



MAG REGIONAL HUMAN SERVICES PLAN 2002 UPDATE

AUGUST 2002



FOR INFORMATION PLEASE CONTACT

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INTRODUCTION

REGIONAL HUMAN SERVICES PLANNING

The Maricopa Association of Governments (MAG)—a voluntary association of twenty-five city and town governments, the county government, and the Gila River and Salt River Pima-Maricopa Indian Communities—is a planning agency that provides a forum for regional coordination, problem solving and planning. Originally established in 1967 as the planning agency for the urban areas in Maricopa County, the Maricopa Association of Governments expanded in 1980 to include all of Maricopa County. In 1970, the Governor of Arizona designated six planning regions for the state designating Maricopa County as Region 1. MAG is designated the Metropolitan Planning Organization (MPO) for Region I.

Tremendous changes in the structure and composition of our local and national population and economies will impact the fabric of our communities in the years ahead. The trends continue pointing to an aging of the largest generation, the baby boomers; the evolution of family structures; insufficient student work-skill preparation upon leaving school; integration and mainstreaming of persons with disabilities who are more able than ever before; and economic transition from a dominant manufacturing base to a service and information base. Improved manufacturing and information technology requires trained, educated workers to guide it. As the majority of today's workers reach retirement age, there also will be fewer workers to take their place.

Major impacts in Maricopa County over the past several years include new federal and state welfare reform policies, population growth that has made Phoenix the sixth largest city in the United States, and increased economic disparity in the face of a slowing economy. The ability of our residents to participate in the workforce of the future and to earn a livable wage impacts demands for housing and services and affects demands on the transportation infrastructure.

The Human Services Coordinating Committee of the Maricopa Association of Governments systematically develops the annual Human Services Plan.

This committee analyzes the data and funding information generated by national and local sources and

compares trends across the five subregional areas or human services planning districts to identify and prioritize problems. The Plan summarizes the Committee's findings and 2001-2002 funding recommendations for a portion of the federal Social Services Block Grant (SSBG) funds, which are planned at the local level. The Social Services Block Grant funds are granted by the federal government to the Arizona Department of Economic Security. In Fiscal Year (FY) 2000, Congress appropriated \$1.775 billion for this program. In FY 2001, \$1.725 billion was appropriated. Arizona has seen a decrease in SSBG funding over the past several years—despite a dramatic increase in the population.

Slightly over twenty-five percent of these funds are planned by the state's councils of governments such as the Maricopa Association of Governments. Citizen participation is encouraged throughout the process and drafts of the plan are submitted for annual public hearings. The plan is approved by the MAG Regional Council and submitted to the Arizona Department of Economic Security. The philosophy underlying this process is that local governments better understand and respond more quickly to change within their communities when they engage in a comprehensive planning process.



* A full discussion of MAG Human Services Planning Districts appears in Chapter 2, titled *Demographics*.

The MAG Human Services Plan for Maricopa County addresses local human service needs of four target group populations:

1. Adults, Families and Children
2. Elderly Persons
3. Persons with Disabilities
4. Persons with Developmental Disabilities

The complete 2001-2002 Human Services Plan for Maricopa County describes each population group, analyzes their needs and sociodemographic trends, prioritizes problems, identifies funding and its sources, and recommends distribution of specific funding amounts to specific services among the target groups. The plan also suggests assigning priorities to needs which might be met by additional or other funding sources in the public and private sectors, and provides supporting rationale for the recommendations.

Specific recommendations for a portion of the federal Social Services Block Grant funds are made to the Arizona Department of Economic Security for contracting in State Fiscal Year 2002.

This 2002 Human Services Plan will incorporate information from the 2000 Census for the first time. Even the limited amount of data that has been released has shown our Valley to be in the middle of dramatic change. As more information is produced by the Census Bureau in the future, a complete picture of the way our communities are evolving will come to light. The 2002 Human Services Plan incorporates all of the data that has been released to date by the U.S. Government including population distribution and sub-population representation. Information such as income, economic outlook, transportation activities, and other specifics on smaller population groups is all planned for release in 2002 and 2003 and will fill in the holes that are currently occupied by data from the 1995 Special Census. Subsequent MAG Human Services Plans will add this data for a more comprehensive look at social services in Maricopa County.

The 2002 Human Services Plan features two new sections on Domestic Violence and the Continuum of Care, which concerns MAG's role in obtaining funding for

agencies serving homeless people in the Valley. The chapter on Transportation will also include a detailed account of an initiative that sheds light on the transportation problems of the significant senior population in Arizona. Any suggestions regarding information in this document may be directed to the Human Services Planning staff of the Maricopa Association of Governments.

MAG HUMAN SERVICES COORDINATING COMMITTEE

Dennis Cahill	City of Tempe
Phil Gordon	City of Phoenix
Marie Lopez-Rogers	City of Avondale
Manuel Martinez	City of Glendale
Jim Mccabe	Area Agency on Aging
Linda Huff Redman	Tempe Community Council
Joan Shafer	City of Surprise
Dick Sousa	City of Goodyear
Kyle Jones	City of Mesa
Phillip Westbrooks	City of Chandler
Mary Rose Wilcox	Maricopa County
Kathleen Clark	The Community Forum
Larry J. Morrison	Town of Gilbert

**MAG HUMAN SERVICES
TECHNICAL COMMITTEE**

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Margot Cordova	Valley of the Sun United Way	Mary Jo Swartz	DES Community Services Administration
Debra Determan	City of Mesa Neighborhood Services	Paige Thomas	Glendale Human Services Council
Moises Gallegos	City of Phoenix Human Services	Wayne Tormala	City of Phoenix Human Services Division
Kate Hanley	Tempe Community Council	Margaret Trujillo	Value Options
Carl Harris-Morgan	Town of Gilbert	Patrick Tyrrell	City of Chandler, Housing and Redevelopment Department
Sandra Holt	DES/Aging Adult Administration	Rebecca Van Marter	The Community Forum
Connie James	City of Scottsdale Human Services	Neal Young	City of Phoenix Human Services Division
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Doris J. Marshall	City of Phoenix Human Services		
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Sheryl Pieper	City of Tolleson Community Services		
Sandra J Reagan	Southwest Community Network		

DEMOGRAPHICS

This chapter describes geographic population distributions throughout Maricopa County according to race/ethnicity, age and/or income distinctions. General population figures have been extracted from the 2000 National Census and the 1995 Special Census. Information not requested in 1995 still must be drawn from 1990 Census data, as some 2000 figures have yet to be released by the Census Bureau. Significant trends and patterns are noted, and general public policy correlations or inferences are drawn. Subregional policy implications and recommendations appear in each of the chapters.

MARICOPA COUNTY DEMOGRAPHICS

Maricopa County encompasses more than 9,000 square miles of urban and rural areas, large cities and small towns, and three million citizens with varying human services needs. The County's population grew about 3.6% per year from 1990 through 2000, compared to 3.2% statewide. In 1995, Maricopa County accounted for 58.7% of Arizona's total population—a figure which eventually rose to 58.9% by the Census in 2000. In 2000, the Phoenix Municipal Planning Area (MPA) accounted for more than one-fourth of the state's population (25.7%), and Mesa, the state's third largest MPA, accounted for 7.7%. Less than four percent of Maricopa County's residents were counted as rural residents in 1990, a figure expected to stay the same when it is released in late 2001.

Despite the nearly 30% population jump over the past ten years, population growth is expected to slow, perhaps due to the aging of baby boomers and a decline in the number of people in their twenties. Even with the projected growth slowdown, in March 1998, Maricopa County was proclaimed the fastest-growing County in the nation since 1990. Our population* is estimated to have grown 27%, from 2.1 million to 2.7 million people.¹

Net in-migration still originates mostly from California, Illinois, and New York states. Greatest numbers of residents leaving are bound for California, Texas, Colorado, and Washington states. Large numbers of new residents came from Texas and Colorado, but a significant number of people also left for those same states. About half as many foreigners left as moved into Arizona in 1996. The most common age of in-migrants continues to be people from age 20 through 34, and when baby boomers were that age, Arizona experienced tremendous population growth. Male in-migrants in this age group tend to outnumber female in-migrants.

The median age of Arizonans is 34.2, slightly below the national average of 35.3. In Maricopa County, the median age jumped 3.1% from 32 in 1990 to 33 in 2000.

