I understand that the information I give will be used for analysis only. I understand that by providing the information requested below and voluntarily signing, I am agreeing to the conditions, procedures, and release described. I understand that I do not have to participate in this survey or focus group and that I have the right to refuse to answer specific questions or to withdraw at any time. I further understand that I am consenting to allow the data from the survey, interviews and focus groups to be reported **anonymously**.

I authorize I&E to disclose the results to Tempe Community Council, Inc. personnel in the final comprehensive report of Tempe human services in such a way that protects my anonymity. The purpose of such disclosure is to assist Tempe Community Council, Inc. personnel in identifying unmet needs and gaps in services within the community and to create priorities and strategies to facilitate excellence in the delivery of human services.

I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. I understand that my participation in data collection and reporting is voluntary, and I have the right to terminate my participation at any time without negative consequences.

I understand that although there is little risk, if any, associated with my participation in this needs assessment process, steps have been taken to protect my rights and confidentiality. I understand that the contact information I provide will not be released to anyone outside of I&E personnel without my written permission.

If I have any questions about data collection & reporting, I understand that I may contact an I&E representative at: (602) XXX-XXXX.

Signed:

_____  _____  _____
(Date)                       (Print Name)                                          (Signature)

*Witnessed (MUST BE SIGNED BY A PARENT/GUARDIAN IF UNDER 18 YEARS OF AGE):*

_____  _____  _____
(Date)             (Print Name of I&E representative)                     (Signature)

This consent is effective as of the date of signing. It may be revoked in writing at any time. This consent will expire 4 months after the date of signing if not revoked before then.

# ATTACHMENT E

# IDENTIFIED HUMAN SERVICES PROVIDERS CURRENTLY AVAILABLE TO TEMPE RESIDENTS

**Human Services Providers Identified and Referred**
**Tempe Needs Assessment 2017**
**(*Note: TCC also has a directory of faith based organizations)**

| Organization | Website/Physical Address | Telephone | Domestic Violence | Homeless | Seniors | Special Needs | Working Poor | Youth | Other |
|---|---|---|---|---|---|---|---|---|---|
| A New Leaf, Inc. | http://www.turnanewleaf.org<br>868 East University Drive Mesa, AZ 85203 | (480) 969-4024 | | | | | X | | |
| AA Hotline | http://aaphoenix.org<br>3215 E Thunderbird Rd, Ste B Phoenix, AZ 85032 | (602) 264-1341 | | | | | | | X |
| AAG | americanadvisorsgroup.org | (888) 998-3147 | | | X | | | | |
| Ability360 | http://www.ability360.org<br>5025 E. Washington St., Ste. 200 Phoenix, AZ 85034 | (602) 256-2245 | | | | X | | | |
| Absolute HCBS | http://absolutehcbs.com<br>1955 W Grant Rd Suite 150, Tucson, AZ 85745 | (480) 330-2530 | | | | X | | X | |
| Adult Protective Services (Hotline) | https://des.az.gov/services/aging-and-adult/arizona-adult-protective-services-aps | 1-877-767-2385 | | | | X | | | |
| AHCCCS | https://www.azahcccs.gov<br>801 E Jefferson St, Phoenix, AZ 85034 | (602) 417-4000 | | | | | X | | |
| ALTCS | https://www.altcs.com<br>3411 N 5th Ave, Ste 207B Phoenix, AZ 85013 | 1-877-236-4752 | | | | X | | | |
| Alzheimer's Association Desert Southwest Chapter | www.alz.org/dsw<br>1028 E McDowell Road Phoenix, AZ 85006 | (602) 528-0545 | | | X | X | | | |
| Adult Protective Services | https://des.az.gov/services/aging-and-adult/arizona-adult-protective-services-aps<br>1789 W Jefferson St, Phoenix, AZ 85007 | (602) 542-0010 | | | | X | | | |
| The Arc of Tempe | www.tempearc.org<br>501 E Broadway Rd, Tempe, AZ 85282 | (480) 966-8536 | | | | X | | | |
| Area Agency on Aging, Region One, Incorporated | http://www.aaaphx.org<br>1366 E Thomas Rd # 108, Phoenix, AZ 85014 | (602) 264-2255 | | | X | | | | |
| Arizona Behavioral Care Homes | http://www.azbehavioralcare.com<br>4645 S Lakeshore Dr. Tempe, AZ 85282 | (480) 840-1601 | | | | X | | | |

| Organization | Website/Physical Address | Telephone | Domestic Violence | Homeless | Seniors | Special Needs | Working Poor | Youth | Other |
|---|---|---|---|---|---|---|---|---|---|
| Arizona Behavioral Counseling | http://www.azbehavioralcounseling.com<br>3120 N 19th Ave Suite 130A, Phoenix, AZ 85015 | (602) 914-9000 | | | | | | | X |
| Arizona Coalition Against Domestic Violence | | | X | | | | | | |
| Association for Supportive Child Care | www.asccaz.org<br>3910 S Rural Rd # E, Tempe, AZ 85282 | (602) 795-2122 | | | | | | X | |
| Arizona Common Ground | www.azcommonground.org<br>2406 S 24th St #114, Phoenix, AZ 85034 | (480) 792-1600 | | | | | | | X |
| Assistance League® of East Valley | www.assistanceleagueeastvalley.org<br>2326 N Alma School Rd, Chandler, AZ 85224 | (480) 829-0500 | | | | | X | X | |
| Awakening Recovery Center | http://awakeningrecovery.com<br>1204 E Baseline Rd Suite 208, Tempe, AZ 85283 | (480) 209-1977 | | | | | | | X |
| Bayless & Associates | http://www.baylesshealthcare.com<br>3033 N. Central Avenue, Suite 700 Phoenix, AZ 85012 | (602) 230-7373 | | | X | | X | X | |
| Best Buddies Arizona | www.bestbuddiesarizona.org<br>4527 N 16th St #106, Phoenix, AZ 85016 | (602) 393-4128 | | | | | | X | |
| Big Brothers Big Sisters of Central Arizona | www.bbbsaz.org<br>4745 N 7th St #210, Phoenix, AZ 85014 | (480) 820-3688 | | | | | | X | |
| Boys & Girls Clubs of the East Valley | http://www.clubzona.org<br>1555 N. Bridalwreath Street Tempe, AZ, 85281 | (480) 858-6502 | | | | X | | X | |
| Cahill | http://www.tempe.gov/Home/Components/FacilityDirectory/FacilityDirectory/14/573—715 W 5th St, Tempe, AZ 85281 | (480) 858-2400 | | | X | | | | |
| Calvary Addiction Recovery Center | http://calvarycenter.com<br>720 E Montebello Ave, Phoenix, AZ 85014 | (602) 279-1468 | | | | | | | X |
| CAMP and Emergency Repair | https://www.tempe.gov/housing<br>Tempe Public Library 2nd floor | (480) 858-2154 | | | | | X | | |
| CAP Program | https://www.rentassistance.us<br>2150 E. Orange Tempe, AZ - 85281 | (480) 350-5880 | | | | | X | | |

