



MARICOPA
ASSOCIATION of
GOVERNMENTS

MARICOPA ASSOCIATION OF GOVERNMENTS
2006 Regional Human Services Plan

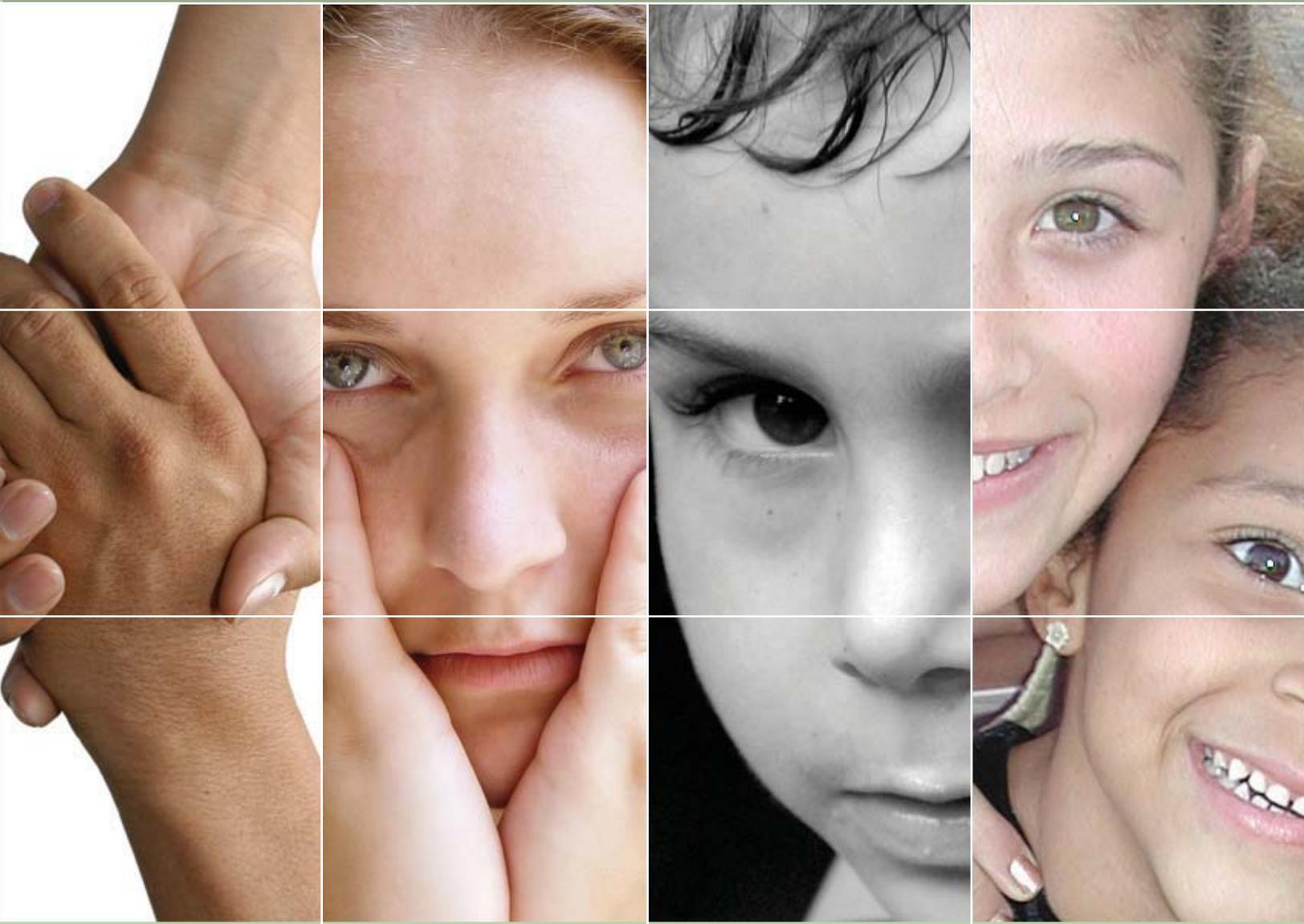


TABLE OF CONTENTS

Introduction.....	1
Environmental Scan.....	3
Federal Funding for Human Services in the MAG Region.....	16
Adults, Families and Children.....	48
Persons with Disabilities.....	63
Persons with Developmental Disabilities.....	74
Aging Services.....	82
Homelessness.....	93
Domestic Violence.....	111
Human Services Transportation.....	122
Conclusion.....	132
Acknowledgements.....	133

LIST OF FIGURES

Figure 1: MAG Region Municipal Planning Areas.....	3
Figure 2: Historic and Projected Population Growth 1955-2030.....	4
Figure 3: Projected Population Growth in 2030—Maricopa and Pinal Counties.....	6
Figure 4: Age Distribution of People in Maricopa County, AZ in 2004.....	7
Figure 5: Projected Rise in Elderly Population 2000-2050.....	7
Figure 6: Employment by Industry—Greater Phoenix.....	8
Figure 7: Maricopa County Ethnic/Racial Distribution.....	13
Figure 8: Comparable Population States and Cities.....	17
Figure 9: Maricopa County School Enrollment by Ethnic Group.....	50
Figure 10: National Dropout Rates, Grades 7-12, by Ethnic Group.....	51
Figure 11: 2004 Annual Youth Survey: Self Reported Drug Use.....	53
Figure 12: Disability Rates by Age in Arizona.....	63
Figure 13: Medicare Coverage Among Disabled and Non-Disabled Population.....	70
Figure 14: Number of Persons 65+, 1990-2030.....	83
Figure 15: Population Concentration Age 60 and Over.....	84
Figure 16: Population Concentration Age 60 and Over (Showing Bus Routes and Light Rail).....	88
Figure 17: Domestic Violence Shelters and Bus Routes.....	115
Figure 18: Domestic Violence Shelters and 2020 Urban Concentration.....	116
Figure 19: Population Age 65 and Over with Go-Outside-Home Disability.....	126



LIST OF TABLES

Table 1: MAG Region Population Estimates, 2000 and 2004 and Projections, 2030.....5

Table 2: Major Employers in the Greater Phoenix Region 9

Table 3: Jobs by Place of Work—MAG Region 2000, 2004 and Projected in 2030..... 10

Table 4: Greater Phoenix Crime Rates..... 14

Table 5: 2004 State Population Estimates.....17

Table 6: 2004 Municipal Population Estimates17

Table 7: Health and Human Services Poverty Guidelines.....18

Table 8: 2004 Poverty Levels by City18

Table 9: 2004 Poverty Levels by State19

Table 10: State Community Development Block Grant (CDBG) Funds, FY 200520

Table 11: Municipal Community Development Block Grant (CDBG) Funds, FY 2005 20

Table 12: State McKinney-Vento Awards, FY 2005.....21

Table 13: Municipal McKinney-Vento Awards, FY 2005.....21

Table 14: Municipal Community Services Block Grant (CSBG) Funds, FY 2005.....22

Table 15: Low Income Home Energy Assistance Program (LIHEAP) Funds, FY 2003.....23

Table 16: State Head Start Funds, FY 2004.....24

Table 17: State Social Services Block Grant (SSBG) Funds, FY 200525

Table 18: Adults, Families and Children: Recommended 2006-2007 SSBG Funds32

Table 19: Elderly: Recommended 2006-2007 SSBG Funds36

Table 20: Persons with Disabilities: Recommended 2006-2007 SSBG Funds39

Table 21: Persons with Developmental Disabilities: Recommended 2006-2007 SSBG Funds ..42

Table 22: Seasonal Employment Level—55 Years and Over86

Table 23: MAG Region Homeless Populations: Based on Street and Shelter Count, 1/25/05....99

Table 24: Homeless Unmet Need Determined by 2005 Gaps Analysis..... 100

Table 25: Title VI/EJ Communities of Concern for Maricopa County..... 123

**Social Services
Block Grant (SSBG)
Recommendations**

INTRODUCTION

The *MAG 2006 Regional Human Services Plan* seeks to identify human services needs and solutions for people from all walks of life and from all parts of the Maricopa Association of Governments (MAG) Region. The MAG Region consists of all cities, towns, Indian Communities and unincorporated areas that are member agencies of MAG. Concerned citizens, youth, elected officials, homeless people, older adults, survivors of domestic violence, business people, and the faith-based community all shared their input for this update. More than 500 people expressed their perspectives about the strengths and needs within the MAG Region, as well as the solutions to improve the quality of life for all people.

This document provides an assessment of the current human services environment in the region. The responsibility for putting this plan into action is broadly shared. Municipalities, private businesses, nonprofit agencies, faith-based organizations, and most importantly, community members themselves, all have important contributions to make. Across the board, people consistently expressed an ardent desire to support themselves, to have a positive place within the community and to be able to give back to others. They want self-sufficiency and not to be dependent on the government, their children or other family members. Homeless people and older adults alike expressed a desire to live on their own, in their own homes. People with developmental disabilities and youth both expressed concerns about safety. The solution to many challenges faced today lies not in external sources, but within each person.



People identified many strengths in their communities. No matter how much money they had or how many obstacles they faced, citizens could readily point to resources that made their community more resilient. In community hearings and focus groups held during this update process, participants expressed pride in things that worked well. These common strengths include support available through agencies and opportunities to engage in community activities. Building and nurturing a sense of community prevailed as a common theme throughout the public input process. Affordable housing and improved transportation were identified as common needs. Many pointed to increasing communication, collaboration and community involvement as constructive strategies.

A total of 250 people participated in 23 focus groups and three community hearings conducted to inform this plan. Invaluable input was also received from the elected officials, municipal staff, community representatives and nonprofit providers who serve on the



human services committees at MAG. The public input process for the plan was extensive and included public meetings, an anonymous voice mail messaging system, and written and online surveys that gathered the input of 174 additional people. In addition, local experts and research supported the feedback received. The following MAG committees provided an in-depth review and insights to the chapters contained herein: the Human Services Coordinating Committee, the Human Services Technical Committee, the Regional Domestic Violence Council and the Continuum of Care Regional Committee on Homelessness. This process ensured that the final product would not only accurately reflect the current environment, but would be responsive to changing needs and opportunities.

The Human Services Plan is developed by MAG for three reasons. First, it is used to recommend funding allocations for more than \$4 million in locally planned Social Service Block Grant (SSBG) funding. More than 25 percent of all SSBG funds received by the State of Arizona are locally planned by Arizona's Councils of Governments. In Maricopa County, these dollars support programs that assist people in four main categories: adults, families and children; the elderly; people with disabilities; and people with developmental disabilities. Shelters, job training programs and home delivered meals are just some of the programs funded through this process. The funding recommendations developed by MAG Human Services Coordinating and Technical Committees are forwarded to the Department of Economic Security (DES). This process is in place to ensure that local priorities direct federal funding to the most appropriate target service areas.

The plan also provides direction and focus to the MAG human services committees. These groups strategically address issues vital to quality of life in the region and the delivery of human services. Their efforts result in achievements such as regional plans to end homelessness and domestic violence. For example, committee efforts resulted in more than \$106 million in federal Stuart B. McKinney funds to assist homeless service providers over the past six years, and provided essential training for first responders, physicians and nurses about domestic violence. Such products were developed to meet needs identified by the community.

Last but perhaps most importantly, the MAG Regional Human Services Plan is created as a resource for the community. It identifies the issues people care about and provides suggestions from people in the region on how problem areas can be addressed. The Plan represents a broad compilation of expertise and perspectives from throughout the MAG Region and from research across the country. This document is offered as a tool to be used for local human services planning and for making significant positive changes to the region. There has been much progress made in the human services environment, yet there is also work to be done. Within each community, there is the power to do it.

ENVIRONMENTAL SCAN

Introduction

The MAG Region is a dynamic area marked by rapid growth, rich diversity and natural beauty. An overview of the region is important to the understanding of its human service needs. This chapter provides a profile of the MAG Region in relation to its demographics, and social wellbeing.

The MAG Region currently consists of 25 incorporated cities and towns, three Indian communities and Maricopa County, covering 9,955 square miles. The following map shows the MAG Region with the Municipal Planning Areas (MPAs). MPAs reflect the anticipated corporate limits of a city or town and are used for planning purposes.

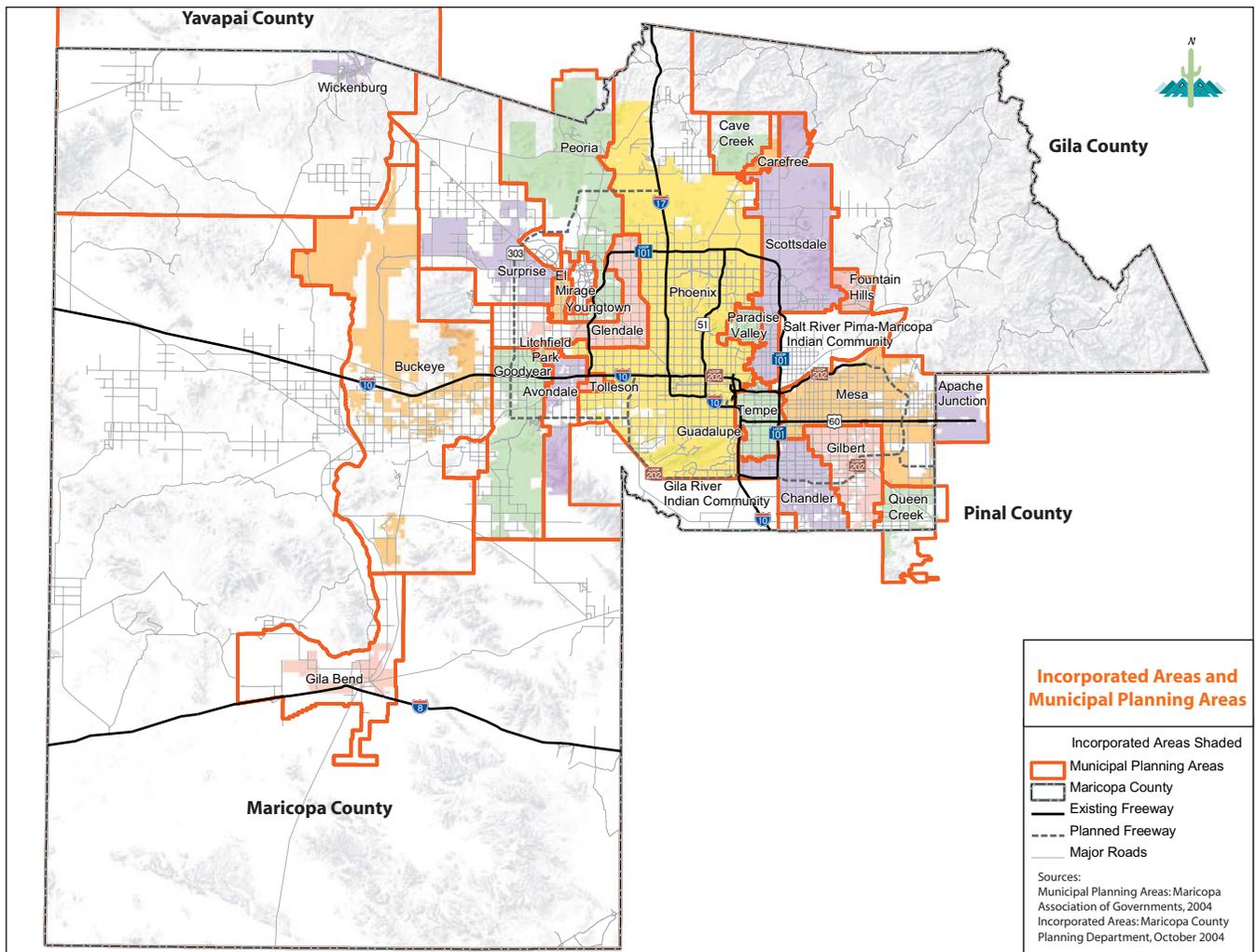


Figure 1: MAG Region Municipal Planning Areas

Demographics

Population Growth

Population growth requires an increase in the provision of human services while an expansion of the urban area calls for the deployment of those services to outlying areas. Since 1960, the MAG Region has increased in population an average of 47 percent each decade. Between 1990 and 2000 the region increased by 45 percent and added almost one million people. The following maps show the population growth from 1955 to 2000 with projections to year 2030. As the maps indicate, the urban area is expanding.

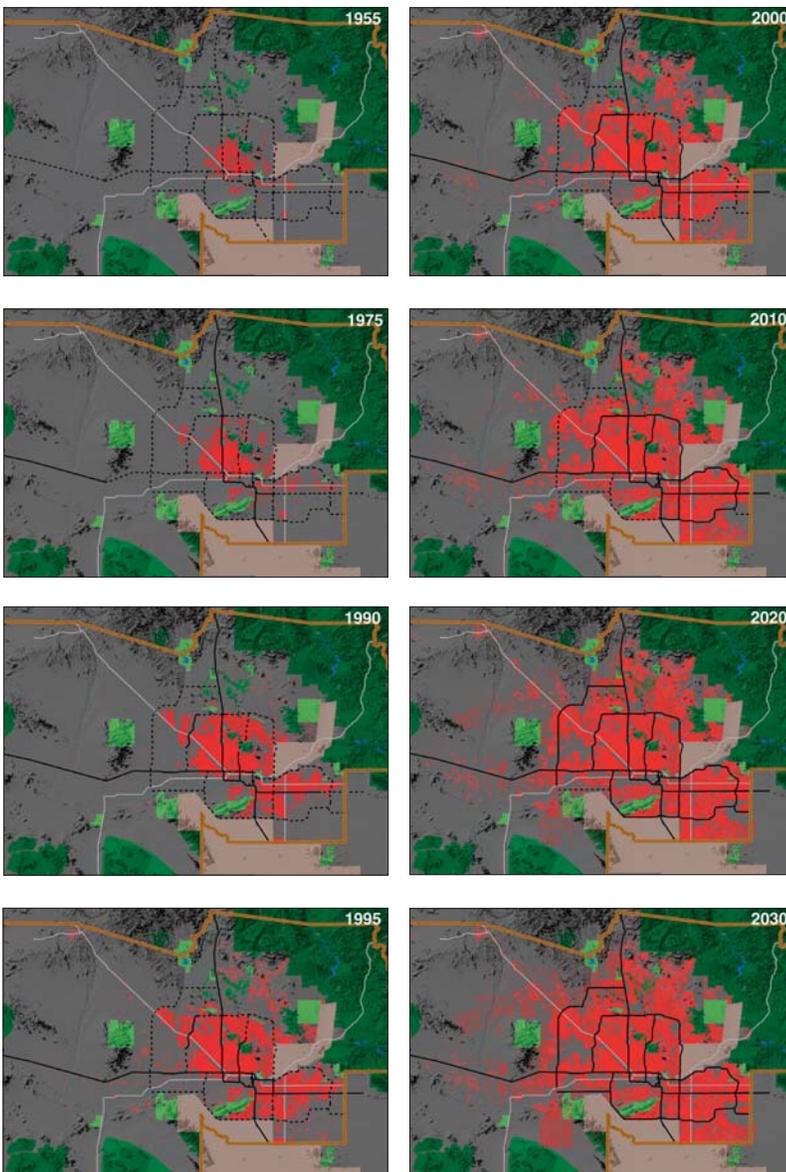


Figure 2: Historic and Projected Population Growth 1955-2030

As reported in Census 2000, the region was the fourteenth most populous Metropolitan Area in the United States and Maricopa County the fourth most populous county. Phoenix was the sixth most populous city in the United States. It is anticipated that by the next Decennial Census, Maricopa County will be the third most populous county in the United States and Phoenix the fifth largest city.

Between 2000 and 2004 Maricopa County's population increased from 3,072,149 people to 3,524,175, a growth rate of 14.7 percent. The growth rates of many of the local jurisdictions within the region during this same time period were much higher. The City of El Mirage showed the greatest percentage growth, increasing from 7,609 to more than 28,000, an increase of 272 percent. The Town of Queen Creek grew by 168 percent and Surprise by 107 percent.

While larger jurisdictions had slower rates of growth, they accounted for the greatest net increase in population between 2000 and 2004. Phoenix's population grew by 95,000, Gilbert 55,000, Mesa 51,000 and Chandler 44,000.

Table 1 and Figure 3 show these increases by city and town. The chart indicates the growth that took place for each jurisdiction between April 1, 2000 and June 30, 2004, and the growth that is projected to occur to 2030. The map presents the increase projected by persons per square mile.

MAG Region Population Estimates and Projections							
Jurisdiction	Population Estimates on July 1 of 2000, 2004		Absolute Change	Percent Change	Annual Growth	Population Projections	Annual Growth
	7/01/00	7/01/04	7/01/00-7/01/04	7/01/00-7/01/04	7/01/00-7/01/04	7/01/2030 ****	7/01/2000-7/01/2030
Apache Junction *	31,815	35,400	3,585	11.3%	2.7%	157,200	5.5%
Avondale	36,395	60,255	23,860	65.6%	13.4%	161,400	5.1%
Buckeye	8,615	14,505	5,890	68.4%	13.9%	380,600	13.5%
Carefree	2,965	3,310	345	11.6%	2.8%	4,900	1.7%
Cave Creek	3,765	4,370	605	16.1%	3.8%	12,900	4.2%
Chandler	178,655	220,705	42,050	23.5%	5.4%	288,600	1.6%
El Mirage	8,385	28,310	19,925	237.6%	35.6%	33,100	4.7%
Fountain Hills	20,490	22,475	1,985	9.7%	2.3%	30,700	1.4%
Gila Bend	1,990	2,030	40	2.0%	0.5%	17,800	7.6%
Gila River I.C. ***	2,700	2,740	40	1.5%	0.4%	5,200	2.2%
Gilbert	111,600	164,685	53,085	47.6%	10.2%	290,500	3.2%
Glendale	219,625	233,330	13,705	6.2%	1.5%	312,200	1.2%
Goodyear	19,605	35,810	16,205	82.7%	16.3%	330,400	9.9%
Guadalupe	5,230	5,380	150	2.9%	0.7%	5,600	0.2%
Litchfield Park	3,820	3,920	100	2.6%	0.6%	14,200	4.5%
Mesa	401,180	447,130	45,950	11.5%	2.7%	647,800	1.6%
Paradise Valley	13,725	14,410	685	5.0%	1.2%	15,900	0.5%
Peoria **	110,015	132,300	22,285	20.3%	4.7%	253,400	2.8%
Phoenix	1,326,080	1,416,055	89,975	6.8%	1.7%	2,187,500	1.7%
Queen Creek *	4,420	11,245	7,065	159.8%	27.0%	110,500	11.3%
Salt River Pima-Maricopa I.C.	6,405	6,780	375	5.9%	1.4%	7,500	0.5%
Scottsdale	204,195	221,130	16,935	8.3%	2.0%	292,700	1.2%
Surprise	32,460	63,960	31,500	97.0%	18.5%	395,500	8.7%
Tempe	158,825	160,820	1,995	1.3%	0.3%	196,700	0.7%
Tolleson	4,995	5,445	450	9.0%	2.2%	6,300	0.8%
Wickenburg	5,095	5,970	875	17.2%	4.0%	16,000	3.9%
Youngtown	3,010	3,970	960	31.9%	7.2%	6,600	2.7%
Maricopa County Unincorporated	202,225	232,860	30,635	15.1%	3.6%	138,000	-1.3%
Region Total	3,128,285	3,559,540	431,255	13.8%	3.3%	6,319,700	2.4%

I.C. = Indian Community
 * Includes Pinal County portion ** Includes Yavapai County portion *** Maricopa County portion only
 **** 2030 Population projections are by Municipal Planning Area

Table 1: MAG Region Population Estimates, Year 2000 and 2004 and Projections, Year 2030.

Sources:

U.S. Census Bureau 2000 Census, Arizona Department of Economic Security and MAG Annual Population Estimates.

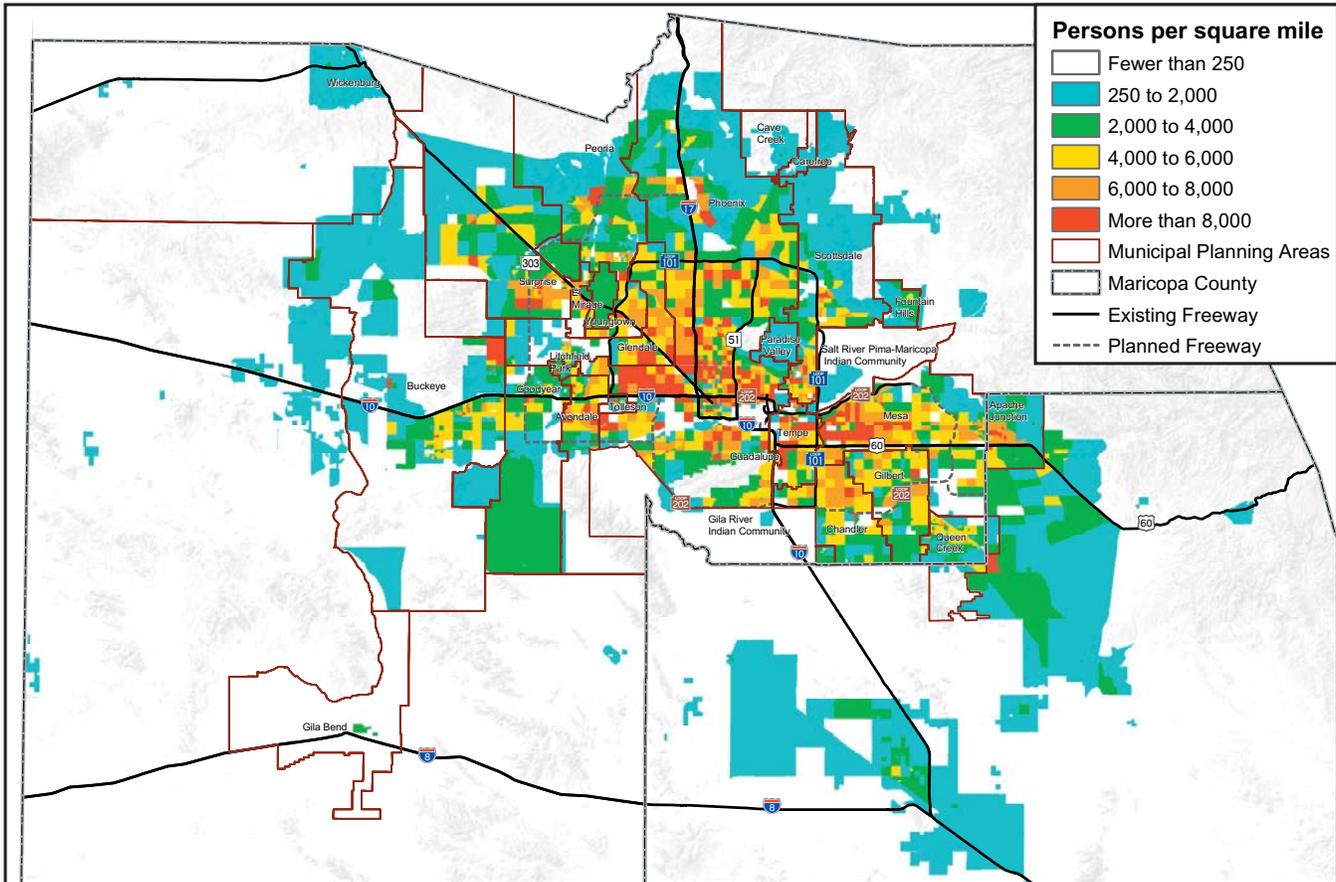


Figure 3: Projected Population Growth in 2030—Maricopa and Pinal Counties

The growth and its distribution lead to different perspectives on how to deploy human services in different parts of the region. These different perspectives were voiced at a series of community hearings. Residents in the West Valley, in need of more services, suggested that Phoenix and East Valley providers expand their coverage area to the West Valley. Residents in the East Valley expressed satisfaction with their existing infrastructure for providing human services programs but were concerned over the long-term sustainability of those programs. Phoenix residents expressed concern that the availability of social services in their community created expectations that the City of Phoenix would serve the entire region.

Population Characteristics

An examination of the characteristics of the region’s population is useful in determining the need for human services. Fifty-one percent of the households in the region are married-couple families and 23.2 percent are married-couple families with children under 18. Over eleven percent (11.7) of the households are headed by a female with no husband present and 7.5 percent of the households are headed by a female who

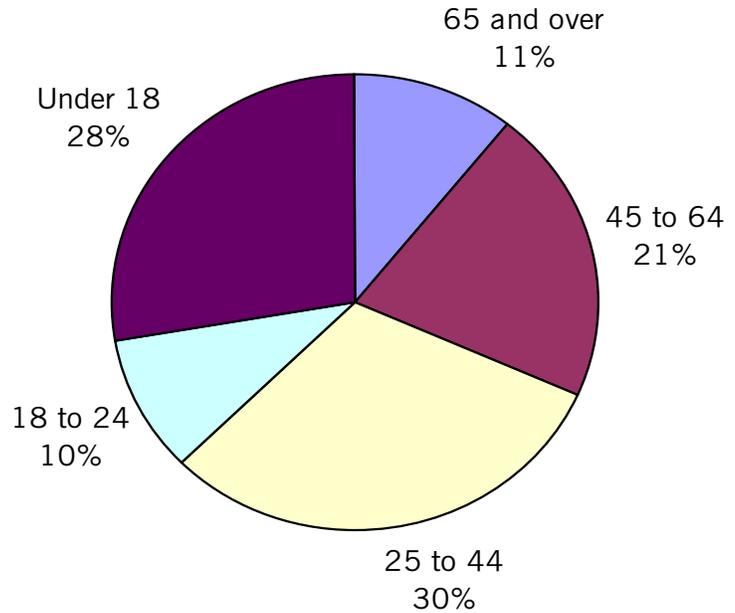
has children under eighteen years of age. Householders living alone accounted for 26 percent of the households.

The population in Maricopa County, as measured by the 2004 American Community Survey, is evenly divided between women and men. People age 25 to 44 are the biggest single age group at 30 percent, with youth under age 18 the second largest age group at 28 percent. People age 45 to 64 make up 21 percent of the population. The percent of persons age 18 to 24 is 10 percent and 65 and older 11 percent.

Changes in the mix of population by age cohort are important in defining human service needs. In Maricopa County the percentage of persons 65 and above is projected to increase from the present 11 percent in 2004 to 20 percent by 2025.

According to the 2004 American Community Survey, 67 percent of the people in the MAG Region were born outside of the region and 16 percent were foreign born. Additionally, of the one in four people who do not speak English at home, 81 percent speak Spanish and 23 percent report they do not speak English "very well." Such statistics point to the need to provide human service information in both Spanish and English and to offer more English language education.

Age Distribution in Maricopa County



Source: American Community Survey, 2004

Figure 4: Age Distribution of People in Maricopa County, AZ in 2004

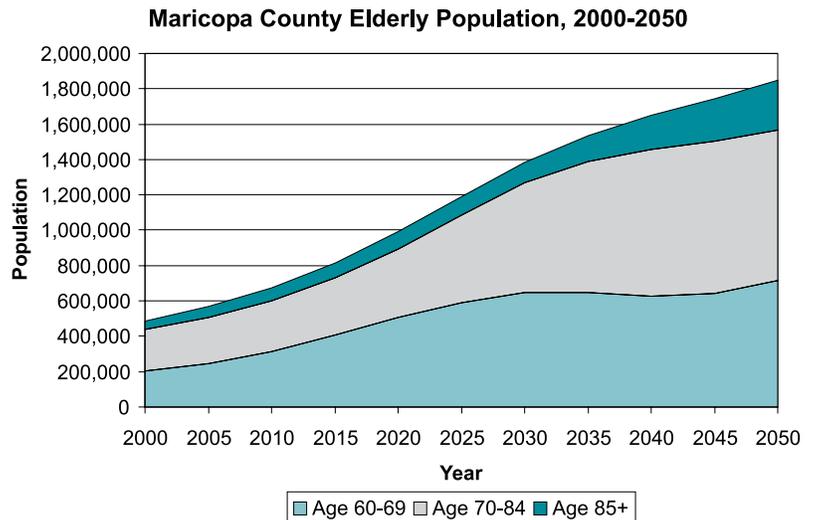


Figure 5: Projected Rise in Elderly Population 2000-2050



Social Wellbeing

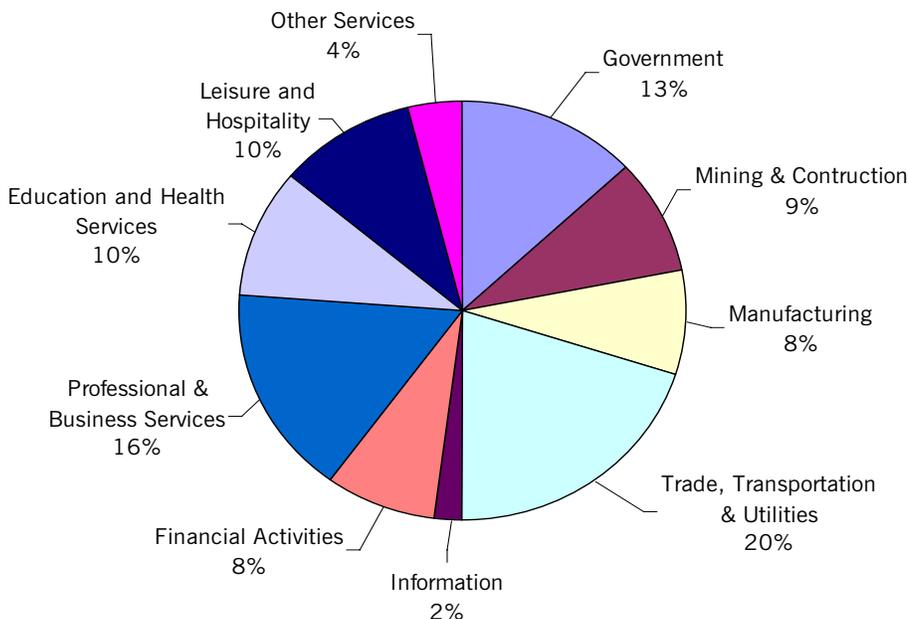
While the previous section described the growth and characteristics of the region’s population this section examines the social wellbeing of those residents. Social wellbeing is defined in terms of the following factors:

1. Employment Opportunities
2. Income
3. Affordable Housing
4. Education
5. Demographic Diversity
6. Healthcare Coverage
7. Crime

Employment Opportunities

Employment opportunities contribute to the quality of life and the economic health of the region. Ample employment opportunities and wages create opportunities for professional mobility, business success, and a reliable and growing tax base to support needed human service programs.