MAG HUMAN SERVICES PLANNING DISTRICTS

The MAG Human Services Coordinating Committee facilitates the study of residents' needs by dividing Maricopa County into five **Human Services Planning Districts**: Northwest, Southwest, Central, Southeast and Northeast (*Figure 2-1.*) The districts were developed in conjunction with other human services planning agencies in 1988 to assist with comparisons and descriptions of smaller geographic regions.

The planning districts represent subregions of the County that include municipal and nearby unincorporated areas collectively known as **municipal planning areas (MPAs)**. No MPA is divided by these human services planning district boundaries, thus keeping intact the areas for which a city, town or county government is responsible. The MAG Human Services Planning District boundaries also correspond to the Planning and

* The 2000 Census for Maricopa County counted 3,072,149 people.

Service Areas used by the Area Agency on Aging, Region One and Maricopa County, thus ensuring compatibility of information across planning agencies. The Salt River and Fort McDowell Indian Communities and part of the

Gila River Indian Community are displayed in *Figure 2-1*, but are not included in the MAG Human Services Plan process because tribal governments plan and receive a separate Social Services Block Grant allocation.

MAG HUMAN SERVICES PLANNING DISTRICTS

Northwest #1—Northwest county

- Buckeye (north) Surprise
- El Mirage Wickenburg
- Glendale Youngtown
- Peoria Sun Cities
(unincorporated)

District #2—Southwest county

- Avondale Goodyear
- Buckeye (south) Litchfield Park
- Gila Bend
- Tolleson

District #3—Northeast county

- Carefree Paradise Valley
- Cave Creek Scottsdale
- Fountain Hills

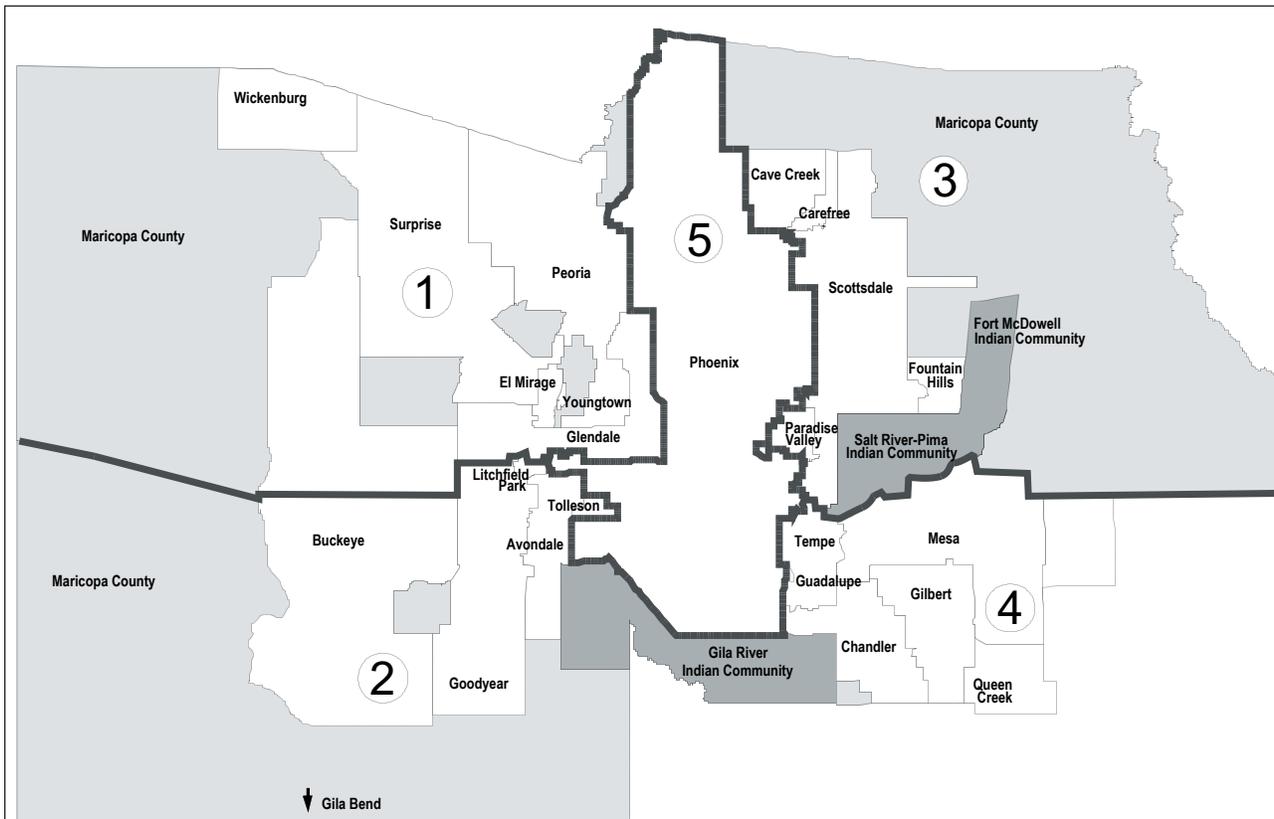
District #4—Southeast county

- Chandler Mesa
- Gilbert Queen Creek
- Guadalupe Tempe

District #5—Central county

- Phoenix

**FIGURE 2-1
MARICOPA REGION BY MAG HUMAN SERVICES PLANNING DISTRICTS**



POPULATION DISTRIBUTIONS

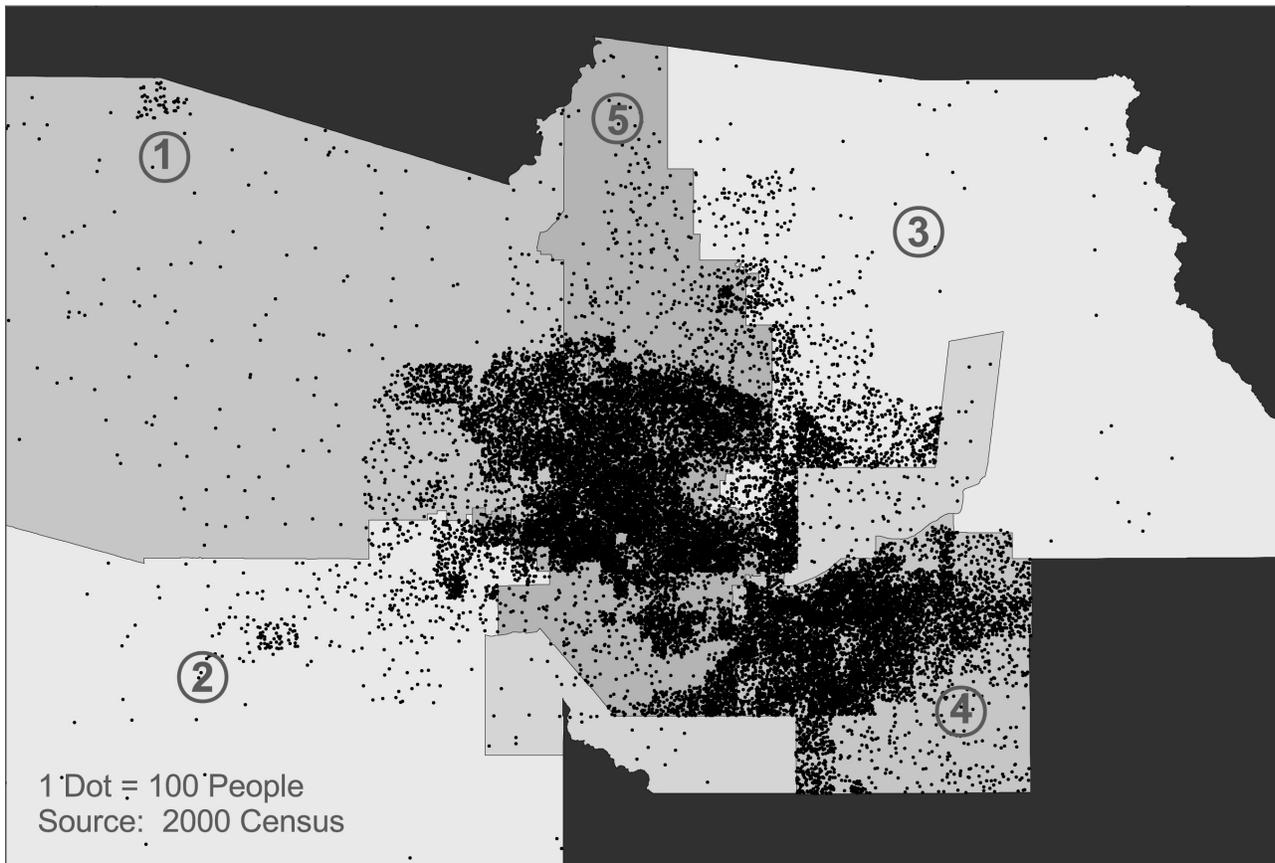
Tables 2-1 and 2-2 (on the following pages) and Figure 2-2 below illustrate where people in Maricopa County live. Understanding where people with certain needs live can help identify where service sites may be needed. Looking at population density may help to develop service delivery methods that are cost-effective. Some programs must compensate for vast distances to services, and others could take advantage of population clusters. Population density is shown for each Planning District (Figure 2). The City of Phoenix and the Southeast region are most densely populated. According to the 2000 U.S. Census, two of America's fastest-growing cities (more than 100,000 population) are located in eastern Maricopa County. Chandler and Gilbert each grew 24% and 41%, respectively, from 1995 to 2000. Chandler was second only to Henderson, Nevada

in growth during the 1990s. Another city which made impressive gains over the past five years was the City of Surprise in the West Valley. Surprise more than doubled its population from 13,000 to 30,000 since 1995. The past five years have seen a nearly 57% growth. Phoenix also continued to exhibit a great growth rate, 12.7%, and passed San Diego, California in total number of residents to become the sixth-largest U.S. city.²