| Organization | Website/Physical Address | Telephone | Domestic Violence | Homeless | Seniors | Special Needs | Working Poor | Youth | Other |
|---|---|---|---|---|---|---|---|---|---|
| CARE7 | http://www.tempe.gov/city-hall/human-services/care-7 | (480)350-8004 | X | X | X | X | X | X | X |
| (CART) Central Arizona Regional Transit system | www.coolidgeaz.com | (520) 723-5361 | | | | | | | |
| Casa Center for Positive Social Change | www.casacares.org<br>3030 N 3rd St #200, Phoenix, AZ 85012 | (602) 254-6400 | | | | | | X | |
| Catholic Charities Community Services, Inc. | www.catholiccharitiesaz.org<br>4747 N. 7th Avenue, Phoenix, AZ 85013 | (602) 285-1999 | | | | | X | | |
| Catholic Community Services of Southern Arizona dba Valley Center of the Deaf | www.vcdaz.org<br>5025 E Washington St, Phoenix, AZ 85034 | (602) 267-1921 | | | | X | | | |
| Center for Disability Law | https://www.azdisabilitylaw.org<br>5025 E Washington St # 202, Phoenix, AZ 85034 | (602) 274-6287 | | | | X | | | |
| Central Arizona Shelter Services (CASS) | www.cassaz.org<br>230 S. 12th Avenue Phoenix, AZ 85007 | (602) 256-6945 | | X | | | | | |
| Centralized Screening | All DV shelters | 480-890-3039 | X | | | | | | |
| Chamberlain College of Nursing | http://www.chamberlain.edu<br>2149 W Dunlap Ave, Phoenix, AZ 85021 | (602) 331-2720 | | | | | X | | |
| Child Crisis Arizona | www.childcrisisaz.org<br>817 N. Country Club Drive Mesa, AZ 85201 | (480) 834-9424 | | | | | | X | |
| Choices Pregnancy Center | https://www.choicesaz.com<br>605 E. Broadway Road, Tempe, AZ 85282-1404 | (480) 306-4612 | X | X | | | X | X | |
| Chrysalis Shelter for Victims of Domestic Violence, Inc. | www.noabuse.org<br>2055 W. Northern Avenue Phoenix, AZ 85021 | (602) 955-9059 | X | | | | | | |

| Organization | Website/Physical Address | Telephone | Domestic Violence | Homeless | Seniors | Special Needs | Working Poor | Youth | Other |
|---|---|---|:---:|:---:|:---:|:---:|:---:|:---:|:---:|
| Circle the City | www.circlethecity.org<br>333 W Indian School Rd, Phoenix, AZ 85013 | (602) 776-9000 | | X | | | | | |
| City of Phoenix Family Advocacy Center | https://www.phoenix.gov/humanservices/programs/victims<br>2120 N Central Ave # 250, Phoenix, AZ 85004 | (602) 534-2120 | | | | | X | | |
| City of Phoenix Housing | 830 E Jefferson St, Phoenix, AZ 85034 | (602) 534-1974 | | | | | | | |
| City of Tempe Human Services | 3500 S. Rural Road, Tempe, AZ 85282 | (480) 350-5400 | X | X | X | X | X | X | X |
| Coalition Against Domestic Violence and Sexual Assault | http://www.acesdv.org<br>2800 N. Central Ave., Suite 1570 Phoenix, AZ 85004 | (602) 279-2900 | X | | | | | | |
| Community Bridges, Inc. (CBI) | www.CommunityBridgesAZ.org<br>2770 E Van Buren St, Phoenix, AZ 85008 | (480) 831-7566 | X | | | | X | X | |
| Community Information and Referral Services (AZ211) | http://www.211arizona.org<br>2200 N Central Ave #211, Phoenix, AZ 85004 | (602) 263-8845 | | | | | | | X |
| Community Legal Services, Inc. | http://www.clsaz.org<br>305 S 2nd Ave, Phoenix, AZ 85003 | (602) 258-3434 | X | | | | X | X | |
| Crisis Preparation and Recovery, Inc (CPR) | 2120 S. McClintock Dr. #105<br>Tempe, AZ 85282 | (480) 804-0326 | | | | | | | |
| Crisis Response Network | www.crisisnetwork.org<br>1275 W Washington St #108, Tempe, AZ 85281 | (602) 427-4600 | X | | | | X | | |
| Crossroads | http://thecrossroadsinc.org/<br>1700 E. Thomas, Phoenix, AZ 85016 | (602) 263-5242 | | | | | | | |

| Organization | Website/Physical Address | Telephone | Domestic Violence | Homeless | Seniors | Special Needs | Working Poor | Youth | Other |
|---|---|---|---|---|---|---|---|---|---|
| Division of Developmental Disabilities | https://des.az.gov/services/disabilities/developmental-disabilities<br>1789 W Jefferson St, Phoenix, AZ 85007 | (602) 542-0419 | | | | X | | X | |
| Dementia Friendly Tempe | www.dementiafriendlytempe.org<br>DFT@tempe.gov | (480) 350-8534 | | | X | | | | |
| DES | des.az.gov<br>1824 E McKinley St, Phoenix, AZ 85006 | (602) 771-0750 | | | | | X | | |
| Dial-a-ride | http://www.valleymetro.org/accessibility/service_areas/east_valley1 | (480) 633-0101 | | | | X | | | |
| Diversity Office & Strategic Management– City of Tempe | https://tempe.gov/city hall/strategic management and diversity  31 E. Fifth Street, Tempe 85251 | (480) 350-2905 | | | | X | | | X |
| Domestic Violence Stop (A New Leaf) | http://www.turnanewleaf.org/services/domestic-violence.html<br>868 E University Dr, Mesa, Arizona 85203 | (480) 890-3039 | X | | | | | | |
| Dove's program | www.aaaphx.org<br>1366 E. Thomas Rd, Suite 108 Phoenix, Arizona 85014 | (602) 264-2255 | | | X | | | | |
| Dynamic Living | dynamicliving.net<br>18425 N 19th Ave, Phoenix, AZ 85023 | (602) 277-2112 | X | | | | | | X |
| East Valley Adult Resources, Inc. | http://www.evadultresources.org<br>45 W University Dr, Mesa, AZ 85201 | (480) 964-9014 | | | X | | | | |
| East Valley Men's Shelter | http://www.turnanewleaf.org/services/homeless.html<br>2345 N Country Club Dr, Mesa, AZ 85201 | (480) 610-6722 | | X | | | | | |