Greater Phoenix Employment by Industry



The region has experienced one of the largest growth rates in employment in the United States and today has approximately 1.6 million jobs. In 2003 the region’s unemployment rate of 3.7 percent was below the national average of 5.2 percent.

The mix of employment by industry type is identified in *Figure 6*.

Source: Arizona Department of Economic Security, May 2005

Figure 6: Employment by Industry—Greater Phoenix

Out of the top ten largest employers in Greater Phoenix, five are from the public sector. Of the number remaining, two are retail, one health, one technology and one banking. The following is a list of major employers.

Major Employers—Greater Phoenix	
Employer Name	Arizona Employment
State of Arizona	49,147
Wal-Mart Stores Inc.	19,510
Maricopa County	15,218
Banner Health Systems	14,447
City of Phoenix	13,617
Honeywell International Inc.	12,000
U.S. Postal Service	11,406
Wells Fargo Company	11,000
Arizona State University	10,530
Bashas' Inc.	9,646
Albertson's-Osco	9,500
Intel Corp.	9,500
Safeway Inc.	9,500
JP Morgan Chase & Co	9,200
Luke Air Force Base	9,000+
Mesa Public Schools	8,684
America West Holdings	8,539
Fry's Food and Drug Stores	8,233
Target Corp.	7,642
Bank of America Corp.	7,268
American Express Co.	7,000
Pinnacle West Capital (Arizona Public Service)	6,400
Qwest Communications Inc.	6,300
Apollo Group Inc.	6,295
Walgreen Co.	5,479
<i>Source: The Business Journal Book of Lists 2005</i>	

Table 2: Major Employers in the Greater Phoenix Region

When surveyed in the third quarter of 2005, 32 percent of employers in Greater Phoenix expressed intentions to hire more workers in the future, while 11 percent indicated they would decrease their workforce. Employers in public administration were among those that intended to reduce their workforce. Employers in durable goods and manufacturing, transportation and public utilities, wholesale and retail trade, finance/insurance and real estate, and education all predicted expansions of their workforce. About 57 percent of employers projected their staffing levels to remain the same (GPEC 2005).



The MAG Region is expected to experience significant employment growth. According to MAG projections employment is projected to increase from 1.6 million in 2000 to 3.4 million in 2030. The chart below indicates the increase in employment by Municipal Planning Area.

Jobs by Place of Work—MAG Region							
Municipal Planning Area	Total Jobs						
	2000	2004	Absolute Change 2000 to 2004	Percent Change 2000 to 2004	2030	Absolute Change 2000 to 2030	Annual Change 2000 to 2030
Apache Junction *	5,400	5,400	-	0.0%	28,100	22,700	5.7%
Avondale	9,000	10,500	1,500	16.7%	59,400	50,400	6.5%
Buckeye	7,100	7,900	800	11.3%	194,400	187,300	11.7%
Carefree	1,500	2,500	1,000	66.7%	3,200	1,700	2.6%
Cave Creek	800	1,300	500	62.5%	3,700	2,900	5.2%
Chandler	71,000	75,600	4,600	6.5%	184,500	113,500	3.2%
County Areas	31,800	32,600	800	2.5%	54,500	22,700	1.8%
El Mirage	1,900	2,300	400	21.1%	23,600	21,700	8.8%
Fountain Hills	4,300	4,700	400	9.3%	8,600	4,300	2.3%
Gila Bend	1,200	1,600	400	33.3%	11,700	10,500	7.9%
Gila River Indian Community	3,700	4,200	500	13.5%	8,700	5,000	2.9%
Gilbert	35,000	41,300	6,300	18.0%	118,200	83,200	4.1%
Glendale	84,500	88,000	3,500	4.1%	190,200	105,700	2.7%
Goodyear	13,900	15,600	1,700	12.2%	105,800	91,900	7.0%
Guadalupe	600	700	100	16.7%	1,800	1,200	3.7%
Litchfield Park	1,200	1,200	-	0.0%	4,300	3,100	4.3%
Mesa	172,000	175,000	3,000	1.7%	318,100	146,100	2.1%
Paradise Valley	5,400	5,400	-	0.0%	5,900	500	0.3%
Peoria	28,400	32,100	3,700	13.0%	141,500	113,100	5.5%
Phoenix	741,000	762,800	21,800	2.9%	1,264,100	523,100	1.8%
Queen Creek *	1,800	2,500	700	41.2%	43,200	41,500	11.4%
Salt River Pima-Maricopa Indian Community	7,300	7,600	300	4.1%	19,600	12,300	3.3%
Scottsdale	152,100	157,000	4,900	3.2%	214,800	62,700	1.2%
Surprise	9,000	13,900	4,900	54.4%	118,400	109,400	9.0%
Tempe	162,400	163,700	1,300	0.8%	241,100	78,700	1.3%
Tolleson	12,800	14,600	1,800	14.1%	30,900	18,100	3.0%
Wickenburg	4,100	4,100	-	0.0%	11,600	7,500	3.5%
Youngtown	1,200	1,200	-	0.0%	1,700	500	1.2%
MAG Region Total	1,570,300	1,635,200	64,900	4.1%	3,411,600	1,841,300	2.6%

* Includes Pinal County Portion

Table 3: Jobs by Place of Work—MAG Region 2000, 2004 and Projected in 2030

Concern has been expressed about the MAG Region's mix of low paying and high paying jobs. However, it is important to recognize that the creation of high paying jobs requires the support of low paying jobs. According to the Morrison Institute, each high paying job generates two to six low paying jobs.

Wages also need to be examined in the context of the United States averages and the cost of living in the region. In 2004 the median earnings of year-round workers was \$26,980 which is slightly higher than the national average of \$26,691. When adjusted for cost of living, this comparison grows even more favorable. The adjusted wages are higher than those found in areas known for their high wages, such as San Jose and Seattle.

Income

Income is an important contributor to quality of life and social wellbeing. An adequate income not only enables citizens to cover their basic necessities, but also provides the discretionary income to enjoy the amenities the region has to offer.

The American Community Survey provides figures on income and poverty for 2004. In 2004 the Median Household Income in Maricopa County was \$46,111—about 3.2 percent higher than the United States Median Household income of \$44,684. Similarly, the mean household income of \$62,017 was 3.2 percent higher than the United States figure of \$60,070.

The poverty levels within Maricopa County were also below the national averages in 2004. More than nine percent (9.2) of all Maricopa County families lived in poverty compared to 10.1 percent in the United States; and 12.1 percent of all people in the region lived below the poverty level compared to 13.1 percent nationwide.

Family structure has a bearing on poverty. Thirty-seven percent of families with a female householder and no husband present and children under 18 were below the poverty level. Children are more likely to live in poverty, with about 16 percent of persons under 18 living below the poverty line. Seven percent of adults age 65 and older live in poverty.

Affordable Housing

While many have moved to the region because of its affordable housing, the price of housing is increasing. Housing prices increased significantly in the region between 2000 and 2004. However, the prices have begun to stabilize and are still lower than in many of the major metropolitan areas in neighboring California.

Housing affordability is based upon both the cost of housing and the level of income.





Housing is defined as affordable if its cost is no more than 30 percent of gross income. According to the 2004 American Community Survey, about 48 percent of all renters spent more than 30 percent of their income on housing. Nearly one third of all homeowners paid more than 30 percent of their income on their mortgage.

Even with the high volume of homes being built in the region, more people are finding themselves priced out of the housing market. This may require families to pay a greater percentage of their income for housing leaving less discretionary income. It also makes some families more vulnerable to homelessness.

A Regional Workforce Housing Task Force, comprising government agency representatives and business and community leaders, is especially concerned about the availability of housing for people earning between \$20,000 and \$42,000 a year. The Task Force has projected that the region will need at least 146,400 units of affordable workforce housing by 2020 to meet the expected need.

Education

Level of education is correlated with social wellbeing. According to the American Community Survey, 85.2 percent of the population age 25 and older in Maricopa County graduated from high school or above, compared with 83.9 percent in the United States overall. Maricopa County also exceeded the national percent of persons age 25 and older with a college degree or higher at 27.9 percent.

A major challenge for education in Maricopa County is the large increase in school enrollment that has accompanied population growth. School enrollment in the region between 2000 and 2004 increased 18 percent from about 813,000 to 958,000.

Demographic Diversity

Characteristics of wellbeing in a region include welcoming and incorporating diverse people and cultures into daily community life. The percentage and number of Hispanics in the region has steadily increased over time. In 1980, 8.3 percent of the county's population was Hispanic, while in 2000, it was 25.5 percent. According to the American Community Survey from 2000 through 2004, the Hispanic population experienced the fastest annual growth rate of all Maricopa County's ethnic/racial groups. In 2004 Hispanics accounted for 28.7 percent of the population.

In terms of race, the 2004 American Community Survey indicates that “for people reporting one race alone, 82 percent were White; four percent were Black or African American; two percent were American Indian and Alaska Native; three percent were Asian; less than 0.5 percent were Native Hawaiian and other Pacific Islander, and nine percent were some other race. Two percent reported they were from two or more races.

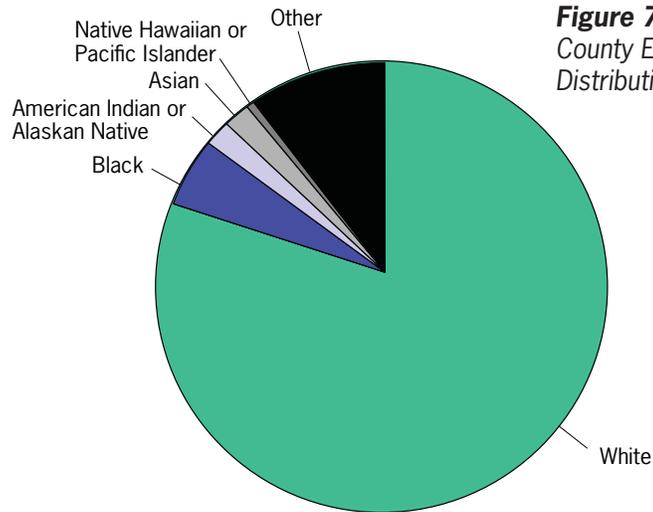


Figure 7: Maricopa County Ethnic/Racial Distribution

Healthcare Coverage

Arizona ranks below the national average in the number of people who have health insurance. Although Arizona is below the national average, both California and Texas have higher shares of population not covered by health insurance.

Healthcare ranks among the top concerns of the region’s residents. According to a 2003 survey conducted by St. Luke’s Health Initiatives, healthcare was ranked just below improving education and strengthening the economy as the most important needs. Respondents of this survey were particularly concerned about cost and access to healthcare. This concern is well placed, with 17 percent of residents without health insurance. Some of the factors that influence the ability to purchase health insurance include wages, the cost of premiums, perspectives on the need for insurance, language barriers and immigration status. Hispanics are more than twice as likely as non-Hispanics to have no health insurance (Morrison Institute for Public Policy 2005).

Health insurance is particularly important for those segments of the population that are more prone to illness. The MAG Region has a higher birth rate for children born to teenage mothers and to unmarried mothers of all age groups. When teen mothers give birth, their babies are likely to weigh less and have more developmental problems. Accommodating the needs of teen mothers places pressure on the healthcare system.

Crime

Crime reduces quality of life and social wellbeing. Between 1999 and 2003, the rate of violent crimes (murder, rape, robbery and assault) in the region per 100,000 residents has declined from 547.9 to 506.5. This 13 percent reduction in the violent crime rate is greater than the national reduction of nine percent. Additionally, the crime rate for



Phoenix is below the Metropolitan Area average of 517 per 1,000 residents (U.S. Census Bureau, Statistical Abstract, 2006).

The rate of property crimes (burglary, larceny theft, motor vehicle theft and arson) has increased slightly in the region from 5,708.4 in 1999 to 5,852.6 per 1,000 residents. The chart below provides more detailed information on crime rates in the region by type of crime.

Table 4: Greater Phoenix Crime Rates

Greater Phoenix Crime Rates—Rate per 100,000 Residents					
Type of Crime	1999	2000	2001	2002	2003
Violent Crimes	574.9	560.4	566.5	572.1	506.5
Murder	9.7	7.2	8.9	8.2	9.2
Rape	28.8	29.5	26.6	27.5	32.5
Robbery	182.8	169.6	197.0	177.1	155.9
Assault	353.6	354.1	334.0	359.4	308.9
Property Crimes	5,708.4	5,644.8	5,860.3	6,274.6	5,852.6
Burglary	1,136.3	1,110.5	1,136.1	1,178.0	1,127.4
Larceny	3,590.2	3,524.0	3,546.7	3,775.8	3,467.4
Auto Theft	981.9	1,010.3	1,177.5	1,320.8	1,257.8

Source: FBI, "Crime in the United States 2003," November 2004.

The state's prisons currently hold 32,000 inmates—3,000 more than intended when the prisons were originally built. While Arizona invests heavily in prisons, it imposes financial burdens on already financially strapped governments. Each year, the cost to taxpayers to support one inmate is \$20,000. This is considerably higher than the cost to have someone on standard probation at \$1,100 a year, or even intensive probation at \$6,000 a year. Not only is prison dramatically more expensive, but high recidivism rates challenge its effectiveness, with about 40 percent of inmates returning within three years of their release (Morrison Institute for Public Policy 2005).

Substance abuse plays a dramatic role in adult incarceration. About 75 percent of men and women test positive for cocaine, marijuana, methamphetamines, opiates or phenylclidine (PCP) as they enter jail in Phoenix, compared with rates of 67 to 68 percent elsewhere in the county. Thus the establishment or enhancement of drug rehabilitation programs provides an opportunity to lower crime and reduce the pressure on an already burdened corrections system (Morrison Institute for Public Policy 2005).

Conclusion

While the MAG Region faces its share of challenges, many resources and strengths also exist. With strategic planning and cooperative ventures, challenges like limited workforce housing and crime rates may be abated or even resolved. Time, resources and the commitment of the community to meet such issues head on will determine the outcome. If approached creatively, issues of concern like rapid population growth can be managed to produce benefits for the region. The MAG Human Services Committees will continue to partner with municipalities and community stakeholders to seek and plan for such creative solutions.

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FEDERAL FUNDING FOR HUMAN SERVICES IN THE MAG REGION

Introduction

The vast majority of public dollars available to support human services in the MAG Region is obtained through various federal grant programs. These federal monies are often dispersed to the state in the form of block grants, which are then distributed among local communities and/or service providers. Alternatively, some block grants are made available directly to municipalities through a federal application process.



In addition to the federal sources of funding discussed below, there are also several local funding sources that are vital to the continued delivery of human services in the MAG Region. For example, the Arizona Department of Housing, through the State Housing Trust Fund, provides revenues to rural areas in Arizona for the development of affordable housing and revitalization projects. The Valley of the Sun United Way is very active in local fundraising campaigns and is a leader within the MAG Region in providing financial support to address human services needs. Additionally, local governments frequently provide resources out of their general revenues and many local private foundations are significant contributors to human services issues. However, the purpose of this section is to focus on the federal programs that provide funding for the local provision of human services in order to compare the amount allocated to Arizona, and specifically the MAG Region, with the amount received in other comparable areas.

This chapter will provide a brief summary of some of the federal programs that are important to the delivery of human services in Maricopa County, as well as an estimate of funds received by Arizona through each program over the last available fiscal year. These figures will be compared to the totals received by other states with similar populations. As the population of Arizona continues to grow at a rapid pace, particularly in the MAG Region where approximately 60 percent of the state's population resides, it is important for human services professionals, elected officials, and community members to understand the impact of this growth upon the availability of resources (MAG, 2004). It may become necessary to seek additional funding as growth may quickly exceed resources.

Comparable States and Cities

In order to provide a basis for comparison, a few states with similar population totals were chosen for examination. The basis for inclusion here is upon comparable population size. The comparable population states are as follows: Maryland, Missouri, Tennessee, and Wisconsin. The states of Colorado, Oregon and Washington are also examined to provide information regarding other Western states with relatively similar populations.

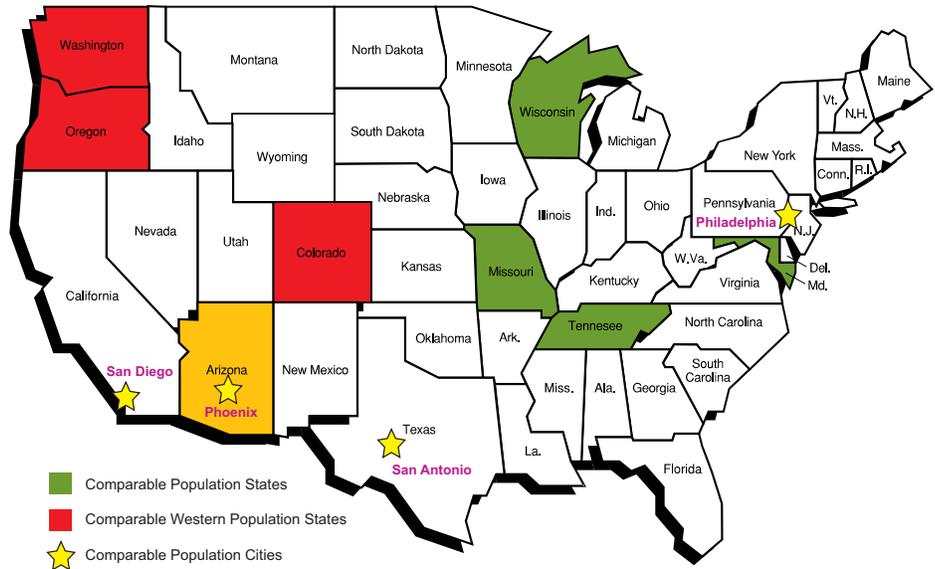


Figure 8: Comparable Population States and Cities

Although funding data is not typically available on a county or regional basis, where applicable, information on the funding received by the City of Phoenix will be compared to other similarly populated municipalities to demonstrate a comparison at the local level. Comparably populated cities are Philadelphia, San Antonio, and San Diego. Again, comparison cities were chosen solely on the basis of similar population size.

2004 State Populations Estimates	
Comparable Population States:	
Arizona	5,743,834
Maryland	5,558,058
Missouri	5,754,618
Tennessee	5,900,962
Wisconsin	5,509,026
Most Similarly Populated Western States:	
Colorado	4,601,403
Oregon	3,594,586
Washington	6,203,788
Source: U.S. Census Bureau, State Population Estimates http://www.census.gov/popest/states/tables/NST-EST2004-01.csv	

Table 5: 2004 State Population Estimates

2004 Municipal Population Estimates	
Comparable Cities:	
City of Phoenix	1,418,041
City of Philadelphia	1,470,151
City of San Diego	1,263,756
City of San Antonio	1,236,249
Source: U.S. Census Bureau, City Population Estimates http://www.census.gov/popest/cities/tables/SUB-EST2004-01.csv	

Table 6: 2004 Municipal Population Estimates



Poverty

Many of the federal programs outlined below provide funding to states and local communities based upon various allocation formulas that take into account numerous factors in addition to population. Frequently, poverty data is a key component in the formula allocations. Poverty guidelines are established annually by the U.S. Department of Health and Human Services (HHS). *Table 7* provides information on the poverty guidelines for calendar year 2005.

Table 7: Health and Human Services Poverty Guidelines

2005 HHS Poverty Guidelines			
Persons in Family Unit	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$9,570	\$11,950	\$11,010
2	\$12,830	\$16,030	\$14,760
3	\$16,090	\$20,110	\$18,510
4	\$19,350	\$24,190	\$22,260
5	\$22,610	\$28,270	\$26,010
6	\$25,870	\$32,350	\$29,760
7	\$29,130	\$36,430	\$33,510
8	\$32,390	\$40,510	\$37,260
For each additional person, add	\$3,260	\$4,080	\$3,750

Source: Federal Register, February 2005

In Arizona, there are 797,726 people living in poverty, according to the American Community Survey (ACS) conducted by the U.S. Census Bureau in 2004. This is approximately 14.22 percent of the total population (ACS, 2005). The same survey shows there are 417,011 people living in poverty in Maricopa County, or 12.12 percent of the total population. In the City of Phoenix, 210,457 people are living in poverty, or 15.91 percent of the city's total population (ACS, 2005). The following tables show the poverty levels for the various comparison cities and states.

2004 Poverty Levels by City*				
City	Population	Total Number in Poverty	Percentage of Population in Poverty	Ranking (1 being highest level of poverty nationally)
City of Phoenix	1,418,041	210,457	15.90%	42
City of Philadelphia	1,470,151	351,305	24.90%	9
City of San Diego	1,263,756	161,755	13%	55
City of San Antonio	1,236,249	235,657	19.80%	20

*Total universe of population for whom poverty status is determined is slightly lower than total population count.

Table 8: 2004 Poverty Levels by City

2004 Poverty Levels by State *				
Comparable Population States:				
	Population	Total Number in Poverty	Percentage of Population in Poverty	Ranking (1 being highest level of poverty nationally)
Arizona	5,743,834	797,726	14.20%	16
Maryland	5,558,058	473,194	8.80%	46
Missouri	5,754,618	659,024	11.80%	30
Tennessee	5,900,962	830,018	14.50%	14
Wisconsin	5,509,026	571,429	10.70%	37
Most Similarly Populated Western States:				
Colorado	4,601,403	497,860	11.10%	32
Oregon	3,594,586	492,738	14.10%	19
Washington	6,203,788	794,050	13.10%	21
National	285,691,501	37,161,510	13%	n/a
* Total universe of population for whom poverty status is determined is slightly lower than total population count.				

Table 9: 2004 Poverty Levels by State

Federal Sources of Funds for Human Services

Department of Housing and Urban Development (HUD)

Community Development Block Grants (CDBG): By definition this program “provides annual grants on a formula basis to entitled cities, urban counties and states to develop viable urban communities by providing decent housing and a suitable living environment, and by expanding economic opportunities, principally for low- and moderate-income persons” (HUD, 2005). CDBG monies are allocated based on formulas that take several factors into account, including population, poverty levels, housing overcrowding, any lag in growth when compared to other areas, and the average age of housing. In these formulas, poverty levels and age of housing are given the most weight.

After a small amount of set-asides for Indian communities, 70 percent of CDBG funds are reserved for metropolitan cities and urban counties. The amount remaining to be allocated to the states for service in rural areas is relatively small by comparison. The State of Arizona received \$13,432,908 in CDBG funds for FY 2005. This figure does not include funding distributed directly to municipalities. The average state distribution noted in *Table 10* was determined by examining the amount received by comparable population states only (not including most similarly populated Western states) and does not account for the amounts received by municipalities within those states.



Table 10: State Community Development Block Grant (CDBG) Funds, FY 2005

State CDBG FY 2005*		
Comparable Population States:	Population	CDBG FY05
Arizona	5,743,834	\$13,432,908
Maryland	5,558,058	\$8,944,527
Missouri	5,754,618	\$27,066,164
Tennessee	5,900,962	\$29,786,399
Wisconsin	5,509,026	\$31,491,158
Most Similarly Populated Western States:		
Colorado	4,601,403	\$12,428,946
Oregon	3,594,586	\$15,932,045
Washington	6,203,788	\$17,295,437
Total AVG Among Comparable Population States:		\$22,144,231
*(These figures do not include CDBG funds allocated directly to municipalities.)		

By comparison, the City of Phoenix received \$19,258,051 in CDBG funds for FY 2005. The average amount across the comparison cities was \$28,186,754, with the City of Philadelphia receiving significantly more than the other comparison cities. Thus, the City of Phoenix was \$8,928,703 below the average total municipal distribution. The average municipal distribution noted in the chart below was determined by examining the amount received by comparable population cities only and does not account for the amounts received by their respective states for service in rural areas.

Table 11: Municipal Community Development Block Grant (CDBG) Funds, FY 2005

Municipal CDBG FY 2005		
Comparable Cities:	Population	CDBG FY05
City of Phoenix	1,418,041	\$19,258,051
City of Philidelphia	1,470,151	\$59,721,856
City of San Diego	1,263,756	\$17,282,982
City of San Antonio	1,236,249	\$16,484,127
Total AVG Among Comparable Population Cites:		\$28,186,754

Continuum of Care McKinney-Vento Homeless Assistance Awards: “The McKinney-Vento Homeless Assistance Act programs, administered by HUD, award funds competitively and require the development of a ‘Continuum of Care’ system in the community where assistance is being sought. The continuum of care system is designed to address the critical problem of homelessness through a coordinated community-based process of identifying needs and building a system to address those needs” (HUD, 2005). McKinney awards are distributed to Continua of Care, rather than by state or municipality. In Arizona, there are three Continua: one for the MAG Region, a second in the metropolitan Tucson/Pima County area, and another for the balance-of-state or rural areas. Total distributions are provided by state and by comparing the MAG Continuum

of Care Region to similar areas in Philadelphia, San Antonio, and San Diego.

McKinney-Vento Homeless Assistance Awards are granted on a competitive basis to agencies that apply through a consolidated regional application process that is overseen by the local Continuum of Care Committee on Homelessness. The total amount of funding sought is based upon each agency's pro-rata renewal amount and in conjunction with Continuum representatives. Regional applications are awarded points based on the strength of the individual programs and their applications. Funding is then dispersed to the regions according to the pre-determined need in the area and the scored consolidated applications.

State McKinney-Vento Awards FY 2005 *			
Comparable Population States:	Population	McKinney-Vento Award FY05 *	Per Person
Arizona	5,743,834	\$28,592,468.00	\$4.98
Maryland	5,558,058	\$33,464,732.00	\$6.02
Missouri	5,754,618	\$17,787,032.00	\$3.09
Tennessee	5,900,962	\$13,677,951.00	\$2.32
Wisconsin	5,509,026	\$12,933,567.00	\$2.35
Most Similarly Populated Western States:			
Colorado	4,601,403	\$12,364,223.00	\$2.69
Oregon	3,594,586	\$11,461,818.00	\$3.19
Washington	6,203,788	\$31,678,218.00	\$5.11
Total AVG Among Comparable Population States:		\$21,291,150	
Per Person AVG Among All States:			\$3.72
<i>*Does not include Emergency Shelter Grants (ESG)</i>			

Table 12: State McKinney-Vento Awards, FY 2005

McKinney-Vento Awards by Continuum of Care FY05	
Continuum of Care	Award FY05
Phoenix Region	\$20,043,200.00
Philadelphia Region	\$23,148,217.00
San Diego Region	\$8,301,608.00
San Antonio Region	\$5,477,622.00
Total AVG Among Comparable Population Regions:	\$14,242,662.00

Table 13: Municipal McKinney-Vento Awards, FY 2005

The State of Arizona and the MAG Region received well above the average among the states studied. The average amount received among the comparable population states was \$21,291,150, with Arizona receiving \$28,592,468 in FY 2005. The MAG Continuum of Care received \$20,043,200, with the average among the comparison cities being \$14,242,662.



Department of Health and Human Services (DHHS)

Community Services Block Grant (CSBG): This program “provides States and Federal and State-recognized Indian Tribes with funds to provide a range of services to address the needs of low-income individuals to ameliorate the causes and conditions of poverty” (DHHS, 2005). For FY 2005, the State of Arizona received \$5,173,970 in CSBG funding, or an average of 90 cents per Arizona resident. The average total distribution among the comparable population states was \$10,319,604. Among all the states, including the three Western states, the average CSBG received per resident was \$1.60. Among the states studied, Arizona received the least amount of CSBG funding on a per person basis.

Table 14: Municipal Community Services Block Grant (CSBG) Funds, FY 2005

State CSBG FY 2005			
Comparable Population States:	Population	CSBG FY05*	Per Person
Arizona	5,743,834	\$5,173,970	\$0.90
Maryland	5,558,058	\$8,695,068	\$1.56
Missouri	5,754,618	\$17,535,155	\$3.05
Tennessee	5,900,962	\$12,483,676	\$2.12
Wisconsin	5,509,026	\$7,710,151	\$1.40
Most Similarly Populated Western States:			
Colorado	4,601,403	5,503,980	\$1.20
Oregon	3,594,586	5,050,087	\$1.40
Washington	6,203,788	7,433,155	\$1.20
Total AVG Among Comparable Population States:		\$10,319,604	
Per Person AVG Among All States:			\$1.60
<i>*Does not include allocations for Native American communities</i>			

Low-Income Home Energy Assistance Program (LIHEAP): LIHEAP assists eligible low-income households in meeting the heating or cooling portion of their residential energy bills. In order to be eligible to receive LIHEAP assistance, a household must be low-income and meet any additional eligibility criteria established by the LIHEAP grantee, such as the state or designated municipality. The relevant statute establishes 150 percent of the poverty level as the maximum income level allowed in determining LIHEAP income eligibility, except where 60 percent of a state’s median income is higher. In Arizona, household income must be at 150 percent of the federal poverty level or less to qualify. In 2005, 150 percent of the poverty level for a family of four was \$29,025. LIHEAP grantees can set the eligibility income anywhere between 110 percent of the poverty level and the greater of 150 percent of the poverty level or 60 percent of state median income (DHHS, 2005). Under the law, LIHEAP grantees also have the ability to serve households with at least one member who also receives assistance under the

following federal programs: Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), food stamps, or certain needs-tested veteran's benefits (DHHS, 2005).

Averaging the number of LIHEAP eligible households for FY 2002-2004, the U.S. Department of Health and Human Services estimated there was an average of 436,000 LIHEAP eligible households in Arizona each year during this time period. The State projects that in FY 2006, 27,646 households will receive LIHEAP assistance or approximately 6.3 percent of those eligible. This was by far the lowest percentage of income-eligible households receiving assistance among all of the comparison states. The highest percentage was in Missouri, where slightly more than 25 percent of the income-eligible households received assistance.

LIHEAP Awards by State FY 2003				
Comparable Population States:	Population	LIHEAP Eligible Households, FY02	Households Receiving LIHEAP Assistance, FY03	Percent of Eligible Households Receiving Assistance
Arizona	5,743,834	522,988	30,219	5.80%
Maryland	5,558,058	606,449	67,204	11.10%
Missouri	5,754,618	577,725	146,531	25.40%
Tennessee	5,900,962	731,687	94,379	12.90%
Wisconsin	5,509,026	552,232	62,154	11.30%
Most Similarly Populated Western States:				
Colorado	4,601,403	465,120	86,109	18.50%
Oregon	3,594,586	370,846	64,780	17.50%
Washington	6,203,788	703,431	139,006	19.80%

Table 15: Low Income Home Energy Assistance Program (LIHEAP) Funds, FY 2003

Head Start: "Head Start and Early Head Start are comprehensive child development programs that serve children from birth to age five [zero-four years], pregnant women, and their families. They are child-focused programs and have the overall goal of increasing the school readiness of young children in low-income families" (DHHS, 2005). According to the Department of Health and Human Services "children from low-income families shall be eligible for participation...if their families' incomes are below the poverty line" (DHHS, 2005). In 1998, the most recent year when Head Start data was tabulated geographically and expansion funds were allocated, there were 21,337 Head Start eligible children in Maricopa County. At that time, 6,360 children were participating in Head Start programs (City of Phoenix, 2005). The total percentage of eligible children being served in Maricopa County was 29.8 percent. (These figures do not include Early Head Start participation).



In FY 2004, Arizona received \$102,022,603 for Head Start programs. In 1998, the most recent year when data was available from the federal Head Start Bureau, there were 39,060 Head Start eligible children throughout the state, not including those on Indian reservations. Since 1998 was the last time data in this format was specifically tabulated, it serves as the most recent and accurate source to obtain the total number of Head Start eligible children for Arizona. Based on the 2004 average cost per child of \$7,720 per year, this equates to an estimate of just over 33 percent of the eligible population in the state being served. Although Arizona received slightly more funding for Head Start and Early Head Start programs than the average among the comparable population states in FY2004, the percentage of eligible children who were able to participate was much lower. The average total received among the five comparable population states was \$101,027,501, but the average percentage of eligible children served among all the states was 49.86 percent, which was much higher than the 33.83 percent that were able to participate in Arizona.

State Head Start FY 2004					
Comparable Population States:	Population	Head Start Eligible Population*	Head Start FY04**	Funding/Cost per Child***	Percent of Eligible Population Served
Arizona	5,743,834	39,060	\$102,022,603	\$7,720	33.83%
Maryland	5,558,058	17,798	\$77,277,126	\$7,471	58.12%
Missouri	5,754,618	34,230	\$117,837,078	\$6,744	51.05%
Tennessee	5,900,962	30,180	\$118,216,822	\$7,192	54.46%
Wisconsin	5,509,026	20,653	\$89,783,879	\$6,635	65.52%
Most Similarly Populated Western States:					
Colorado	4,601,403	18,995	\$67,676,158	\$6,892	51.70%
Oregon	3,594,586	18,793	\$58,892,507	\$6,757	46.38%
Washington	6,203,788	29,403	\$100,192,902	\$9,012	37.81%
Total AVG Among Comparable Population States:			\$101,027,501		
AVG Percentage of Eligible Population Served Among All States:					49.86%
*Eligible population data based on 1998 figures- most recent report available from Head Start Bureau.					
**Does not include allocations for Native American communities					
***Data provided by City of Phoenix					

Table 16: State Head Start Funds, FY 2004

Social Services Block Grant (SSBG): This program “funds states, territories, and insular areas for the provision of social services directed toward achieving economic self-support or self-sufficiency, preventing or remedying neglect, abuse, or the exploitation of children and adults, preventing or reducing inappropriate institutionalization, and securing referral for institutional care, where appropriate” (DHHS, 2005). The amount allocated to the states in SSBG dollars was relatively consistent across all the states

studied. However, as the following chart shows, the State of Arizona was roughly 10 cents lower per Arizona resident than the average of all states combined.