RELATIVE POPULATION SIZES

Planning District #1 (Northwest) represents 15.1% of Maricopa County's total population. District #2 (Southwest) represents only 2.9% of the County's total population, a slight increase from 1990, and many reside in unincorporated areas. District #3 (Northeast) represents 8.1% of the County's total population, Planning District #4 (Southeast) represents 29.8% and District #5

FIGURE 2-2
MARICOPA REGION POPULATION DENSITY
EACH DOT REPRESENTS 100 PEOPLE



**TABLE 2-1
POPULATION GROWTH BY MAG HUMAN SERVICES PLANNING DISTRICTS**

In 1993, Maricopa County's resident population was expected to grow 13.16% between 1995 and 2000. In actuality, growth across Maricopa County increased by 20.4% between 1995 and 2000. The adjusted population projections and projected growth rates for the County region, by each Human Services Planning District, are represented below:

MAG Human Services Planning District	Resident Population		
	1995	2000	Percentage Growth 1995-2000
#1 Northwest	362,339	465,333	28.4%
#2 Southwest	59,326	89,632	51.1%
#3 Northeast	204,018	249,177	22.1%
#4 Southeast	752,224	916,434	21.8%
#5 Central	1,164,641	1,341,602	15.2%
Indian Communities	9,217	9,971	8.2%
Maricopa County Total	2,551,765	3,072,149	20.4%

Note: Population growth is significant because it implies a greater need or demand for services, and because federal grants-in-aid historically have been based (at least in part) on population size or rate of growth.

(Central/Phoenix) represents 43.6% of the County's total population, also a slight decrease from 1990. People living on Indian reservations in Maricopa County represent 0.32% of the total population.

AGENCY SITING

It is important that services are delivered reasonably close to those who need the service. This does not require that the service agency be physically located within the community, but that the service is accessible and available to those in need. The deficiencies of a public transit system may be a factor contributing to increased service costs or limited ease in reaching some services. Lack of affordable or flexible transportation and public transit continues to be mentioned by members of the public as a barrier

to using available services like counseling, housing assistance, child care, or job training, and clearly is a barrier to some employment opportunities. Existing publicly-funded transit (buses), paratransit (Dial-A-Ride type) and special transportation services (cars and vans for more severely disabled and elderly) are usable by nearly all persons with disabilities as the requirements of the Americans with Disabilities Act (ADA) have been implemented. (For more information about transportation and human services, please refer to other chapters in this plan.)

TABLE 2-2
**1995 ADJUSTED AND 2000 ACTUAL POPULATION FOR MARICOPA COUNTY AND
ITS MUNICIPAL PLANNING AREAS, JULY 1, 1995 TO JULY 1, 2000**

MUNICIPALITIES	POPULATION CHANGE	
	Oct. 27, 1995	Apr. 1, 2000
Avondale	22,771	35,883
Buckeye	4,857	6,537
Carefree	2,286	2,927
Cave Creek	3,076	3,728
Chandler	132,360	176,581
El Mirage	5,741	7,609
Fountain Hills	14,146	20,235
Gila Bend	1,724	1,980
Gila River Indian Community	2,648	2,699
Gilbert	59,338	109,697
Glendale	182,615	218,812
Goodyear	9,250	18,911
Guadalupe	5,369	5,228
Litchfield Park	3,739	3,810
Maricopa County, remainder/unincorporated	173,862	202,099
Mesa	338,117	396,375
Paradise Valley	12,448	13,664
Peoria	74,565	108,364
Phoenix	1,149,417	1,321,045
Queen Creek	3,072	4,316
Salt River Pima - Maricopa Indian Community	5,910	6,405
Scottsdale	168,176	202,705
Surprise	10,737	30,848
Tempe	153,821	158,625
Tolleson	4,261	4,974
Wickenburg	4,765	5,082
Youngtown	2,694	3,010
MARICOPA COUNTY TOTAL:	2,551,765	3,072,149

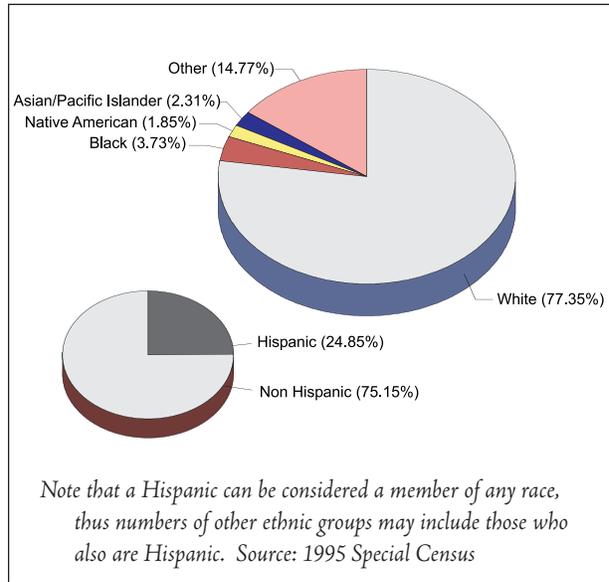
Source: 1995 Special Census and 2000 Census

Source: Maricopa Association of Governments, Socioeconomic Projections Interim Report, June 1997.