| Organization | Website/Physical Address | Telephone | Domestic Violence | Homeless | Seniors | Special Needs | Working Poor | Youth | Other |
|---|---|---|---|---|---|---|---|---|---|
| Elder Care Assistance | www.fsl.org<br>2303 E Maryland Dr, Tempe, AZ 85281 | (602) 532-2982 | | | X | | | | |
| Elevate Phoenix & Huffy Hippos | https://www.elevatephoenix.org<br>3750 W. Indian School Road, Phoenix, AZ 85019 | (602) 532-4873 | | | | | | X | |
| EMPACT-Suicide Prevention Center (EMPACT-SPC) | http://www.empact-spc.com<br>618 S Madison Dr, Tempe, AZ 85281 | (480) 784-1514 | | | | | | | X |
| Escalante Center | http://www.tempe.gov/city-hall/community-services/community-recreation-centers/escalante-multi-generational-center<br>2150 E Orange St, Tempe, AZ 85281 | (480) 350-5800 | | | X | | X | X | |
| Esperanca, Inc. | https://www.esperanca.org/<br>1911 W Earll Dr, Phoenix, AZ 85015 | (602) 252-7772 | | | | | | | X |
| Eve's Place | www.evesplace.org<br>10448 W. Coggins Drive, Sun City, AZ 85351 | (623)537-5380 | X | | | | | | |
| Family Involvement Center | www.familyinvolvementcenter.org<br>5333 N 7th St, Phoenix, AZ 85014 | (602) 412-4095 | | | | X | | | |
| Family Promise Greater Phoenix | http://familypromiseaz.org<br>7221 E Belleview St # 5, Scottsdale, AZ 85257 | (480) 659-5227 | | X | | | X | | |
| Family Resource Center (Kyrene district) | https://www.kyrene.org/domain/575<br>8700 S. Kyrene Road, Tempe AZ 85284 | (480) 541-4772 | | | | | X | | |
| FSL Programs | www.fsl.org<br>1201 E Thomas Road, Phoenix, AZ 85014 | (602) 603-4174 | | | X | | | | |

| Organization | Website/Physical Address | Telephone | Domestic Violence | Homeless | Seniors | Special Needs | Working Poor | Youth | Other |
|---|---|---|---|---|---|---|---|---|---|
| Full Circle Program | www.fullcircleprogram.com<br>2121 S. Rural Rd, Tempe, AZ 85282 | (480) 967-8791 | | | | | | X | |
| Girl Scouts - Arizona Cactus-Pine Council | www.girlscoutsaz.org<br>119 E Coronado Road, Phoenix, AZ 85004 | (602) 452-7000 | | | | | | X | |
| Gracie's Village | www.graciesvillage.com<br>1520 E Apache Blvd, Tempe, AZ 85281 | (480) 296-6928 | | | X | X | | | |
| Granite Reef Senior Center | http://www.scottsdaleaz.gov/seniors<br>1700 N Granite Reef Rd, Scottsdale, AZ 85257 | (480) 312-1700 | | | X | | | | |
| Healthcare for the Homeless | www.maricopa.gov/1696/Health-Care-for-the-Homeless<br>220 S 12th Ave, Phoenix, AZ 85007 | (602) 372-2105 | | X | | | | | |
| Higher Octave Healing, Inc. | www.higheroctavehealing.org<br>200 E. Curry Road, Room 307C, Tempe, AZ  85281 | (480) 965-1082 | | | | | | X | |
| Hom Inc | www.hominc.com<br>3829 N 3rd St #101, Phoenix, AZ 85012 | (602) 265-4640 | | X | | | | | |
| Homeless Youth Connection | www.hycaz.org<br>9950 W. Van Buren, Suite 114, Avondale, AZ 85323 | (623) 374-3747 | | X | | | | X | |
| Homeward Bound | www.HomewardBoundAZ.org<br>2302 West Colter Street, Phoenix, AZ 85015 | (602) 263-7654 | X | | | | | | |
| Hope Women's Shelter | https://www.hopewomenscenter.org<br>1640 E McDowell Rd, Phoenix, AZ 85006 | (480) 983-4673 | X | X | | | | | |

| Organization | Website/Physical Address | Telephone | Domestic Violence | Homeless | Seniors | Special Needs | Working Poor | Youth | Other |
|---|---|---|---|---|---|---|---|---|---|
| HUD | www.hud.gov<br>1 N Central Ave, Phoenix, AZ 85004 | (602) 379-4461 | | | | | X | | |
| I-HELP | Multiple locations | (480) 219-0212 | X | X | X | X | X | X | |
| Junior Achievement of Arizona, Inc. | http://www.jaaz.org<br>636 W Southern Ave, Tempe, AZ 85282 | (480 377-8500 | | | | | | X | |
| Kinship Support Services | https://www.arizonaschildren.org/kinship<br>711 E. Missouri, Suite 200, Phoenix, AZ 85014 | (480) 748-9269 | | | | | | X | |
| Labor's Community Service Agency | www.lcsaphx.org<br>3117 North 16th Street, Suite 100 Phoenix, AZ 85016 | (602) 263-5741 | | X | X | X | X | X | |
| Local Housing Authority | www.tempe.gov/city-hall/human-services/housing-services<br>3500 S Rural Rd, Tempe, AZ 85282 | (602) 262-5555 | | | | | X | | |
| Lutheran Social Services | http://www.lss-sw.org<br>10201 S 51st St #180, Phoenix, AZ 85044 | (480) 396-3795 | | X | | | | | |
| MAG | www.azmag.gov<br>302 N 1st Ave #300, Phoenix, AZ 85003 | (602) 254-6300 | | | X | | | | |
| Maggie's Place, Inc. | www.maggiesplace.org | (480) 491-0446 | | | | | X | X | |
| Maricopa County Public Health | http://www.maricopa.gov/3849/Public-Health<br>4041 N Central Avenue, Phoenix AZ 85012 | 602-506-6900 | X | X | X | X | X | X | X |
| Maricopa County McDowell clinic | http://www.mihs.org/family-health-center/mcdowell-health-care-center<br>1101 N Central Ave #201, Phoenix, AZ 85004 | (602) 344-6550 | | | | | X | | X |