See the complete 2006-2007 SSBG recommendations at the end of this chapter.

SSBG Awards by State FY 2005			
Comparable Population States:	Population	SSBG FY05	Per Person
Arizona	5,743,834	\$32,441,841	\$5.65
Maryland	5,558,058	\$32,023,867	\$5.76
Missouri	5,754,618	\$33,160,766	\$5.76
Tennessee	5,900,962	\$33,958,696	\$5.75
Wisconsin	5,509,026	\$31,811,050	\$5.77
Most Similarly Populated Western States:			
Colorado	4,601,403	\$26,453,628	\$5.75
Oregon	3,594,586	\$20,692,306	\$5.76
Washington	6,203,788	\$35,642,735	\$5.75
Total AVG Among Comparable Population States:		\$32,679,244	
Per Person AVG Among All States:			\$5.74

Table 17: State Social Services Block Grant (SSBG) Funds, FY 2005

Other Programs

Workforce Investment Act (WIA): This program “provides the framework for a unique national workforce preparation and employment system designed to meet both the needs of the nation’s businesses *and* the needs of job seekers and those who want to further their careers” (Department of Labor, 2005). WIA provides funds for programming related to preparing youth for employment, adult education activities, and displaced workers. In all of these areas, the WIA provides Arizona with slightly above the average allocation among all of the studied states.

Older Americans Act: This program “authorized grants to States for community planning and services programs, as well as for research, demonstration and training projects in the field of aging. Later amendments to the Act added grants to Area Agencies on Aging for local needs identification, planning, and funding of services” (DHHS, Administration on Aging, 2005). Under the Older Americans Act, funds are distributed to the states under Title III, which provides for general state and community programming on aging, and under Title VII, which is reserved for vulnerable elder rights protections (DHHS, Administration on Aging, 2005). Arizona comes in slightly below the average among the studied states in Title III funds, but just slightly above in Title VII funding.



Summary of Federal Funding

In five of the federal grant programs studied, the State of Arizona (and where applicable, the City of Phoenix) received less than the average among the comparable population states; these included the Community Development Block Grant program, Low Income Home Energy Assistance Program, Community Services Block Grant program, Social Services Block Grant program, and Title III under the Older Americans Act. Arizona and the City of Phoenix received more than the average in McKinney-Vento Homeless Assistance Awards, Head Start funds, the Workforce Initiative Act and Title VII under the Older Americans Act. However, in these areas Arizona typically does not receive much above the average. For example, under the Head Start program, Arizona received approximately \$1 million above the average among the comparable population states. However, in comparison, a much lower percentage of eligible children were able to participate in Arizona, in part due to a larger population of eligible children [based on 1998 data from the federal Head Start Bureau].

On the other hand, under the programs where Arizona is below the average, it is normally well below. For example, Arizona receives roughly \$5 million less than the average in Community Services Block Grant funds, and nearly \$10 million less in Community Development Block Grant funds. Given the disparity, it is possible that with continued rapid population growth in Arizona, and in Maricopa County particularly, it may soon become necessary to explore ways to increase the total resources available for human services. The alternative may jeopardize providers' abilities to deliver the current level of assistance for basic needs. Other regions around the country are currently facing similar problems; therefore, the increase of overall support for human services at a federal level is far preferable to simply reallocating funding from another community.

Frequently, municipalities already supplement federal monies earmarked for human services with money from their general funds. For example, the Phoenix City Council has allocated nearly \$25 million of general funds for human services in FY 2006 (City of Phoenix Budget Detail, 2005). This does not include additional smaller amounts from other areas, such as water, transit, and city improvement funds. If federal assistance grants are eliminated or shrink over time due to growing populations, the amount of local revenue needed in order to maintain current services would likely increase.

While it is possible that there is an opportunity for Arizona lawmakers and human services professionals to collectively request additional human services funding for Arizona from Congress, there is also a possibility that federal monies for human services may be cut across the board for all states and local municipalities in the near future. Given the latter scenario, the need is even stronger in Arizona for providers, government

entities, communities, and other stakeholders to work together collaboratively when addressing human services needs. Some organizations are making a conscious effort to achieve creative solutions and to efficiently, but no less effectively, deliver streamlined services in a way that maximizes scarce resources.

Best Practices



Over time there has been a relatively slow, but dramatic, shift in the delivery of human services, generally moving away from governments and toward the nonprofit sector. Government has continued to support human services by making funds available to local communities through programs such as those discussed above. However, government distribution of resources toward these programs has not grown substantially over the last several years, ultimately not keeping pace with the rapid population growth in many areas of the country, such as in Arizona. In some program areas, financial support for human services has even been cut. As the need for human services begins to exceed the resources available to support their delivery, it may be helpful to examine some national and local best practices in human services for examples of how governments, nonprofits, and communities may work together collaboratively to ensure the most efficient use of scarce resources.

National Best Practice Models

U.S. Conference of Mayors Innovative City/County Partnerships Award Winner: Connecting People to Jobs

The City of Baltimore has created a network of six One-Stop Career Centers located in active, easily accessible areas of the city as a key part of their workforce development system. The centers use a customer-oriented approach to connect residents to jobs in the City and surrounding areas. Several municipal departments are collocated within the centers, allowing special efforts to be made to solve customers' problems with peripheral issues affecting employment, such as transportation and childcare. Staff members are cross-trained and equipped to tailor services to each customer's needs.



**CONNECTING
PEOPLE TO JOBS**

In addition to gaining access to information regarding employment opportunities, customers may attend workshops on interviewing, resume writing, appropriate dress, communication and other skills. They can join job clubs in which job seekers share ideas and gain peer support. Tutorials on basic math, basic language skills, and GED preparation programs are accessible via computers. Unemployment insurance claims can be filed at the centers, and health consultations are available at least one day each week.



Center staff does not wait for customers to find them. The network utilizes a comprehensive outreach program to disseminate information about their resources, requiring that the centers initiate or participate in at least five community activities each month. Center staff members also provide job search and career development workshops at churches and community centers, as well as at partner government agencies. (U.S. Conference of Mayors, 1998).

More information at: http://www.usmayors.org/USCM/best_practices/bp98/06_1998_Connecting_People_To_Jobs!Baltimore_MD.htm



HOUSING ROUNDTABLE

Innovations in American Government Award Winner: Santa Fe Affordable Housing Roundtable

In the early 1990s, the average income in the City of Santa Fe was 28 percent below the national average; however, housing costs were 49 percent higher than the average. In response to this crisis situation, in 1992 the city helped create the Santa Fe Affordable Housing Roundtable. Roundtable participants included a “coalition of city and county government officials, nine local nonprofit groups, and the Enterprise Foundation, a national, affordable-housing intermediary” (Government Innovative Network, 1996). They developed an ambitious strategic housing plan to “maintain the economic and ethnic diversity of Santa Fe by ensuring that half of all future housing would be affordable to low- and middle-income households” (Government Innovative Network, 1996).

Since 1992, the Roundtable has combined 17 separate housing programs, including city-funded mortgage assistance, federally-funded rent subsidies, homebuyer training programs, and transitional housing for homeless families. Over three years, and with a municipal investment of just over \$800,000, the Roundtable leveraged \$52 million in housing assistance from the government and the private sector (Harvard University JFK School of Government, Government Innovators Network, 1996).

More information at: <http://www.innovations.harvard.edu/awards.html?id=3737>



YOUTH CIVIC ENGAGEMENT

Innovations in American Government Award Winner: Youth Civic Engagement

One of the goals of the City of Hampton, Virginia in the late 1980s and early 1990s was to develop a competitive workforce to spur economic development, as well as to “foster a citizenry that would contribute to the community rather than drain its resources” (Harvard University JFK School of Government, Government Innovators Network, 2005). With an eye toward helping young people to thrive and to be prepared

to respond to business and industry demands, Youth Civic Engagement (YCE) was established by the City in 1990. A principle of YCE was that “when adults view young people as mere recipients of services, youth are excluded from the community’s social contract; this ensures that the youth remain problems to be fixed instead of assets that enhance the community” (Harvard University JFK School of Government, Government Innovators Network, 2005). The City worked to make youth invaluable resources to their neighborhoods, schools, and local government.

YCE identifies three major pathways through which young people can participate actively in local government and the community. First, there are numerous opportunities for involvement through participation in the delivery of projects and services offered by city departments, schools, and neighborhoods. Second, with increased skills and interest levels, youth can also contribute through input and advisory functions, including membership on all major city commissions and on advisory teams for the superintendent of schools and all secondary school principals. Through these memberships, students help to develop policies that will affect them directly. Third, youth can also serve on their own commission, which, in the City of Hampton, is tasked with disseminating \$40,000 worth of grant money each year (Harvard University JFK School of Government, Government Innovators Network, 2005).

More information at: <http://www.innovations.harvard.edu/awards.html?id=7499>

Local Best Practice Models

City of Phoenix Earned Income Tax Credit (EITC) Campaign: To increase public awareness and utilization of the Earned Income Tax Credit (EITC) Program, the City of Phoenix mobilized a broad range of groups and organizations committed to improving the lives of low- and moderate- income residents. This coalition is made up of more than 50 key stakeholders in the public and private sectors who have established ways to reach EITC-eligible families and individuals. The coalition includes area schools, neighborhood groups, churches, social agencies, banking institutions, utility companies, and several branches of government at the local, state, and federal levels. Within the city government, a total of 18 city departments participated by providing volunteers, tax sites, or public outreach.



In launching a campaign that has the potential of reaching all Phoenix residents in need, the broad-based EITC Coalition encompasses the growing diversity of the population landscape. As such, organizations such as the African-American Christian Clergy Association, Inter-Tribal Council of Arizona, Chicanos Por la Causa, International Rescue Committee, and Arizona Bridge to Independent Living have been instrumental in



promoting the EITC Program and developing free tax preparation services for families striving for self-sufficiency.

The City of Phoenix EITC campaign has been recognized as a national best practice numerous times over the past two years. It is one of only a few city governments that have taken a leadership role in coordinating local EITC campaign efforts. In February 2004, the Arizona Governor's Office announced that statewide efforts would mirror the City of Phoenix EITC Campaign, and publicly expressed appreciation for the city's leadership in this area. In June 2004, the National League of Cities designated the City of Phoenix EITC Campaign as a "best practice." The U.S. Conference of Mayors recognized the City of Phoenix for implementing a successful diverse coalition, and contributing to the campaign by directing existing resources and thus not incurring additional budget expenses. The Center on Budget and Policy Priorities recognized the City of Phoenix for its successful effort to reach out to special populations, including monolingual Spanish-speakers, Native Americans, refugees, and people with disabilities.



West Valley Human Services Alliance: In March 2005, the West Valley Human Services Stakeholders, the West Valley Domestic Violence Coordinating Council, and the West Valley Council on Community Initiatives merged into one organization to become the West Valley Human Services Alliance. This combined group has mobilized resources and stakeholders in the West Valley to address human services needs. The first priority of the Alliance has been to identify the existing strengths in the community and build upon them to enhance the quality of life for West Valley residents.

The merger represents the collaboration of the mayors and managers of the West Valley cities and towns, the community, the Maricopa Association of Governments, the Valley of the Sun United Way, Arizona State University West, and the Department of Economic Security. All of these groups are striving to reduce duplications of efforts and believe the Alliance will be able to accomplish this by providing a central coordinating forum for all human service activity in the region.

Each of the three previously independent groups participated in Valley of the Sun United Way's (VSUW) West Valley Scan, a survey of needs and resources in the community conducted in 2004. In doing so, they discovered they focused on many similar issues. As a result, the three groups decided to address human services in the West Valley in a more coordinated way under the umbrella of the West Valley Human Services Alliance and are continuing the work begun by the West Valley Scan.

Since that time, the Alliance has grown exponentially and now includes five

subcommittees that are focused on the following issues: Communication and Collaboration; Transportation; Education; Community Planning and Development; and Health, Wellness and Safety. These groups were formed in response to the needs expressed by community participants in the 2004 West Valley Scan. Each subcommittee has drafted an action plan they will present to the public, community stakeholders, and potential funders in early 2006. The goal of the Alliance is to create actionable plans through extensive collaboration that will bring additional resources to the West Valley. These plans will be based upon the expressed needs of West Valley residents.

Community Services of Arizona, Inc. Rental Housing Program: Community Services of Arizona (CSA) has been assisting low- to moderate-income families throughout Maricopa County since 1970. The agency provides numerous services, including emergency home repair and rehabilitation; first-time homebuyer programs; senior centers in Chandler and Gilbert; childcare and youth programs in Chandler and Mesa and Community Action Programs in Gilbert and Chandler. The Rental Housing Program is designed to provide affordable rental housing to persons in the workforce, special needs families, and elderly residents throughout Arizona. CSA owns, either directly through affiliated Limited Liability Companies or through Limited Partnerships more than 40 residential properties containing more than 3,500 rental units. CSA also has a Community Liaison who is responsible for linking persons and families coming out of transitional housing with discounted permanent rental units available from CSA's affordable housing inventory. This is a unique and necessary service as many people progressing from special needs or transitional housing are still unable to afford market rents. Participating properties are available in all parts of the Valley. Rents are reduced by 20 percent the first year and 10 percent the second year. By the third year, tenants are expected to pay the normal rent rate for that property.



2006-2007 Social Services Block Grant (SSBG) Recommendations

The following tables summarize the recommended SSBG Recommendations for these target groups:

- Adults, Families and Children
- Elderly
- Persons with Disabilities
- Persons with Developmental Disabilities



DISTRICT 1: MARICOPA COUNTY -- 2006-2007 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS
TARGET GROUP: ADULTS, FAMILIES and CHILDREN

2006-2007 PROBLEM STATEMENT	SERVICE TITLE & SERVICE RANKING ACROSS TARGET GROUPS (for the 42 Funded SSBG Services)***	SERVICE INTENT(S)	2005-2006 Funding based on 1.7 billion (SSBG ONLY)	2006-2007 Funding based on 1.7 billion (SSBG ONLY)
#1. Adults, families and children are unable to meet basic needs and to attain a level of self-sufficiency.	SHELTER - (1) Homeless Families and Individuals (7) Transitional Housing for the Homeless who are Elderly and Disabled	SHELTER - Provide homeless families with shelter at an emergency homeless shelter and supportive services to decrease future emergency housing needs. Provide transitional housing for homeless individuals who are elderly or have physical disabilities.	\$165,479 [\$82,739.5]	\$165,479 [\$82,739.5]
	CASE MANAGEMENT - (5) Basic Needs	Assist individuals and families in dealing with a variety of crisis situations (financial, housing, nutrition, abuse, stress, family functioning) by providing support, identifying appropriate resources, assisting in the development of a plan to resolve the immediate problem(s) presented, and assisting the client in developing a plan to achieve self-sufficiency.	\$920,979	\$920,979
	CASE MANAGEMENT (8) Homeless, Emergency Shelter	Provide a broad array of support and services to homeless individuals in emergency shelter to develop a service plan and secure appropriate resources.	\$173,059	\$173,059
#1 - continued	CASE MANAGEMENT (9) Homeless, Transitional Housing	Assist homeless individuals/families, including victims of domestic violence, in a transitional housing program to develop a service plan, provide support and secure appropriate resources.	\$64,376	\$64,376
	TRANSPORTATION (14) Homeless/Unemployed	Assist homeless or unemployed individuals with transportation.	\$15,736	\$15,736
#2. Individuals Experience Abuse and Neglect	CRISIS SHELTER SERVICES (3) Domestic Violence	Provide short-term counseling and shelter to adults and families experiencing crisis situations, which may include domestic violence, neglect, exploitation and abuse (physical/mental).	\$334,136	\$334,136

Table 18: Adults, Families and Children: Recommended 2006-2007 SSBG Funds

DISTRICT 1: MARICOPA COUNTY – 2006-2007 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS
TARGET GROUP: ADULTS, FAMILIES and CHILDREN

2006-2007 PROBLEM STATEMENT	SERVICE TITLE & SERVICE RANKING ACROSS TARGET GROUPS (for the 42 Funded SSBG Services)***	SERVICE INTENT(S)	2005-2006 Funding based on 1.7 billion (SSBG ONLY)	2006-2007 Funding based on 1.7 billion (SSBG ONLY)
	CRISIS SHELTER SERVICES (6) Children and Runaway Children	Assist children who have run away from home or who are experiencing serious family disruption. The service is intended for children referred from a variety of sources, not only Child Protective Services (CPS) referrals.	\$69,217	\$69,217
	SUPPORTIVE INTERVENTION/GUIDANCE COUNSELING (18) Outpatient Domestic Violence Victims	This service is intended to be provided countywide and first priority should be given to referrals for service that come from the domestic violence shelters in Maricopa County. This service focuses on providing short-term support and identification of community resources. The goals of this service are to improve the emotional and mental well being of eligible individuals; to increase or maintain safety and self-sufficiency of the eligible individuals; and to ensure the availability of information about and access to appropriate human services and community resources.	\$40,332	\$40,332
#2 Continued	SUPPORTIVE INTERVENTION/GUIDANCE COUNSELING (19) High Risk Children	Provide counseling directly to a "high risk= child to prevent the child=s lack of self-esteem, poor school performance, illiteracy, or functional limitations. The service may secondarily address impacts upon the child resulting from inadequate parenting, inadequate role modeling, poverty, or family stresses. Assistance may be provided in a community or school setting. The intent is not to supplant other funding sources, but to expand the availability of this type of service.	\$47,021	\$47,021
	CASE MANAGEMENT (28) Pregnant/Parenting Youth	Assist pregnant and parenting youth to resolve immediate problems and secure necessary resources to achieve self-sufficiency.	\$93,976	\$93,976
	(37) PARENTING SKILLS TRAINING	Train parents to prevent abuse and neglect of children. This service also targets pregnant teenagers to prevent potential child abuses.	No SSBG funds recommended.**	No SSBG funds recommended.**

Table 18: Adults, Families and Children: Recommended 2006-2007 SSBG Funds (Continued)



DISTRICT 1: MARICOPA COUNTY -- 2006-2007 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS
TARGET GROUP: ADULTS, FAMILIES and CHILDREN

2006-2007 PROBLEM STATEMENT	SERVICE TITLE & SERVICE RANKING ACROSS TARGET GROUPS (for the 42 Funded SSBG Services) ***	SERVICE INTENT(S)	2005-2006 Funding based on 1.7 billion (SSBG ONLY)	2006-2007 Funding based on 1.7 billion (SSBG ONLY)
#3 Affordable housing is not available for all individuals.			No SSBG funds recommended.*	No SSBG funds recommended.*
#4 Individuals need encouragement, education and support to enable them to find and maintain jobs with adequate wages and relevant job training.			No SSBG funds recommended.*	No SSBG funds recommended.*
#5 An adequate level of supervision, education and protection is needed for infants and children.			No SSBG funds recommended.*	No SSBG funds recommended.*
#6 There is a need to support community programs that create conditions and opportunities for children and youth that support positive development.	(39) PREVENTION <i>IAZ Dictionary definition: This service provides for planned efforts to prevent specific conditions, illnesses, injuries, or environmental hazards that could place an individual or community at risk for a negative social or health outcome.</i>	<ul style="list-style-type: none"> Community-based service which demonstrates and documents increased resiliency among youth at risk and demonstrates and documents the reduction of risk factors within a community or youths= living environment(s). For purposes of this intent, <i>resiliency</i> is defined as the capacity to <i>spring back, rebound, successfully adapt in the face of adversity, and develop social competency despite exposure to severe stress.</i> Youth are defined as <i>young residents of Maricopa County generally described by (but not limited to) school grade/year levels Kindergarten through nine and/or ages five (5) years through sixteen (16) years--with emphasis on upper elementary through junior high age youth.</i> Process and outcome evaluation methodology and reporting are required components of all proposals and awards. 	No SSBG funds recommended.**	No SSBG funds recommended.**

Table 18: Adults, Families and Children: Recommended 2006-2007 SSBG Funds (Continued)

**DISTRICT 1: MARICOPA COUNTY -- 2006-2007 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS
TARGET GROUP: ADULTS, FAMILIES and CHILDREN**

2006-2007 PROBLEM STATEMENT	SERVICE TITLE & SERVICE RANKING ACROSS TARGET GROUPS (for the 42 Funded SSBG Services)***	SERVICE INTENT(S)	2005-2006 Funding based on 1.7 billion (SSBG ONLY)	2006-2007 Funding based on 1.7 billion (SSBG ONLY)
		<ul style="list-style-type: none"> Requires collaborative effort among agencies, documented by signed letters of commitment. Collaboration is defined as: Communities, agencies or local organizations joining together, through written agreements, to provide services, based on common goals and shared funding. Partners agree to pool resources, jointly plan, implement and evaluate new services and procedures and delegate individual responsibility for the outcomes of their joint efforts. (See RFP for more complete definitions.) 	No SSBG funds recommended.*	No SSBG funds recommended.*
#7 Families with infants and children require support to develop and maintain a positive, stable atmosphere, which will nurture children, provide them with security and protection, and prepare them for the future.			No SSBG funds recommended.*	No SSBG funds recommended.*
#8 Individuals, families and children are unable to effectively cope with behavioral health (alcohol and drug abuse and mental health) problems. Lack of prevention and early intervention services increases the seriousness of these problems. The suicide rate for teenage Arizona youth continues to be one of the highest in the nation.			No SSBG funds recommended.*	No SSBG funds recommended.*
9 Minority youth are over represented in the criminal justice system and protective services system and under represented in other systems.			No SSBG funds recommended.*	No SSBG funds recommended.*

Table 18: Adults, Families and Children: Recommended 2006-2007 SSBG Funds (Continued)



DISTRICT 1: MARICOPA COUNTY – 2006-2007 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS
TARGET GROUP: ADULTS, FAMILIES and CHILDREN

2006-2007 PROBLEM STATEMENT	SERVICE TITLE & SERVICE RANKING ACROSS TARGET GROUPS (for the 42 Funded SSBG Services)**	SERVICE INTENT(S)	2005-2006 Funding based on 1.7 billion (SSBG ONLY)	2006-2007 Funding based on 1.7 billion (SSBG ONLY)
#10 The increasing number and circumstances of teen pregnancies is alarming in terms of negative social consequences for the teen parents, their child, their families, and society in general. Teen pregnancy may be a symptom or an indicator of other serious problems. There appears to be no consensus regarding which strategy(ies) may prevent unnecessary teen pregnancies or their causes.			No SSBG funds recommended.*	No SSBG funds recommended.*
#11 Individuals need opportunities for positive socialization.			No SSBG funds recommended.*	No SSBG funds recommended.*
#12 The service delivery system is fragmented and lacks a coordinated approach to meeting the community-identified needs of children and families.			No SSBG funds recommended.*	No SSBG funds recommended.*
TOTAL TARGET GROUP FUNDING RECOMMENDATION			\$1,924,311	\$1,924,311

NOTE:

* All problem statements are listed in order of priority need according to the Committee's best assessment. Due to limited funding resources, or that some types of problems/needs are ineligible for federal Social Services Block Grant (SSBG) funds, an indication of "no SSBG funding" is recommended. Other funders are encouraged to consider funding these priority needs have been identified.

** Due to no increases in funding, no SSBG funds could be recommended.

*** Due to no increases in Federal SSBG and state allocated TANF funds designated to the Council of Governments for Title XX local planning purposes, the MAG Human Services Committees ranked funded SSBG services based upon those considered the "essential basic need services." Service utilization and waiting list information were also taken into account in making the funding recommendations. Numbers in parenthesis next to the service intent represent that particular service intent's ranking.

Table 18: Adults, Families and Children: Recommended 2006-2007 SSBG Funds (Continued)

**DISTRICT 1: MARICOPA COUNTY -- 2006-2007 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS
TARGET GROUP: ELDERLY**

2006-2007 PROBLEM STATEMENT	SERVICE TITLE & SERVICE RANKING ACROSS TARGET GROUPS (for the 42 Funded SSBG Services)**	SERVICE INTENT(S)	2005-2006 Funding based on 1.7 billion and SSBG ONLY	2006-2007 Funding based on 1.7 billion and SSBG ONLY
#1 Elderly persons with physical or mental limitations and economic barriers increasingly are unable to provide for their nutritional needs. Collaboration, coordination and/or cooperation in delivering services are of prime importance to resolving this problem. There is increased concern about the possible loss of federal programs that have met this need in the recent past.	(2) HOME DELIVERED MEALS	Assist persons who cannot prepare their meals, are without other resources to assist them in this function, and who would be at risk of institutionalization were it not offered.	\$411,214	\$411,214
#2 Elderly persons with physical or mental limitations and economic barriers may be institutionalized prematurely because of a lack of home and community based services.	(4) HOME CARE: Housekeeping/Homemaker, Chore, Home Health Aid, Personal Care, Respite, and Nursing Services	Provide in-home care (Housekeeping/Homemaker, Chore, Home Health Aid, Personal Care, Respite, and Nursing Services) to persons who are unable to perform activities of daily living and thus are at risk of institutionalization.	\$159,604	\$159,604
#3 Specialized transportation is a major problem for elderly because (a) their physical and economic conditions often limit their ability to use available transportation and (b) transportation is unavailable in some areas of the county and unavailable at needed times in those areas of the county where there is available transportation. Because of these limitations, elderly persons are unable to access available services. This is especially critical for the growing number of elderly individuals with chronic medical conditions, such as the need for dialysis and chemotherapy.	(11) ADULT DAY CARE/ADULT DAY HEALTH CARE (12) TRANSPORTATION	Provide care and supervision, a noon meal, socialization, structured activities, personal care and physical/intellectual stimulation in a community setting to frail elderly who are at risk of institutionalization because they are unable to be alone for long periods of time due to their condition. Transport and/or escort elderly people who are without other resources to needed services.	\$203,322	\$203,322

Table 19: Elderly: Recommended 2006-2007 SSBG Funds



**DISTRICT 1: MARICOPA COUNTY -- 2006-2007 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS
TARGET GROUP: ELDERLY**

2006-2007 PROBLEM STATEMENT	SERVICE TITLE & SERVICE RANKING ACROSS TARGET GROUPS (for the 42 Funded SSBG Services)**	SERVICE INTENT(S)	2005-2006 Funding based on 1.7 billion and SSBG ONLY	2006-2007 Funding based on 1.7 billion and SSBG ONLY
#4 Elderly living on fixed incomes experience difficulty meeting their housing costs including rent, utilities, maintenance, repairs, taxes and insurance. There is concern about potential funding cuts in federal utility assistance programs.			No SSBG funds recommended *	No SSBG funds recommended *
#5 Elderly people often have difficulty obtaining medical, dental, housing, social or recreational services. Programs such as Medicaid (AHCCCS or ALTCSS), energy assistance, food stamps, housing, and others are inadequate to meet the needs of elderly people. As a result of the delays and denials encountered, they experience economic hardships and emotional stress.	(24) SUPPORTIVE INTERVENTION/GUIDANCE COUNSELING	Assist elderly who are in crisis or in an unsatisfactory living situation to enable them to live as independently as possible.	\$177,775	\$177,775
#6 Elderly are subjected to physical, emotional and financial abuse, neglect and exploitation.			No SSBG funds recommended *	No SSBG funds recommended *
#7 Limited behavioral health resources do not provide adequate prevention and treatment services to this population. Elderly living in Arizona experience the highest suicide rate in the nation.			No SSBG funds recommended *	No SSBG funds recommended *
#8 Community outreach to the elderly generally is not inclusive nor responsive to cultural and language diversity, and some elderly do not perceive themselves as being eligible or needing services.			No SSBG funds recommended *	No SSBG funds recommended *
#9 Care giving responsibilities often produce physical, emotional and financial stress for a family.			No SSBG funds recommended.*	No SSBG funds recommended.*

Table 19: Elderly: Recommended 2006-2007 SSBG Funds (Continued)

**DISTRICT 1: MARICOPA COUNTY -- 2006-2007 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS
TARGET GROUP: ELDERLY**

2006-2007 PROBLEM STATEMENT	SERVICE TITLE & SERVICE RANKING ACROSS TARGET GROUPS (for the 42 Funded SSBG Services)**	SERVICE INTENT(S)	2005-2006 Funding based on 1.7 billion and SSBG ONLY	2006-2007 Funding based on 1.7 billion and SSBG ONLY
#10 Elderly often need to work due to economic conditions and changing family structures. They often experience age discrimination in employment and need education, retraining and support to help them find and retain jobs with adequate wages.			No SSBG funds recommended *	No SSBG funds recommended *
#11 Elderly often need assistance with legal issues, including guardianship, living wills, durable powers of attorney, and medical and property issues.			No SSBG funds recommended *	No SSBG funds recommended *
TARGET GROUP TOTAL FUNDING RECOMMENDATION			\$986,496	\$986,496

NOTE:

- ★ All problem statements are listed in order of priority need according to the Committee's best assessment. Due to limited funding resources, or that some types of problems/needs are ineligible for federal Social Services Block Grant (SSBG) funds, an indication of no SSBG funding is recommended. Other funders are encouraged to consider funding these priority needs have been identified.
- ** Due to no increases in funding, no SSBG funds could be recommended.
- *** Due to no increases in Federal SSBG and state allocated TANF funds designated to the Council of Governments for Title XX local planning purposes, the MAG Human Services Committees ranked funded SSBG services based upon those considered the "essential basic need services." Service utilization and waiting list information were also taken into account in making the funding recommendations. Numbers in parenthesis next to the service intent represent that particular service intent's ranking.

Table 19: Elderly: Recommended 2006-2007 SSBG Funds (Continued)



**DISTRICT 1: MARICOPA COUNTY -- 2006-2007 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS
TARGET GROUP: PERSONS WITH DISABILITIES**

2006-2007 PROBLEM STATEMENT	SERVICE TITLE & SERVICE RANKING ACROSS TARGET GROUPS (for the 42 Funded SSBG Services)***	SERVICE INTENT(S)	2005-2006 Funding based on 1.7 billion SSBG ONLY	2006-2007 Funding based on 1.7 Billion SSBG ONLY
#1 Many individuals with disabilities need assistance and access to a more coordinated and greater array of resources and services such as employment, training, transportation, affordable and accessible housing, attendant and personal care and dental care to achieve independent living.	(10) HOME DELIVERED MEALS	Provide and deliver nutritious meals to non-elderly persons with disabilities to enable them to remain as independent as possible. Persons with physical disabilities should be given first consideration.	\$19,104	\$19,104
	(13) HOME CARE: <ul style="list-style-type: none"> • Housekeeping/Homemaker, Chore, Home Health Aid, Personal Care, Respite, and Nursing Services 	Provide a program of services to enable non-elderly persons with disabilities to remain in their own homes. Persons with physical disabilities should be given first consideration.	\$37,318	\$37,318
	(17) SUPPORTED EMPLOYMENT, EXTENDED	Provide a continuum of specialized employment related services for persons with severe disabilities to enable them to maintain employment in the least restrictive environment possible for the individual.	\$239,452	\$239,452
	(20) CONGREGATE MEALS	Provide nutritious meals to persons with disabilities in a congregate setting.	\$13,425	\$13,425
	(22) ADULT DAY CARE/ADULT DAY HEALTH CARE <ul style="list-style-type: none"> • Non elderly 	Provide services to non-elderly persons with disabilities utilizing existing community programs wherever possible. Persons with physical disabilities should be given first consideration.	\$13,425	\$13,425
	(26) SUPPORTIVE INTERVENTION/GUIDANCE COUNSELING <ul style="list-style-type: none"> • Employment Related 	Assist persons with disabilities in recognizing strengths and limitations, needs and opportunities, to enable the individual to become employable.	\$22,540	\$22,540

Table 20: Persons with Disabilities: Recommended 2006-2007 SSBG Funds

**DISTRICT 1: MARICOPA COUNTY -- 2006-2007 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS
TARGET GROUP: PERSONS WITH DISABILITIES**

2006-2007 PROBLEM STATEMENT	SERVICE TITLE & SERVICE RANKING ACROSS TARGET GROUPS (for the 42 Funded SSBG Services)***	SERVICE INTENT(S)	2005-2006 Funding based on 1.7 billion SSBG ONLY	2006-2007 Funding based on 1.7 Billion SSBG ONLY
#1 <i>Continued</i>	(29) ADAPTIVE AIDS AND DEVICES	Provide aids or devices to assist persons with disabilities to become as self-sufficient as possible.	\$19,692	\$19,692
#2 Lack of transportation is the greatest barrier and frustration to accessing programs that are available to persons with disabilities.	(30) REHABILITATION INSTRUCTIONAL SERVICES	Provide a program of services to enable individual persons with disabilities to remain as independent as possible.	\$21,040	\$21,040
#3 Many individuals with disabilities, including those who are homeless and those who are from diverse and/or non-English speaking cultures, lack the information, training, skills or assistance to effectively access services and benefit programs.	(34) INTERPRETER --access community services	Provide interpreter service to assist individual persons with disabilities in accessing community services.	No SSBG funds recommended *	No SSBG funds recommended**
#4 Many individuals with disabilities have limited access to social and recreational programs in the community.	SUPPORTIVE INTERVENTION/GUIDANCE COUNSELING (31) Access to Benefits (41) People with disabilities who are homeless (35) Coping with Stress of a Disability	<p>a. Provide information and assistance to persons with disabilities to access services and benefit programs. Persons with physical disabilities should be given first consideration.</p> <p>b. Provide information and assistance to homeless persons with disabilities to access services and benefit programs. Persons with physical disabilities should be given first consideration.</p> <p>c. Assist persons with disabilities in coping with stress and the effects of their disability to enable them to be as independent as possible</p>	No SSBG funds recommended**	No SSBG funds recommended**
	(42) VOLUNTEER MANAGEMENT • Socialization and Recreation Services	Provide a coordinator of volunteers for a recreation/socialization program for persons with severe disabilities.	No SSBG funds recommended**	No SSBG funds recommended**

Table 20: Persons with Disabilities: Recommended 2006-2007 SSBG Funds (Continued)



**DISTRICT 1: MARICOPA COUNTY -- 2006-2007 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS
TARGET GROUP: PERSONS WITH DISABILITIES**

2006-2007 PROBLEM STATEMENT	SERVICE TITLE & SERVICE RANKING ACROSS TARGET GROUPS (for the 42 Funded SSBG Services)***	SERVICE INTENT(S)	2005-2006 Funding based on 1.7 billion SSBG ONLY	2006-2007 Funding based on 1.7 Billion SSBG ONLY
#5 Early information is needed for people with disabilities to attain an optimal functional level.			No SSBG funds recommended *	No SSBG funds recommended *
#6 Many individuals with disabilities have limited access to public buildings.			No SSBG funds recommended *	No SSBG funds recommended *
#7 A lack of sensitivity awareness or peer mentoring by employers of people who have disabilities often exists. A good employer of people with disabilities is needed to mentor other employers who may potentially hire persons with disabilities.			No SSBG funds recommended *	No SSBG funds recommended *
TARGET GROUP TOTAL FUNDING RECOMMENDATION			\$385,996	\$385,996

NOTE:

- * All problem statements are listed in order of priority need according to the Committee's best assessment. Due to limited funding resources, or that some types of problems/needs are ineligible for federal Social Services Block Grant (SSBG) funds, an indication of "no SSBG funding" is recommended. Other funders are encouraged to consider funding these priority needs have been identified.
- ** Due to no increases in funding, no SSBG funds could be recommended.
- *** Due to no increases in Federal SSBG and state allocated TANF funds designated to the Council of Governments for Title XX local planning purposes, the MAG Human Services Committees ranked funded SSBG services based upon those considered the "essential basic need services." Service utilization and waiting list information were also taken into account in making the funding recommendations. Numbers in parenthesis next to the service intent represent that particular service intent's ranking.