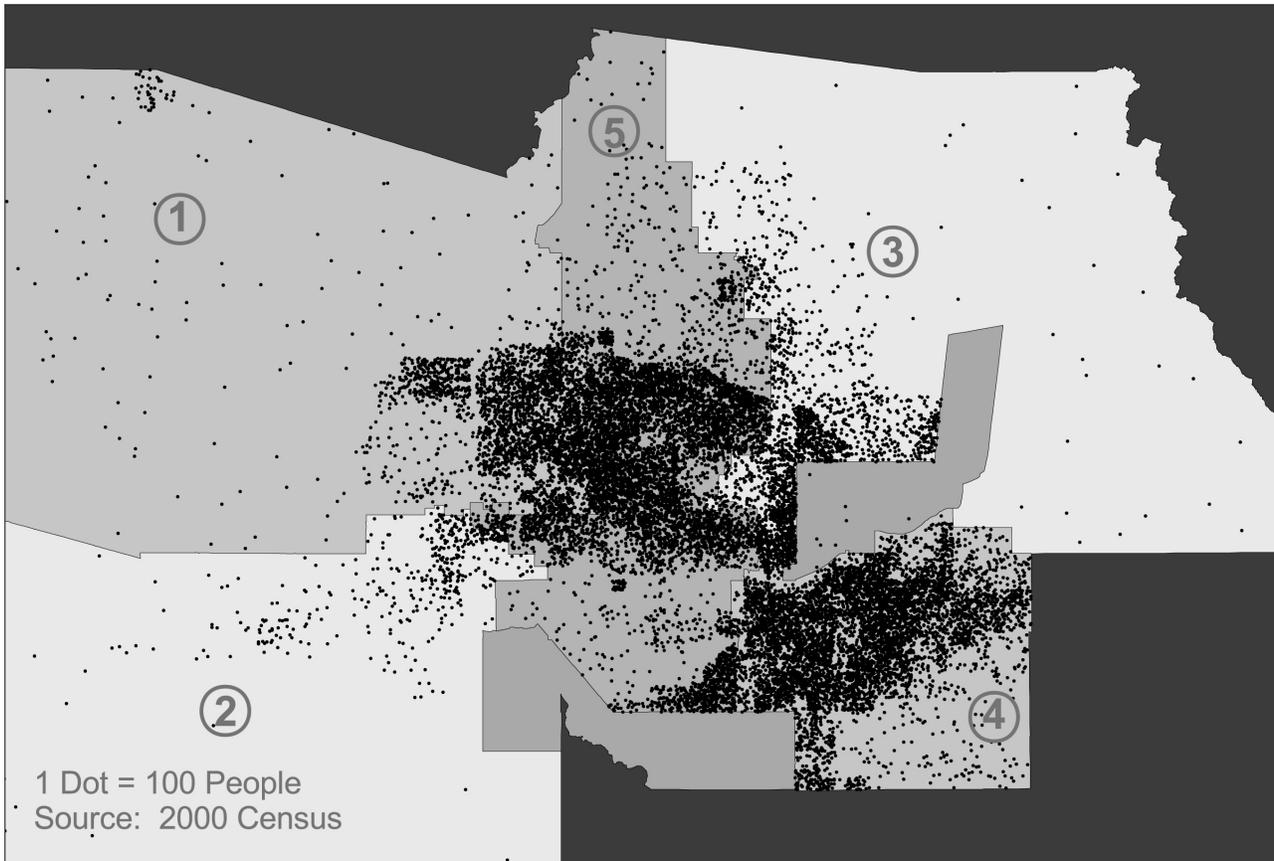
RACE AND ETHNICITY

White persons make up the majority of the population in Arizona and Maricopa County. Minority populations, except for Native Americans, have held constant or increased their representation. Comprising 79% of the County population in 1995 (2,019,556 persons), White people (including Hispanics) represented 77.4% of the population in 2000 (2,376,359 persons). In 1995, Hispanic persons comprised 20.5% (522,487), African Americans 3.7% (93,358), Native American, American Indian, Eskimo, or Aleut (not counting reservation residents) and Asian/Pacific Islanders comprised 1.8% and 2% respectively (35,208 and 38,309 respectively). By 2000, Hispanic people (of any race or color) represented 24.8% (763,341) of the total population. African Americans accounted for 3.7% (114,551), Native Americans, 1.8% (56,706), and Asian/Pacific Islanders, 2.2% (66,445).

**FIGURE 2-3
MARICOPA COUNTY ETHNICITY - 2000**



**FIGURE 2-4
DISTRIBUTION OF ANGLO POPULATIONS BY HS PLANNING DISTRICTS**



Ethnic representation in Arizona's population increased from 1990 to 2000, according to U. S. Census reports. Increases were seen in the state's Hispanic (from 16% to 24.8%), African-American (from 3.5% to 3.7%), and Asian/Pacific Islander (from 1.7% to 2.2%) populations.

The U.S. Census Bureau projects that increasing numbers of immigrants and higher birth rates among Hispanics and Asians will alter the ethnic composition of America. The same trend is seen in Maricopa County. 2000 Census data shows a 54% increase in the number of Hispanics of all races and an 8.8% increase in their share of the total County population since 1990. Since 1990, African Americans have increased by one-fourth, a 0.2% increase in their share of total population. Between 1990 and 2000, the population growth rate of Whites halved, while the growth of Hispanics increased by one-third, African-Americans increased growth by 5.5 percent, and

Asians increased growth by 3.6%. Native Americans also showed an increased growth of 5.9%.

Most residents over age 5 speak only English (77%), and about 15% claim to speak a language other than English. Of those, about 19% are unable to speak English well or at all.

Figures 2-5 through 2-7 generally illustrate where people of minority race or ethnic origin (defined as Hispanic or non-White) live. Often minority communities and families address social problems and issues differently than the Anglo or majority-dominated groups. It is vital that services provided are culturally relevant. Language and cultural differences often bar access or hinder effective delivery of social services according to public comments MAG has received over the past several years. In some low-income communities, system and institutional

**FIGURE 2-5
DISTRIBUTION OF MINORITY POPULATIONS BY HS PLANNING DISTRICTS**



changes cannot alone transform outcomes for vulnerable children and families. This chapter provides descriptive information that may identify target populations and potential strategies.³ More thorough discussion is found in the chapter addressing target populations.

Planning District #1 (Northwest) ranks third in Maricopa County in numbers and by percentage with 105,786 non-White residents constituting 22.7% of its total population, a 6% increase over the 1995 Special Census. Planning District #2 (Southwest) ranks fourth in Maricopa County with 37,357 non-White residents, yet ranks first in percentage of total population being minority—41.6%, a decrease since 1995 of 26%. Planning District #3 (Northeast) ranks fifth both in total and percentage of non-White population with 18,327 persons and 7.3%, respectively, a 2% increase.

Planning District #4 (Southeast), the East Valley, ranks second in total non-White population (194,166 persons) and third in percentage of total population being minority with 21.1%. Planning District #5 (Central; limited to the City of Phoenix MPA) ranks first in total number of non-White residents at 520,740 persons, and ranks second in percentage of total population being minority with 38.8%, a 9% increase.⁴

Hispanics dominate the minority population and distribution patterns of all minorities *Table 2-3* represents rank order of Human Services Planning Districts by total numbers of Hispanic residents of any race or color.

The rank ordering of Human Services Planning districts by total number of persons that are Black is represented by *Table 2-4*.

**FIGURE 2-6
DISTRIBUTION OF HISPANIC NON-WHITE POPULATIONS BY HS PLANNING DISTRICTS**



**TABLE 2-3
RESIDENTS OF HISPANIC ORIGIN**

Subregion	2000	
	Population	Percent
District 5 (Central)	453,123	59.40%
District 4 (Southeast)	169,020	22.10%
District 1 (Northwest)	90,487	11.90%
District 2 (Southwest)	33,652	4.40%
District 3 (Northwest)	15,579	2.00%
Indian Reservations	1,480	0.20%
Maricopa County Total	763,341	100%

**TABLE 2-4
RESIDENTS OF AFRICAN AMERICAN RACE**

Subregion	2000	
	Population	Percent
District 5 (Central)	67,617	59.03%
District 4 (Southeast)	25,146	21.95%
District 1 (Northwest)	15,299	13.36%
District 2 (Southwest)	3,705	3.23%
District 3 (Northwest)	2,748	2.40%
Indian Reservations	36	0.03%
Maricopa County Total	114,551	100%

**FIGURE 2-7
DISTRIBUTION OF AFRICAN AMERICAN POPULATIONS BY HS PLANNING DISTRICTS**



AGE GROUPS

The U.S. Bureau of the Census gathers information about residents' age. The mapped patterns of residents by age are helpful in identifying where needed social services programs may best be located or delivered. The median age for Maricopa County in 1995 was 33.2 years.

BABY BOOMERS*

The 76 million baby boomers, now ages 36-55 years, are skewing the proportion of adults in the general population. Beginning in the year 2006, they should skew the proportion of elderly persons in the general population. By the year 2015, we should see a 0.8% increase in proportion of men over age 65, and a 0.9% increase in proportion of women over age 65 (from 12.7% to 14.4% of the total population).

In 2000, baby boomers represented 27.4% of Maricopa County's population. This adult population has brought significant change with its maturation, the most significant being the changing composition of the family unit. Couples are waiting longer to marry—if at all—and they are having fewer children than previous generations. The baby boomers produced a "baby boomlet" generation (some call their offspring the "baby bust"). Nearly one in four households headed by adults between 45 and 64 years old includes adult children, indicating that many children remain with their parents into adulthood.

It is anticipated that by the year 2030, nearly 21% of the population will be over 65 years old. By that same year, the percentage of children in the U.S. population will have decreased to 22% (from 36% in 1960, seventy years earlier.) Shifts in age cohort distribution may have major impacts on public policy in such areas as education, employment, economic development, health care and housing, as well as human services. However, Maricopa County's child and elder populations each increased slightly between 1990 and 1995, and the adult population lost half a percent of its share of the population.