| Organization | Website/Physical Address | Telephone | Domestic Violence | Homeless | Seniors | Special Needs | Working Poor | Youth | Other |
|---|---|---|---|---|---|---|---|---|---|
| Maricopa County Ryan White | https://www.maricopa.gov/1854/Ryan-White-Part-A<br>301 W Jefferson St # 3200, Phoenix, AZ 85003 | (602) 372-7015 | | | | | | | X |
| Maricopa County Seniors (Human services for Elders) | https://www.maricopa.gov/1207/Aging-Services<br>234 North Central Avenue, Phoenix, Arizona 85004 | 602-506-5911 | | | X | | | | |
| Maricopa Integrated Health | http://www.mihs.org<br>2601 E Roosevelt St, Phoenix, AZ 85008 | (602) 344-5011 | | | | X | | | X |
| Matthew's Crossing | http://matthewscrossing.org<br>1368 N Arizona Ave # 115, Chandler, AZ 85225 | (480) 857-2296 | | X | | | | | |
| McKinney-Vento Homeless Assistance Act | https://www2.ed.gov/policy/elsec/leg/esea02/pg116.html<br>U.S. Department of Education | | | X | | | | X | |
| Meals on Wheels | www.tempemealsonwheels.org/<br>2525 E Southern Ave. Tempe, AZ, 85282 | 480-756-5835 | | | X | | | | |
| Medicare | https://www.medicare.gov/<br>https://www.ssa.gov/medicare/ | | | | | X | | | |
| Mercy Maricopa Integrated Care | www.mercymaricopa.org<br>4350 E. Cotton Center Blvd., Bldg. D, Phoenix, AZ 85040 | 602-586-1841 | | | | X | | | |
| Mercy Mobile Clinic | www.amissionofmercy.org<br>360 E Coronado Rd Ste 160, Phoenix, AZ | (602) 861-2233 | | X | | | | | |
| Midwest food bank | https://arizona.midwestfoodbank.org/home<br>725 E Baseline Rd, Gilbert, AZ 85233 | (480) 892-0134 | | X | | | | | |

| Organization | Website/Physical Address | Telephone | Domestic Violence | Homeless | Seniors | Special Needs | Working Poor | Youth | Other |
|---|---|---|---|---|---|---|---|---|---|
| Mountain Park Health Center | http://mountainparkhealth.org<br>3830 E Van Buren St, Phoenix, AZ 85008 | (602) 243-7277 | | | | X | | | |
| Mulligans Manor | www.MulligansManor.org<br>4701 S. Lakeshore #1 Tempe, AZ 85282 | (480) 287-9054 | | X | | | | X | X |
| My Sister's Place | https://mysistersplacedc.org/get-help/<br>Chandler, AZ | 480-821-1024 | X | | | | | | |
| Never Again! | | (480) 517-1589 | X | | | | | | |
| New Life Pregnancy Center | 1001 E. Southern Avenue, Tempe, AZ 85282 | (480) 838-9071 | X | X | | | X | X | |
| Newtown Community Development Corp | www.newtowncdc.org<br>511 West University Drive, Suite 4, Tempe, AZ 85281 | (602) 652-0163 | | | | | X | | |
| North Senior Center | http://tempeaction.org<br>1555 N. Bridalwreath Street Tempe, AZ, 85281 | (480) 858-6500 | | | X | | | | |
| notMYkid, Inc. | www.notMYkid.org<br>5230 E Shea Blvd #100, Scottsdale, AZ 85254 | (602) 652-0163 | | | | | | X | |
| Omega Counseling | http://alphaomegacounseling.org 1480 Bethany Home Rd, Phoenix, AZ 85014 | 480-237-9763 | | | | X | | | |
| One in Ten | http://onenten.org<br>1101 N Central Ave #202, Phoenix, AZ 85004 | (480) 464-2370 | | | | | | X | X |
| One Voice | http://phoenixpridelgbtcenter.org/ | (602) 712-0111 | | | | | | | |
| Orbit Bus | http://www.tempe.gov/city-hall/public-works/transportation/bus/orbit | (602) 253-5000 | | | | | X | | |

| Organization | Website/Physical Address | Telephone | Domestic Violence | Homeless | Seniors | Special Needs | Working Poor | Youth | Other |
|---|---|---|---|---|---|---|---|---|---|
| Parson's Center | https://swhiv.org/the-parsons-center-for-health-wellness<br>1101 N Central Ave, Phoenix, AZ 85004 | (602) 344-6559 | | | | | | | X |
| Partner's in Recovery | http://partnersinrecovery.us.com<br>10240 N 31st Ave, Phoenix, AZ 85029 | (602) 997-9006 | | | | X | | | |
| Pathway Program | https://thepathwayprogram.com<br>4820 S Mill Ave #101, Tempe, AZ 85282 | (480) 921-4050 | | | | | | X | X |
| Paz de Cristo Community Center | www.pazdecristo.org<br>424 W Broadway Rd, Mesa, AZ 85210 | (480) 464-2370 | | X | | | | | |
| Peer Solutions | http://peersolutions.org<br>2229 N 22nd St, Phoenix, AZ 85006 | (602) 225-0942 | | | | | | X | |
| Phoenix Children' Mobile Youth Services | http://www.phoenixchildrens.org/community/healthcare-outreach/crewsnhealthmobile | (602) 933-1000 | | | | | | X | |
| Phoenix Children's Hospital | www.phoenixchildrens.org<br>1919 E Thomas Rd, Phoenix, AZ 85016 | (602) 933-1000 | | | | | | X | |
| Phoenix Interfaith Counseling | http://www.terros.org<br>12835 N 32nd St, Phoenix, AZ 85032 | (602) 992-7521 | | | | X | | | |
| Phoenix Pride | http://phoenixpride.org<br>1430 N 5th St, Phoenix, AZ 85004 | (602) 277-7433 | | | | | | | X |
| Phoenix Rescue Mission | http://phoenixrescuemission.org<br>338 N 15th Ave, Phoenix, AZ 85007 | (602) 233-3000 | | X | | | | | |