Table 20: Persons with Disabilities: Recommended 2006-2007 SSBG Funds (Continued)

**DISTRICT 1: MARICOPA COUNTY – 2006 - 2007 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS
TARGET GROUP: PERSONS WITH DEVELOPMENTAL DISABILITIES**

2006 - 2007 PROBLEM STATEMENT	SERVICE TITLE & SERVICE RANKING ACROSS TARGET GROUPS (for the 42 Funded SSBG Services)***	SERVICE INTENT(S)	2005-2006 Funding Based on \$1.7 billion SSBG ONLY	2006-2007 Funding Based on \$1.7 Billion SSBG Only
<p>#1 Individuals who have developmental disabilities and their families lack access, resources and opportunities to year round community day programs, socialization services, recreation activities, respite services and transportation resources.</p>	<p>(25) RESPITE SERVICE</p> <p>(40) SOCIALIZATION AND RECREATION SERVICES</p>	<p>Trained and qualified staff provide supervision, short-term care, a safe living environment, support and relief to the caregivers of individuals who have developmental disabilities. Service priority is to caregivers, whose individuals are not eligible for ALTCS or AZEIP funded services.</p> <p>Trained and qualified staff provide opportunities and participation in integrated socialization, recreation and community day programs to individuals who have developmental disabilities. Service is not used by ALTCS eligible individuals for ALTCS funded services.</p>	<p>\$36,229</p> <p>No SSBG Funds Recommended **</p>	<p>\$36,229</p> <p>No SSBG Funds Recommended **</p>
<p>#2 Many individuals who have developmental disabilities exit the school system and are unable to access meaningful community employment or specialized employment-related programs.</p> <p>MAG committee members agree mentoring/training of employers who hire individuals who have developmental disabilities are beneficial. Retraining employers is also critical so positions held by individuals who have developmental disabilities are retained in the event of a leadership change or staff turnover.</p>	<p>(16) TRANSPORTATION SERVICE</p> <p>EXTENDED SUPPORTED EMPLOYMENT SERVICES</p> <p>(15)</p> <p>(23)</p>	<p>Trained and qualified staff provide transportation services to individuals of any age who have developmental disabilities. ALTCS eligible individuals may use SSBG funded transportation service to access non-ALTCS services described in their Individual Service Plan (ISP).</p> <p>Services are for individuals who have developmental disabilities and need work training opportunities or specialized employment services in individual job coaching, job support modifiers, supported employment, sheltered employment, specialized work programs and transportation. More than one type of service may be used simultaneously. The individual support plan (ISP) team determines the choice of service, duration, frequency and specific strategies used. Services are for non-ALTCS and ALTCS eligible individuals.</p> <p>Services are for individuals who have developmental disabilities, reside in their family home and need work training opportunities or specialized employment services in individual job coaching, job support modifiers, supported employment, sheltered employment, specialized work programs and transportation. More than one type of service may be used simultaneously. The individual support plan (ISP) team determines the choice of service, duration, frequency and specific strategies used. Services are for non-ALTCS eligible individuals.</p>	<p>\$25,350</p> <p>\$336,435</p>	<p>\$25,350</p> <p>\$336,435</p> <p>\$74,761</p> <p>(\$411,196)</p> <p>(\$411,196)</p>

Table 21: Persons with Developmental Disabilities: Recommended 2006-2007 SSBG Funds



**DISTRICT 1: MARICOPA COUNTY -- 2006 - 2007 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS
TARGET GROUP: PERSONS WITH DEVELOPMENTAL DISABILITIES**

2006 - 2007 PROBLEM STATEMENT	SERVICE TITLE & SERVICE RANKING ACROSS TARGET GROUPS (for the 42 Funded SSBG Services)***	SERVICE INTENT(S)	2005-2006 Funding based on \$1.7 billion SSBG ONLY	2006-2007 Funding Based on \$1.7 Billion SSBG Only
#3 Individuals who have developmental disabilities have limited access to therapeutic services, instructional role models and community support systems, to minimize functional severity of their disabilities and to enhance necessary coping skills for daily life activities with their families and others in the community.	(32) OCCUPATIONAL THERAPY	Service is by medical prescription and under the supervision and/or delivered by a licensed or registered Occupational Therapist, to direct participation of individuals who have developmental disabilities in selected therapy activities to restore, maintain and improve functional skills. Service is for non-ALTCS eligible individuals and does not supplant or supplement AZEIP funded services.	No SSBG funds recommended**	No SSBG funds recommended**
	(36) SPEECH THERAPY	Service is by medical prescription and under supervision and/or delivered by a licensed or registered Speech Language Pathologist, to improve communication skills of individuals who have developmental disabilities, in the areas of receptive and expressive language, voice, articulation, fluency and aural habilitation, through therapy evaluations, programs, training and treatment modalities. Service is for non-ALTCS eligible individuals and does not supplant or supplement AZEIP funded services.	No SSBG funds recommended**	No SSBG funds recommended**
	(33) PHYSICAL THERAPY	Service is by medical prescription and under supervision and/or delivered by a licensed or registered Physical Therapist, to provide therapy treatment for individuals who have developmental disabilities and to maintain, improve or restore muscle tone, joint mobility or physical function. The service is for non-ALTCS eligible persons and does not supplant or supplement AZEIP funded services.	No SSBG funds recommended**	No SSBG funds recommended**
	(38) SUPPORTIVE INTERVENTION/ GUIDANCE COUNSELING	Service is delivered by a licensed psychologist to provide support, intervention and counsel to an individual's caregiver, family member or individual who has developmental disabilities. Service is not limited by age or ALTCS eligibility.	No SSBG funds recommended**	No SSBG funds recommended**

Table 21: Persons with Developmental Disabilities: Recommended 2006-2007 SSBG Funds (Continued)

**DISTRICT 1: MARICOPA COUNTY -- 2006 - 2007 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS
TARGET GROUP: PERSONS WITH DEVELOPMENTAL DISABILITIES**

2006 - 2007 PROBLEM STATEMENT	SERVICE TITLE & SERVICE RANKING ACROSS TARGET GROUPS (for the 42 Funded SSBG Services)***	SERVICE INTENT(S)	2005-2006 Funding based on \$1.7 billion SSBG ONLY	2006-2007 Funding Based on \$1.7 Billion SSBG Only
#4 Many individuals who have developmental disabilities need skill development, training and assistance in their daily living activities and personal care needs, in one's home or in the community.	(27) HABILITATION SERVICES	Trained and qualified staff provide individuals who have developmental disabilities with strategies, training and assistance in the areas of rehabilitative therapies, special developmental skills, behavior intervention, sensory motor skills, daily living activities and personal care, to maximize one's functional skills and quality of life in the community. Service is for non-ALTCS eligible individuals.	\$35,671	\$35,671
#5 Individuals who have developmental disabilities become parents and lack or have limited family support systems, appropriate community resources, family assistance benefits, varied levels of parenting skills and limited or no transportation resources, to be effective parents for their children and to function as a family unit in the community.	(21) ATTENDANT CARE SERVICE	Trained and qualified staff provide individuals who have developmental disabilities the necessary services to remain in one's home, to maintain a safe and sanitary living environment, to participate in daily living activities, community resources and work activities. Service is for non-ALTCS eligible individuals.	\$35,330	\$35,330
	PARENT AIDE SERVICE	Qualified staff who are trained and skilled in parent aide services, provide to parents who have developmental disabilities, a range of long term, in-home support services, which include parent training in roles and responsibilities to their children, home management training and direct family assistance services, according to the family's service plan. Service is not limited by client age or ALTCS eligibility.	No SSBG funds recommended. *	No SSBG funds recommended. *
	TARGET GROUP TOTAL FUNDING RECOMMENDATION		\$543,776	\$543,776

NOTE:

- ★ All problem statements are listed in order of priority need according to the Committee's best assessment. Due to limited funding resources, or that some types of problems/needs are ineligible for federal Social Services Block Grant (SSBG) funds, an indication of "no SSBG funding" is recommended. Other funders are encouraged to consider funding these priority needs have been identified.
- ** Due to no increases in funding, no SSBG funds could be recommended.
- *** Due to no increases in Federal SSBG and state allocated TANF funds designated to the Council of Governments for Title XX local planning purposes, the MAG Human Services Committees ranked funded SSBG services based upon those considered the "essential basic need services." Service utilization and waiting list information were also taken into account in making the funding recommendations. Numbers in parenthesis next to the service intent represent that particular service intent's ranking.

Table 21: Persons with Developmental Disabilities: Recommended 2006-2007 SSBG Funds (Continued)



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ADULTS, FAMILIES AND YOUTH

Introduction

As the MAG Region grows and changes dramatically, the scope and type of resources needed by adults, families and youth will evolve simultaneously. As a community, we will be faced with new challenges and offered new opportunities. The way we embrace both will define not only our current environment, but also that of future generations to come.



This chapter will focus on youth issues alone. Demographics relating to adults and families are found in the Environmental Scan Chapter. The Social Service Block Grant recommendations touch on a number of issues related to adults and families. These issues, such as homelessness, are covered in other chapters within the plan. This chapter will provide information on issues relating specifically to youth including the juvenile correction system, education, physical and mental health, community engagement, abuse and neglect. The data supporting this discussion was collected through focus groups conducted with youth in the MAG Region, extensive research and the advisement of the MAG Human Services Coordinating Committee's Subcommittee on Youth Policy.

Profile

The total number of youth is growing nationally, but it is growing at a much faster rate in Arizona. While the rest of the country can expect a 4.8 percent increase in the national youth population, the increase for Arizona's youth age 0 to 19 is projected to be 25.4 percent by 2015 (ASU 2002). This raises the stakes not just by the importance of the population, but also by its sheer numbers. Needs unmet today have the potential to grow into tomorrow's crises.

Need

Definition: Defining at-risk youth helps to clarify the issues. Arizona Criminal Justice Commission research points to the existence of both protective and risk factors. Protective factors include strong family support, community engagement and a safe school environment. Risk factors include availability of drugs and firearms, academic failure, family conflict and peers who encourage delinquent behavior. Not surprisingly,

youths low in protective factors and high in risk factors are more likely to engage in delinquent and destructive behaviors. Youth who struggle with one or more risk factors and lack the support of the protective factors are more likely to engage in delinquent behaviors such as drug abuse, dropping out of school, teen pregnancy and violent behavior (Arizona Criminal Justice Commission 2004).

Juvenile Corrections: A report released by the Arizona Department of Juvenile Corrections (ADJC) in 2004 indicates a substantial decline in the number of juvenile arrests statewide and within the MAG Region. This decline of 27.5 percent was greater than the rest of the country. The decline occurred after peaks in the number of juveniles placed on probation in 2001, on intensive probation in 1998, in the juvenile corrections system in 1997 and the number of transfers or direct filings to adult courts in 1998. All of these areas have declined, in addition to the overall decline in juvenile arrests (Vivian et. al. 2004).



Such progress is the combination of many factors. Some cite gang, school and family-based interventions. The City of Glendale attributes the decline to holding gang members more accountable for their actions. The City of Peoria cited increased interaction between the police department and charter schools and a new initiative on educational discipline in juvenile detention. The City of Mesa has been more active in the junior high schools and has been able to intervene with younger children before they go too far astray (Vivian et. al. 2004). Early intervention and diversion is critical in preventing youth from committing violent crimes.

Some ethnic and racial groups are affected more than others by the juvenile justice system. The Arizona Supreme Court's Commission on Minorities released a follow-up report in 2002 to its earlier 1993 Equitable Treatment Report. They found persistent disparities in the numbers of Hispanic, African American and Native American youth being referred to the juvenile justice system in Maricopa County. Hispanic and Native American youth are twice as likely as Caucasian youth to be committed to ADJC while African American youth are three times as likely. The trend for African American youth, despite the higher percentage, has actually declined since 1990. Concurrently, the overall minority youth population nearly doubled, compared to the White youth population, which showed an increase of only seven percent (Commission on Minorities 2002).

The Commission did report some encouraging trends, including increases in pay bonuses for bilingual staff and more aggressive recruitment of minority treatment staff. This can be pivotal, especially for Hispanic youth, as many will not utilize a service if they perceive a lack of cultural competency (Commission on Minorities 2002). In a

similar way, if minority youth in general cannot access culturally appropriate services in the school setting, they are more likely to drop out. This subsequently increases their likelihood for delinquency and decreases their chances of securing gainful employment.

Education: A dropout is defined by the Arizona Department of Education as a student enrolled in a public school who is not enrolled at the end of the school year, and who did not transfer to another school or graduate. A summer drop out is a student who is enrolled at the end of the school year but is not enrolled in another school for the following school year. Arizona had a statewide dropout rate of 5.8 percent for the 2003-2004 school year. Maricopa County had the fifth lowest dropout rate in Arizona at 5.5 percent (Melton 2005).

School Enrolment by Ethnic Group

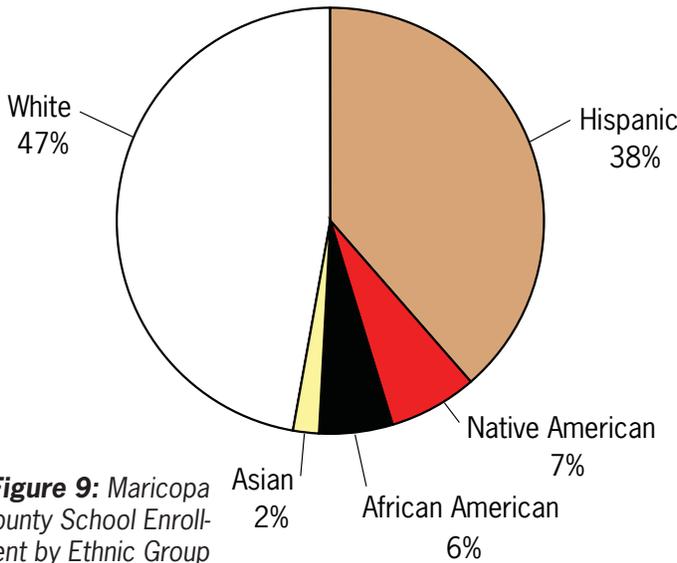


Figure 9: Maricopa County School Enrollment by Ethnic Group

White youth make up the majority of students enrolled in the Maricopa County public school system. Hispanic youth make up the next largest group within the student population (Melton 2005). Spanish is the language most often spoken aside from English, yet there are a total of 43 different languages spoken by students in school. This puts Arizona second behind California in the percentage of teachers working with students with limited or no ability to speak English proficiently (ASU 2005). Please refer to the enrollment chart, *Figure 9*, from the Arizona Department of Education.

Historically, minority youth have had the highest dropout rates (please refer to *Figure 10* from the Arizona Department of Education). Given this trend, it is even more distressing that research indicates schools with higher percentages of minority students may also have less staff and fewer resources. The Educational Testing Services 2005 report, "One-Third of a Nation" demonstrates that as the number of minority students increases, the number of counselors decreases. The staff the schools do have also spend far more time on standardized testing than on counseling when compared to schools with fewer minority students. The signals to identify students at risk of dropping out are clear: low grades, skipping classes and being uncooperative. If no one is looking, no one will see these signs and intervene before it is too late (Educational Testing Service 2005).

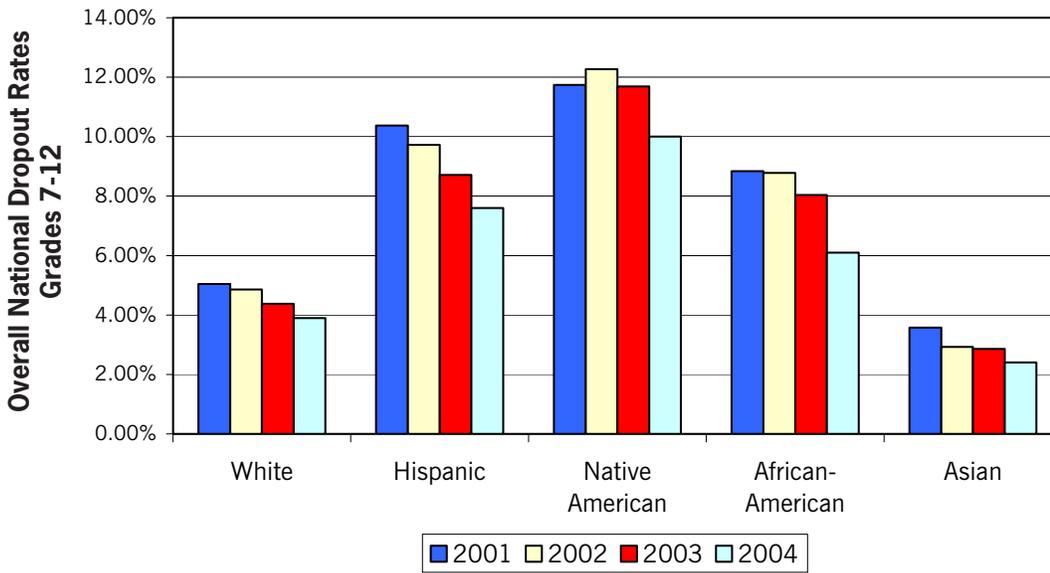


Figure 10: National Dropout Rates, Grades 7-12, by Ethnic Group

Socioeconomic status also affects the likelihood of youth dropping out of school. Research has shown that 74 percent of students in the highest socioeconomic quartile complete high school. This is in sharp contrast to the 33 percent of youth who graduate from the lowest socioeconomic quartile. Research also indicates that youth growing up in poverty are more likely to remain impoverished if they do not graduate from high school. More than half of White and Hispanic youth ages 16 to 24 who drop out of school have jobs, while only 35 percent of their African American peers are employed (Educational Testing Service 2005).

Arizona youth have a school completion rate of only 55 percent, meaning almost half of students drop out. Some may go on to earn a General Equivalency Degree (GED). Only students graduating with their high school diploma are included in the completion rate. This is the lowest completion rate in the entire country, with the exception of the District of Columbia. Other states like Vermont have completion rates as high as 88 percent. In today’s high tech economy, high school dropouts find fewer jobs and increase their chances of ending up in poverty or prison (Educational Testing Service 2005).

Dropping out of school is often a symptom of other problems in the youth’s life. Research has identified 14 factors that are correlated, either positively or negatively, with school achievement. These include low birth weight, hunger, nutrition, parents who read to their children, watching television, qualifications of teachers, and student behavior in school. When a child enjoys a quality educational setting and a supportive home life, they are more likely to finish school and succeed later in life. When these benefits are absent, a child is more susceptible to the risk factors and more likely to turn to drugs and delinquency (Educational Testing Service 2005).

Health: Like adults, there are more children in Arizona who do not have health insurance when compared to the national average. The national average of children without health care coverage was 11.6 percent in 2004, but in Arizona the rate was higher at 15.7 percent. However, this represents a decline from 1998 when the rate of children without health insurance was 25 percent in Arizona (Kids Count 2005). A lack of health insurance means children are more likely to go without critical medical care, or are left to access services through expensive emergency room visits.



Having a low birth weight predisposes children to problems early on, as well as later in life. Unfortunately, Arizona's low birth weight rate has increased steadily since 1991. Studies show that 80 percent of all babies that die in their first 28 days of life were born with low birth weights. Low birth weight babies who survive the first month are still 24 times more likely to die within the first year. More African American infants were born with low birth weights than any other racial/ethnic group. Of the babies who die, nearly 28 percent are African American. This is nearly four times higher than White infants at 5.7 percent (ASU 2002).

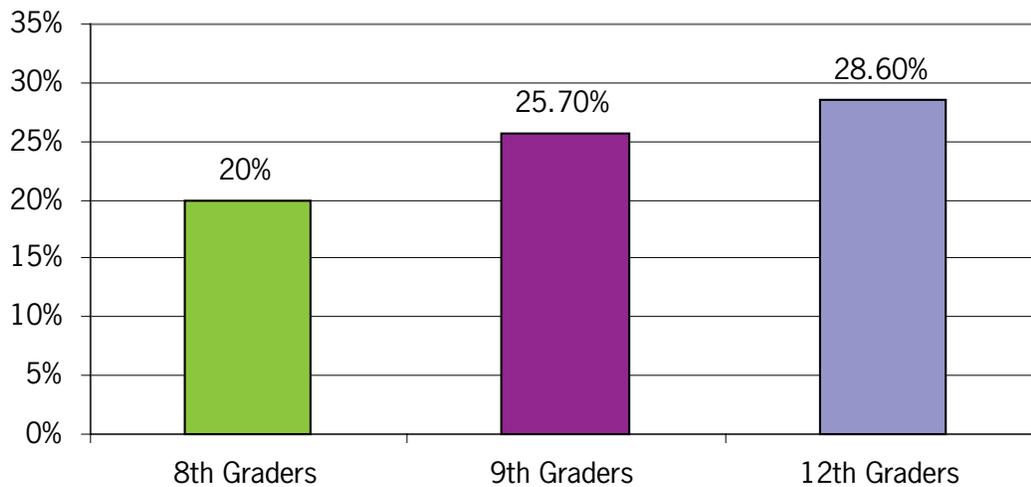
The health challenges do not end as children grow older. As youths confront problems in other areas of their lives, they may make decisions that affect their health. Teenagers are more at risk for sexually transmitted diseases than adults. While the national rate of teens who admit to having sexual intercourse has declined, nearly half (45.6 percent), report they have had sex (ASU 2002). The youth who participated in the MAG focus groups cited sex as an important issue to discuss. Youth under the age of 20 in Arizona made up 1.6 percent of all AIDS and HIV cases between 1981 and 2001 (ASU 2002). Twenty-five percent of youth surveyed nationally reported they had used drugs or alcohol the last time they had sexual contact (Campaign for Our Children 2002).

Another potential health hazard for youth, especially in Arizona, is firearms. In 2001, one out of every six youth aged 15 to 19 who died did so as a result of homicide or suicide with firearms. Arizona's homicide rate by firearms for this age group, 12.9 percent, was nearly 50 percent higher than the national average of 8.7 percent in 1999. The overall suicide rate for Arizona youth was also higher than the national average. Native American youth aged 15 to 19 experienced the highest number of suicides in Arizona (ASU 2002).

Use of drugs and alcohol can influence one's tendency to risk such life threatening behaviors. The Arizona Criminal Justice Commission (ACJC) reports in their 2004 Arizona Youth Survey that "a relationship exists between adolescent drug abuse, delinquency, school dropout, teen pregnancy and violence (Arizona Criminal Justice Commission

2004). According to the 2003 National Survey on Drug Use and Health, illicit drug use peaks at age 18 and declines steadily after that. The Arizona Criminal Justice Commission reports the monthly average use of alcohol, marijuana, cocaine, methamphetamines and inhalants is higher for youth in Arizona than the national average. Please refer to Figure 11.

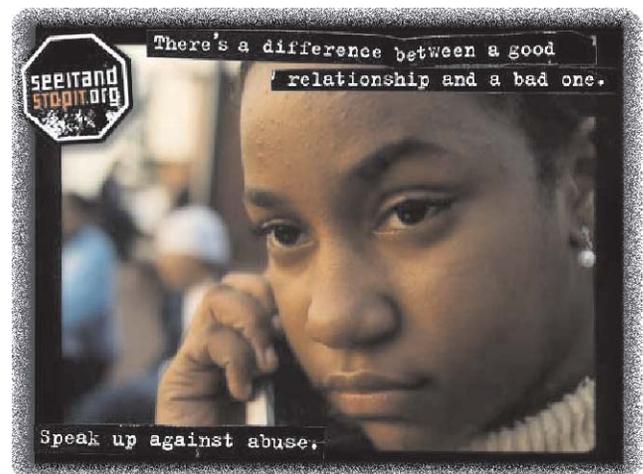
**2004 Annual Youth Survey:
Self Reported Drug Use***



*Includes marijuana, alcohol, cocaine, methamphetamines, inhalants, cigarettes, and ecstasy

Figure 11: 2004 Annual Youth Survey: Self Reported Drug Use

Intimate Partner Violence Among Youth: Like substance abuse, teenage dating violence has a negative effect on teens. According to **See It and Stop It**, a multimedia campaign by the Family Violence Prevention Fund and the National Ad Council to prevent relationship violence among teens, “between 12 percent and 35 percent of teens have experienced some form of violence in a dating relationship.” Although there are similarities between adult domestic violence and teen dating violence, teens often are isolated from their peers, which can make it difficult for them to “develop new and mature relationships with peers of both sexes; feel emotionally independent; develop personal values and beliefs; and stay focused on school and getting good grades.” (National Youth Violence Prevention Resource Center 2005)



Abuse and Neglect: Sadly, many youth experience abuse and neglect at the hands of their family and caretakers. According to the Arizona Child Abuse Info Center, a child in Arizona is abused or neglected every hour. Children three years old, especially ones with disabilities, are the most frequent victims. In turn, such abuse and neglect can cause disabilities in thousands of children nationwide each year. In 2003, 37 children died in Arizona as a result of maltreatment. Substance abuse influenced 16 out of these 37 deaths. Studies show that murders of children five years old and younger are most often committed by family members through beatings and suffocation (Arizona Child Abuse Info Center 2005).



Many abused and neglected children in Arizona are removed from their homes and placed into foster care or group homes. On September 30, 2004, for example, 8,839 children in Arizona were reported to be living in foster care and group homes. Research indicates that these children face more challenges in the future as they have been found to commit nearly twice the number of crimes as children raised without abuse and neglect (Arizona Child Abuse Info Center 2005).

The 37 youth who participated in MAG focus groups expressed concern about their safety. While a few did not feel safe at home, the majority reported feeling more fearful of violence outside the home. The groups identified violence occurring at school, the malls and within their neighborhoods. Most respondents connected violence with substance abuse. When asked about the weaknesses in their communities, the youth said they did not always feel safe walking in their neighborhoods at night and wanted more protection from gangs and crime. The youth predicted improvement if more teen centers, community involvement and police were present in their neighborhoods. They also saw themselves as a catalyst for positive change.

In addition to their own strengths, youth have many resources within the community to resolve the challenges they face. The next section will discuss resources such as programs and services, resiliency research, families, schools and faith-based organizations.

Resources

There are a number of resources in the MAG Region to help struggling youth and their families. These are provided by various levels of government, community organizations, faith-based groups, the private sector, schools and by families themselves. It takes a community rich with resources to face the challenges incurred by our youth today.

Social Service Block Grant (SSBG): This funding supports the people who have not been able to face challenges alone. Adults, families and children represent the largest of the four SSBG categories in 2004, with slightly more than 46 percent [\$1.9 million] of all locally planned funds [\$4.1 million] allocated for programs within the Administration for Children, Youth and Families (ACYF) and the Community Services Administration (CSA) in the Department of Economic Security (AZ Social Services Block Grant Plan 2004-2005). These programs encompass diverse needs, including homelessness, domestic violence and high-risk youth.

Cash Assistance: As of July 2004, there were 63,172 people receiving cash assistance in Maricopa County. According to the Department of Economic Security (DES), the cash assistance program provides financial assistance and supportive services to families and single adults with children. There were 27,105 households receiving on average \$275.81 each month (Association of Arizona Food Banks 2005). Eligible persons include parents, foster care parents or specified relatives caring for children under the age of 19 (DES 2005).

Food Stamps: Hunger plagues many people living in the MAG Region, including children, yet only about half of the people eligible for food stamps actually receive the benefit, according to the Association of Arizona Food Banks. According to the 2002 report, *Hunger and Food Insecurity in the Fifty States*, food insecurity occurs when nutritious and safe foods have limited or uncertain availability. Arizona ranks sixth highest in food insecurity at 13.13 percent. This is above the national average of 10.8 percent (Center on Hunger and Poverty, 2002). As of July 2004, there were 265,207 individuals receiving food stamps in Maricopa County, with an average benefit of \$91.96 a month (Association of Arizona Food Banks 2005).

Medical Assistance: The Arizona Health Care Cost Containment System (AHCCCS) provides medical assistance to many low-income youth and their families. Since 2001, statewide enrollment in AHCCCS has increased by 74 percent. Currently, one in five people in Arizona are covered by this benefit. (Crawford et. al. 2005).



A typical family receiving AHCCCS consists of one working parent and 1.7 children, and costs the state \$5,500 a year. With more than one million people enrolled in AHCCCS, these costs add up to \$6 billion a year, with \$1.5 billion coming directly out of Arizona's General Fund. The federal government pays for the remaining bill after Arizona's tobacco tax and settlement funds pay for \$643 million. Less than half of the people living in Arizona were covered by their employers' health insurance in 2003. Seventeen percent don't have insurance at all (Crawford et. al. 2005).

Child Care: The Child Care Administration Services Department, under the Department of Economic Security, provides payments for child care services based on a number of eligibility factors. These may include income and circumstances such as the inability or limited ability of parents to provide care due to a physical, mental or emotional condition. Parents staying in homeless or domestic violence shelters can also receive assistance. Child Protective Services may also qualify parents for childcare assistance for other factors. People participating in the DES JOBS program, substance abuse treatment or court-ordered community services programs may also be eligible for assistance. According to the Child Care Administration Department, there is no waiting list for services and none is anticipated over the next year. Statewide, more than 50,000 children have been authorized to receive assistance, with Maricopa County making up more than 50 percent of this number.



Child Support Enforcement: According to the Department of Economic Security, the Child Support Enforcement program is a collaborative effort between federal, state and local governments. This program is designed to collect child support payments from parents legally bound to provide them. This activity has three goals: for children to receive the support they need from their parents, to encourage a sense of responsibility to the family and to help reduce welfare costs to taxpayers. This program helps to locate parents, establish paternity, process court orders and collect the payments. The Child Support Enforcement Program reports 250,000 cases statewide, with cases in Maricopa County making up 40-50 percent of that number.

Other programs: A number of other programs offer critical services and resources for youth and their families in the MAG Region. Mental health services are provided through a state contract with the Regional Behavioral Health Authority, Value Options. Car seats are available to low-income families through a state program with the hospitals. The Department of Education provides funding for 216 Career and Technical Education courses in Arizona schools with the mission of preparing Arizona's students for workforce success and continuous learning (Arizona Department of Education 2005).

Many nonprofit agencies and faith-based organizations also provide vital assistance and programs directed toward Arizona's youth.

Resiliency Research: Research and experience have shown that sometimes the most important resource lies within a person. A person's ability to flourish despite overwhelming odds does not necessarily rest on government programs or even community services, but more often, on a person's inner source of strength. This can exist despite harsh circumstances. This factor has been identified as resiliency. Researchers define resilience as "manifested competence in the context of significant challenges to adaptation or development," (Institute for Mental Health Initiatives 2002).

Much of the resiliency research focuses on youth, but some studies have involved a number of other groups, including older adults. The movement began in the 1970s as researchers discovered that about one-third of the at-risk children studied did not succumb to the pressures around them, but rather, succeeded in building constructive and prosperous lives. These children had every reason to fail. They faced seemingly insurmountable odds like living with poverty, abuse, and nonexistent support systems, yet they retained a sense of self and followed a positive course. Their success forced researchers to reframe their work from concentrating on dysfunctions to discovering strengths and uncovering the keys to promoting resilience (Institute for Mental Health Initiatives 2002).



Many assume challenges are only found in low-income areas stereotyped for having at-risk youth. While a common misconception, this is not supported by research or by the focus groups conducted in the development of this plan. Youth participating in the focus groups resisted the concept of "at-risk youth," charging that all youth are at risk to some extent. Research comparing youth in low socioeconomic classes with youth in more affluent areas actually found higher levels of stress, substance abuse and depression among the higher income youth. The rates of delinquency between the two groups were comparable. The study identified the pressure to achieve, combined with the youth's own sense of perfectionism with feelings of isolation as contributing to the higher levels of stress and abuse (Institute for Mental Health Initiatives 2002).

This suggests that what is within a person can matter more than what exists around them. Three pillars of resilience have been identified as external supports, inner strengths and learned skills. External supports include the resources found within one's

community, such as faith-based groups, schools, health and social services. Internal supports represent the qualities youth develop such as empathy, confidence and respect. Learned skills include problem-solving and relational skills such as the ability to communicate well and manage impulses. Two of the three pillars represent one's character and all three define the interaction between a person and his or her environment. It is this interaction that gives a person strength, not just what happens to them or around them (Institute for Mental Health Initiatives 2002).