FIGURE 2-8
MARICOPA COUNTY POPULATION AGE DISTRIBUTION—1995 SPECIAL CENSUS

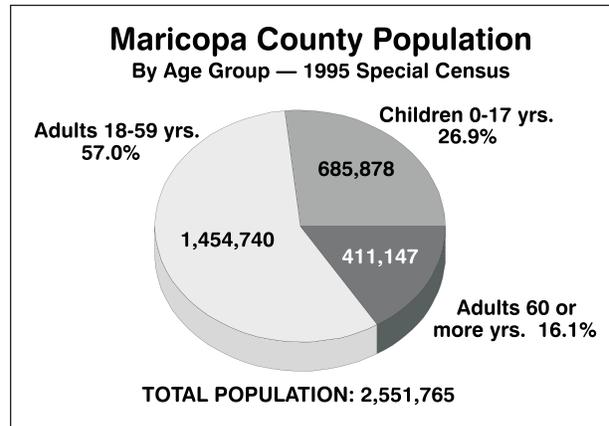
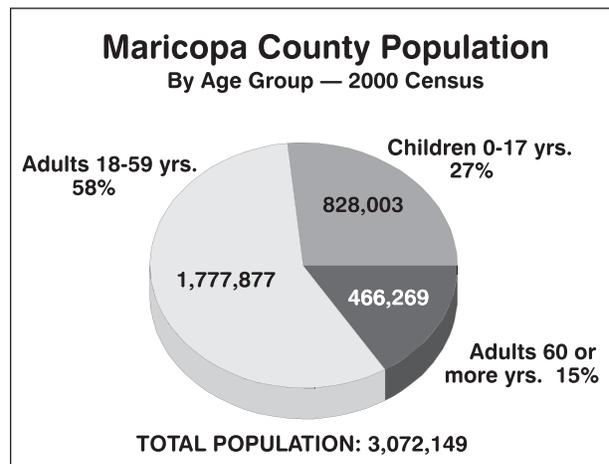


FIGURE 2-9
MARICOPA COUNTY POPULATION AGE DISTRIBUTION—2000 CENSUS



* The largest generational bulge in the American population, the collective number of persons who were born in the post World War II years 1946 through 1964, is popularly referred to as the baby boom generation or the baby boomers.

CHILDREN

Figure 2-10 illustrates where children under 18 years of age reside within Maricopa County. Excluding Indian reservations, it is interesting to note that concentrations of child residents continue to occur in the western and central areas of Planning District #4 (west-central Mesa, north Gilbert, north-central Chandler, central and south Tempe and all of Guadalupe); central to west-central and south-central sections of Planning District #5 (Phoenix) with additional concentrations in or near the Ahwatukee section. In Planning District #1, El Mirage, all of Glendale except its western areas, and southern Peoria have concentrations of residents under 18 years old. Central Wickenburg seems to have an evenly distributed population of children. Tolleson and Avondale have significant clusters of child residents, and south-central Buckeye has a significant although less dense population of children. Nearly one-third of people living in the least populous southwestern region of Maricopa County are children under 18 years old.

TABLE 2-5
MARICOPA COUNTY POPULATION RESIDENTS UNDER AGE 18

Subregion	2000	
	Population	Percent
District 5 (Central)	387,617	46.8%
District 4 (Southeast)	245,976	29.7%
District 1 (Northwest)	115,026	13.9%
District 2 (Southwest)	48,450	5.9%
District 3 (Northwest)	27,051	3.3%
Indian Reservations	3,883	0.4%
Maricopa County Total	828,003	100%

FIGURE 2-10
DISTRIBUTION OF CHILDREN UNDER AGE 18 IN MARICOPA COUNTY



ELDERLY

Elderly persons reside throughout Maricopa County with some clusters appearing in areas that are planned for or cater to them as a target market. *Figure 2-11* illustrates that elderly people mostly are well-distributed among the general population.

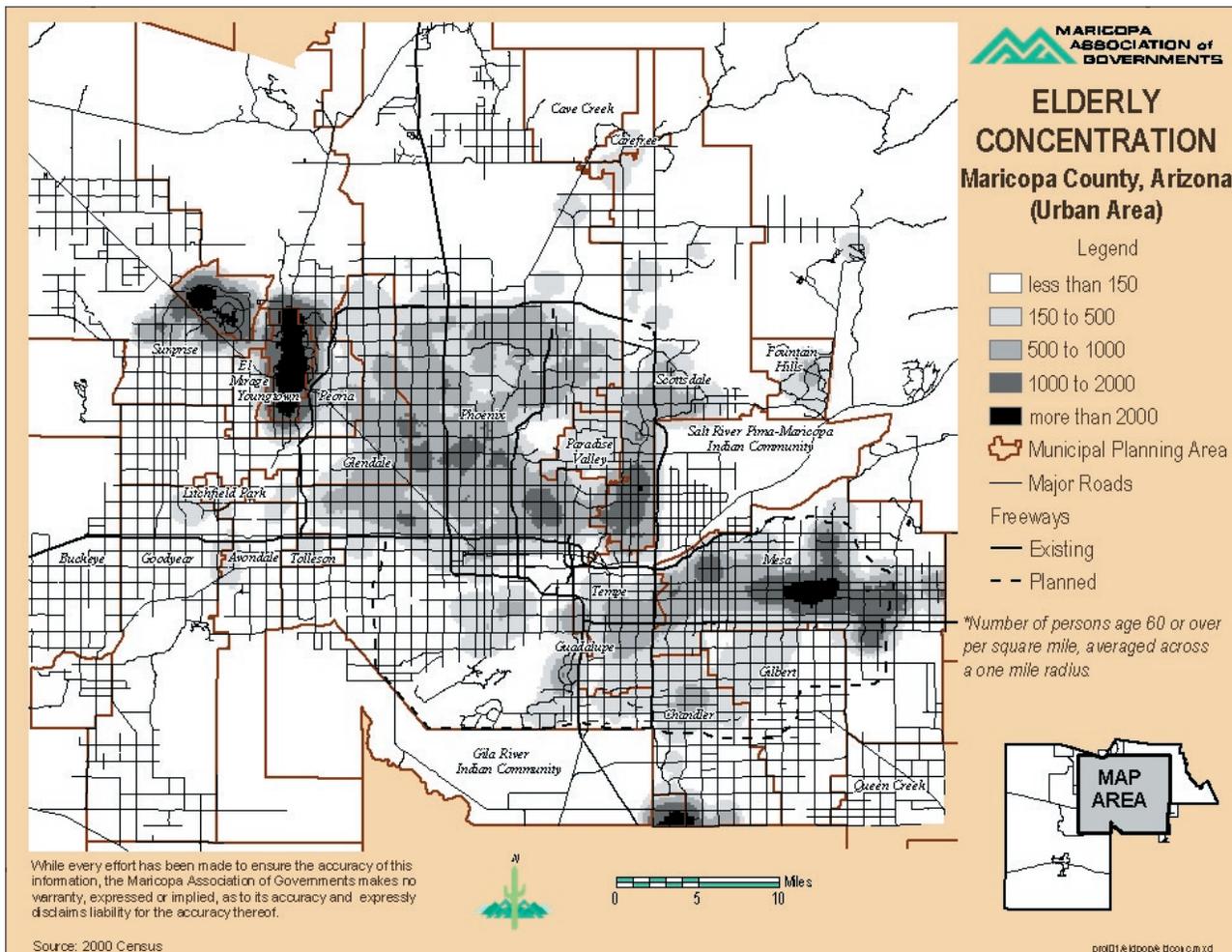
They appear to have increased their numbers in western areas of Goodyear, Surprise, Peoria and Glendale, as well as North Phoenix, North Scottsdale, and the Carefree/Cave Creek northern areas. The Southeast Valley continues to be home to a significant share of elderly residents.

INCOME

The median household income for all households in Maricopa County (Special Census 1995) was \$35,623. The three-year averaged household income for all Arizonans (1997-1999) was \$36,337. *Table 2-6* represents the average annual household income by MAG Human Services Planning District according to the 1990 U.S. Census.

It was projected that Maricopa County resident households would average an annual income of \$40,233 in 1995. *Table 2-7* illustrates the 1995 average income projections for four separate regions (not the same as MAG Human Services Planning Districts) of Maricopa County.

**FIGURE 2-11
DISTRIBUTION OF ELDER POPULATION IN MARICOPA COUNTY**



In 1991, Arizona's median household income was \$32,351 per year. By 1993, the median household income statewide had dropped to \$30,510 per year. By 1993, Arizonans earned an average median income of 2.9% less than they had in 1991. The three year 1994-1996 average median income for all Arizona households reached \$32,180, still below their earnings in 1991 by \$171. By 1996, Arizonans had dropped 2.3% in average median income earnings since 1994-95 (\$32,452 median income).⁹

According to the 1990 Census, Arizonans' incomes were about 8% below the national level, and people in Maricopa County earned only slightly below the national level. In early 1995, Arizona's per capita income was 86% to 87% of the national average, compared to 95% in the 1980s; and Arizona's income growth was not growing as fast as the rest of the nation.¹⁰

Per capita personal income in 1992 was \$17,419, 88% of the national average personal income of \$19,841. U.S. Department of Commerce projections showed Arizona's personal income growth barely keeping up with the national average rate of growth to the year 2000.¹¹ Compared to the national three-year averages of median income for 1997-1999, Arizona lags behind by \$2,731. Nationally, real median income for households increased 10.6% over the past decade from \$35,492 to \$39,657.