| Organization | Website/Physical Address | Telephone | Domestic Violence | Homeless | Seniors | Special Needs | Working Poor | Youth | Other |
|---|---|---|---|---|---|---|---|---|---|
| Phoenix Urban League | http://gphxul.org<br>1402 S 7th Ave, Phoenix, AZ 85007 | (602) 254-5611 | | | | | X | | |
| Planned Parenthood | www.plannedparenthood.org<br>1837 E Baseline Rd, Tempe, AZ 85283 | (602) 277-7526 | | | | | | | X |
| Pyle Adult Center | www.tempe.gov<br>655 E Southern Ave, Tempe, AZ 85282 | (480) 350-5211 | | | X | | | | |
| Raising Special Kids | http://www.raisingspecialkids.org<br>5025 Washington St # 204, Phoenix, AZ 85034 | (602) 242-4366 | | | | X | | X | |
| Recovery Rising | https://wellness.asu.edu/wellness-programs/recovery-rising | | | | | | | | X |
| SAARC | https://www.autismcenter.org<br>300 N 18th St, Phoenix, AZ 85006 | (602) 340-8717 | | | | X | | X | |
| Save the Family Foundation of AZ | http://www.savethefamily.org<br>125 E University Dr, Mesa, AZ 85201 | (480) 898-0228 | | | | | | X | |
| Section 8 | http://www.tempe.gov/city-hall/human-services/housing-services/tempe-section-8-housing<br>3500 S Rural Rd, Tempe, AZ 85282 | (602) 244-0997 | | | | | | X | |
| Senior Center for Disabled<br>North Tempe Multi-Generational Center | 1555 N. Bridalwreath St.<br>Tempe, AZ 85281 | (480) 858-6500 | | | | | | | |
| Shower Power (TCAA) | http://tempeaction.org/services/i-help<br>Mobile Unit | (480) 422-8922 | | X | | | | | |
| Sojourner Center | www.sojournercenter.org | (602) 266-5976 | X | | | | | | |

| Organization | Website/Physical Address | Telephone | Domestic Violence | Homeless | Seniors | Special Needs | Working Poor | Youth | Other |
|---|---|---|---|---|---|---|---|---|---|
| Sojourner's Center for Transitional Housing | www.sojournercenter.org | (602) 244-0089 | X | | | | | | |
| Southwest Center for AIDS | 1101 N Central Ave #200, Phoenix, AZ 85004 | (602) 307-5330 | | | | | | | X |
| Southwest College of Naturopathic Medicine | https://www.scnm.edu 2140 E Broadway Rd, Tempe, AZ 85282 | (480) 858-9100 | | | | | | | X |
| Southwest Network | http://www.southwestnetwork.org/ni/ 4210 W Bethany Home Rd, Phoenix, AZ 85019 | (602) 353-2340 | | | | | | X | |
| Special Olympics Arizona | www.SpecialOlympicsArizona.org 2100 S 75th Ave, Phoenix, AZ 85043 | (602) 230-1200 | | | | X | | | |
| St. Mary's Food Bank | http://www.firstfoodbank.org/contact 2831 N. 31st Avenue, Phoenix, AZ 85009 | (602) 242-3663 | | X | | | | | |
| St. Vincent De Paul | http://www.svdpusa.org 4410 Southern Ave, Phoenix, AZ 85042 | (602) 438-9070 | | | | X | | | |
| State Voc Rehab | https://des.az.gov/services/employment/arizona-rehabilitation-services 3221 N 16th St #200, Phoenix, AZ 85016 | (602) 266-6752 | | | | | X | | |
| Stonewall Institute | https://stonewallinstitute.com 4020 N 20th St #302, Phoenix, AZ 85016 | (602) 535-6468 | | | | | | | X |
| Tanner Gardens | www.tannergardens-apts.com 4420 S 18th Pl, Phoenix, AZ 85040 | (602) 268-8866 | | | X | | X | | |
| TAPP at Compadre | https://www.tempeunion.org/Page/614 500 West Guadalupe Road Tempe, AZ 85283 | 480-752-3571 | | | | | | X | |

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| Organization | Website/Physical Address | Telephone | Domestic Violence | Homeless | Seniors | Special Needs | Working Poor | Youth | Other |
|---|---|---|---|---|---|---|---|---|---|
| TCAA | www.tempeaction.org<br>2146 Apache Blvd, Tempe, AZ 85281 | (480) 422-8922 | | X | X | X | X | X | |
| TCH | http://www.tch-az.com<br>215 W Lodge Dr, Tempe, AZ 85283 | (480) 838-8111 | | | | X | | | |
| Teen Lifeline Inc. | http://www.teenlifeline.org | (602) 248-8337 | | | | | | X | |
| Teen Outreach Pregnancy | https://www.teenoutreachaz.org<br>931 E Southern Ave #101, Mesa, AZ 85204 | (480) 668-8800 | | | | | | X | |
| Tempe Community Council | http://www.tempecommunitycouncil.org<br>34 E 7th St, Tempe, AZ 85281 | (480) 858-2300 | X | X | X | X | X | X | |
| Tempe Counseling Services at Westside Community Center | www.tempe.gov/cahill<br>715 W 5th St, Tempe, AZ 85281 | (480) 858-2400 | | | | X | X | | |
| Tempe Fire Department | www.tempe.gov/city-hall/fire-department<br>1450 E Apache Blvd, Tempe, AZ 85281 | (480) 858-7200 | | | | | | | X |
| Tempe High School Seniors Program | https://www.tempeunion.org/tempehigh<br>1730 S Mill Ave, Tempe, AZ 85281 | (480) 967-1661 | | | | X | | X | |
| Tempe Human Services | http://www.tempe.gov/city-hall/human-services<br>3500 South Rural Road - 2nd Floor ,Tempe, AZ 85282 | (480) 350-5400 | X | X | X | X | X | X | |
| Tempe Impact Education Foundation | www.tempeschools.org<br>3205 S Rural Rd, Tempe, AZ 85282 | (480) 730-7101 | | | | | | X | |

| Organization | Website/Physical Address | Telephone | Domestic Violence | Homeless | Seniors | Special Needs | Working Poor | Youth | Other |
|---|---|---|---|---|---|---|---|---|---|
| Tempe Library | http://www.tempe.gov/city-hall/community-services/tempe-public-library<br>3500 South Rural Rd, Tempe, AZ 85282 | (480) 350-5500 | | | X | | X | X | |
| Tempe Lighthouse Apostolic Assembly | 903 S George Dr, Tempe, AZ 85281 | (602) 434-7669 | | | | | X | | |
| Tempe Neighbors Helping Neighbors | TempeNeighbors.com<br>34 E. 7th Street, Tempe, AZ 85281 | (480) 381-8336 | | | X | | | | |
| Tempe Non-Emergency Number | http://www.downtowntempe.com/go/tempe-police<br>140 E 5th St, Tempe, AZ 85281 | (480) 350-8311 | | | | | | | X |
| Tempe Union High Schools Education Foundation | -www.tuhsdedfoundation.com<br>500 West Guadalupe Road Tempe, AZ 85283 | (480) 839-0292 x11023 | | | | | | X | |
| Tempe Villas Apartments | 3452 S. Priest Dr., Tempe, AZ -Tempe's Section 8 Apartments | (480) 968-9619 | | | | | | X | |
| Terros | http://www.terros.org<br>3003 N. Central Ave., Ste. 200 Phoenix, AZ 85012 | (602) 222-9444 | | | | X | | | |
| Tempe Fire Med Rescue | http://www.tempe.gov/city-hall/fire-department<br>1400 E. Apache Blvd, Tempe, AZ 85282 | 480 858 7200 | | | | | | | X |
| The Arc of Tempe | www.tempearc.org<br>501 E Broadway Rd, Tempe, AZ 85282 | (480) 966-8536 | | | | X | | | |
| The Salvation Army | www.salvationarmy.com<br>714 S Myrtle Ave, Tempe, AZ 85281 | (602) 267-4122 | | X | | | | | |