How can this interaction be supported and maximized to benefit youth? Research recommends having adult role models who focus on the future and who adapt well to change and challenges. It is also important to concentrate on the person and not the



problem. Youth may be keenly aware of their problems. They need help finding the strength within themselves to confront and resolve these difficulties. This builds trust as well, which helps youth to trust themselves and their ability to navigate their environment successfully. Setting high expectations will help youth to see the potential in themselves that others see. Adults

do need to make sure they are encouraging high expectations and not demanding perfection. A healthy support system and realistic goals will help youths to distinguish between the two. Putting resilience to the test in a safe environment will help them to confront challenges in a constructive way and to learn from their mistakes (Institute for Mental Health Initiatives 2002).

Local youth participating in the focus groups echoed research when they said they wanted to become more involved in the community and to feel valued for their contributions. This fosters a sense of pride and compassion for others, as well as benefiting the community. The youth conveyed that a sense of ownership would also reduce crime rates as the community becomes more tightly knit. As much as possible, youth and research indicate that parents are an important part of this effort. Some youth expressed more respect and even fear of disobeying their parents than the police. Research illustrates that parental participation in activities like community engagement with their children will not only have a positive influence on the youth, but will also help their parents acquire improved parenting skills (Institute for Mental Health Initiatives 2002).

Participants in the focus groups identified a number of opportunities for engagement and positive reinforcement, including through schools, faith-based organizations, recreational centers, their neighbors, families and themselves. While they did not always find the support they needed, the youth expressed hope that these resources could become available and were invested in making this happen. The next section will highlight a few examples that offer such opportunities.

Best Practices and Local Solutions

While youth in the MAG Region face challenges, they also have important resources at hand. The following programs and best practices are recommendations received from youth, the community and local experts—including the MAG Human Services Coordinating Committee’s Subcommittee on Youth Policy. There are many programs and solutions that offer similar assistance, so this represents a sampling of some of the best efforts in the MAG Region and nationwide.

America’s Promise: This national program is operated locally by Communities in Schools, which has been recognized independently as a national best practice by Educational Testing Services in their 2005 report, “One-Third of a Nation.” America’s Promise is a national alliance that supports the development of pro-youth policies and programs that espouse the following five promises to provide:



- Caring adults in their lives, as parents, mentors, tutors, and coaches.
- Safe places with structured activities in which to learn and grow.
- A healthy start and healthy future.
- An effective education that equips them with marketable skills.
- An opportunity to give back to their communities through their own service.

The program started in 1997 as a national effort under the leadership of Retired General Colin L. Powell. Since then, the movement has grown to include more than a dozen states of promise and a number of cities, towns, faith-based organizations and youth programs. In the MAG Region, Tempe, Glendale and the Sunnyslope area of Phoenix have all committed to promoting the five promises for youth within this program. Through partnerships like this, America’s Promise strives to positively influence public policy, resources and service delivery to youth. In 2005, America’s Promise initiated the first-ever contest to select the top “100 Best Communities for Young People” in America. The cities of Scottsdale, Tempe, and Chandler won this award, along with Yavapai County.

National Dropout Prevention Center Strategies: This national program has identified a number of strategies to keep youth in school. This is a particularly important issue for youth in Arizona because dropout rates continue to be above the national average, extremely so for some racial and ethnic groups. The following is a sampling of their recommended list:



- **Early Childhood Education:** Birth to age five interventions have proven critical for promoting healthy brain development with long lasting effects on future school achievement.



- **Family Involvement:** Engaging the family has been shown through research to be the most accurate predictor of youth's academic achievement.
- **Professional Development:** This can help a teacher to feel supported by the community and to have an opportunity to continue skill development.
- **School/Community Collaborations:** Partnerships can help build a strong infrastructure that will support healthy youth development (US Department of Education 2005).

Other Recommended Local Solutions: One recommendation received through the MAG focus groups on youth was the expansion of career and technical education courses in schools to provide more workforce training to Arizona's youth. These courses can help youth in developing critical skills needed to help them succeed in the workforce. Another local solution suggested by the MAG Human Services Coordinating Committee's Subcommittee on Youth Policy is to encourage youth to participate in the local Youth Councils or Youth Town Halls in many Maricopa County municipalities. Youth Councils are an important way to empower youth and engage them in activities that promote their own well-being as well as their community's.

Conclusion

Youth today face many challenges and risk factors, yet they also have resources available in their communities, in their families and in themselves to confront these issues directly. It is important to have a regional integrated service delivery system that treats youth as a whole person with a continuum of services. The MAG Region, like any other, is strengthened and renewed when youth are able to succeed and mature into productive adults. They will carry on the work underway today. It is our collective responsibility to help them meet this task with creativity and commitment.

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PERSONS WITH DISABILITIES

Introduction

The Maricopa Association of Governments (MAG) makes recommendations to the Department of Economic Security on Social Services Block Grant funding for people with disabilities. This chapter illustrates the diverse meanings of the term disability, the basic limitations inherent in any disability and the essential needs of people with disabilities. Current disability trends are also reported, such as comparisons within minority groups and the impact of disability in relation to special populations such as the elderly and children. Areas of advanced technologies that assist people with disabilities in daily life activities are reviewed. Long-term issues are summarized, such as rising health care costs, access to employment, sustainable income levels, transportation for people with disabilities and the ramifications of legal and social discrimination. This chapter will also discuss possible recommendations and inherent resources within society and the people with disabilities.



Population Profile

Often, disabilities are presented as disorders. In reality, many people have degrees of disability, from slight to profound conditions or disorders. As people age, most face activity limitations and experience increasing rates of disabilities (Frey 2005). Over the age of 80, three out of four people cannot functionally perform at least one activity of daily living. While disability is a fairly universal issue, definition of this vast area is difficult. Sociologist Irving Zola expressed this challenge by saying disability represents a set of characteristics everyone at various ages shares to varying degrees (Fujiura 2005).

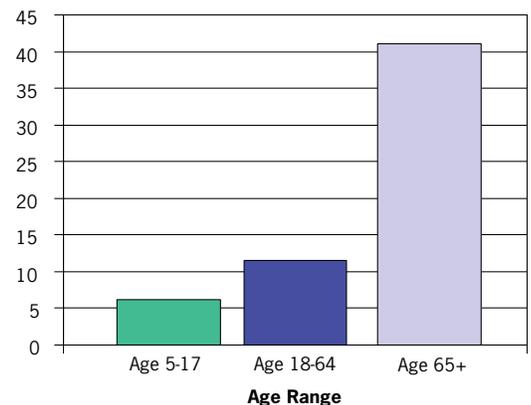


Figure 12: Disability Rates by Age in Arizona

Disability is defined as an individual's capacity to function within a given social and environmental context, which describes both the person and his or her functional ability with or without supports. Often, these functional categories overlap and people usually have more than one limitation present. Physical limitations may include difficulties in stooping, lifting, reaching, grasping and walking. Nationally, about 20 percent of the population has a disability (Frey 2005). Please refer to *Figure 12* for the age differences among disabled persons, according to the 2004 American Community Survey for Arizona.

Disability Rates by Age in Arizona



About 17 percent of people with disabilities are born with their disability. Activity limitations are often caused by chronic health conditions such as heart disease, back problems, arthritis, asthma and diabetes. People experience limitations in major life activities when they have intense chronic conditions, acute illnesses or diseases (Accessible Society 2005).

The major life activities of primary importance also vary by age. The major activity for children under the age of five is playing. The major activity for youth aged five-17 years is attending school. For people ages 18-69 years, the major activity is working in or outside the home. The major activity for people aged 70 years and above is self-care, such as bathing and caring for one's home without assistance (Stoddard and Gilmartin 1996).

Census 2000 indicates that people of color, the elderly, individuals of low-income, people divorced or separated and those living in the South have higher rates of disability. People with disabilities between the ages of 21-64 are half as likely to have a college degree or a job and, if employed, they earn half as much as those without disabilities (Freedman 2004). With this profile, the next section discusses apparent trends and the risk factors that impact specific populations of people who have disabilities.

Trends

Accurate trend identification enhances the quality of life for people with disabilities as more individualized responsive services and programming are developed. This helps people to become more independent of high-dollar care systems and better integrated into the community. When average nursing home care costs \$47,200 per year, society saves billions of dollars annually if older adults can remain in their homes. As people spend less time working and more years in retirement, this issue becomes even more critical (National Institute on Aging 2004).

Cautiously, research points to a decline in disabilities among the older population over the last few decades. Older adults aged 65 and over are better educated, more self-sufficient and report less difficulty with daily activities, such as walking, lifting and reading a newspaper. Less physically demanding jobs, healthier diets, more exercise, less smoking and drinking, better technology and assistive devices are contributing to this positive trend among younger generations, but is yet inconclusive for minority populations. Evidence points to an increase in disability among working populations aged 40-49 years, as incidences of disability increased 30 percent over 13 years. While more

adults under age 65 with disabilities say they are able to work, fewer actually do work, due to increased numbers of adults with severe disabilities. A Harris poll found that as technology and medicine improved life expectancy of those with severe disabilities, overall it increased the number of people living with disabilities (Harris Poll 2000). This resulted in an influx of people enrolled in the Social Security Disability Insurance (SSDI) program and a strain on current care providers.

Some believe the above increases may be the result of population growth, increased societal awareness of different types of disabilities, and better diagnoses, and not necessarily rates of increasing disability. Others point to risk factors of environment, depression, multiple illnesses, social isolation, visual impairment and less frequent activity as contributors. However, the critical issue is not how many people have disabilities but what will be their quality of life. Access to services, opportunities for self-sufficiency, personal growth in typical social environments and happiness in one's life go a long way toward providing the answer. The next section involves special populations that include the elderly, youth and minorities.

Special Populations

Elderly: The elderly population is of particular importance as the current baby boomer population ages. By 2030, the number of seniors (65+) in the U.S. will nearly double to 71.5 million; the current percentage of the national population that has a disability is at 20 percent. While research indicates that disability rates for seniors are declining, older adults compared to younger adults experience more severe disability limitations from the natural and inevitable process of aging.

Disabilities affect both the older population experiencing the disability and the younger population caring for them. Family members, friends and neighbors often care for aging adults as their needs and limitations increase. Between 1987 and 1996, the number of households providing care tripled to 22.4 million nationwide. High-dollar nursing homes provide support when home care is not available or no longer possible. By 2025, due to population growth, the number of older adults with disabilities will double. By 2030, the number of seniors living alone at home nationally will double as well, bringing the challenge of providing care and keeping seniors in their homes to a critical point (Frey 2005).



Children: Identifying and measuring children's disabilities can be problematic because children are dynamic individuals, growing and developing at different rates. As children grow, the testing procedures and evaluations that diagnostically determine disabilities in children do change. National surveys measure play activities, social interaction, speech and language development, daily self-care, educational abilities/challenges and completion of functional chores. Employment opportunities are measured if the child is over age 18 years. The majority of school aged children found to have a disability often report problems related to learning, remembering and concentrating (Freedman 2004).



Learning disabilities vary and may be diagnosed in relation to speech and language disorders, articulation difficulties, cognitive processing problems, academic skill disorders, dyslexia and other areas related to learning, behavioral or emotional disorders. While the disabilities can last a lifetime, with the assistance of special education school programs and individual counseling, children may learn to move beyond and/or compensate for their disabilities. The rate for learning disabilities in children aged three-17 years is higher for boys at nine percent, while the rate for girls is six percent. A few unconfirmed causes for learning disabilities are genetics; maternal use of alcohol, drugs or tobacco; complications during pregnancy; or environmental toxins (Child Trend Data Bank 2005).

Research indicates that nationally, 2.6 million children aged five-17 years have a disability. Over the past 30 years, there has been a surge of children enrolled in special education programs in public school systems and other types of disability assistance programs, like Supplemental Security Income (SSI). From 1975 to 1990, the number of children receiving benefits under the SSI program tripled. From 1990 to 2002, it tripled again, to more than 900,000 children. This increase in children's enrollment in the SSI program resulted from the following:

- Changes in disability and education laws.
- Increased and better diagnoses of learning-related and other disorders.
- Improved and varied types of educational and learning awareness programs.
- A general increase in early developmental, childhood and education programs.
- A nationwide outreach to children at every economic level who have all types of disabilities (Freedman 2004).

Ethnicity: The 2000 Census reported nationwide that 50 million people have a disability, with 36 million of these people considered to be White. While numbers for minorities with disabilities are lower than their White peers, their proportions are higher, with seven million African American people and almost seven million Hispanic people with

disabilities. Hispanic people report higher rates of disability than non-Hispanic White people, except in the school-age population of ages five-15 years. African Americans, Native Americans and Alaskan natives report a disability rate of 24 percent, with their disability rate increasing with age, compared to 19 percent for all other races. The lowest rates for disability are among Asian people and White children (Freedman 2004).

Not only do some minority groups have higher rates of disability, they spend a higher proportion of their life with that disability. African American people have a lower life expectancy than other races and spend a greater proportion of their lives with a disability. People living in rural areas may live longer than those in urban settings and spend more years struggling with disabilities. African American and Hispanic people are less economically advantaged and have fewer resources, which places them as they age at greater risk for developing disabilities as they age (Frey 2005).

This same cycle can occur in any low-income population. Poverty increases the likelihood that individuals will develop a disability, which decreases income and reinforces the same high risk factors for their children. In the 2000 Census, 8.7 million adults and children reported having a disability and living in poverty. Nearly 33 percent of low-income households reported having disabilities, as opposed to 18 percent of households not living in poverty (Freedman 2004). The next section will discuss the strengths of the disability community.

Strengths

Since people with disabilities are striving to live their lives to the fullest extent possible, the knowledge and strengths of the disability community combined with the typical community can help them to realize their potential. Advanced and assistive technologies are helping people with disabilities to live longer and more productively, with increased self-sufficiency and enhanced quality of life.

Technological Assistance Options: Since the 1980s, usage of assistive technology and environmental adaptive aids, design modifications and technological and medical advances in all areas of life has expanded rapidly. These advances continue to be developed and have gained acceptance in the disability community. Technology includes portable devices, such as specialized computer systems for both work and speaking with others. Permanent modifications include stair gliders and wider doorways. Important design adaptations have increased, as 50 percent of older adults made at least one home modification. Another 25 percent who needed home



modifications, went without. The advent and practice of “universal design” makes homes accessible for everyone and reduces the need for later modifications (Freedman 2004).

As society and communities become accessible and integrated, the costs for disabilities decrease. Expanded use of assistive technology results in lower home care costs, as people do more for themselves with less assistance from others. This reduces strain on families and friends who are primary caregivers (Freedman 2004). Barriers decrease with increased use of assistive technology.

The issue is not what people can or cannot do, but how their needs and functional abilities are accommodated, integrated and resolved with greater accessibility to their living and work environments and the community in which they live (Seelman 2005).

Care Options: Individually designed services provide the support system to help people with disabilities to be functional. Depending on one’s level of disability, their needs, personal support and resource systems, a person with disabilities may either live in their home or reside in a more, structured environment, such as a nursing home, assisted living or other types of residential living arrangements. Those in their own home may access services of home health agencies, personal care attendants and adult day services, as can people who require more structured residential settings (Freedman 2004).



In the 1990s, home health agencies were used to provide assistance with personal care, medical needs and therapy. This in-home service declined as Medicare laws and reimbursement rates changed. However, use of personal care attendants has increased as services became consumer-and-family driven. Personal care attendants offer many of the same services as home health agencies and are contracted directly to do the work. Adult day centers provide services within group settings for people with disabilities living with assisted care or with their family. Each option represents different ways of taking care of similar family needs and the people with disabilities (Freedman 2004).

Options such as nursing homes are for people who need more intensive services. Research notes that people utilizing nursing homes are decreasing. As numbers decrease, the level of need increases for some diagnosed medical conditions such as Alzheimer’s. Currently, 60-70 percent of nursing home residents are diagnosed with Alzheimer’s or other forms of dementia, and 83 percent of the residents need help with

three or more daily living activities, such as bathing, toileting and eating (Freedman 2004). Before such needs intensify, many people can be accommodated in assisted living facilities, where 33 percent have moderate to severe cognitive impairments and receive personal care, meals, housekeeping and other types of services. Continuing care retirement communities offer a full range of life care services, such as independent living, assisted living and skilled nursing care, plus many social amenities in their residences, with open access to community life and activities, as residents want or as deemed possible by others.

Financial Assistance Options: A range of benefits financially assists people with disabilities to live in the least restrictive environments that may be possible for them. Social Security Disability Insurance (SSDI) provides cash assistance to people with disabilities who are unable to work. In 2001, people on SSDI for mental health disorders doubled, accounting for 28 percent of cases. Those with musculoskeletal disorders accounted for 24 percent receiving benefits (Freedman 2004).



Social Security Income (SSI) is a means-tested program and offers assistance to low-income adults, aged 65 and over, who are blind or have disabilities, and to children who are blind or have disabilities. This program does not grant assistance to those able to work. Worker's Compensation provides cash, rehabilitation and medical care to people injured on the job and unable to work. It is one of the largest and oldest public assistance programs with control held at the state level. In 2001, more than \$49 billion was paid to workers or their survivors (Freedman 2004).

Medicare and Medicaid provide the majority of publicly funded medical care to people with disabilities. Low-income adults aged 65 or over, children who are blind or children with disabilities receive nursing, home, day, and personal care services. Through Medicare, adults aged 65 and over years and children with designated disabilities access home health care, short-term nursing facility care and medical equipment. Other services, such as housing, case management and transportation, are provided through public and private nonprofit agencies. The next section focuses on needs of persons who are disabled.

Needs

Despite advances in medical care, treatment, technology and improved types of service delivery, serious needs remain for people with disabilities. These needs exact prices in the form of lost wages, increased health care costs, missed life experiences and opportunities for positive growth. The next section focuses on health care, employment, income, transportation and the need to eliminate legal and social discrimination.

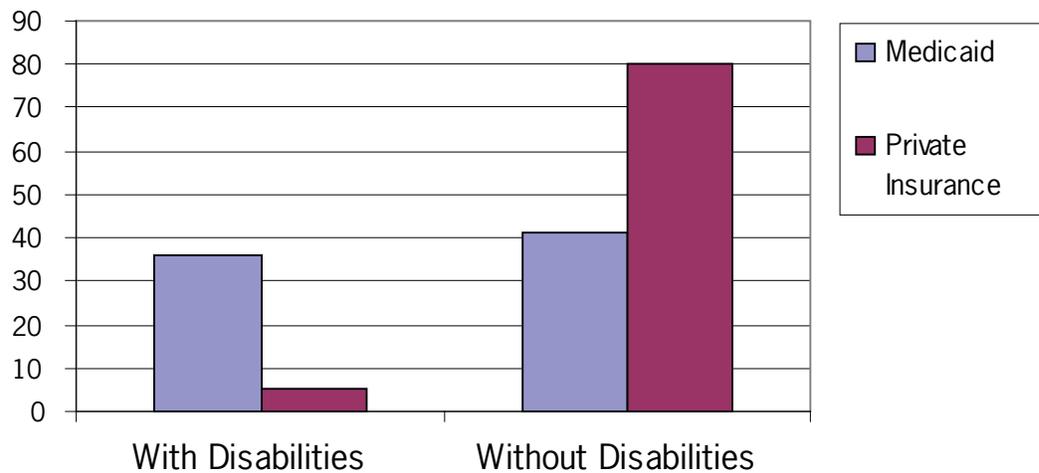


Health Care: Ironically, progress can increase needs. For many, medical advances prolong life for those who would not have survived traumatic injuries to the spinal cord and severe brain injuries. Each year, increased survival rates of people with these two injuries account for 80,000 people with disabilities. As progress in infant survival rates is made the risk of children developing developmental and learning disabilities increases. This becomes the challenge of health care, to ensure appropriate healthcare throughout one’s life, not just in saving it (Fujiura 2004).

Each year, the challenge and responsibility to cover health care costs for people with disabilities disproportionately falls to the government, with costs in the billions of dollars. In 1999, one-third of personal care expenditures supported people unable to care for themselves. Medicaid covers 36.2 percent of people with disabilities and private insurance covers 5.2 percent of people with disabilities. Medicaid covers 41.1 percent of people without disabilities and private insurance covers 80 percent of people without disabilities, as shown in the chart below. The remaining people, with or without disabilities, are without health insurance (Frey 2005).

Figure 13: Medicare Coverage Among Disabled and Non-Disabled Population

Medicare Coverage Among Disabled and Non-Disabled Population



Employment and Income: People with disabilities are at a significant disadvantage in terms of employment. Research shows poverty to be both a cause and a consequence of disabilities. In a 1997 study, nearly 50 percent of people with disabilities qualified as poor or near poor. In Arizona in 2000, people with disabilities in vocational rehabilitation services earned on average 56 percent of what people without disabilities earned (International Center for Disability Information 2005).

This problem touches millions of lives and homes in the American population. In 2002, 18 million people, or 10 percent of workers aged 16-64, reported a disability that limited or prevented them from working (Freedman 2004). When people are unable to adequately provide support for themselves by working, they turn to welfare programs for public assistance. More than 50 percent of people with disabilities aged 22-64 receive public assistance in the forms of cash, food or rental assistance (Frey 2005). Despite these statistics, people in our communities with disabilities adamantly report the need, desire and motivation to work, yet they need support to achieve this goal of independence. Work proves beneficial, not just for people who find means to be self-sufficient, but for communities whose responsibility is lessened and eased (Harris Poll 2000).

Transportation: Clients affirmed that a door-to-door transit service is the best option to meet their needs in the MAG Region. The Dial-A-Ride program provides that convenient option. At this time, one challenge of the Dial-A-Ride program is that the service is not coordinated across all municipal boundaries. Individuals traveling to destinations in other municipalities may have to change Dial-A-Ride vans at the jurisdictional borders. This transfer to a different van service can cause individuals with disabilities to incur lengthy waits for the connecting van. This has resulted in individuals in wheelchairs waiting in exposed, unshaded parking lots or drop-off zones. This limited coordination can cause inconvenient and potentially dangerous situations for people with disabilities.



Legal and Social Discrimination: One major desire reflected in literature, the MAG focus groups, and throughout the disability community is the innate human need to belong and to be wanted by a society that does not always understand them or accept them as people. While legal safeguards protect people with disabilities, collective work remains for all people to accept those with disabilities and to eliminate the obvious and subtle forms of discrimination that take place daily in their lives.

Passed in 1990, the Americans with Disabilities Act (ADA) serves as the most utilized line of defense against discrimination. Under legislation, disability is defined as a physical or mental impairment limiting one's ability to take part in major life activities. In 2000, the U.S. Supreme Court narrowed the definition to exclude disabilities that can be corrected or do not significantly affect one's ability to function (Fujiura 2004). This legislation affects many aspects of life, including employment and communications. Some courts used a person's employment as proof that they are not disabled. Consequently, they cannot seek protection against discrimination on the job. Others are reluctant to invoke the law for fear of stigma, yet the ADA law is designed to



remove such discrimination (Accessible Society 2005). While populations of people with disabilities have many needs, the four recommendations below are supported by research and prioritized by public input.

Recommendations

In recent years, policies were developed to correct discrimination and to offer opportunities for people to maximize their potential contribution to society. Companies and agencies moved away from passive ignorance about disabilities, and now try to anticipate and provide for individual needs and take proactive measures to be inclusive and accessible. Research identified the following action steps to continue this progress:

1. Provide training seminars about the disability community to persons with disabilities seeking employment and their potential employers, to proactively help people become more employable and able to sustain employment in a variety of community job opportunities.
2. Ensure that people with disabilities and their families have access to planning meetings, community meetings, agency meetings and legislative meetings in order to integrate their perspectives, as they speak for themselves as their own best advocates.
3. Be educated on people with disabilities and technologically inclusive by making assistive supports available to all people in the disability community, as they engage and teach others about disabilities.
4. Work with cities and communities to ensure that programs and services for the disability community are inclusive, accessible and integrated into their own neighborhoods.

Conclusion

In the MAG Region, people living with disabilities express a need to have employee and employer training to help them become more employable. They have the motivation and desire to work in the community, to educate others about themselves, and to become valued members of society. Individually designed services and appropriate assistive technology help people to overcome the limitations of their disabilities, as does the stripping away of discrimination. Cities and towns can plan with the disability community to achieve actual integration of people with disabilities into their community life, programs and services. People with disabilities express desires to lead productive lives, to be accepted just as the people they are and to live in their own communities with the available programs and services they need. This requires a diligent commitment from society to accept and help people with disabilities to remove existing barriers.

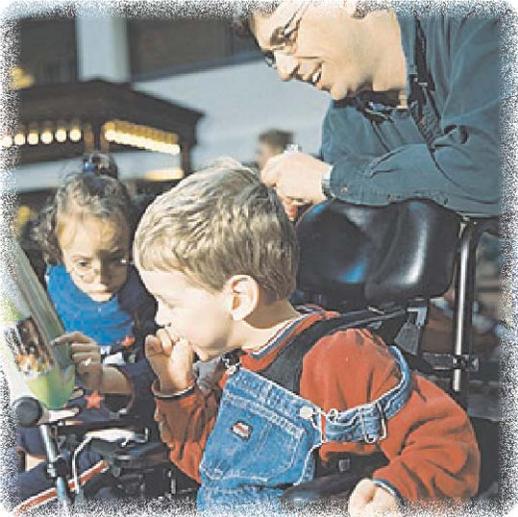
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PERSONS WITH DEVELOPMENTAL DISABILITIES

Introduction

Arizona Revised Statutes define developmental disabilities as: *A severe chronic disability, which is attributable to mental retardation, cerebral palsy, epilepsy or autism, is manifest before the age of 18, is likely to continue indefinitely and results in substantial functional limitations in three or more of the following areas of major life activity: (1) self care, (2) receptive and expressive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living and, (7) economic self-sufficiency.*



While the quality of life can vary dramatically for people with developmental disabilities, the ardent desire to live as independently as possible is shared by all. Different services and levels of support help make this possible. This chapter will offer direct insights from people with developmental disabilities, research in the field, and consultation with local experts and the agencies that provide services. Two focus groups were conducted at the Marc Center in Mesa and at United Cerebral Palsy in north Phoenix with a total of 30 people. Their feedback, along with other factors, has helped to shape this discussion.

The Maricopa Association of Governments (MAG) makes local target service recommendations to the Arizona Department of Economic Security for Social Service Block Grant funding for people with developmental disabilities. Since the money available for these services has not increased, and indeed has been reduced, over the past years, strategic planning takes on new importance. This planning process helps to allocate funds in the most responsive and responsible way possible.

This chapter will first offer profiles for the four groups included in the category of developmental disabilities as defined by the State of Arizona: autism, mental retardation, cerebral palsy and epilepsy. The strengths, challenges and solutions as identified by people in the MAG Region will also be discussed.

Profile

The eligibility requirements to receive services from the state as set forth in Arizona Statute require an individual of six years of age or older to have one of these diagnoses with major functional impairments. From a child's birth prior to age six years, an "at risk of a developmental disability" diagnosis is given for the children to be eligible for services from the Arizona Department of Economic Security's Division for Developmental Disabilities. The disorders listed below in infants, children and adults are diagnosed by licensed psychologists, certified school psychologists, licensed physicians, licensed psychiatrists and qualified professionals.

In Arizona, the Division of Developmental Disabilities service delivery system for people with developmental disabilities is a (HCBS) Home and Community Based Service Model. In 2005, it was determined 85 percent of eligible people served, now live independently in the community or with their families. This vital model of practice of individual and family well being ranks the State of Arizona in first place nationwide, due to the Division's increased expansion with other DES programs and many community partnerships that contract services to improve outcomes for the consumers served (DES 2005).

Autism: According to Arizona Revised Statutes, autism is a condition characterized by severe disorders in communication and behavior, which results in limited ability to communicate, understand, learn and participate in social relationships, with other qualifying conditions present.

The symptoms of autism may include severe difficulties with social skills or trouble expressing emotions. This may manifest in severe speech, language and communication difficulties. Repeated behaviors and routines are commonly associated with autism as well. Children exhibiting these symptoms will develop differently from other children, while also sharing similar progress in other areas (National Center on Birth Defects and Developmental Disabilities, 2005). According, to Southwest Autism Research and Resource Center's (SARRC) database of 1000 affected families who have children with autism, more than 50 percent reported their child had a normal developmental period, followed by regression. Scientists estimate the risk of having a second child with autism increases to approximately five percent or one in 20 for families with other affected children (Kirwan 2005).

Rates of autism are increasing, but researchers are unclear if this is the result of more prevalence or simply better diagnoses. Nationally, two to six individuals per 1,000 have Autism, or about 500,000 people aged 0 to 21. In Arizona, there were 1,213

children with Autism enrolled in special education classes in the 2000-2001 school year. This is roughly 14 percent of all children enrolled in special education classes. While this rate is lower than the rate for mental retardation, it is higher than the rate for children with cerebral palsy, making it the tenth most common form of developmental disability. (National Center on Birth Defects and Developmental Disabilities, 2005).



While genetic and environmental factors are cited as possible causes, scientists have yet to confirm this through research (National Center on Birth Defects and Developmental Disabilities, 2005). The Southwest Autism Research and Resource Center (SARRC) and the Translational Genomics Research Institute (TGen) in Phoenix have embarked on a partnership to further this research. Currently, all healthcare professionals and pediatricians in Arizona receive a screening kit for use with all 18-month and 24-month well-child exams. Early treatment can have tremendously positive long lasting effects (Melmed, 2005).

Mental Retardation: According to Arizona Revised Statutes, mental retardation is a condition involving sub-average general intellectual functioning and existing concurrently with deficits in adaptive behavior manifested before age eighteen.

While the Arizona Revised Statutes uses the term “mental retardation,” there is support to change this term to “cognitive disability.” Since the statutes still use the former term, this chapter will use it as well. People with mental retardation struggle with communication, self-care, school and socialization. Symptoms range from mild to profound. A child can develop mental retardation anytime before reaching 18 years of age. While the cause is not known, it is often associated with injury, illness or brain abnormality. It can be caused before birth by conditions like Down Syndrome and fetal alcohol syndrome. Other conditions can cause mental retardation directly after birth, like severe jaundice (National Center on Birth Defects and Developmental Disabilities, 2005).

Mental retardation is one of the most common developmental disabilities, affecting more than 1.5 million children nationally. The mild forms are three times more likely to occur than severe mental retardation. Especially in the severe range, people with mental retardation will need long-term services and assistance. Others may generally struggle in forms of communication with others, and may have difficulty in areas of socialization with others. They may be dependent on support from others in attention to self-care and other daily activities. They may have generalized difficulties in school, and are usually educated in a special education curriculum. Many seek and receive employment training, job experience and have jobs in adulthood, with necessary job supports as needed. In 2003, it cost on average \$1,014,000 to care for just one person with mental retardation throughout his or her lifetime. Lifetime costs for all people

with mental retardation is estimated in 2003 dollars to be \$51.5 billion. These figures represent an average. The levels of supports needed can vary dramatically. This will affect the cost of care significantly (National Center on Birth Defects and Developmental Disabilities, 2005).

Cerebral Palsy: According to Arizona Revised Statutes, cerebral palsy is diagnosed as a permanently disabling condition resulting from damage to the developing brain, which may occur before, during, or after birth and results in loss or impairment of control over voluntary muscles.

While this is caused by a non-progressive brain abnormality, meaning it may not worsen over time, symptoms may change over time. There are four main kinds of cerebral palsy. Spastic cerebral palsy is the most common and affects 70 to 80 percent of people with this disorder. Movements are awkward as the result of increased muscle tone. Athetoid or dyskinetic cerebral palsy gives one uncontrollable slow, writhing movements in the face, arms and hands. People who have been diagnosed with ataxic cerebral palsy have difficulty with balance and depth perception. Some people have more than one kind and are diagnosed with mixed cerebral palsy (National Center on Birth Defects and Developmental Disabilities, 2005). Uncontrolled and spastic muscle movements can cause bodily deformities in the form of muscle and joint contractures and spinal curvatures. This can further increase a person's disabilities and can be severe enough to affect health and general well being. Medical and surgical intervention may be required to enhance movement of various muscles and body parts (DES 2005).

Similar to other developmental disabilities, it is unclear if the prevalence of cerebral palsy is actually increasing or if increased awareness and diagnoses are responsible for higher numbers. Studies have shown that 23 out of every 10,000 children have cerebral palsy. Of this number, 75 percent have other disabilities as well. Causes can include prenatal events in the first six months, low birth weight, meningitis, child abuse and stroke. The average lifetime cost for care in 2003 for one person totaled \$921,000. While there is no cure, early diagnosis and intervention can alleviate the effects, (National Center on Birth Defects and Developmental Disabilities, 2005).

Epilepsy: According to Arizona Revised Statutes, epilepsy is a neurological condition characterized by abnormal electrical-chemical discharge in the brain. This discharge manifests in various forms of physical activities called seizures.

Also known as a seizure disorder, this condition affects the nervous system and is diagnosed after a person has at least two seizures that were not caused by another medical condition. Some risk factors for epilepsy include brain abnormalities, tumors

or injuries, cerebral palsy, babies born small for their age, strokes, mental handicaps, and use of illegal drugs. The following factors can bring on a seizure: missed medication, lack of sleep, stress, heavy use of alcohol or drugs, and nutritional deficiencies (Epilepsy.com 2005).



While society has made tremendous progress in the treatment of people with epilepsy, misunderstanding and misinformation about the disorder are still common. The seizures do affect the brain, but they do not always cause brain damage. Most people with epilepsy are not mentally handicapped, although in rare circumstances this does happen. Epilepsy is not always a life-long condition, as very often people grow out of it. Once a person is seizure-free for one to three years, the person can be weaned off medication.