POVERTY

Federal poverty guidelines have been changing annually. In 1989, poverty for a family of four was defined as annual income of \$12,674 or less. In 1995 it was defined as annual income of \$15,150 or less. The federal poverty guideline for 2001 is noted in *Table 2-8* on the following page.

In 1989, the average poverty rate for Arizona's urban counties (Maricopa and Pima Counties) was 13.5%, and for its 13 rural counties was 23.1%. The U.S. Census Bureau calculates that Arizona is one of seven states to experience a significant decrease in poverty from 1997 to 1999. Averaging over three years (1997-1999), Arizona appears to average 15.2% of its population living in poverty. This decrease still was not enough to drop Arizona from the 11th highest

TABLE 2-7
**ACTUAL AVERAGE HOUSEHOLD INCOME,
2000, MARICOPA COUNTY**

County Sub Region Planning District	2000 Average Household Income
#1 (Northwest)	\$37,920
#2 (Southwest)	\$46,595
#3 (Northeast)	\$83,594
#4 (Southeast)	\$42,851
#5 (Central)	\$41,207
Maricopa County Total	\$45,358
<i>Source: 2000 Census</i>	

poverty rate in the United States behind New Mexico (20.8%), Washington, D.C. (19.7%), Louisiana (18.2%), Mississippi (16.8%), Texas (15.6%), West Virginia, (16.7%) and the Los Angeles CMSA (19.1%). Of 608,777 households reporting any income in 1995 (only 64% of all households), 10.4% reported income below the poverty guideline. Readers are cautioned that this is a weak indicator of poverty in Maricopa County due to the low response rate and other factors. Causes and effects of poverty and how poverty should be defined creates lively debates. It is not surprising that there are some definite links between hardship problems and poverty. Some of these issues are discussed further in the target group-specific chapters of this document.

In Maricopa County, lowest income households are found more frequently on Indian reservations, in south-central Phoenix, north-central Tempe, Guadalupe and El Mirage. Families earning annual incomes slightly over poverty guidelines usually do not qualify for assistance and often have a difficult time providing their families' basic and support needs. In 1990, households with annual incomes at or slightly above poverty were more often found in south-central Phoenix, central Tempe, central

Mesa, El Mirage, Surprise, Avondale, Buckeye, Tolleson, Gila Bend and Wickenburg. Income was reported by only two-thirds of the 1995 Special Census respondents, and geographic coverage on the income question was uneven. Inferences about income and poverty status based upon the 1995 Special Census should be viewed with caution. Current income/poverty projections from the 2000 Census are expected by fall 2002.

Persons earning low incomes also commonly hold jobs which are unlikely to provide employee health insurance. In the aftermath of new welfare policies, and as we are in the midst of developing implementation strategies, it is the welfare client and the working poor for whom there is great concern. Unless they qualify at the very lowest levels for the State's AHCCCS health care program (Medicaid), people working in low-wage situations are unlikely to hold jobs that provide health care benefits through their employer. They also are likely to hold more than one job. Arizona was ranked among states with high percentages of people without health insurance. Between 1997-1999, an average of 23.3% of Arizona residents were without health insurance, a decline by 2% over the same three years. Only four other states also experienced increases in uninsured populations (New Mexico, Texas,

**TABLE 2-8
2001 POVERTY GUIDELINES
FOR ALL STATES (EXCEPT AK, HI & DC)**

Size of Family Family Unit	Federal Poverty Guideline
1	\$8,590
2	\$11,610
3	\$14,630
4	\$17,650
5	\$20,670
6	\$23,690
7	\$26,710
8	\$29,730

Louisiana, and Nevada). Nationally in 1999, 15.5% of the national population had no health insurance of any kind, and people of Hispanic origin were the most likely to be without health insurance. Two new insurance programs should address this gap. Proposition 204, passed by the voters in November, 2000, uses tobacco settlement funds

**TABLE 2-9
MARICOPA COUNTY POVERTY STATUS BY AGE AND RACE, 1995**

Below Age	Poverty	White	Native Black	Asian/Pacific American	Islander	Other	Hispanic*
Under 6	43,238	24,245	4,473	2,076	609	11,835	20,954
6-11	34,529	19,931	3,262	1,526	369	9,444	16,604
12-17	25,824	15,039	2,446	988	575	6,776	12,340
18-64	154,859	108,231	10,072	5,645	3,906	27,004	49,092
65-74	12,753	10,763	801	93	167	928	2,113
75+	12,144	10,649	699	105	71	621	1,022
All Ages	283,347	188,858	21,753	10,433	5,697	56,608	102,125

Source: Department of Economic Security, Research Administration, July 1993. *Note that Hispanics can be of any race.

Note: 2000 poverty data by age/race will not be available until Fall 2002

to increase access for acute medical coverage to 100% of the federal poverty level. The program was effective as of October 1, 2001. In addition, the KidsCare program provides health insurance to children under 19 years of age if the family's income is too high for medicare and is within 200% of the federal poverty level.

Income data is important to many government and community human services agencies. Their program clients may be required to meet eligibility requirements which are based upon levels of income in order to receive services; or their clients' needs may be linked to low levels of income. Low income frequently is linked with human services problems. Income-related problems commonly targeted are basic needs such as housing, food and health care; and services such as transportation, job training and education, which support the ability to earn a livable wage.

Table 2-10 illustrate how Maricopa County's residents are linked to poverty by age or ethnicity over a five year period. A further discussion of the implications of poverty and correlations with other factors appears in the chapter entitled *Adults, Families and Children*.

Looking at the percentage of households earning incomes below the federal poverty level serves as an indication of how much effort a community must exert to overcome its levels of need. *Table 2-10* (on the next page) lists the 1990 figures for each municipality in Maricopa County.

ECONOMIC OUTLOOK

According to Census 2000 data, workers change employers and careers more often; companies retain a core group of experienced personnel and use outside consultants or contractors for supplemental projects as needed; and many companies hire enough part-time workers to meet their needs with little or no health, education or retirement benefits included. There appears to be some slowing in the employers' costs of providing benefits to workers, partly attributable to employers dropping benefits or increasing employees' cost shares.¹⁶ For the workers who are fortunate enough to receive group health benefits through their employers, the cost of dependent coverage

is prohibitive for some, and many are paying a greater share of the premium cost. The 2000 statistics are proving out this projected trend. Citizens are finding work, but they are taking home less than before.

Labor statistics and employment projections are no longer developed for Maricopa County alone. The Phoenix-Mesa metropolitan area now includes all of Pinal County, with Maricopa County accounting for about 95% of the total area. Economic growth for the region gained momentum in the spring of 1994, but since the spring of 2000 has declined slightly. However, a lower rate of urban unemployment can still represent thousands more unemployed persons than higher rates in sparsely populated areas.

In the year 2001, Maricopa County, along with the rest of the nation, was in a slow economic downturn despite a significantly-changed business environment. The new economic development strategies of the mid and late 1990s involving technology and service employment continue to drive the economy, with an expected increase of 73,000 jobs over the 2001-2002 period. Still, economists warn that a "slowing" of the Arizona economy is on the horizon for businesses in the state. Throughout the 1990s, high tech and "information age" industries overtook real estate, mining and old smokestack businesses and will continue to add jobs—though at a more cautious rate in 2001-2002. Entrepreneurs and small businesses are forging new trends. "And while employers love its anti-union, right-to-work climate, sunny Phoenix isn't exactly a workers' paradise for those mired in its abundant, low-paying service jobs."¹⁷

By 2001, Arizona's job growth appeared to be evenly distributed between goods-producing and service-producing industries, even though both have seen downturns due to high tech-related failures in the economy. The following employment data is drawn from a DES summary for the previous year.