| Organization | Website/Physical Address | Telephone | Domestic Violence | Homeless | Seniors | Special Needs | Working Poor | Youth | Other |
|---|---|---|---|---|---|---|---|---|---|
| UMOM New Day Centers, Inc. | www.umom.org<br>3333 E Van Buren St, Phoenix, AZ 85008 | (602) 275-7852 | | X | | | | | |
| United Food Bank (UFB) | www.unitedfoodbank.org<br>245 S Nina Dr, Mesa, AZ 85210 | (480) 926-4897 | | X | | | | | |
| United Help Yourself | www.unitedfoodbank.org<br>358 E Javelina Ave, Mesa, AZ 85210 | (480) 926-4897 | | X | | | | | |
| Tempe First United Methodist Church | www.tempefirstumc.org/<br>215 E University Dr, Tempe, AZ 85281 | (480) 967-3376 | | X | | | X | X | |
| UPC | http://www.connectionsarizona.com<br>1201 S 7th Ave #150, Phoenix, AZ 85007 | (602) 416-7600 | | | | X | | | |
| Valley Hope | https://valleyhope.org/locations/tempe-valley-hope<br>2115 E Southern Ave, Tempe, AZ 85282 | (480) 831-9533 | | | | | | | X |
| Valley Metro | www.valleymetro.org<br>605 S 48th St, Phoenix, AZ 85034 | (602) 253-5000 | | | | | X | | X |
| Valor on Eighth | https://www.valoroneighthapts.com<br>1001 East 8th Street · Tempe, AZ 85281 | 480-486-6688 | | | | | X | | X |
| Veteran's Center | http://www.evvec.org<br>3320 S Price Rd, Tempe, AZ 85282 | (480) 384-9850 | | | | | | | X |
| VSUW Backpack Program | https://vsuw.org/you-can-help/volunteer/weekend-hunger-backpacks<br>200 East Camelback Road, Suite 375<br>Phoenix, AZ 85018 | (602)631-4800 | | | | | X | X | |

| Organization | Website/Physical Address | Telephone | Domestic Violence | Homeless | Seniors | Special Needs | Working Poor | Youth | Other |
|---|---|---|---|---|---|---|---|---|---|
| Women4Women Tempe | http://www.guardianangelscatholiccommunity.org/?page_id=1200<br>1701 S. College Ave, Tempe 85281 | | | X | | | | | X |
| YMCA | https://valleyymca.org<br>7070 S Rural Rd, Tempe, AZ 85283 | (480) 730-0240 | | X | | | | X | |

# Attachment F

# Voices of Those in Need
# of Human Services
# within Tempe

# MORE VOICES OF THOSE IN NEED...

## VOICES OF INDIVIDUALS WITH MENTAL HEALTH, SUBSTANCE ABUSE, AND HEALTH CARE NEEDS

- *"I do use drugs. That is the only thing that I feel I have that makes me right with myself, to escape the reality of your own mind. Some people watch television. I can't do that. Drugs are used to substitute for comfort."*
- *"At ASU, we have seen an increase around the mental health piece this semester in terms of suicide attempts, ideations. Usually this happens around midterms, but now we are seeing it every week, starting from the first day of classes. There are on-sight counseling support groups, but we often must refer out for support."*
- *"There are many mental health services that don't provide any type of SMI benefits nor short term care. We need assistance working with students and their families who have been hospitalized because they do not have the coping skills to manage basic issues. These may be due to triggers in their past, or academic or financial concerns."* (ASU)
- *"There is a need to educate the parents about mental health concerns of their kids. The millennials are having high levels of anxiety due to the fast input of information, technology, amount of competition – it is creating high levels of anxiety. This is a mental health concern and if my parents knew about this early on and how to help their child, I wouldn't have gone down the road I did."*
- *"The wait time for mental health services is really long."*
- *"I spent 30 years in the military. I can't get assistance from the VA. I have been waiting four years for a hearing to go before a judge to be treated. Dental injury – missing half my teeth and my jaw broken due to military experience, but since I am not 100% disabled I am not eligible to receive the dental services I need."*
- *"I feel strongly about kids and preventing them from committing suicide. Better resources. Individuals they can talk to, feel comfortable with if their parents are drinking."*
- *"A lot of violence revolves around drugs. I've seen guys offer women drugs and if they don't want it, I've seen them get violent with them. Drugs huge problem."*
- *"There's a lot of things that can help that – the mental health counseling. A person doesn't have to be cuckoo but counseling due to the traumas a person has experienced – domestic violence, family upbringing, and things you need to relearn. Counseling, psychiatric help, it helps out a lot."*
- *"There should be a psychologist on staff with each group because there is a lot of stigma associated with mental health."*
- *"I kept ending up being homeless because I had a drinking and anger problem. Unless you address the soul reason not the scratch reason, it won't work. You can give a person a house but if you don't get to the main reason behind the using, you just scratch the surface."*
- *"Hard to get this I have to pay $300-400 for the glasses since I am going blind. There is no cure for what I have – I am going blind."*
- *"A friend went to a rehab treatment program and she made money delivering flyers and doing other odd jobs. The money they made goes toward their rent, more places like this need to be made available."*
- *"To not look at us like we are crazy, but look at the whole person and everything that happened in their life."*