Strengths

In the focus groups, people with developmental disabilities commented enthusiastically about the strengths they saw in the local disability community. In doing so, they focused on three main areas: opportunities for self-sufficiency, caring people, and the services received. Clearly, the support they received from the people in their lives and the ability to support themselves made an indelible impact.

The chance to be self-sufficient often rests on at least two factors: the ability to make a living and remaining in one's home. Both were incredibly important to the focus group participants. No one asked for an increase in benefits or a fancier house. All wanted to maintain a job and to remain in their own homes. Many lived with aging parents and expressed concern about what would happen when their parents passed away or would no longer be able to care for them. Poignantly, many of the developmentally disabled adults and their elderly parents help to care for each other. Due to this mutual support, both the developmentally disabled and the elderly are able to stay in their homes longer because of each other.

Specialized services have been developed for consumers over the age of 50 years. According to the Arizona Department of Economic Security's Division for Developmental Disabilities, a review of District One (Maricopa County) consumers identified 1,000 individuals, with 500 individuals still living at home with elderly caregivers. District One is developing premier support coordination units to work with eligible people over age 50 years and their families. The following elderly caregiver issues will be addressed: long-term living situations for their family members, wills, deeds, trusts, and advance directives. Tailored day programs are being developed district wide that will include developmental disability providers for people 50 years of age and older.

Services often make staying in the home possible. Were it not for the job coaching they received, many of the people with developmental disabilities would not be able to secure or keep their employment. Residential services are also a critical element in ensuring that their needs are met appropriately.

People with developmental disabilities specifically cited in-home therapy for birth to three years of age, and center-based speech, occupational and physical therapy for ages three and over, as being critical to success. Day treatment programs for children provided important socialization opportunities for children who are often not wanted at mainstream daycare programs. Programs like the Arizona Center for Disability Law, SARRC, Medicaid, Arizona Health Care Cost Containment System (AHCCS), and Arizona Long Term Care System (ALTCs) were offered as some of the best practices.

Hospitals now have neonatal intensive care units (NICU) with exceptionally trained physicians and staff to comfort, help, train and guide parents from the first few minutes after their child's birth. Parents receive information about a wide array of resources that provide guidance and assistance to them in navigating a journey that may become a permanent part of their lives.



Challenges

As much as the above strengths sustain them, people with developmental disabilities shared information about their needs as well. These challenges include transportation, discrimination, intensifying needs and lack of funding for services. Effective public transportation options help people with developmental disabilities access available services. When transportation is not available or adequate, this leaves people isolated with unmet needs. Many simply need more instruction on how to use the bus. Others need Dial-A-Ride but struggle when crossing municipal boundaries that do not coordinate schedules. This is frustrating for high functioning people, but can be dangerous for lower functioning people with limited resources. School children with disabilities report needing more assistance at times. When such help is not available, children have been left behind at school, brought to the wrong destination or remained on the bus and inadvertently brought back to school.

Focus group participants have found many people who care about them, but have also found just as many who ignore, exclude or harass them. Such treatment can make people with developmental disabilities question their identity as full people, doubt their abilities, and withdraw from their environment. Parents of children with developmental disabilities recounted how some daycare businesses and playgroups would refuse their children or not know how to provide appropriate care, thereby increasing the need for



socialization programs. Others experienced discrimination in their own families. Older children with developmental disabilities shared how their parents took their “normal” children on vacation, leaving them at home with paid care providers. People learn a tremendous amount through observation, participation and engagement. When people with developmental disabilities are denied these opportunities, this affects their growth and sense of self.

Intensifying needs loom ominously in the future while affecting people with developmental disabilities today. This increased need is the result of several different factors. First, many people with developmental disabilities are living longer and will require more care as a result. Their parents are aging as well and will not be able to offer support in the future. People with developmental disabilities cited stricter eligibility guidelines and reduced funding for critical services as contributing to the intensification of need. Standardized systems of care and funders with conflicting requirements fail to base services on individual needs, and instead mandate services that may be inappropriate. When people cannot get the help they need when they need it, their needs intensify and worsen.

As important as the services are, they cannot be maintained without adequate levels of funding. For example, some cited the need for more one-on-one workforce training to help them transition from a sheltered work environment to a mainstream job. Others pointed to the lack of therapists and high staff turnover as contributing to the need. The older clients wanted to have more services tailored to their experience. As people age, their needs change and their need for services evolve as well.

Solutions

Constructive solutions exist and in some cases, are already in motion. Companies like TGen conduct research that will be vital to improving the quality of life for people with developmental disabilities. Assistive technologies help people achieve normal levels of function and to interact more fully within their communities. Medicine prolongs and improves the quality of life for people who never would have survived years ago. As a nation, we are implementing laws like the American Disabilities Act that provide protections against discrimination for people with disabilities. Locally, programs and agencies offer services and supportive environments that embrace and assist people with developmental disabilities. Fundamentally, people are making a paradigm shift from relying on a cure to building a life. The solutions offered in the Disability Chapter are relevant for people with developmental disabilities as well. The focus for both populations is to break down the barriers that prevent people with any kind of disability from participating fully in society.

Conclusion

Whether one has autism, epilepsy, cerebral palsy or mental retardation, the need to belong to society as a valued person is the same as for anyone without disabilities. People with developmental disabilities reported many strengths, needs and opportunities present here in the MAG Region. The challenge of the upcoming years will be to identify care solutions for people with developmental disabilities as they age, become more dependent and are faced with more severe needs. Many agencies, both public and private, are dedicated now to this purpose. Many people, staff, private citizens and elected officials have committed themselves to this goal. Working together, we can ensure that everyone has a positive place in society.

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AGING SERVICES

Introduction

Today, America's older adults are living longer, healthier, and more prosperous lives than ever before. With advancements in medical science and technologies, many adults can expect 10 to 20 years of life post-retirement. For many, these years can represent an opportunity to pursue interests related to their previous work experience or to become involved in other areas of interest they may not have had time to pursue before. This is a time of unprecedented opportunity for older adults and the communities in which they live.



Many older adults will face significant challenges as they age and will continue to need services provided by federal, state and local social support structures. As individuals live longer, they will need to secure access to livable incomes over a longer period of time. With rapidly rising health care costs and limited affordable housing, many retirees may be forced to continue working in some capacity, regardless of their preferences. For all older adults, access to quality affordable health care services becomes even more critical as the aging population depends more and more on expensive prescription drugs and advanced medical technologies. Local senior service providers warn that the new Medicare prescription drug plan is likely to cover only a fraction of the overall increases in health care costs. For those who cannot work, the availability of continued Social Security, Medicare, and Medicaid benefits will be of the utmost importance.

As human services professionals look ahead toward the impending retirement of the “baby boomer” generation (born between 1946 and 1964), they face certain challenges in responding to the needs of the older adults in their communities. It would benefit agencies to be prepared to simultaneously address the critical basic needs of the frail elderly, but also to take advantage of the “experience dividend” that will become available as healthy, well-educated, relatively prosperous, and civic minded baby boomers begin to retire and look for opportunities to become involved in their communities (Civic Ventures, 2005).

The subject of aging and aging services is quite vast and encompasses many critical interconnected issues. This chapter will attempt to specifically address the following: the size of the aging population in Maricopa County; strengths and needs in local aging services systems and within older adult populations themselves; suggestions for

improvement provided by local focus group participants; and a sample of local best practices in aging services.

Population Demographics

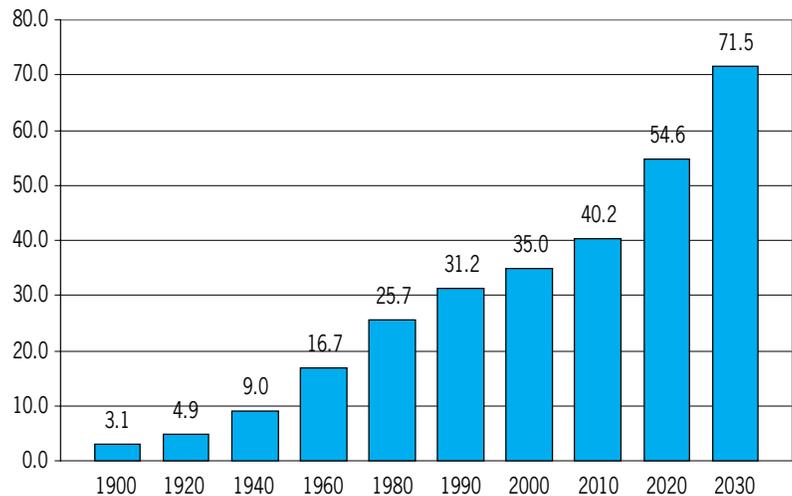
It is well documented that the number of older adults in the United States has grown dramatically over the last ten years. According to the U.S. Department of Health and Human Services (DHHS) Administration on Aging, “the older population (65+) numbered 35.9 million in 2003, an increase of 3.1 million or 9.5 percent since 1993.” These numbers are expected to increase even more rapidly as the baby boomer generation approaches retirement age. By the year 2030, the older population will nearly double to 71.5 million (DHHS, 2004). This trend is clearly visible in *Figure 14* from the U.S. Department of Health and Human Services:

In Maricopa County in 2000, persons aged 65 and over numbered nearly 360,000, or 11 percent of the total population (Community Vital Signs, 2004). This figure was slightly below the national percentage, which in 2000 stood at 12.4 percent (DHHS, 2004). Locally, the percentage of older adults aged 65 and over is expected to grow to 20 percent by the year 2025 (American Community Survey, 2004). Currently, approximately one in four Arizonans is a baby boomer—all boomers will be at least age 65 by 2029 (Community Vital Signs, 2004).

Geographically, the highest population densities of persons aged 65 and over were found in the retirement communities of Sun City, Sun City West, and Sun Lakes, as well as in East Mesa, Scottsdale, Chandler, and portions of Phoenix (Community Vital Signs, 2004). (See *Figure 15* on the next page.)

This rapid growth in the number of older adults has serious implications for aging service systems in the MAG Region and across the nation. It is important for agencies and communities to prepare for, and potentially benefit from, the impending “age wave.” Some may choose to look only at the additional strain this influx of individuals may place on already burdened and thinly-stretched service providers. While policymakers face this inevitability as they consider future budget allocations, elected officials and

Number of Persons 65+ 1990-2030 (Number in Millions)



Source: Census Internet Release 2004. Note: Increments in years are uneven.

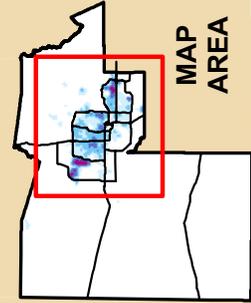
Figure 14: Number of Persons 65+, 1990-2030



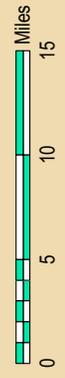
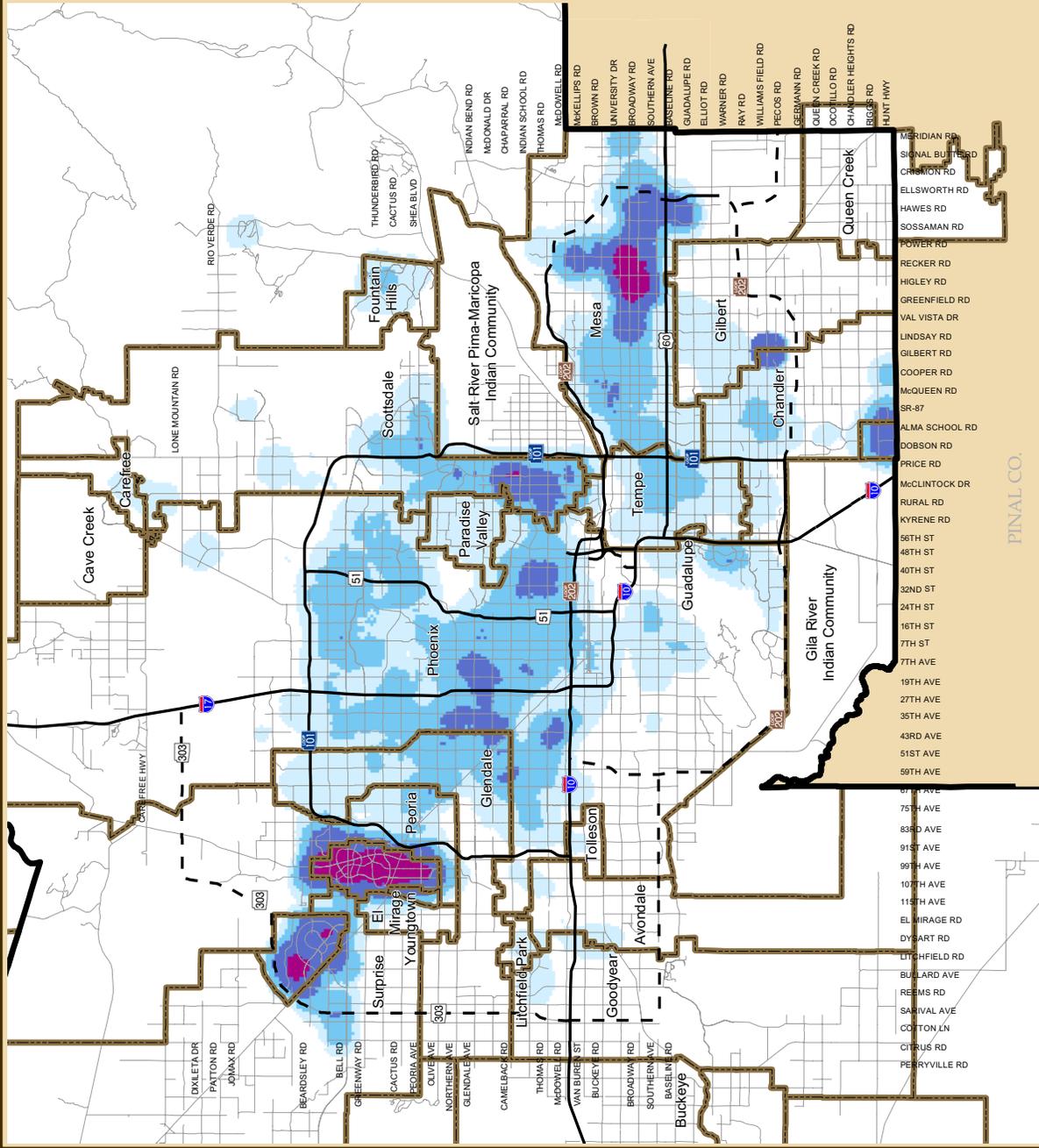
POPULATION CONCENTRATION AGE 60 AND OVER

(Year 2000 Census)
Maricopa County, Arizona

- Persons Per Square Mile
(Maricopa County Average = 50.55)
- Less than 150
 - 150 to 500
 - 500 to 1000
 - 1000 to 2000
 - More than 2000
- Municipal Planning Area
Major Roads
- Freeways/Expressways
- Existing
 - Planned



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Source: 2000 Census
Map Prepared by Maricopa Association of Governments
September 2005

Figure 15: Population Concentration Age 60 and Over

administrators have the opportunity to engage these older adults in ways that potentially could benefit whole communities.

Strengths

One of the strengths most frequently cited by older adults who participated in the MAG focus group series was the volunteer spirit and wealth of personal experience they have found among their neighbors and community members. Many participants reported that they currently volunteer their time and would welcome opportunities to do more, especially if the location was nearby and easily accessible via public transportation. They appreciate the variety of volunteer opportunities available in their communities, such as working with youth, church and political activities, assisting in hospitals, and teaching English as a second language. Older adults utilize a variety of ways for finding information about volunteer positions, such as the Internet, community bulletin boards, church newsletters, and through contact with neighbors.

Many participants indicated a deep appreciation for the services provided by their local senior centers and local officials, including police and fire departments (two of the three aging services focus groups were conducted in senior centers). Group and home delivered meals were cited as examples of superior service. Programs that offer opportunities to socialize with fellow community members are valued, as are opportunities to attend nearby public forums where opinions can be heard directly by local officials.

Overall, feedback indicated that citizens are generally happy with the services they are currently receiving, but would like to see more of them. For example, some participants indicated that senior centers should be expanded to accommodate more people and that they should provide more social programs. The majority of the strengths identified, however, were those that could be found within the community members themselves. Participants recognized that older adults often have extensive professional and personal experience that could be valuable to the community as a whole, should individuals choose to become involved in some way.

Needs

There are many critical needs among older adults that may need to be addressed by local, state, and federal governments, as well as the nonprofit sector and local community groups. The information below was provided by participants in the MAG human services public input process in the summer of 2005. Local concerns are supplemented with national, statewide and regional statistics where applicable.



Many older adults who participated in the public input process cited a need for more affordable housing options in the region. Indeed, across all of the human services focus groups conducted, the need for affordable housing was a common concern. According to the U.S. Census Bureau's American Community Survey conducted in 2004, the average cost of rental housing in Maricopa County was \$720 per month. The average monthly payment for single-family housing units with a mortgage was \$1,208. On a national level, the average monthly Social Security benefit payment as of July 2005 was \$876.70. Clearly, it would be impossible for retirees with a market-priced monthly housing payment to live on Social Security benefits alone. Even for those who own their homes outright, the average monthly payment to cover property taxes, insurance, and other related expenses was \$307 (U.S. Census Bureau, 2005). It has become essential for retirees to supplement their retirement income through personal investments, pension plans, and/or through continued employment.

A second need that was clearly communicated by focus group participants was the desire for expanded employment opportunities for older workers. As of August 2005, there were approximately 23.7 million individuals 55 years and older in the U.S. workforce, which represents approximately 16.5 percent of the total labor force (Department of Labor, 2005). *Table 22* represents the growth in the participation of this age group in the labor force since 1995.

By 2012, the number of workers 55 and older is expected to increase to slightly over 31 million, or approximately 19.1 percent of the projected total labor force (DOL,

Seasonal Employment Level—55 Years and Over												
<i>Labor force status: Employed, Type of data: Number in thousands</i>												
Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1995	15,084	15,038	14,995	15,016	14,927	14,923	15,115	15,096	15,289	15,345	15,249	15,121
1996	15,179	15,308	15,306	15,169	15,315	15,468	15,536	15,573	15,522	15,525	15,601	15,634
1997	15,802	15,792	15,988	15,930	16,038	15,940	15,912	16,064	16,068	16,210	16,447	16,480
1998	16,385	16,423	16,336	16,487	16,558	16,484	16,549	16,533	16,755	16,826	16,897	16,959
1999	16,873	16,953	17,023	17,138	17,093	17,264	17,284	17,339	17,347	17,291	17,302	17,482
2000	17,957	18,049	18,079	18,098	18,086	18,176	18,206	18,331	18,273	18,295	18,201	18,449
2001	18,515	18,512	18,588	18,691	18,836	18,866	18,964	19,093	19,075	19,161	19,199	19,296
2002	19,337	19,484	19,398	19,671	19,840	19,979	20,127	20,181	20,432	20,457	20,480	20,368
2003	20,849	20,871	20,910	21,000	21,046	21,117	21,127	21,281	21,271	21,572	21,701	21,721
2004	21,729	21,854	21,948	21,788	21,867	22,040	22,196	22,384	22,326	22,366	22,571	22,719
2005	22,620	22,772	22,821	23,257	23,302	23,498	23,590	23,725				

Source: Department of Labor, Bureau of Labor Statistics, 2005

Table 22: Seasonal Employment Level—55 Years and Over

2004). Many employers recognize this trend and are listening to the needs of older workers who may wish to remain at their jobs, or take on new ones, but who require more flexibility in order to do so.

A common sentiment among older adults is that they want or need to continue working into retirement, and that they want that work to be meaningful. One focus group participant stressed that she wanted to work, but she also desired an opportunity that would put her skills as a former schoolteacher to good use. She specifically stated that she was not interested in working as a greeter in a big box retail store. A new study by the MetLife Foundation and Civic Ventures titled *The New Face of Work Survey* demonstrates that her desire is not uncommon. The study found that 53 percent of older adults surveyed plan to continue working after retirement. Of those, 78 percent said that they were most interested in the type of work that would help to improve the quality of life in their communities by working with the poor, the elderly, or other people in need. There is clearly an opportunity for employers in the private sector, as well as those in the public and nonprofit sectors, to respond to these workforce trends by making flexible employment opportunities available to older adults who may want or need to continue working after retirement. This may involve increasing the overall number of jobs that appropriately consider the limitations and needs of older adults, in addition to assisting employers to retool existing jobs in order to make them more attractive and accessible to the growing number of older people in the labor force.

A third need articulated by participants was convenient centralized access to information about local volunteer opportunities and more opportunities to participate in public forums where their voices could be heard. Overall, there was widespread support for enhanced communication between community members and local government officials and that ideally the communication should be increased in both directions. Most participants agreed that while there are numerous opportunities available to volunteer and to participate in public forums, often they are not well publicized and locations may be difficult to reach via public transportation.

In addition to affordable housing, another common need that participants noted was for expanded public transit options. Many older adults expressed frustration with trying to reach bus stops that are located far from their homes and that are in areas where there is no shade and no place to sit. There was concern that some areas in the MAG Region do not receive bus service at all. Please refer to the following map (*Figure 16*) that provides currently available bus routes throughout the MAG Region in relation to areas where older adult populations are the most concentrated. Some expressed concern that they would soon need to stop driving their own vehicles, and were uncertain how they would continue to remain mobile with no family in the area and most of their friends being of the same age.

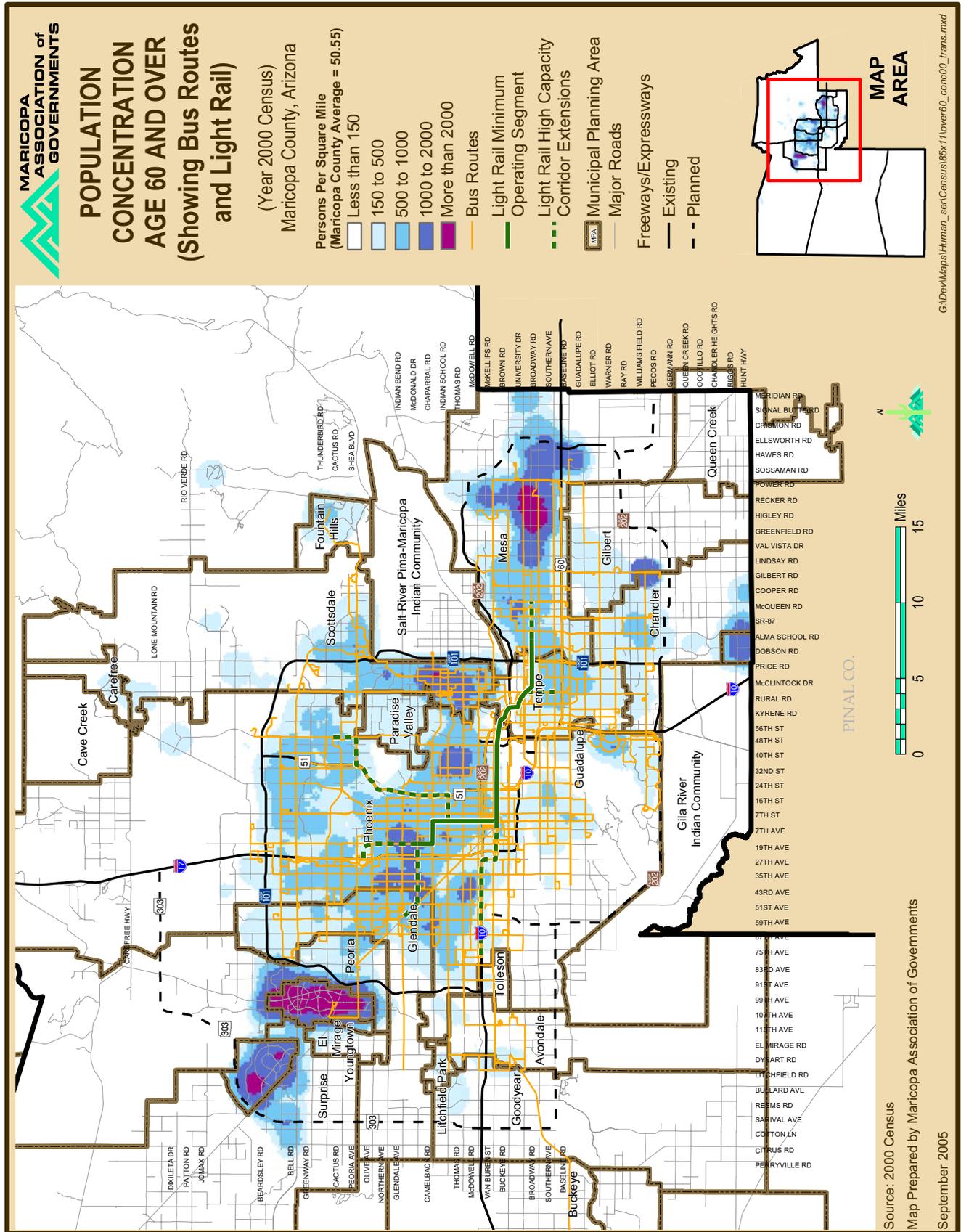


Figure 16: Population Concentration Age 60 and Over (Showing Bus Routes and Light Rail)

Finally, many participants indicated that the rising cost of healthcare, and specifically of prescription drugs, was becoming more of a drain upon their limited monthly incomes. As the federal and state governments respond to these issues with new prescription drug plans over the coming months, this situation will need to be monitored. Increasing health care costs, as well as the rapidly increasing cost of housing in the MAG Region, can only intensify the need for expanded employment opportunities and better access to viable public transit options.

Suggestions for Improvements

While many of the concerns expressed during the MAG public input process would most likely need to be addressed on the state and federal levels, there are certain steps that local governments and communities can take to respond to the needs of older adults. The following suggestions for improvement were provided by focus group participants and community survey respondents.

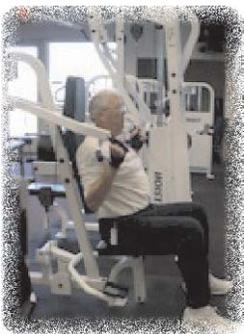
1. Elected officials and government administrators can hold more small, local community forums where older adults can make their concerns heard and where officials can communicate clearly what is currently being done to address certain issues.
2. Improve transportation systems by providing more access points, expanding service, and providing areas with shade and seating.
3. Create and publicize more free opportunities for older adults to volunteer and to socialize with their peers.
4. Explore ways to match the needs of baby boomers who wish to stay engaged in their communities post-retirement with the needs of the older, frailer elderly population.
5. Encourage the creation of more meaningful, flexible, senior-friendly jobs; encourage employers to hire older workers and assist by helping to communicate the unique needs of older workers who wish to remain in the labor force.
6. Address affordable housing needs as appropriate to the community. One suggestion was to require developers to include a portion of affordable housing units along with higher income developments.

Local Best Practices

Tempe Connections: Tempe Connections is a new project launched in 2005 to create a comprehensive one-stop resource for connecting baby boomers and other young seniors with information, services, and programs with a focus on life planning, new careers, wellness, civic engagement, social connections, and other areas of interest.

The centerpiece of Tempe Connections is a physical center within the Tempe Public Library that includes a café, as well as space for educational, information-gathering, and volunteer opportunities. By 2007, the program will include satellite services within community multigenerational centers. The City of Tempe's Social Services Division and the Tempe Public Library partnered with numerous organizations to make the Tempe Connections project a reality, including the citizens of Tempe, St. Joseph's Hospital, Mesa Community College, Arizona State University, and the Tempe Chamber of Commerce, among many others. The Tempe Connections project is one of four Next Chapter Initiatives in Maricopa County, which are being developed with the support of the Virginia G. Piper Charitable Trust, Civic Ventures, and Libraries for the Future to provide innovative intergenerational approaches to serving the needs of older adults in the community.

Via Linda Senior Services Center, Scottsdale: The City of Scottsdale created a new and innovative senior services model approximately nine years ago. Through this model, the City's social services and recreation staff are housed under the Human Services Division and report to the Human Services Director. In working closely together, social services and recreation staff are easily cross-trained and are better able to assist and support each other's programs. This arrangement enables older adults in the City of Scottsdale to initially access the senior center mainly for recreational and social engagement purposes, such as taking art, computer or yoga classes.



As time goes by, older residents may find they have additional social services needs, such as coping with the death of a spouse, questions about long-term care, or other late-life issues. In these situations, social workers are there at the center to support and refer them to the appropriate resources. Engagement in center resources can work the other way as well; an older adult may come to the center to be part of a support group, see the recreational classes offered and find a new way to get involved. Additionally, there are "mini centers" in some Scottsdale neighborhoods to afford those who are unable to get to the main center the opportunity to socialize, have congregate meals, and take classes. The senior/recreational services also expand beyond the centers to include outside activities, such as softball tournaments and Senior Olympics.

Chez Nous Center and Café, Interfaith Community Care: Since 1981, Interfaith Community Care has been providing quality care to seniors and disabled adults who wish to remain living independently in their own homes. The organization has a history of providing programs and services that meet the different needs of the growing population in the West Valley. With its new facility, Chez Nous Center and Café, Interfaith Community Care is carrying on that tradition of service to the community.



The center and café provides a comfortable atmosphere where seniors can enjoy a morning cup of coffee, educational classes, hot lunch with a friend, and other social activities. Special events are held regularly and the café serves free meals on holidays to give the widowed and lonely members of the community a place to come together and experience a friendly, family atmosphere.

Located adjacent to the Sun City West Adult Day Center, one of Interfaith's five day center facilities, the café also provides a place where caregivers have an opportunity to get the respite they deserve.

Since opening in June of 2004, Chez Nous has experienced an incredible response from the community and the number of West Valley citizens utilizing the center's offerings continues to increase. Interfaith plans to build a replica of Chez Nous in Surprise in the coming years as the West Valley population and need for services like those offered at the center and café continue to grow.

Conclusion

Participants in the 2005 public input process expressed one thing clearly when it comes to aging services—older adults do not necessarily expect the government to provide for their every need and want as they age and move into their retirement years. On the contrary, they wish to remain vital and participatory members of their communities and are looking for ways to do so. Older adults need affordable housing and healthcare, accessible public transportation, and ways to stay engaged, either through paid employment or civic engagement opportunities. Although many of the less affluent will continue to require additional support from various social services, this generation of healthy, prosperous, and well-educated adults has the potential to revolutionize the way that Americans think and feel about retirement and has the power to impact our communities in numerous positive ways.



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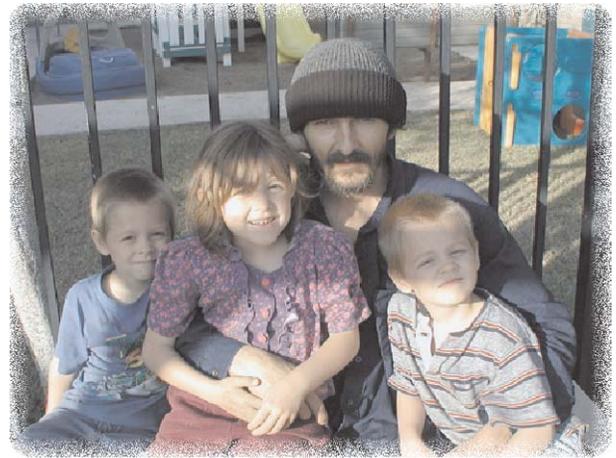
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HOMELESSNESS

Introduction

Like other major areas in the country, the Maricopa Association of Governments (MAG) Region is challenged by homelessness. While specific circumstances vary, the need for permanent affordable housing, a stable source of income and a positive support system remain the same for both housed and homeless people. The inability to meet these needs results in homelessness for thousands of Valley residents each year.

The MAG Continuum of Care Regional Committee on Homelessness was formed to develop policies and provide homeless planning for the region in response to this need. The first Continuum of Care was developed in 1994 in response to a directive by the Department of Housing and Urban Development (HUD). MAG began hosting the Continuum in 1999; however, the need for a structure like the Continuum was apparent as early as the 1980s, as a result of increased homelessness and a fragmented service delivery system. The region has come a long way in addressing issues of homelessness. However, there is still a need to examine homelessness and the issues surrounding it in the MAG Region.



This chapter will offer definitions to frame the issue, a discussion of the local background on homelessness and a report on the current state of homelessness. A presentation of the MAG Region's delivery of the Continuum of Care with focus on major initiatives will close the chapter.

Definitions

There are different technical definitions of homelessness for funding sources and programs. For example, HUD defines a homeless person as a person who “lacks a fixed, regular, and adequate night-time residence and ...has a primary night-time residency that is: (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations; (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings” (42 U.S.C. § 11302(a) and, 42 U.S.C. § 11301, et al 1994).

The Department of Education (DOE) defines homelessness as individuals including children and youth who lack a fixed, regular, and adequate night-time residence:

“...who are sharing the housing of other persons due to loss of housing, economic hardship, or similar reason; are living in motels, trailer parks, or campgrounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals, or are awaiting foster care placement, living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings.”

The HUD definition is used for the street and shelter counts. The DOE definition is used in schools and both definitions are referenced throughout this chapter.

Local Background

Like other counties across the country, widespread homelessness in the MAG Region began in the 1980s, partially as a result of affordable single room occupancy hotels being closed down in favor of higher-end housing. These hotels were often the housing of choice for low-income workers and the only option for those recently released from mental institutions or prison. When the hospitals began releasing mentally ill patients en masse with the de-institutionalization trend of the 1980s, there were no longer safe, affordable housing options for people who could not be gainfully employed. Nearly overnight, the community faced a burgeoning homeless population and little expertise or resources to meet this crisis. Tent City, a broad community effort ad hoc assortment of temporary shelters based in the city of Phoenix, began the MAG Region’s relationship with homelessness and the elusive struggle to make a place for every person in the community. The Continuum’s committee structure was developed to effectively address the issues that were first presented in the 1980s and that continue well into the future.



Profile

The homeless population presents a wide array of needs and challenges to addressing those needs. This section will focus on some of the subpopulations within homelessness, offer basic information about the environment in which they live, and examine adversities specific within those subpopulations.