According to the Arizona Department of Economic Security, statewide wage and salary increases exceeded the national average. Arizonans who held jobs that are covered by unemployment insurance averaged annual pay of \$26,387 in 1996. However, even with strong employment

**TABLE 2-10
POPULATION OF CITIES AND TOWNS BELOW POVERTY, 2000 CENSUS**

	Total Population	Total Population Below Poverty		Related Children Under 18		Elderly - 65+		Families w/ Children Under 5		Female Headed Households w/Children Under 5	
		#	%	#	%	#	%	#	%	#	%
Avondale	40,445	4,905	13.8	2,057	17.2	302	16.7	434	16.7	142	42.5
Buckeye	10,650	1,200	18.8	599	27.6	70	13.3	111	27.1	64	64.6
Carefree	3,095	92	3.2	5	1.2	26	3.2	2	3.9	2	66.7
Cave Creek	3,900	283	7.7	98	12.9	37	7.3	14	14.0	5	38.5
Chandler	186,875	11,632	6.6	3,973	7.7	767	8.0	994	8.0	337	24.1
El Mirage	11,915	1,181	15.9	381	14.2	110	22.0	88	12.9	43	42.2
Fountain Hills	21,190	832	4.1	181	5.0	149	3.8	41	5.2	14	19.7
Gila Bend	2,000	481	24.8	192	29.3	38	23.8	43	29.1	27	67.5
Gilbert	122,360	3,529	3.2	1,105	3.0	226	5.9	250	2.9	88	16.8
Glendale	224,970	25,688	11.9	9,772	15.3	1,464	9.5	2,540	17.4	933	34.4
Goodyear	22,820	1,005	6.1	364	8.7	67	3.7	75	7.4	31	22.5
Guadalupe	5,230	1,391	26.7	589	30.8	137	42.4	79	23.5	44	37.9
Litchfield Park	3,845	157	4.2	47	5.5	15	1.8	23	15.6	6	37.5
Mesa	414,075	35,031	8.9	11,328	10.7	3,593	7.1	2,915	11.8	1,243	34.3
Paradise Valley	13,915	334	2.5	50	1.5	63	2.8	16	2.6	-	-
Peoria	117,200	5,627	5.3	1,743	5.8	958	6.3	328	5.1	142	21.5
Phoenix	1,344,775	205,320	15.8	77,445	21.0	10,841	10.3	18,805	21.7	6,754	41.3
Queen Creek	4,820	397	9.2	138	10.0	14	6.5	19	7.9	-	-
Scottsdale	209,960	11,650	5.8	2,074	5.4	1,972	5.9	459	5.5	274	25.2
Surprise	38,400	2,689	8.7	1,000	16.7	255	3.3	217	13.3	72	44.2
Tempe	159,435	21,904	14.3	4,096	13.6	558	5.1	1,220	17.4	476	38.1
Tolleson	5,040	676	13.7	306	19.4	56	10.9	59	19.2	24	31.6
Wickenburg	5,265	566	11.4	114	11.5	70	5.1	54	22.0	25	71.4
Youngtown	3,155	375	13.1	99	33.1	116	8.5	17	24.3	-	-
Sun City	38,540	1,733	4.6	-	-	1,275	4.3	-	-	-	-
Sun City West	26,405	476	1.8	-	-	411	1.9	-	-	-	-
Maricopa County	3,072,149	355,668	11.7	123,779	15.4	25,852	7.4	30,023	16.2	11,234	37.5
Arizona	5,130,632	698,669	13.9	249,327	18.8	54,737	8.4	56,623	19.3	23,205	43.7

Notes: Totals include unincorporated areas within Maricopa County.
Calculations are based upon the number of persons for whom income is determined.

**TABLE 2-11
FEDERAL POVERTY GUIDELINES**

Poverty Level 1990		Poverty Level 1995		Poverty Level 1997		Poverty Level 2000	
Family of 1	\$ 6,620	Family of 1	\$ 7,470	Family of 1	\$ 7,890	Family of 1	\$ 8,590
Family of 2	8,880	Family of 2	10,030	Family of 2	10,610	Family of 2	11,610
Family of 3	11,140	Family of 3	12,590	Family of 3	13,330	Family of 3	14,630
Family of 4	13,400	Family of 4	15,150	Family of 4	16,050	Family of 4	17,650

growth (5.6% in 1997) and reported shortages of skilled workers, Arizonans' average wage still falls short of the average wage earned by workers in other states (\$28,945), and ranks Arizona 27th. This may be due to growth in lower-paying service jobs which offsets the higher-paying high tech, skilled job wages.

DES notes these industry-related trends: four major industry groups exceeded the national wage growth rates, and five of Arizona's major industry groups fell short of the respective national industry averages. Pay gains for Arizona and the nation were at 4.2%. Higher wages can be found in Arizona mining, manufacturing and wholesale trade industries. However, in 1997, fewer than 1% of Maricopa County employees, and fewer than 2% of workers statewide, worked in mining jobs, and 11.6% worked in manufacturing jobs. One-fourth of all employees in the region worked in trades, including wholesale (\$34,065 average) and lower-paying retail jobs (\$16,075 average). Over 30% of our employees

held service (and miscellaneous) jobs.¹⁸ The transportation, communications and public utilities industries grew most weakly due to environments of increased competition in utilities and communications companies. Most transportation centers are struggling to increase capacity and most companies have been able to show only modest gains. Government jobs and wages continue to grow due to increases in education.

The Phoenix-Mesa Metropolitan Area experienced a 4% wage gain with average annual pay nearly reaching \$28,000 in 1996. However, DES cites Arizona State University's School of Business that says the region had a 5+ percent Consumer Price Index (CPI) increase, due primarily to higher rent and housing prices. DES cites a survey that downgrades the Valley's housing affordability from 25th most affordable in 1996 to 33rd in 1997, and reports that median new home prices for the Valley jumped 4.7% (from \$133,961 to \$140,188.)

TABLE 2-12
PHOENIX-MESA METROPOLITAN AREA LABOR FORCE
EMPLOYMENT AND UNEMPLOYMENT DATA, AUGUST 2001

Employment Industry	August 2001	Yearly Change
Civilian Labor Force	1,636,900	+ 70,700
Unemployment	66,700	+21,400
Unemployment Rate (seasonally adjusted)	3.7%	0.01
Total Employment	1,570,200	+ 49,300
Wage & Salary Employment	1,563,300	200
<i>Private Sector</i>	1,377,700	-12,000
<i>Government</i>	191,600	+12,200
Goods-Producing Industries	285,600	-5,500
Manufacturing	160,600	-5,800
Mining & Quarrying	2,500	0
Construction	122,500	300
Service-Producing Industries	1,289,700	+ 5,700
Transportation, Communications & Public Utilities	84,900	500
Transportation	56,200	+ 1,700
Communications & Utilities	28,700	100

**TABLE 2-13
2000 AVERAGE ANNUAL PAY IN
ARIZONA**

Employment Industry	AZ Average Annual Pay	% Change from 1995
Mining	\$47,001	-8.5%
Retail Trade	\$19,246	4.5%
Finance, Insurance and Real Estate	\$41,045	6.3%
Wholesale Trade	\$45,431	6.5%
Manufacturing	\$48,541	9.8%
Services	\$31,059	10.4%
Construction	\$32,467	5.2%

Source: Arizona Department of Economic Security, Research Administration, December 2001

**TABLE 2-14
PHOENIX-MESA METROPOLITAN AREA
EMPLOYMENT 3RD QUARTER 2001
ANNUALIZED CHANGE**
(PHOENIX-MESA METROPOLITAN AREA
INCLUDES MARICOPA AND PINAL COUNTIES)

Employment Industry	Percent Change
Mining & Quarrying	-3.7%
Finance, Insurance and Real Estate	1.8%
Services and Miscellaneous	-2.6%
Construction	0.7%
Transportation, Communications & Public Utilities	0.5%
Non-farm Employment	-0.1%
Trade	1.5%
Government	5.0%
Manufacturing	-3.7%
Total Employment	3.1%

Source: Arizona Department of Economic Security, Research Administration, August 2001.

NEEDS ASSESSMENT

Assessing unmet needs of the residents of Maricopa County is a complex and imprecise task. One of the best tools no longer available to researchers and planners was a general population survey. Until 1997, the Maricopa County Office of Research and Reporting conducted a survey of households in Maricopa County to determine residents' human services needs. The benefit of such a survey is its basis in scientific methodology and usefulness of the information to generalize what is happening in the greater population. The Maricopa County Needs Assessment Project surveys of households were conducted in 1981-1984, 1986 -1992, 1995 and 1996. In 1989 and 1992 the summary data was published in table form. Useful findings reported by this project appear throughout the following chapters. The MAG Human Services Coordinating Committee members continue to be concerned about Maricopa County residents who are in need of assistance.