## More Voices of Those in Need...

### Voices of Homeless Individuals and Families

- *"I've been hiding places, now I'm told that I have to wait another 2 weeks!"*
- *"Essential assistance for ASU students would include emergency housing, a relationship with a hotel or mechanism to refer a student for 1 or 2 nights when they come to us at 4:30 on a Friday, especially for out-of-state students who are new and do not have any connections."*
- *"We only have one outreach worker, but how is she supposed to work with all these homeless people? I mean it has taken me two months to get a birth certificate and I am still waiting. She has so many clients and even takes care of people who are non-homeless. She is overwhelmed."*
- *"I am client in voc rehab and have a voucher, but I need one-to-one assistance to help me secure housing. I've been on the streets with a voucher looking for months."*
- *"Housing is health care – until we get a person housing we can't look at the other things like substance abuse, mental health, or physical health needs until we get people a safe place to live. Understand housing first."* (Human services provider)
- "A word of advice: Not every homeless person is the same and they are not all what you think."
- *"Bus passes and socks. Those are considered homeless gold."*
- *"Like I said, I first became homeless when I was 13 and I came from Gilbert to Tempe during that time. Homeless youth are attracted to Tempe for several reasons. ASU is the main one. It's easy to be invisible with your backpack if you do stuff right, so youth will always flock to Tempe. Homeless youth has always been an issue in the city of Tempe."*
- *"I just didn't want to sleep behind a bush. For me it was the first time I didn't get into I-HELP. I didn't have a roof over my head. I slept behind an air conditioning unit at one of the dorms…a bed of rocks with nothing. I can't do this ever again. In the 7 years since I lost a roof from CPS, I've only had to sleep on the streets 5 nights. I refuse to be that person who sleeps on the streets. Consistently sleeping outside, when you don't have access to a shower every day, you can't get a job. It's impossible to get ahead!"*
- *"People are kind and we get fed, toiletries and showers."*
- *"A guy comes up to me and asks, 'How much for tonight?' I am so angry! Then I am sitting at the light rail and attacked by three cops and they want my ID and ticket."*
- *"Theft, especially for woman, this is a problem I have"* (homeless woman).
- *"I had a problem with me and my son sleeping in an open space. It wasn't the husbands, it was like boyfriends and stuff. Even though they are families, they should be separate from single groups because when I was there, there was a man who was very violent and I didn't feel safe. And then there's men, and I'm trying to sleep and you don't know how a person's mind is, you know what I mean? And there are just little cubby holes and they can look in and see the shower."*
- *"I was in an apartment until the end of July. I am a student here at ASU. I had a voucher and they wouldn't renew my lease. The thing I was under, they are not doing it anymore. My parents retired and moved and I had some family issues. I have no family support….I am waiting on housing to open with the voucher I have.  I try to find safe places.  I am walking down the street now and I have been approached by police thinking I was a hooker! I am devastated."*
- *"At ASU we are seeing quite an increase – a sharp increase – in homelessness and food insecurity.  I have been here 14 years and it feels like it is a 25% increase… For students, homelessness typically looks like couch surfing or not having a stable place to live."*

# MORE VOICES OF THOSE IN NEED…

## VOICES OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND SEX TRAFFICKING SURVIVORS

- *"We need adequate family housing where the children and families are not separated within the shelter. Then the waitlists are huge and you are in a situation where you have to stay in a homeless shelter as you wait to get into a domestic violence shelter."*
- *"With respect to domestic violence, people generally don't go to the protection services because of fear, lack of information, no guarantee of security.  When they accuse their partner, they take the risk that the partner finds out; that would be even worse.  Most people who are abused receive death threats, so if they don't feel that they can be truly protected, they are not going to speak."*
- *"This might surprise you, but I was incredibly satisfied with the services that I got and the places that I was put. Since there's no domestic violence shelter here in Tempe, they sent me to Sojourners in Phoenix and I stayed there for about four months."*
- *"At the DV shelter, my 14 year old son was not able to stay by himself while I was working. I lost two jobs because I didn't have a place for him to stay.  UMOM allowed a 13 year old to stay with the younger kids. The staff keeps an eye out for them."*
- *"Domestic violence shelters for ASU students are tricky to access, especially when there is a difficult process to access them and it is needed that same day.  Sometimes people need a minute to get away from wherever they are at, and other times they are not ready to say anything."*
- *"On a normal day when I haven't been abused and no one has passed judgment on me, it is okay. But on a day when I have tears in my eyes and I have broken down and people make fun of me because my hair is matted, or I have been hit, it makes me go backed up in a corner…get isolated…rather than feeling like there are places I can go to get help."*
- *"We need to hear more from advocates who are the survivors who are spreading the word, to speak out against it."*
- *"You are like a guppy in a piranha tank. If you are a female out there, you are always for purchase. You are always on the menu. A lot of men will use women, it has become a rule. It is scary to be alone."*
- *"If people are hurt on the inside, how they deal with trauma, people don't know how to fix that. So more certified people for trauma.  The programs lack of empathy."*

4

# More Voices of Those in Need...

## Voices of Individuals with Disabilities/Special Needs

- *"TCAA had to cut rent help for single people because funds are not available.  We disabled and SMI people need rent help too!"*
- *"There is physical and medical differences and when applying for support for disabilities. If you don't have an advocacy or support system to help you get through all the paperwork, it becomes impossible."*
- *"People need a facility to kick the habit and start their life back."*
- *"A friend had to wait 24 hours to getting into (a rehab facility) because it was full to get detox help. Another time, I was waiting and waiting and I couldn't hear my name being called and missed the detox."*
- *"The different stops are not easily accessible for people who have disabilities.  Having an Orbit route that stops where people are like this (disabled living at Gracie's Village) would be very helpful. People with a walker, etc. have trouble accessing transportation. They had to vote to have a stop at Ability360 because the closest stop was one mile away."*
- *"Skilled workers/nurses/volunteers for personal care or wound care are needed. I had to give up the other part of my apartment; in lieu of paying rent they help me.  I had to give up my personal space (that is small already) to help me."*
- *"I need help finding and getting to the doctor with my disability."*
- *"The blind need better services – I don't know where to go for assistance with activities, projects, or help."*
- *"I'm in a wheelchair and disabled but I would like to work."*
- *"I don't know how to help this woman who is a widow and needs resources. She is living on the social security of the husband. He was a veteran."*
- *"There needs to be more follow through. Keep focus on the needs and the care. Problem solve."*