Persons With Mental Illness

On January 25, 2005, MAG conducted a regional point-in-time shelter survey and street count. According to the shelter count, 582 of the homeless people sheltered in the MAG Region had mental illness. That accounts for 20 percent of the homeless people sheltered in the MAG Region that day. Similarly, approximately 23 percent of the National single adult homeless population suffers from some form of severe and persistent mental illness (U.S. Conference of Mayors, 2003). The Federal Task Force on Homelessness and Severe Mental Illness reports that only five to seven percent of homeless persons with mental illness require institutionalization; “most can live in the community with the appropriate supportive housing options” (Federal Task Force on Homelessness and Severe Mental Illness, 1992).



HIV/AIDS

Homeless people tend to have higher rates of illness and chronic diseases than the general population. Of the estimated 3.5 million people who are homeless every year in the United States, as many as 3.4 percent are HIV positive. This represents a rate three times higher than that of the general population (AIDS Housing of Washington, Homelessness and HIV/AIDS, 2003).

Homeless people with HIV/AIDS face greater health issues than people with HIV/AIDS who are housed. The “conditions of homelessness, including nutritional deficiencies, exposure to the elements and extreme weather, and other lifestyles factors, can exacerbate or cause chronic health problems” (A Preliminary Review of Literature: Chronic Medical Illness and Homeless Individuals 2002).

Homeless people also have limited access to critical HIV/AIDS medications and treatments. Even when they are able to obtain the proper medicine and treatment, barriers such as maintaining “demanding and rigorous regimens” and lack of access to clean water, bathrooms, refrigerators, and a balanced diet can retard life expectancy and quality of life. Housing for people with HIV/AIDS is vital to survival. A study in New York revealed that, in supportive housing, formerly homeless individuals were four times more likely to seek medical care than those in case management alone (AIDS Housing of Washington, 2003).

Persons Suffering from Substance Abuse Disorders

According to the point-in-time shelter survey there were 1,795 homeless adults sheltered in the MAG Region with substance abuse disorders. That represents 62 percent

of the total sheltered adults on the day the shelter count took place. The availability of programs to serve this subpopulation is limited. Because there are very few supportive services programs that accept families and children, it is difficult for a person to get into substance-abuse specific programs if they are part of a family unit. In addition to a lack of substance abuse programs available, a “lack of health insurance; lack of documentation; waiting lists; scheduling difficulties; daily contact requirements; lack of transportation; ineffective treatment methods; and cultural insensitivity” are also barriers that this subpopulation faces (Why Are People Homeless? 2002). Additionally, many of the programs in place require individuals to be sober, in some cases as long as one year before they can qualify for entry into non-treatment programs. Transitional housing programs usually have a sobriety requirement as well.

Housing First and halfway houses are based on two basic premises: expedited rehousing and services once a family or individual is housed and programs that have less stringent sobriety requirements. For example, some halfway houses “will accept only those with at least a few days of abstinence, [while] others provide detoxification services.” These “residential facilit[ies] provide a drug-free environment for individuals recovering from drug or alcohol problems but [are] not yet able to live independently without jeopardizing their progress” (Halfway Houses: *Drug Study Guide*, 2005).

Youth

In the MAG Region, 80 youth on their own were identified as homeless. Of those 80, 23 were counted in shelters and 57 were identified as unsheltered. Youth on their own accounted for one percent of the homeless population counted in the January 25, 2005 point-in-time street and shelter count. On a national level, approximately 39 percent of the homeless populations are children (Urban Institute 2000).



According to the National Alliance to End Homelessness, “many homeless youth have experienced physical and sexual abuse, parental drug or alcohol abuse, childhood homelessness, and juvenile detention. Neglect and lack of emotional and financial support from their families can also cause youth homelessness.” Lack of an appropriate exit strategy from the foster care system has been cited as another cause of youth homelessness. The Annie E. Casey Foundation found that “within two to four years of exiting foster care, 25 percent of foster children had experienced homelessness” (Youth Homelessness, 2004).

Families

According to the U.S. Conference of Mayors, the number of homeless families, especially with children, has grown significantly over the past decade. On a national level, families make up about 40 percent of the homeless population. The MAG Region point-in-time survey identified 650 sheltered homeless families (46 percent of the entire sheltered population). A young single mother, as described by the National Center on Family Homelessness, heads the typical homeless family, “with two children under age six. She may have lost her job or her home, become injured or ill, or be fleeing from domestic violence.”



Once a family becomes homeless, the children confront serious emotional, physical, and mental adversity. Homeless children face “dramatically higher levels of acute and chronic illness. They go hungry at twice the rate of other children. As night comes, they wonder where they will sleep” (Family Homelessness, 2004). The parent and child also deal with the constant fear of separation, which can exacerbate anxiety.

Ethnicity

A 2004 survey of 27 cities by the U.S. Conference of Mayors found that the homeless population was “49 percent African-American, 35 percent Caucasian, 13 percent Hispanic, two percent Native American, and one percent Asian.” Location plays a role in the racial makeup of a homeless population. For example, “people experiencing homelessness in rural areas are much more likely to be White; homelessness among Native Americans and migrant workers is also largely a rural phenomenon” (U.S. Department of Agriculture, 1996). Due to the composition of homelessness, it is imperative that homeless programs be cognizant of cultural differences. In the MAG Region, some shelters and/or programs provide culturally specific services for Hispanics, African-Americans, and Native Americans.

Victims of Domestic Violence

In addition to the emotional and physical abuse that battered individuals experience, once they leave the relationship many face homelessness. Nationally, 50 percent of women and children who are homeless are “fleeing from abuse.” The largest homeless shelter in Arizona, Central Arizona Shelter Services (CASS), “reported that 30 percent of their female population has a history of domestic and sexual violence” (Plan for Housing, 2005). The MAG regional point-in-time survey revealed that 807 of the homeless people sheltered reported being victims of domestic violence. That means 17 percent of the total adults counted in shelter were also victims of domestic violence.



Veterans

The National Coalition for the Homeless states that “40 percent of homeless men have served in the armed forces, as compared to 34 percent of the general adult male population.” During the regional point-in-time survey, 187 veterans were identified in shelters, making up more than six percent of the sheltered homeless population. According to the Department of Veterans Affairs, “many other veterans are considered near homeless or at risk because of their poverty, lack of support from family and friends, and dismal living conditions in cheap hotels or in overcrowded or substandard housing.” The Department of Veterans Affairs also reports that “almost all homeless veterans are male (about three percent are women), the vast majority are single, and most come from poor, disadvantaged backgrounds. Homeless veterans tend to be older and more educated than homeless nonveterans. But similar to the general population of homeless adult males, about 45 percent of homeless veterans suffer from mental illness and (with considerable overlap) slightly more than 70 percent suffer from alcohol or other drug abuse problems.” (Department of Veterans Affairs, 2005)

Employment

A decrease in “wages have put housing out of reach for many workers: in every state, more than the minimum wage is required to afford a one- or two-bedroom apartment at Fair Market Rent” (National Low Income Housing Coalition, 2001). In the MAG Region a minimum-wage worker would have to work 122 hours each week to afford a two-bedroom apartment at 30 percent of his or her income, as opposed to the national median of 89 hours for a minimum wage worker (National Low Income Housing Coalition, 2004).

Current State of Homelessness

The January 25, 2005 homeless street count identified 2,918 people living on the streets of Maricopa County. Although this count was one of the most comprehensive efforts to date to identify the number of homeless individuals in the region, the count represents only individuals and families living on the street and at the Phoenix overflow shelter. It does not include the 5,000 or more other homeless persons currently residing in shelters or transitional housing. On the day the street count was conducted, 160 individuals and 133 families requested shelter and were turned away because of lack of capacity. At the same time, 1,533 individuals were reported to be on a waiting list for permanent supportive housing. These numbers represent just a one-day period of time and may indicate the need for year-round shelter. The CASS overflow shelter temporarily opened its doors in September 2005 in response to the summer’s heat emergency and served an average of 200 people a night. The Phoenix winter overflow shelter opened in mid-November and was filled to capacity each night it was open.

A combination of homeless adult individuals and youth on their own represents the largest number of homeless persons. As stated in *The Current Status of Homelessness in Arizona, 13th Edition—Nov. 2004*, “the majority of homeless persons not in families are reported by emergency and transitional housing programs as having problems with substance abuse or serious mental illness or both.” Reports also indicate that many are exiting the correctional system and facing barriers to family reunification because of current crime-free housing policies. Homeless families, specifically women with children, are the fastest-growing subpopulation of people who are homeless.

Gaps Analysis

The Gaps Analysis is part of a process in which communities come together to identify gaps in the local response to homelessness and then set priorities to fill those gaps. To identify gaps in the Continuum of Care, the number of homeless persons, type and number of housing and services, and the type and number of unmet needs are generated. In the MAG Region, gaps analyses are conducted in each city on a yearly basis and include data from the Department of Economic Security (DES) point-in-time surveys, street counts and estimates from local providers. Information from the 2005 local gaps analysis is provided in *Table 23*.

MAG Continuum of Care Homeless Population and Subpopulations (Chart based on January 25, 2005 Street and Shelter Count)				
Part 1: Homeless Population	Sheltered		Unsheltered	Total
<small>*(N) Numeration *(S) Statistically Reliable Sample</small>	Emergency	Transitional		
1. Homeless Individuals	968 (N)	1,506 (N)	2,505(N, S)	4,979 (N,S)
2. Homeless Families with Children	240 (N)	410 (N)	33 (N)	683 (N)
2a. Persons in Homeless Families with Children	821 (N)	1,369 (N)	109 (N)	2,299 (N)
Total (lines 1 + 2a only)	1,789 (N)	2,875 (N)	2,614 (N,S)	7,278 (N, S)
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless	114 (N)		680 (N)	794 (N)
2. Severely Mentally Ill	582 (N)		*	582 (N)
3. Chronic Substance Abuse	1,795(N)		*	1,795 (N)
4. Veterans	187 (N)		*	187 (N)
5. Persons with HIV/AIDS	30 (N)		*	30 (N)
6. Victims of Domestic Violence	807 (N)		*	807 (N)
7. Youth (Under 18 years of age)	23 (N)		57 (N)	80 (N)

Table 23: MAG Region Homeless Populations: Based on Street and Shelter Count, 1/25/05



The Gaps Analysis Work Group, an ad hoc group of the MAG Continuum of Care Regional Committee on Homelessness, determined the amount of unmet need for emergency shelter, transitional housing and permanent supportive housing after an extensive review of all data available from a variety of sources, including:

- Preliminary data from the DES Homeless Coordination Office on the number of persons housed in emergency shelters, transitional housing and in permanent supportive housing.
- The number of persons identified in the Maricopa County homeless street count,
- The number of households that contacted the countywide shelter hotline for assistance in a one-month period.
- The number of persons that contacted the countywide information and referral agency with emergency housing needs in a one month.
- The number of families and individuals turned away from emergency shelter and transitional housing programs on the day of the shelter survey, January 25, 2005.
- A variety of countywide multiyear homelessness indicators, e.g., the number of court ordered evictions, the number of orders of protection, the number of persons turned away from emergency and transitional housing programs and the number of runaway youth.

Based on the above information, representatives from each city provided estimates regarding the number of beds needed in each geographic area to meet the need/demand for emergency shelter, transitional housing and permanent supportive housing. The unmet need for emergency and transitional shelter, as well as permanent supportive housing for individuals and families, is illustrated in *Table 24* below:

Unmet Need Determined by 2005 Gaps Analysis		
Type of Beds	Individual	Family
Emergency	638	926
Transitional	1,613	2,497
Permanent Supportive Housing	1,549	749
TOTAL	3,800	4,172

Table 24: Homeless Unmet Need Determined by 2005 Gaps Analysis

Policy Issues

Heat Related Deaths: The summer of 2005 was unusually hard on the region's homeless population because of the many heat-related deaths. The unusually high temperatures at night and consecutively hot days contributed to more than 30 heat-related deaths of people, many of whom were homeless. Many organizations, businesses, and government entities stepped forward to provide relief to homeless individuals impacted by the high temperatures. The community is looking at ways to be more prepared in the future and to prevent this number of deaths from happening again.



Water bottles were provided to homeless persons during last summer's heat wave.

Community Input: To know the current state of homelessness in depth, MAG and its community partners facilitated eight focus groups with homeless people in the summer of 2005. Input from more than 90 people was collected.

New Arizona Family, Inc., Save the Family and the YWCA conducted focus groups specifically in the area of family homelessness. More than 50 people participated in the group sessions that collected information on current issues, improvements needed, community strengths, and recommendations for ending homelessness. The majority of the individuals in the focus groups had been homeless at some point in their lives or are currently homeless. The three main community issues that were discussed were limited shelters and services, a need for substance abuse and treatment programs, and limited funding available for services already in place.

Native American Connections also conducted a focus group to get feedback on the issues that specifically relate to the Native American population and issues that overlap with the general population. The group identified lack of affordable housing, lack of strong social services, drug prevention and a need for collaboration among Native American agencies throughout the region as areas of concern.

There were very specific common trends that emerged from the focus groups.

Strengths: Individuals identified local shelters, rehabilitation programs, and AHCCCS as community strengths. It was made clear that the shelters and programs are very beneficial to homeless people once they are "in" the shelter or program. However, accessing the shelters or programs was also seen as difficult and identified as barriers.

Biggest Needs: Affordable housing, improved transportation, mental health and



substance abuse programs, improved dental care, and a database of services were all identified as the biggest needs in the community. Increased communication and collaboration among agencies and improved community involvement were also areas that the groups recognized for improvement.

Solutions

In response to the strengths and needs that surfaced during the focus groups, the following solutions were posed: increase funding to homeless service providers and education to the community on issues surrounding homelessness, improve mental health and substance abuse programs, and create a comprehensive database of services that fit the needs of homeless individuals, including all the cultural subpopulations. Also recommended were to increase communication and collaboration among agencies and improve community involvement in the area of homelessness.

Affordable Housing: A consistent need that was expressed at the MAG public hearings and homeless focus groups was affordable housing. Affordable housing plays a pertinent role in a community's growth and economy. The Valley has seen home sales increase 4.4 percent by unit level, from June 2004 to June 2005 (Realty Times, 2005). Sales are reaching historically high levels, which are causing housing prices to increase. To home sellers this is welcome news, but to those who are looking to purchase, increased housing costs can be an area of concern, especially to those who are struggling to find a home they can afford. The increase in housing costs also extends to rental properties.

Affordable housing is defined as safe, decent, limited housing that requires no more than 30 percent of the household income for rent and utilities. For very low income and homeless persons the difference between the operating costs for the housing and the actual rent is often covered by local, state, or federal subsidies. Permanent affordable housing takes several forms, from multi-unit housing developments to scattered site units.

The following list of barriers to affordable housing in Arizona was taken from the Governor's Interagency Community Council on Homelessness *Plan for Housing*. This was developed from data and other information in the three Arizona 2004 Continua of Care applications, the Arizona Affordable Housing Profile, and the Homeless Work Group.

Development Barriers:

- Lack of deeper subsidies to encourage development of housing for very low-income persons.
- Amount of money required as reserves to get a development loan is too high and has to be held for too long.

- Community Issues Including:
 - NIMBY (Not in my back yard).
 - High cost of land.
 - Difficult zoning issues.
 - Design guidelines that increase cost.
 - Site control requirements on front end of tax credit deals make them expensive for non-profits.
 - Lack of developers willing to do very low-cost housing.
 - Multiple funding sources required for a single project.
 - Cost of construction materials.
 - Programmatic restrictions serve as disincentives to private developers.



Operating Barriers:

- Lack of subsidies.
- Difficulty obtaining and sustaining services for supportive housing.
- Outdated Arnold v. Sarn provisions.
- Limited asset and property management skills of some non-profits.

Individual:

- Start up costs, deposits, and furniture.
- Special problems of youth aging out of foster care and other institutions
- Limited information regarding housing availability.
- Lack of assistance with sorting through appropriateness of available housing options.
- Lack of accessible/adaptable housing.
- Resolving credit issues is a barrier to “housing first” model.
- Lack of “living wage” makes it almost impossible for low-income people to pay for housing.
- Special problems of individuals being discharged from hospitals, behavioral health facilities, jails, etc.
- Understanding of tenant rights and responsibilities.

Regulatory:

- Crime free housing.
- Unregulated halfway houses.
- Property taxes on tax credit deals.
- Impact/development fees.
- Conflicting Low Income Housing Tax Credit (LIHTC) and state regulations.
- Taxes on vacant units.
- Building codes (e.g. required parking).
- Costs related to the time it takes to address regulatory issues.



Other:

- Lack of public understanding of affordable housing and low-income issues.
- Lack of low demand shelters.
- Lack of political will to address housing issues.

Funding: Funding continues to be a concern for homeless service providers. Some funding sources like the Community Development Block Grant (CDBG) have been threatened with extraordinary cuts and may still face cuts in the near future. The CDBG program provides up to \$20 million per year to a wide variety of regional community-based groups, and is facing virtual elimination from the federal budget.



On a federal level, HUD has placed an emphasis on housing instead of services, which concerns many homeless service providers dependent on HUD funding for services. Funding may also be limited for providers that serve homeless families. HUD has focused on chronically homeless individuals, which in the past did not include homeless families.

Types of Subsidized Housing for Homeless People

Permanent Supportive Housing: This type of housing is ideal for homeless families and individuals. HUD funding continues to focus on permanent supportive housing programs because it offers stability and increases the chance of client success. According to the *Plan for Housing* developed by the Governor's Interagency and Community Council on Homelessness, "affordable community-based housing provides residents with the rights of tenancy under state/local landlord tenant laws and is linked to voluntary and flexible supports and services designed to meet residents' needs and preferences." The *Plan for Housing* also identifies capital funding, subsidies, and flexible/voluntary supportive services as "key elements" of permanent supportive housing (*Plan for Housing*, 2005).

Transitional Housing: This is housing for families and individuals where the tenants are required to participate in services in order to maintain their housing. These types of programs usually limit participant's stay to twenty-four months.

Safe Haven: This housing provides low demand shelter, or housing with few rules, for homeless people and may be either transitional or permanent supportive housing. This housing targets homeless people with substance abuse or mental health issues who may be reluctant to enter a more traditional program.

The next section will present information about how MAG mobilizes the community to address homelessness through the MAG Continuum of Care Regional Committee on Homelessness.

MAG Continuum of Care Regional Committee on Homelessness

The Maricopa Association of Governments Continuum of Care Regional Committee on Homelessness is composed of three different membership categories: 1) private sector/general public; 2) public sector (representatives from 25 cities, three Indian communities and Maricopa County); and 3) provider agencies. Seats are set aside for key organizations like HUD, Arizona Department of Housing (ADOH) and the Department of Economic Security (DES). The committee must also have a formerly homeless person as a member.



Subcommittees

There are three standing subcommittees: Steering, Planning, and Membership.

The Steering Subcommittee consists of the Continuum Chair, the Continuum Vice Chair(s) and the Chair from each standing subcommittee. The Steering Subcommittee acts on behalf of the Continuum between meetings and reports actions taken at the next full Continuum meeting. All actions are subject to Continuum members' comments and approval. MAG staff and the Continuum Chair are responsible for all Steering Subcommittee meetings, setting agenda items, sending notices and scheduling of meetings.

The Planning Subcommittee is responsible for: 1) providing input on issues that will offer recommendations on the activities of the Continuum; and 2) analyzing and reviewing issues and activities with potential recommendation for action. Unlike the Steering Subcommittee, this subcommittee is open both to members and nonmembers of the Continuum. A chair of the subcommittee is a member of the Continuum appointed by the Continuum Chair. The Continuum Chair also appoints the Membership Subcommittee Chair.

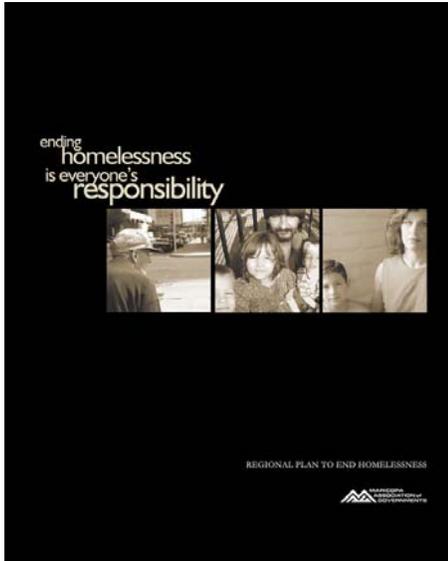
The Membership Subcommittee comprises five Continuum members who either volunteer or are appointed by the Chair of the Continuum of Care. This subcommittee was developed to identify and recruit individuals throughout the community who are appropriate for membership. Appointments are made to maintain proper regional and agency balance of the Continuum.

In addition to the various subcommittees, ad hoc committees and work groups are also a part of the Continuum committee structure. Ad hoc committee and work groups meet for a limited amount of time for a specific purpose. These special groups have members of the Continuum, interested community members and experts come together to address or resolve any short-term issues.

Regional Plan to End Homelessness

Each of the subcommittees, work groups, and ad hoc committees of the Continuum has a common goal: ending homelessness. In 2002, MAG published the *MAG Regional Plan to End Homelessness* (the Plan). The purpose of the Plan was to “raise awareness and offer direction to end homelessness” and to work toward four basic goals:

1) increase funding; 2) prevent homelessness; 3) remove barriers to accessing services; 4) and improve data collection and outcomes.



In 2005 MAG released the *Regional Plan to End Homelessness 2005 Update* (the Update), to better gauge accomplishments and areas of improvement. The Update examines factors like affordable housing and a shift in priorities, as they relate to homelessness.

The Update was released to “provide a benchmark for what has been accomplished and a focus for what remains to be done” (the Update, 2005). The Continuum has either done or is engaged in 77 percent of the goals and community strategies. In addition to identifying areas of progress, the Update recommends four action steps for the next two years. The four actions steps are:

- Integrate economic development into the plan.
- Reevaluate the goals that have not yet been established for current relevance and measurable action steps.
- Engage the community through education and by providing opportunities for partnerships.
- Increase prevention activities. This was the goal with the least action taken, but is one of the most important activities needed to end homelessness (The Update, 2005).

HUD Application Process

The Continuum of Care’s main activity is to facilitate the regional application process for Stuart B. McKinney funds. The federal government’s investment in this region through HUD McKinney-Vento funds has increased from just over \$7 million in 1999 to more than \$20 million in 2006. New programs are added every year in an increasingly competitive environment. These new beds and services, along with the programs renewed each year make a formidable defense in the struggle to end homelessness. In total, HUD McKinney-Vento funding has provided more than \$106 million to Maricopa County since 1999. HUD’s homeless assistance programs include supportive housing,

shelter plus care, and emergency shelter grants. The services are defined below as stated on the HUD Web page (www.hud.gov).

Supportive Housing Program: Provides housing, including housing units and group quarters, that has a supportive environment and includes a planned service component.

Shelter Plus Care Program: Provides grants for rental assistance for homeless persons with disabilities through four component programs: Tenant, Sponsor, Project, and Single Room Occupancy Rental Assistance.

Emergency Shelter Grant Program: A federal grant program designed to help improve the quality of existing emergency shelters for the homeless, to make available additional shelters, to meet the costs of operating shelters, to provide essential social services to homeless individuals, and to help prevent homelessness.

Each year, when HUD releases its federal application for homeless assistance funding, MAG responds by releasing a local application. The purpose of the local application is to be used for an external and impartial ranking and review process facilitated by the Valley of the Sun United Way. MAG staff provides technical assistance to the agencies, completes Exhibit One of the federal application and compiles the federal applications submitted by the agencies.

Local agencies complete the federal and local applications and submit them to MAG. The applications are submitted to the Valley of the Sun United Way for their ranking and review committee to score. The Ranking and Review Committee is composed of public, private and provider agencies that do not receive funds from HUD. The committee members are chosen based on their experience, knowledge of homeless issues, geographic representation and diversity.

Every application is ranked according to an objective point system. Points are given for the agency's presentation to the committee, for leverage committed at the time of application, performance of programs (based on goal achievement from the Annual Progress Report), and for participation in the Continuum of Care. All applicants receive a breakdown of how points are assigned to each area, examples of answers, and many receive feedback concerning their agency's score from the committee.

The Continuum of Care Regional Committee on Homelessness reviews and approves the application to HUD. The Maricopa Association of Governments Regional Council reviews the rankings and application prior to the submission to HUD. The next section will review a statewide effort that plays a significant role in the Continuum of Care.



Arizona Evaluation Project

The Arizona Evaluation Project is the development of an outcome-based system for evaluating the effectiveness and performance of homeless projects throughout the state of Arizona. Initially, the system included only HUD McKinney projects but has expanded to include other homeless projects. Reporting of data for the system is conducted through the Homeless Management Information System (HMIS).



The HMIS was developed for several reasons. First, HUD has required all continua to use performance measurement in evaluating the effectiveness and performance of all HUD McKinney projects. HUD also mandates that each continuum have a fair system for prioritizing its projects. Secondly, the system is in place to benefit agencies in several capacities. In the future, the system will provide agencies with statistical outcome-based criteria that can be used for self-evaluation. The data obtained can be used by the agencies for grant writing. Also, continuum raters and rankers will be able to fairly evaluate projects based on this system. Finally, agencies may use this system to identify whether projects need technical assistance.

There may be concern about an increase in data requirements; however, the statewide committee has made a commitment to avoid new data requirements wherever possible. To minimize the impact, the system utilizes the HUD Annual Progress Report for much of the data and also incorporates a self-sufficiency matrix similar to those required by many local and state agencies.

To date, the project accomplishments include:

- Developed pilot study program.
- Conducted inclusive community input process.
- Reviewed national best practices reviewed.
- Collected and analyzed existing tools in use.
- Reviewed scores of existing reports such as the Annual Performance Report.
- Tested potential tools.
- Surveyed agencies to learn what they felt were the most critical elements in clients' success.
- Integrated the Arizona Evaluation Project System into HMIS.
- Held three outcomes trainings throughout the state.
- Trained for data analysis and data collection.
- Implemented self-sufficiency matrix.

Conclusion

This chapter provided a history of the Continuum of Care Committee, definitions of homelessness, profiles of subpopulations, and an in-depth look at the issues surrounding homelessness in Maricopa County. People experiencing homelessness reported many strengths, needs and common solutions. The challenge of the upcoming years will be to better understand the local homeless population and how this information may be used to make improvements in critical areas to meet their needs and better serve this population.

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DOMESTIC VIOLENCE

Introduction

The crime of domestic violence (DV) can potentially affect anyone—regardless of race, ethnicity, income or class. It is an issue that truly has no boundaries. As governments recognize the devastating impacts of DV as a public safety issue and strive to respond, it is important to understand what constitutes DV and precisely how the problem is being framed. A general definition used by domestic violence advocates is “a pattern of behavior used to establish power and control over another person, with whom an intimate relationship is or has been shared, through fear and intimidation, often including the threat or use of violence” (National Coalition Against Domestic Violence, 2005). This is the definition that will be used in the discussion of DV throughout the remainder of this chapter. It is essential to note that there are multiple definitions of domestic violence, particularly when looking at what constitutes an act of domestic violence under the law in various states.



In Arizona, many different types of crimes are included under the umbrella of domestic violence. A complete list can be found in Arizona Revised Statute § 13-3601. Some examples include: assault, aggravated assault, threatening and intimidating, trespassing, and violating an order of protection. Outside of the crime of threatening and intimidating, psychological abuse and emotional abuse are not necessarily considered crimes under Arizona state statutes.

To understand why domestic violence by any definition is a public safety issue, one need only look at the national statistics:

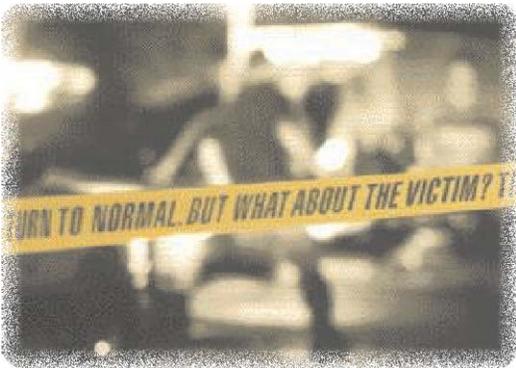
- Nearly 5.3 million intimate partner victimizations occur each year among U.S. women ages 18 and older. This violence results in nearly two million injuries and nearly 1,300 deaths (Centers for Disease Control, 2003).
- On average, three or more women are murdered by their husbands or boyfriends in this country every day (Bureau of Justice Statistics, 2003).
- The health-related costs of rape, physical assault, stalking and homicide committed by intimate partners exceed \$5.8 billion each year. Of that amount, nearly \$4.1 billion is spent on direct medical and mental health care services and nearly \$1.8 billion on the indirect costs of lost productivity or wages (Centers for Disease Control and Prevention, 2003).

- Approximately one in five female high school students reported being physically and/or sexually abused by a dating partner (Hathaway, Mucci, Silverman, & Raj, 2001).
- Slightly more than half of female victims of intimate violence live in households with children under age 12 (US Department of Justice, 1998).

While these statistics are grim, they do provide a brief illustration of the prevalence of domestic violence and the ripple effects it can create among various systems such as law enforcement, health care, schools and the workplace. In order to better understand the extent of domestic violence locally, the following section will discuss state and/or countywide information pertaining to DV.

Domestic Violence in Arizona

Available statistics indicate that the incidence of domestic violence in Arizona and in Maricopa County is comparable to national trends. In 2004, there were 80 reported domestic violence related deaths in Arizona (Arizona Coalition Against Domestic Violence, 2005). These numbers include suicides and deaths caused by law enforcement officers responding to domestic violence scenes, forty-seven, or 59 percent, occurred in Maricopa County.



A Maricopa County phone survey conducted in May 2005 by Behavior Research Center (BRC), and sponsored by the Maricopa Association of Governments (MAG) and the Morrison Institute for Public Policy, revealed that approximately 40 percent of respondents had either been a victim of domestic violence or knew someone who had been (BRC, 2005). This percentage is also comparable to national statistics. Given this level of personal experience, it may not be surprising that 93 percent of respondents felt that domestic violence is a problem in Arizona (BRC, 2005).

Generally, Maricopa County residents are very aware of the issue.

More than half of respondents reported that they had heard a lot about domestic violence in just the last six months, mainly through the television news (BRC, 2005).

The Behavior Research Center survey revealed that attitudes among the general public about domestic violence are somewhat mixed. While the overwhelming majority of respondents felt that domestic violence incidents are best handled by the police rather than as a private family matter, nearly 30 percent believe that victims are often just as responsible for their plight as the offender (BRC, 2005). Taken as a whole, the Behavior Research Center data indicate that Maricopa County residents are aware

that domestic violence is a problem for their communities, frequently hearing about incidents through the news media. However, they may not necessarily be fully aware of the extent of the problem and the challenges faced by victims when trying to leave abusive situations.

The Arizona Department of Economic Security (DES) annually collects statewide data from domestic violence shelters to determine the amount of need that exists in communities for domestic violence services. In Maricopa County, there are nine domestic violence shelters currently providing 325 shelter beds to domestic violence victims (DES, 2005). In fiscal year 2004, these shelters reported to DES that 17,839 women and children requested shelter, while only 3,795 actually received shelter (DES, 2005). The CONTACTS centralized shelter hotline also received 10,948 calls for domestic violence shelter (DES, 2005).



However, it is important to note that these figures almost certainly include a number of duplicate calls from the same individuals. Frequently victims must call several locations, or the same location multiple times, before shelter space can be secured. There is an initiative underway to accurately determine the amount of unmet need that currently exists in Maricopa County for domestic violence shelter services.

In 2005, the MAG Victim Services Subcommittee worked in partnership with Arizona State University West's Partnership for Community Development to create a domestic violence shelter capacity paper. The goal of the paper was to clearly demonstrate the ability of domestic violence service providers to meet the community needs for these types of services. This was done by examining the unduplicated number of calls for shelter, filed police reports, the number of domestic violence victims receiving public assistance, and the number of orders of protection issued over a typical one-month period. Roughly 1,700 police reports are filed each month for DV offenses and 1,000 orders of protection issued. On average, DV victims are forced to place at least two calls before finding available shelter. Clearly the demand for domestic violence services and shelter is extremely high (Burk and Knopf, 2005).

As mentioned above, in determining the level of need in the most accurate way possible, it is important to take into account the possibility of counting duplicate calls when looking at data regarding requests for shelter. By using a point-in-time survey at Maricopa County's nine domestic violence shelters over a one-month period, the MAG Victim Services Subcommittee was able to determine that on average, approximately half of shelter request calls come from first-time callers (Burk and Knopf, 2005). With the current total capacity of 325 shelter beds in Maricopa County, providers are able



to accommodate only half of the incoming requests for shelter. This means that on average, roughly 325 DV victims go without shelter in a given month when accounting for potential duplicate requests. If the number of available shelter beds were doubled, the current level of need could be served. As the population in Maricopa County continues to grow but the number of DV beds does not, this problem will become more pronounced.

The Victim Services Subcommittee also recently completed a series of maps of the MAG Region that geographically depict where domestic violence services and shelters are located relative to a variety of factors impacting the ability of service providers to meet the needs of their clients. For example, the maps consider areas of future urban concentration, median household income, households in poverty, housing unit density, and existing bus routes*. According to input from DV survivors, proximity of public transportation that enables them to get to places of employment is of critical importance. All of these factors can and do have an impact on the ability of DV victims to access services. However, according to the point-in-time shelter survey, the most significant barrier to receiving DV services is still a lack of space.

**Domestic violence shelters operate at confidential locations and are mapped according to zip code for the purposes of this project.*

The following maps include:

- *Figure 17: Domestic Violence Shelters and Bus Routes*
- *Figure 18: Domestic Violence Shelters and 2020 Urban Concentration*

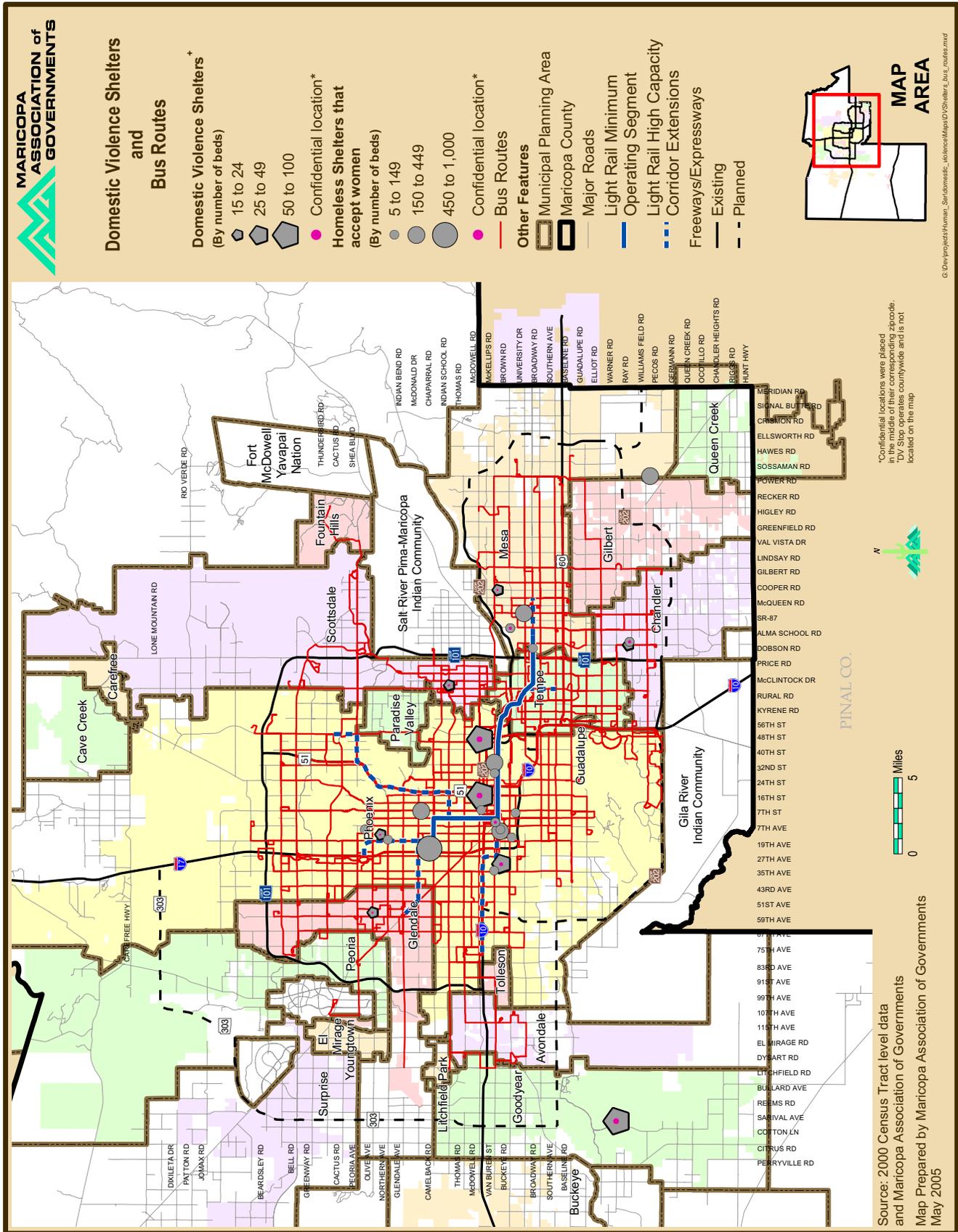


Figure 17: Domestic Violence Shelters and Bus Routes

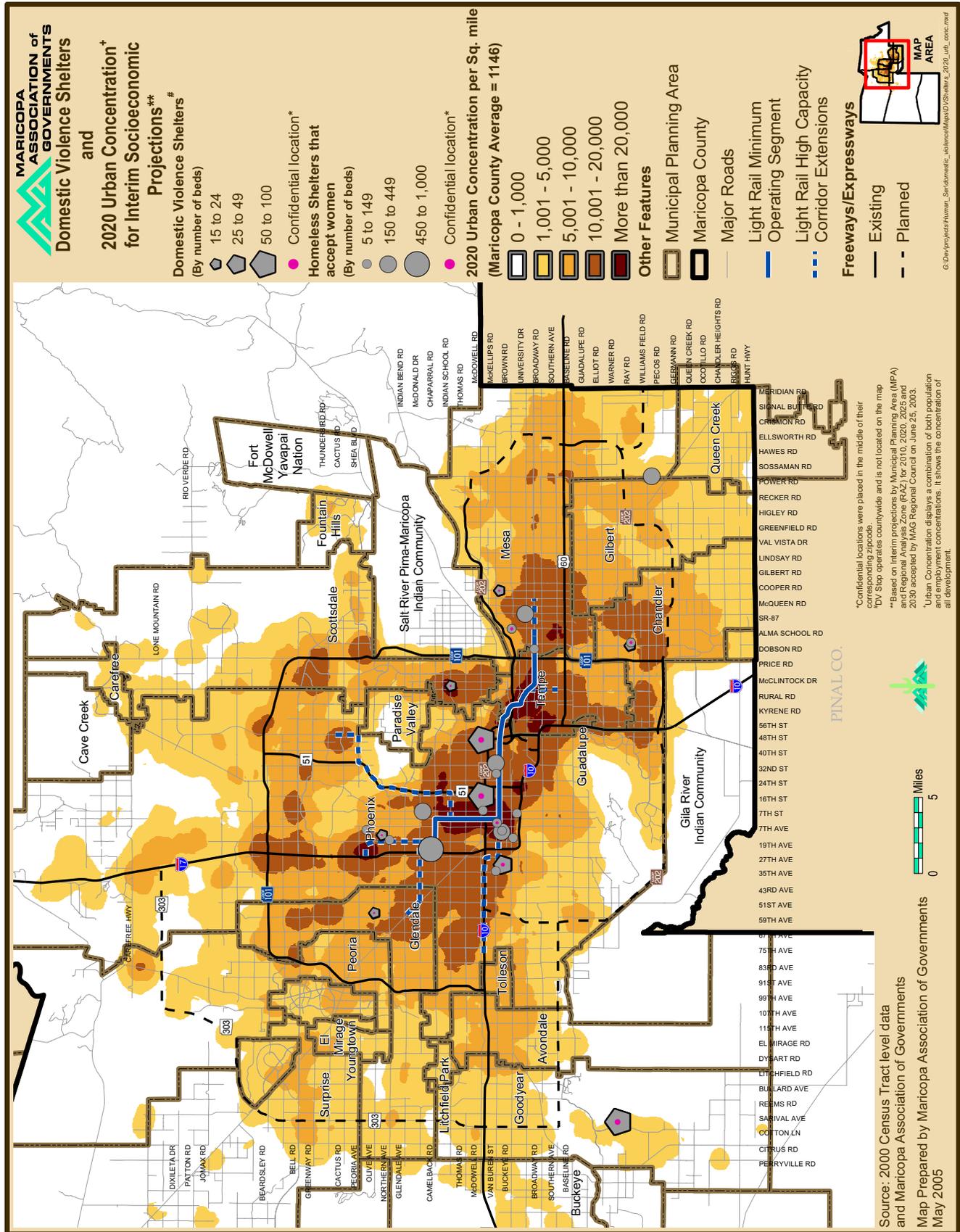


Figure 18: Domestic Violence Shelters and 2020 Urban Concentration

Regional Domestic Violence Council

Since 1999, the MAG Regional Domestic Violence Council has been working on these issues and others to address domestic violence in Maricopa County. The Council has provided a forum where service providers, law enforcement officers, business leaders, elected officials and community representatives can come together to address the complex issue of domestic violence and work together on a coordinated approach to potential solutions. The Council has been a catalyst for increased awareness, education, collaboration, and change.



Currently, the Council and its subcommittees are working on a variety of initiatives. The Council recently completed the public opinion phone survey discussed above and spent much of 2005 actively soliciting public input from the community on the most important strengths, needs, and possible solutions regarding domestic violence. In addition to the DV capacity and mapping projects discussed above, the MAG Victim Services Subcommittee will soon be working on an economic case statement that will illustrate the costs incurred by municipalities when responding to emergency domestic violence situations. This total cost will then be compared to the cost of providing prevention activities and services in order to demonstrate a potential for real savings, both in economic terms and in quality of life.

In 2005, the **MAG Health Cares About Family Violence Subcommittee** completed two trainings on domestic violence specifically designed for healthcare professionals. One is a presentation designed for nurses that offers information about various universal screening techniques, how to recognize injuries that may have been caused by domestic violence, and how to provide proper referrals to patients who share information about their abuse. The subcommittee is now working on distributing this training to nursing schools located within Maricopa County, and members will be available to deliver the training in person as needed. The second training is CD-ROM based and is designed specifically for pediatricians, who often have opportunities to screen parents for domestic violence when they bring their children to the doctor. This training will eventually be offered online and Continuing Medical Education units (CMEs) will be made available to participating physicians.



The **MAG Regional Training Advisory Council (RTAC)** continues to be very active in providing free domestic violence training to crisis responders and volunteers from municipalities across the Maricopa Region. Typically, there are nine trainings offered per month at rotating fire departments. In 2004, the RTAC curriculum was updated to include a new module on how to respond in crisis situations to children who may have witnessed domestic violence.



The MAG Regional DV Council and its subcommittees continue to work with other organizations on ways to reduce the incidence of domestic violence in Maricopa County and how to provide improved and expanded services to victims, survivors and their families. Partner organizations include the Governor's Commission to Prevent Violence Against Women, the City of Chandler Domestic Violence Commission, the City of Phoenix Domestic Violence Task Force, the City of Mesa Domestic Violence Council, and the Arizona Coalition Against Domestic Violence, among others.

Trends Identified in Community Input

Over the summer of 2005, seven focus groups were held throughout Maricopa County in order to solicit feedback from domestic violence survivors on what they feel are the most significant strengths in the domestic violence system that exists today, what are the most pressing needs, and what are some possible solutions to this complex problem. In examining the feedback received through these focus groups, some significant trends began to emerge. A summary of these trends is provided below.

Significant Strengths

- Support groups.
- Domestic violence advocates in the courts or accompanying police responders.
- Referrals to services provided by responding police officers.
- Counseling services offered by providers.
- Assistance from churches.

Most Pressing Needs

- Affordable housing options after leaving emergency shelters.
- Better public transportation to reach service providers and employers.
- Increased general public awareness about domestic violence.
- Better training for police officers and court officers who deal with domestic violence victims.
- Access to affordable childcare.
- Easier ways to access information about what services are available.
- More assistance through the legal process.

Possible Solutions

- Provide awareness and prevention education to children at a younger age, beginning at elementary school instead of high school.
- Tougher, more consistent penalties for batterers and hold them more accountable.
- Educate the general public on how to recognize the signs of abuse.

Current and Ongoing Activities

The MAG Regional Domestic Violence Council and its subcommittees are involved in several projects that require ongoing attention and commitment. These projects are listed here. Recommendations for future action in the year 2006 are provided in the following section.

Health Cares About Family Violence

1. Implement and/or enhance DV training into the core curriculum at Valley nursing schools.
2. Establish which Valley hospitals are currently utilizing universal DV screening procedures at intake.
3. Provide training for pediatricians on how to recognize and respond to DV when it is not the presenting health issue.



Regional Training Advisory Council

4. Continue to provide DV training to emergency responders, volunteers, and Crisis Response Teams.
5. Continue implementation of training module on how to respond to children who have been affected by DV.

Victim Services

6. Establish a statistically reliable, unduplicated count of the number of individual women and families who attempted to access shelter within a given period of time.
7. Develop a solid recommendation on the number of additional DV shelter beds needed to meet current demand in Maricopa County.
8. Develop an economic case statement that clearly identifies the costs to municipalities in responding to emergency domestic violence calls.

Regional Domestic Violence Council and Community Partners

9. Continue planning project funded by a grant from the Governor's Division for Women to identify services currently available for children who have witnessed domestic violence in the West Valley. With rapid population growth in this part of the Valley, the project aims to identify any potential gaps in services in this area and to provide recommendations on what additional services may be needed.
10. Hold an annual press conference at the end of September to highlight Domestic Violence Awareness Month activities going on throughout the MAG Region in October.



Recommendations for Future Action

The MAG Regional Domestic Violence Council held a strategic planning session on November 1, 2005. The Council identified the following recommendations for action in 2006:

- Form a work group to revisit the original 41 recommendations provided in the 1999 Regional Domestic Violence Plan in order to devise a method to more clearly track progress on implementation of initiatives, enabling the Council to mark successes and identify areas for improvement.
- Support increased shelter capacity by widely distributing and publicizing the DV Shelter Capacity White Paper and utilizing the MAG process to make the findings available to local elected officials.
- Conduct a research project on DV and the legal system to include two phases: assessment of legal service needs among DV survivors, as well as a survey of the DV process and attitudes of court officials, including prosecutors, judges, and probation officers. This project may be a potential for collaboration with the Morrison Institute on Public Policy.
- Support the coordination of DV education and early prevention programs targeting youth. This project may be a potential for collaboration with the DV Awareness Committee in the City of Mesa, which is currently working toward implementing a new curriculum in junior high schools.

Conclusion



The MAG Regional Domestic Violence Council represents only one of several efforts in the region designed to address the problem of domestic violence and to mitigate its detrimental impacts upon individuals, communities, and public social support systems. Overall, considerable progress has been made in the areas of crisis response, service delivery, resources and training, and public awareness. However, as the public becomes more aware of the issue and the types of services that are available, the demand for these services continues to rise. As the population growth in Maricopa County continues over the next several years, it will be essential to anticipate and plan for these increasing demands for service. The MAG Regional Domestic Violence Council will work with the various stakeholders in the region to help ensure that local policymakers are aware of the importance of addressing this issue in an effective, proactive manner.

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HUMAN SERVICES TRANSPORTATION

Introduction

The MAG Human Services Division conducted focus groups and community forums throughout the MAG Region from June through August 2005. In all the areas covered—youth, domestic violence, aging, disabilities and homelessness—the lack of adequate transportation options was cited as one of the main issues that needs to be addressed. This chapter will provide an overview of the current public mass transit system and other modes of alternative transportation for the MAG Region as it relates to human services. Unless otherwise cited, all information provided below is available in the MAG Regional Transportation Plan.



The MAG Region has experienced rapid and sustained growth over the last several years, and continued growth is projected for at least the next 30 years. Regional development patterns have included strong residential growth on the fringes of the urbanized area; this is expected to significantly increase the urban density of the entire region. These patterns will require a variety of transportation approaches to respond to the different types of development occurring in the region. Transportation solutions will need to include increased highway capacity, expanded mass transit service and alternative mode options. While this growth will bring benefits, it may also present special challenges to underserved populations such as the elderly, disabled and low-income persons and families as housing moves farther away from job centers and services.

The economic development and employment pattern of the MAG Region includes a variety of dispersed job centers, which consist of concentrated or mixed areas of industrial, office, retail, airport, and government land uses. These employment activities will significantly impact transportation patterns and characteristics at the local, sub-regional and regional levels. Changing demographics include significant increases in ethnic minorities, an aging population, and concentrations of lower income populations. These trends in employment patterns and changing demographics reinforce the need for development of transit throughout the region in order to assure basic mobility, and to allow for access to employment and services.

Special Populations' Transportation Needs

The transportation needs of special populations are a regional concern. Limitations caused by age or disability, complicate the process of securing transportation for a

portion of the population. In addition, those who are seeking employment or training, and those who lack financial resources find limited transportation options available to reach second shift and weekend employment.

In 1964, as part of Executive Order 12898, Environmental Justice (EJ) was created to ensure that communities of concern, (defined as minority populations, low-income populations, aged populations, mobility disabled populations, and female head of household populations), are included in the transportation planning process. This is also to ensure that that these subpopulations benefit equally from the transportation system without shouldering a disproportionate share of its burdens.

Title VI of the Civil Rights Act and related statutes require that individuals not be excluded from participating in, denied the benefit of, or subject to discrimination under any program or activity receiving federal funding on the basis of race, color, national origin, age, sex, or disability. Executive Order 12898 further directs that federal programs, policies and activities not have a disproportionately high and adverse human health and environmental effect on low-income populations.

In accordance with these statutes, MAG seeks to address underserved populations in a number of ways. Whether it is through the Title VI Community Outreach Program, Geographic Information Systems (GIS) mapping, the MAG Human Services Division, or through programs administered by the Regional Public Transportation Authority (RPTA) using MAG funds, the needs of the underserved are considered.

Five communities of concern are included in the Title VI/EJ Analysis. *Table 25* lists these five communities and the proportion of the County population represented by each one. To identify areas of high subpopulation concentration, the numbers of census tracts with concentrations of each subpopulation greater than the County average are noted.

COMMUNITIES OF CONCERN FOR MARICOPA COUNTY						
Population			Census Tracts			
Category		Percent	Number of Tracts > County Average	% Tracts	Affected Population	% of Targeted Pop. Captured in Tracts
Maricopa County	3,072,149	100.0%	663	100%	-	-
Minority	1,037,619	33.8%	238	36%	699,429	69.6%
Age 60+	466,269	15.2%	197	30%	280,901	60.2%
Poverty	355,668	11.6%	234	35%	255,373	71.8%
Mobility	368,306	12.0%	296	45%	235,200	63.9%
Female Head of Household	71,467	9.3%	322	49%	51,639	72.3%

Table 25: Title VI/EJ Communities of Concern for Maricopa County

Source: U.S. Census Bureau - 2000

The analysis found that approximately 40 percent of the census tracts for each of the communities of concern are served by improved freeway/highway networks; virtually the same as the 40 percent of the non-minority census tracts that are served. Similar results were found in the area of public transit where around 90 percent or more of the communities of concern are served by the transit network; whereas, a slightly lower number of non-community of concern census tracts are served.



For those without cars in a region as geographically dispersed as the Phoenix metropolitan area, mass public transit provides a critical link to jobs, shopping and recreation. The 2000 Census reported that approximately two percent of Maricopa County's population used public transportation to travel to work, with an additional one percent regularly bicycling or walking to work. The 2000 Census data indicates that there appears to be a direct correlation between income and transit dependency for citizens.

Minority Populations

The transportation needs of minority populations are the same as society as a whole. Thus, transportation facilities in minority communities should be the same as those in non-minority communities. According to the *MAG Regional Transportation Plan* census tract, the percent of minority (40.3 percent) and non-minority (41.2 percent) communities that are served by new freeways or widening of existing freeways and highways is nearly identical. Planned mass transit improvements in MAG's Regional Transportation Plan will serve 96.6 percent of minority communities and 87.8 percent of non-minority communities. Arterial street projects will serve 16 percent of the minority communities of concern and are primarily located in areas outside of the core metropolitan area. Many of these outlying areas contain census tracts with above average concentrations of the communities of concern. Because many of the residents of these areas are older adults, mass public transit improvements, rather than improved roads or freeways, often represent the most advantageous approach to improving mobility.

Low-income Populations

Low-income populations are those whose median household income is at or below the U.S. Department of Health and Human Services poverty guideline (2000 U.S. Census). In 2000, the federal poverty guideline was set at \$17,050 per year for a family of four. This figure was raised to \$19,350 in 2005. Because low-income individuals and families are least likely to own or have access to a vehicle, their transportation needs would best be met by more public transit service and options.

Aged Populations

For the purposes of MAG's regional transportation planning, aged populations are defined as people 60 years of age and older (2000 U.S. Census SF1). Areas with above average populations of age 60-plus persons are primarily located in the northern part of the County, with large populations overlapping the concentrations of mobility-disadvantaged people as identified in the following section. The transportation needs of aged populations are similar to those of the general population, with the need for transit increasing with age due to decrease of health and mobility.



Mobility Disability Populations

Mobility Disability as defined in 42 U.S.C. § 12102, is a disability that necessitates the use of a wheelchair or scooter for mobility. Mobility limitations are derived from the “physical” and “going-outside-of-home” categories for individuals that are age five and over (2000 U.S. Census SF3).

Census tracts with an above average percentage of mobility-disadvantaged people are widely scattered throughout the County, with notable concentrations in the unincorporated Sun City and Sun Lakes areas, Youngtown, and south of East University Drive in Mesa.

See *Figure 19* on the next page: *Population Age 65 and Over with Go-Outside-Home Disability*.

Transportation needs of residents with mobility disabilities are not the same as those of the general population. For example, people with mobility disabilities may require special apparatus for vehicular transportation. For this and other reasons, people with mobility disabilities may be more reliant on mass public transit options to meet their transportation needs.

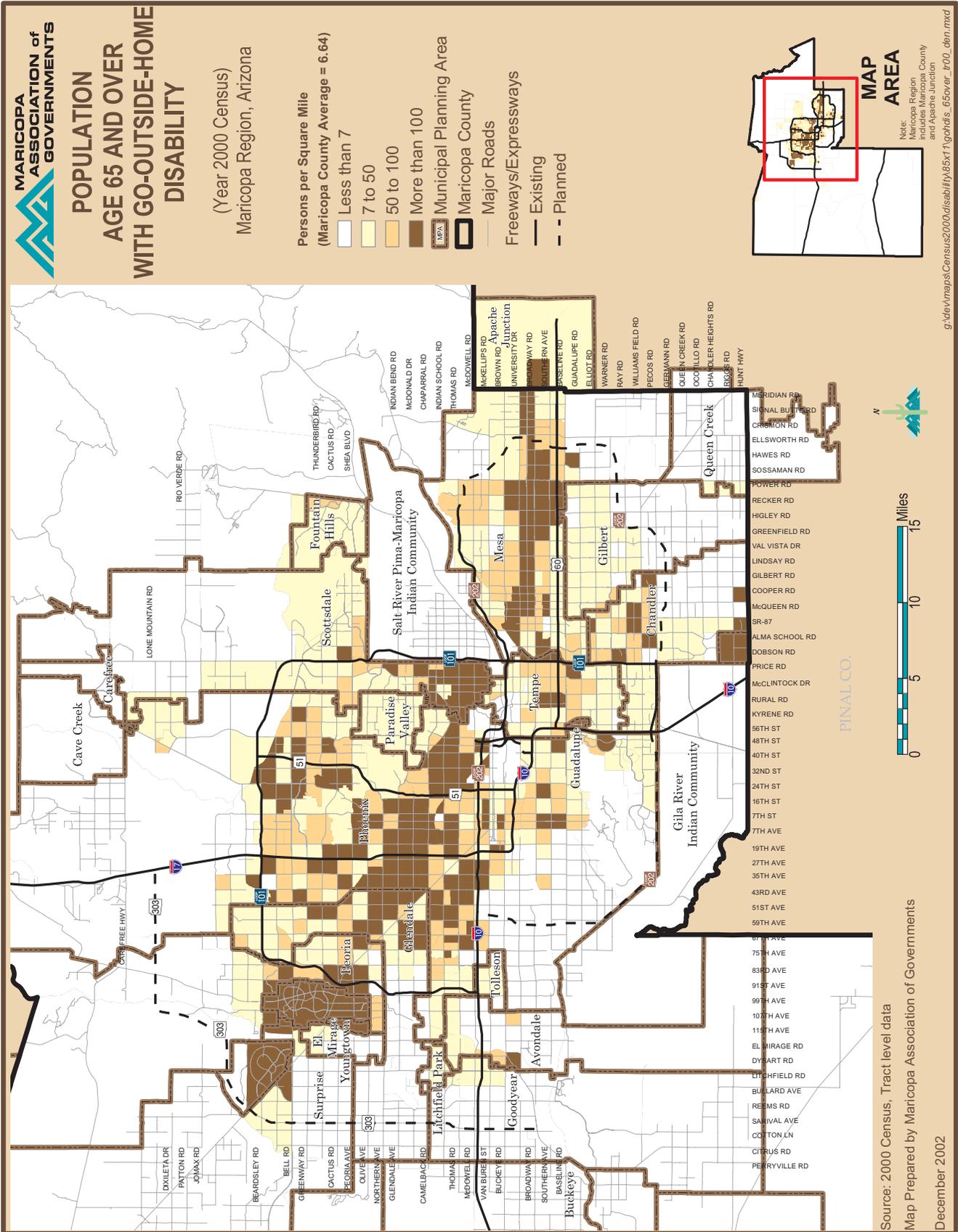


Figure 19: Population Age 65 and Over with Go-Outside-Home Disability

Female Head of Household Populations

The female head of household category represents those households with a female householder, with no husband present, and with their own children less than 18 years of age.

Areas of “female head of household with children” populations greater than the County average are widely dispersed through the central Phoenix metropolitan area. Outside of the urban core, the areas above the County average are largely limited to the Indian Communities. While census tracts greater than the County’s average for female head of households with children are largely coincident with poverty, they are more widely dispersed across the County than both low-income and minority tracts. The census tracts served by the MAG Regional Transportation Plan shows that the transportation needs of the female head of household populations are no different than that of the general population.

Types of Public Transit

Several systems in the MAG Region comprised public transit where much of the service is planned and operated by local cities. In many areas, intergovernmental agreements have been developed among neighboring communities to jointly provide for service. These local services are supplemented by additional fixed route services funded by the Regional Public Transportation Authority (RPTA). Since the majority of operating funding is locally derived, the level of service can vary significantly from jurisdiction to jurisdiction.

The MAG Regional Transportation Plan provides for a range of new and expanded transit facilities and services throughout the region. These improvements are funded from a variety of sources, including federal, regional and local revenues. The following transit sub-modes will undergo improvements that are addressed in more detail in the Regional Transportation Plan:

1. **Local fixed route bus:** The backbone of the region’s public transportation system is local transit bus service. Local bus service makes up a significant portion of the revenue hours and miles of service. The service design emphasis is on area coverage, so that the maximum possible population can access the bus network. Service levels on particular routes are dictated by the demand for transit along those routes, as well as by availability of funding.



Local service routes typically operate all day, seven days a week, in some cases with higher levels of service during peak travel hours. Unlike express services, which are oriented around peak periods of demand, local transit service provides access to transit for people who need to travel at all hours.

2. **Regional bus:** Regional transit services include both arterial grid and express type services that are designed to provide regional connections. Routes are designed to connect activity centers, transportation nodes, or residential areas across jurisdictional boundaries.
3. **Rural/non-fixed route transit:** This service type addresses the need to provide connections between the urban and rural communities of the County. The urban area is that portion of the metropolitan area served by local fixed-route transit service. Rural routes provide connections between remote communities and urban transit nodes.
4. **Commuter vanpools:** The Regional Public Transportation Authority (RPTA) has provided a third-party vanpool service to interested commuters since 1987. More than 941,000 passenger trips per year are made by vanpool. RPTA contracts with a third party private vanpool firm to provide vehicles, insurance, fleet services and billing.

5. **Paratransit:** Includes all modes of transit service generally intended to serve only seniors and persons with disabilities. Paratransit service is demand-response and provides curbside pick-ups and drop-offs. In some cases, paratransit service may connect with fixed route service at transit centers or other nodes. Focus group participants expressed great concern that the Dial-A-Ride system is particularly over burdened. This can result in long waits to be picked up and inefficient service. There are plans to conduct a study of the eight Dial-A-Ride systems operating independently within the MAG Region. The goal is to create a coordinated transportation system that serves people better and operates more efficiently.



6. **Light rail:** The new light rail system will be 57.7 miles long incorporating a 20-mile Central Phoenix/East Valley starter segment, a five-mile extension to the Metrocenter area, a five-mile extension to downtown Glendale, an 11-mile extension along I-10 West to 79th Avenue, a 12-mile extension to the Paradise Valley Mall area, a two-mile extension south on Rural Road to Southern Avenue, and a 2.7-mile extension from the east terminus of the starter segment to Mesa Drive.

The 20-mile starter segment is scheduled to open by December 2008.

Light rail will operate primarily at-grade on city streets with two tracks and light rail vehicles running in trains from one to three cars. The trains will run in both directions approximately 18 to 21 hours per day, seven days per week. The trains will initially operate every 10 minutes during peak hours and approximately every 20 minutes during off-peak hours.



Additional Public Transit Options

Southwest Inter-City Transit System: Funded by the Federal Transit Administration Job Access and Reverse Commute grant the Southwest Inter-City Transit System, this is a neighborhood bus service available to residents in the West Valley cities of Avondale, Goodyear, Litchfield Park and Tolleson.

Maricopa County: Maricopa County provides transportation assistance to the most transit dependent populations that include the elderly, persons with disabilities, and low-income individuals. Assistance is provided through the following programs:

- **Work Links:** Is a 24-hour, seven-day a week, transportation brokerage service for low-income workers, designed to assist low-income persons with transportation to work and work-related activities, including to childcare sites. Work Links provides van transit, bicycles, vehicle repair and emissions retrofitting, and gas stipends. Special Transportation Services of Maricopa County operates this program countywide in partnership with a number of transportation and human services providers and employment centers. The primary funding source for this program is the Federal Transit Administration's Job Access and Reverse Commute grant.
- **Special Needs Transportation Services (STS):** An advanced reservation transportation assistance program that provides transportation to elderly, disabled, and low-income individuals. Transportation is cost-free to the participant and is provided Monday through Friday, between the hours of 8:00 a.m. and 4:00 p.m. Trips can be scheduled for medical, recreational, shopping, social service, adult day care, and senior center activities. STS owns and operates a 70-van fleet to provide services.

Bicycling

MAG has maintained an active role in promoting the establishment of improved travel opportunities for bicyclists for many years. The MAG Regional Bicycle Plan was adopted by the MAG Regional Council in February 1992, to address the needs and concerns of bicyclists in the region, and to encourage bicycling as a way to alleviate congestion and air pollution. This is also of benefit to those in need of an alternative means of transportation and a way to get young and old alike active in their community.



The MAG Regional Bicycle Task Force has maintained an active role in promoting improved travel opportunities for bicyclists including the development of the MAG Bicycle Plan Update of 1999. In 2001, the Regional Off-Street System (ROSS) Plan and the MAG West Valley Multi-Modal Transportation Corridor Plan were produced. All current regional bicycle planning within the MAG Region adheres to, and is implemented through the policies and recommendations of these three existing plans.

Walking

MAG is a leader in promoting improvement in the Valley's streetside environments to better accommodate pedestrian travel. Pedestrian planning efforts conducted by MAG have led to a variety of pedestrian-oriented policies, programs and roadway improvements. In 1994, MAG formed the Pedestrian Working Group to promote increased awareness of walking as an alternative mode of travel and to improve facilities for people who walk. The Working Group consists of appointed staff from MAG member agencies and representatives from the development and planning community.

MAG Pedestrian Plan 2000

The MAG Pedestrian Plan 2000 identifies and recommends programs that guide the development of pedestrian areas and facilities to increase walking. The major elements of the plan include goals for improving land use; increasing public awareness and education; funding for planning and facilities; designing for people's needs and linking to destinations; and a set of region-wide performance guidelines.

Elder Mobility Concerns

By the year 2021, approximately 26 percent of the residents of Maricopa County will be age 60 or older (Arizona Governor's Office, 2004). Of this number, approximately

one-third will be 75 or older. Although the seniors of the future will be healthier, better educated, and more financially secure than comparable elders of previous generations, many will experience physical, financial, emotional and mental barriers in using various transport modes. Elders who live alone, have disabilities that prevent driving, lack the availability of close-by family members, and/or have limited financial means will face even more difficult and life-threatening transportation challenges.



National research has found that the preferred method of travel among seniors is driving, which accounts for more than 80 percent of trips made by those 65 and older. Walking is a more frequent mode choice for older people than is public transit. While elder drivers are involved in fewer total crashes than other age groups, there are more crashes compared to the number of miles driven. Persons above 80 years of age who are involved in crashes are approximately four times as likely to die in a crash than would a younger driver.

MAG Regional Action Plan on Aging and Mobility

In response to such needs as provided above, MAG began an intensive process to develop the Regional Action Plan on Aging and Mobility. MAG brought together experts and concerned citizens to form the Elderly Mobility Stakeholder Working Group who then developed 25 recommendations for an action-based plan. The plan provided a comprehensive overview of senior mobility issues and was adopted by the MAG Regional Council on October 3, 2001.

Conclusion

Citizen participants in the 2005 MAG human services focus groups and community forums cited transportation as one of the main issues that needs to be addressed in order to improve the quality of life in the MAG Region. This chapter has demonstrated some ways that the transportation needs of all citizens in the MAG Region, including those with special needs, can be taken into account. Providing a variety of transportation options is important in order to ensure that underserved populations have an affordable means of transportation available, as well as allowing for persons with disabilities, youth and the elderly to stay engaged in their communities. As the MAG Region continues to grow, transportation will continue to be a key element to providing a high quality of life for all.

CONCLUSION

Throughout the pages of this Plan, a collaboration of citizens, private businesses and public government agencies have offered their insights on the strengths, needs and solutions within the MAG Region. Every community faces both opportunities and challenges. Each person has a role to play in developing the first and resolving the latter. This region is rich in resources with a comparatively low cost of living, a favorable climate and people who embrace their communities. As shown in the preceding chapters, there are also challenges ahead with rapid population growth that requires strategic planning and limited funding for increasing needs. There are no easy answers, but there is potential for greatness.



The process in developing this Plan has been as important as the Plan itself. Dialogue about issues that affect us all has begun with community stakeholders. It is hoped that this communication will continue as we collectively explore ways to maximize strengths and overcome conflicts. Each person is invited to participate in this ongoing process.

For more information about opportunities to get involved, please contact the Human Services Division at the Maricopa Association of Governments at 602-254-6300. As detailed in the chapters, there are many exciting projects planned. We look forward to working with all of our stakeholders to achieve these goals.

ACKNOWLEDGEMENTS

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 - Arizona Call-a-Teen
 - Arizona Coalition Against Domestic Violence
 - Homebase
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-
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MAG 2006 Regional Human Services Plan



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