# More Voices of Those in Need...

## Voices of Working Poor Individuals and Families

- *"I have a lot of residents that want to go out and work but don't have access to affordable childcare that is taking up their whole check when you are making minimum wage."*
- *"For the people like us who work late nights or early mornings, there aren't transportation options."*
- *"Why can't you guys provide an advocate to work with families who are in transition. When they are looking for an apartment and work with them and go with them."*
- *"I am moderate income and can't qualify for help for expenses but I still need it. I wish there were tiers that could be prorated for help."*
- *"We expect people to suck it up and access services!"*
- *"If I have a job, I don't get daycare – it contradicts itself."*
- *"When I finally was able to secure housing, I was finally able to breathe and to be able to live! I was living with my parents who were alcoholics and a lot of drinking problems, my son has ADHD and has some other problems and my mom would just yell at my kids and it was a lot of family stress."*
- *"I am trying to get self-sufficient, but the stuff I need to completely get off the system I can't receive. It's like a trap. You don't make enough to get off the system. Childcare costs just as much as college tuition! Even when DES pays for childcare, these childcare agencies charge a co-pay and how can I afford to pay for that?"*
- *"Just paying the bills! That is the greatest challenge."*
- *"There's times that I can't buy my kids shoes. They are at the age that they are growing so much – I just bought them size 12 shoes and now he has grown out of them and he complains to me. The way my boys eat, they eat a lot and they are growing and developing. I get $296/month for child support; there are times I can't afford toilet paper."*
- *"I'm self-employed, so a lot of people see me as unemployed. I have a hard time finding help. Childcare. My son is with me.  A while back I applied for services with utility bills, food stamps. I had a hard time. Because they want your last paychecks and as self-employed that's hard. And it was not adequate. The agencies need to reform the information they need to accept. So, if you file taxes, you should be able to use your tax returns.  If they don't take your income, then you don't have one and it's another matter. So, we need to figure that out. How to work with different situations."*
- *"I was helping an employee in my department look for an apartment.  So I thought, I will get online and do some research and maybe help you get the ball rolling – just another set of eyes. And as I search for affordable housing for just a single person, I couldn't come up with anything. And this wasn't that we were looking for an amazing apartment, we were looking for something that the salary of this employee could be able to sustain – an apartment. It simply wasn't happening."*
- *"Even just dealing with the same person would be helpful."*
- *"Help understanding the steps just to get through one simple process. There are so many steps to get assistance; there are 10 different steps to just receive one thing. We need someone to sit down with you and navigate through the system."*

# More Voices of Those in Need...

## Voices of Seniors

- *"Children need support, mom and dad are now incarcerated and being raised by grandparents who haven't been parenting for a long time and are disconnected."*
- *"I retired from the Union Pacific railroad. They gave me the choice to either get fired or to retire, so I chose retirement. I have been down here struggling ever since to make ends meet. I tried to get employment now but I get denied and get turned down for that work. I need to know the resources out there. I do not have transportation and rely on the bus."*
- *"I don't have nobody to come and help me. It's hard to cook. I burned my feet twice because a pot fell when I was cooking."*
- *"I can't find housing information for seniors...I live in a trailer in a bad neighborhood and the price fluctuates making it difficult to remain on a budget."*
- *"I can't get to the Orbit to ride it."*
- *"I've been working since I was 11. I have swept restaurant floors. I've raised three kids. I'm 68 and I retired at 65 in the medical field, a lab technician. Sometimes I run short with rent and I come here to supplement. The medical insurance doesn't cover everything."*
- *"Seniors in my community can't cook and clean due to health issues."*
- *"The greatest fear of someone who is getting older is being alone."*
- *"What about help for the isolated seniors? It would help if there was a supportive person to check in and make sure they are supported and encouraged."*
- *"I was cut off from therapy because I was not taking my meds but I cannot afford them. I was told I would be taken care of if I was SMI but I can't even afford my medication. I am losing group support because of this."*
- *"In general things go well, but then the car breaks down...$500.00, it breaks the budget."*
- *"Health resources are needed for women such as mammograms. It would be helpful for Tempe to do free health screenings and free health fairs like Phoenix."*
- *"I don't know how to help this woman who is a widow and needs resources. She is living on the social security of the husband. He was a veteran."*
- *"There are a lot of services but I don't know where the things are. Then there are the conditions that you have to go through to get the services."*
- *"Take the time to talk and listen. Let them see what is behind what the individuals are going through."*
- *"There needs to be more follow through. Keep focus on the needs and the care. Problem solve."*
- *"Return phone calls. Make appointments to connect with seniors. Kindness and empathy take time."*

# More Voices of Those in Need...

## Voices of Youth

- *"They have a club at our school called Stand and Serve. It's now called 'Peer Solutions '– we changed the name. And we basically make things less taboo. We talk about things like sexual health. Sexual violence, child abuse. A lot of the kids in there, high schoolers, and middle schoolers, because of Peer Solutions, they have been able to disseminate information to their friends."*
- *"You need to trust, it's all about trusting. Let's say you work, find someone who will help you. It's about knowing the right people."*
- *"There needs to be help easily accessible both for you and the adults. But it's got to be someone who kids can get to, because they're going to be limited, especially if they are hiding the fact that they need help because they're in a dangerous situation like dating violence, gang violence, just violence at school—bullying."*
- *"Adults are hard to talk to. Why not set up a program where you find youth, give them a training course, give them an address, like Snapchat – the things that kids are using – and then give them someone to talk to that way. Someone their age. Obviously, this person is someone to talk to and has access to resources."*
- *"Inform the teachers, not for special treatment but for help. They should have flyers, 'Need to talk to someone go here'."*
- *"Day to day coping after you've been abused…"*
- *"Youth who are experiencing violence lack someone to talk with. They're sent to their guidance counselor, which a lot of them aren't comfortable talking with –because those are the people you talk to about your grades, not if you are getting beat up at home."*
- *"I think the biggest problem with the youth is the lack of want. If we can't get them motivated to want to get off the streets, it doesn't matter what services we offer them. It is getting the youth motivated to, 'I want to get off the streets.' Once I realized that I didn't want to sleep on the streets, I may not have always made the best decisions to keep the house I was given, but I always wanted to keep that house and get off the streets. But I am one of few."*
- *"Once you're homeless, it's almost impossible to pick yourself up. You can't get hired. And like with youth, they want to put you in foster care right away, even if you don't feel safe. So, safety and houses are needed."*
- *"We have crises, families trying to get into shelters. Eviction without notice. There isn't any place for them - we've tried reaching out to Phoenix, Mesa. It's hard to tell our families 'stay in school in Tempe', but we don't offer those kinds of services. We tend to get them on Friday where kids go home and come back to school saying 'our stuffs outside and no one's home'."*
- *"I became homeless 7 years ago. I got out of CPS care at 18 and they cut me a fat check - I thought I was king of the world. I spent it in six months. I didn't have savings and became homeless shortly after my 19th birthday."*
- *"There's Young Life, and Young Lives, if we could give them more of a platform."*
- *"A lot of the children are dropped off without any care – for childcare, we're not even open. We talk a lot about medical care. But there should be some solution to address this early affordable childcare before school. They're dropped off without anyone. Mom and Dad drive away. About 6 am."*
- *"Most of our jobs we get are late night jobs or early, early morning and most of the day cares close at 6 pm."*

# End Notes

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