Problems identified in this plan for each target group population note specific indicators of need that are supported by the findings of the Maricopa County Needs Assessment Project. The Needs Assessment Project helped quantify the estimates of need and the MAG human services planning process helps probe those areas for specific information and recommendations that will guide service delivery. The discontinued funding and support of future surveys has momentarily blocked the availability of needs assessment data. MAG also conducts public input opportunities and public hearings to support its assessment of local needs. Not all areas of need will qualify for funding by federal Social Services Block Grant monies. MAG makes service and level of funding recommendations for a portion of Social Services Block Grant monies to the Arizona Department of Economic Security.

Gaining access to accurate data and needs assessment continues to be a focus for the MAG Human Services Committee to assist with making the appropriate SSBG funding decisions. Over the next year, the committee will begin to collaborate with other community groups to compile more reliable data for use in the planning of appropriate human services for the region.

ENDNOTES

1. Adrienne Flynn, "Young Newcomers Spur Growth," *The Arizona Republic*. Phoenix, Arizona March 18, 1998.
2. Jeff Barker and Robbie Sherwood, "Growth Spurt in Valley," *The Arizona Republic*, Nov. 16, 1997.
3. Douglas W. Nelson in the Foreword to "The Path of Most Resistance: Reflections on Lessons Learned for New Futures." The Annie E. Casey Foundation, Baltimore, MD August 1995.
4. All information related to minority populations in Maricopa County is drawn from the 2000 U.S. Census and the 1995 Special Census.
5. *The Arizona Republic*, December 4, 1992.
6. Arizona Department of Economic Security, Population Statistics Unit. Maricopa Population Projections 1997-2050, February 1997.
7. Cheryl Russell, "The Baby Boom Turns 50." *American Demographics*, December 1995.
8. Maricopa Association of Governments, "Update of the Population and Socioeconomic Database for Maricopa County, Arizona." Phoenix, Arizona: March 1993.
9. U.S. Bureau of the Census, March 1997 Current Population Survey (1996 dollars).
10. Remarks before the January 5, 1995 annual meeting of the MAG Human Services Coordinating Committee and Human Services Technical Committee members by Dan Anderson, Administrator, DES Research Administration.
11. Arizona Department of Economic Security Research Administration, Workforce Development Planning Information: Program Year 1994. Phoenix, AZ: November 1993.
12. An imperfect measure, the poverty line is an artificial standard below which a household's cash income must fall for a household of a given size and structure to be considered as living in poverty. Cash public transfers such as welfare benefits are included as income. However, total amounts reported by the Census Bureau may not include in-kind benefits such as food stamps, housing subsidies, medical care benefits and nutrition subsidies. Income from rent, dividends and interest is counted, but capital gains income and fringe benefits are not. Financial holdings, consumer durables and housing assets are not considered. Bureau of the Census poverty thresholds in 1989 ranged from \$6,310 for a one-person family to \$25,480 for a family of nine or more persons (Arizona Community Action Association, "Poverty in Arizona: A Shared Responsibility," 1994, p. 4).
Two similar poverty measures are used by the federal government. Poverty thresholds, the original measure, are updated each year by the Census Bureau and are used mainly for statistical purposes, such as estimating the number of Americans living in poverty each year. Poverty guidelines are issued each year by the federal Department of Health and Human Services and are used for administrative purposes, such as determining if a person is eligible by poverty level income for a federal welfare program.
13. Arizona Community Action Association, "Poverty in Arizona: A Shared Responsibility." Phoenix, Arizona: 1994.
14. U.S. Bureau of the Census, March 1995, 1996 and 1997 Current Population Surveys of 608,777 households that reported income below the federal poverty guidelines in 1995. Readers are cautioned that this is a weak indicator of poverty in Maricopa County due to the low response rate and other factors.
15. U.S. Bureau of the Census, March 1995, 1996 and 1997, 2001 Current Population Surveys.
16. John M. Berry and Peter Behr of the Washington Post, "Economy Soars but Pay Crawls." *The Arizona Republic*, November 1, 1995.
17. Marla Dickerson, "Country Sees the Valley as Hot for Entrepreneurs," for the Los Angeles Times, reprinted in *The Arizona Republic*, December 28, 1997.
18. Arizona Department of Economic Security Research Administration, August 2001

ADULTS, FAMILIES AND CHILDREN

The annual human services plan, developed by the MAG Human Services Coordinating and Technical Committees, includes information on the demographics and needs of the population in our Valley. The following plan section on the Children, Adults and Families target group presents data and information that are key to understanding the types of problems and needed services for this segment of our population.



A SNAPSHOT OF THE TARGET GROUP

POPULATION DESCRIPTION

- There are 1,822,857 persons between the ages of 18-52 in Maricopa County—representing 59.3% of the population.
- Children comprise 26.95% of the population enumerated in the 2000 U. S. Census of Maricopa County, a total of 828,003 under age 18.
- As the disproportionate population share of “baby boomers” age, many families are having fewer children or choosing not to have children. The exception is with Hispanic families, who are having larger-sized families.

FAMILY STATUS

Families have changed over the past 30 years, resulting in a mixture of single parents, step-parents, foster parents, mixed families, adoptive families, grandparents raising their grandchildren, and adults who choose not to have any children.

- Many people are choosing never to marry or to marry at an older age. More couples are also choosing to live together rather than marry. The number of households with unmarried partners grew by 95% in Arizona in the last decade to 118,196, with 71,790 living in Maricopa County.
- The U. S. Census Bureau estimates that one of every two marriages will end in divorce; the number of divorced persons has increased by 400% since 1970.
- Couples are choosing to have fewer children. In 1950, the average family household size was 3.5 persons; in 2000, it was 3.18.
- In Maricopa County in 2000, there were 13,744 divorces and annulments, and 22,910 marriages. The dissolution rate was 6.3 per 1,000, which has fallen steadily from a 1976 high of 8.9 per 1,000. The national dissolution rate is 4.4 per 1,000.
- More children are living with a single parent. In Arizona in 2000, 129,511 of households were headed by a single parent, and nationally, in about one in every 45 households, fathers raise children without a mother.

ECONOMIC WELL-BEING

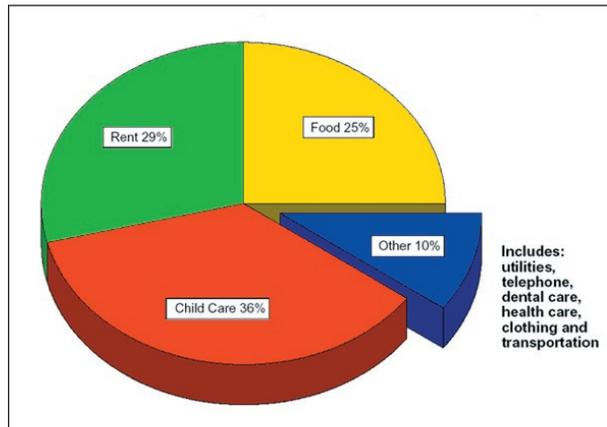
Arizona's economy is the envy of many parts of the country. Arizona's jobs are expected to grow somewhere between two and three times the national pace and Arizona is one of the nation's leaders in population growth. Maricopa County is the focus of most of that growth, with our unemployment hovering at 4.2%. We have seen a 30% increase in the number of non-farm jobs since 1992, with the service sector being one of the largest providers of new jobs. Our current employed population of 2.3 million is an increase of 800,000 people since 1998, with 140,000 more jobs in the year 2000 alone, according to the Bureau of Labor Statistics.

- Arizona's household wage level is slightly below the national average. In 1999, average annual pay in Arizona was \$36,337 as compared with the national \$39,657.
- Most of the projected job growth in Arizona is projected to be in construction, services and trade.
- Living costs in the metro Phoenix area are slightly higher than the national average.
- The changing economy, with increased use of technology and increased offshore production of goods, has created a demand for workers with skills in computers, communication and critical thinking skills. For many who relied on blue-collar types of employment in the past, the employment options are more limited to service industry jobs, which pay at a much lower rate.
- The MAG Human Services committees compared the average hourly wage with cost of living in the metro area and documented the economic relationship for a family with one wage earner and one, two and three dependents. The chart displays that earning \$6.00 per hour for a wage earner with one dependent will just pull the family above the federal poverty level, while providing insufficient funds to meet the market rate for housing in the Valley.
- A study of self-sufficiency for a family of three in Chicago estimated that an annual before-tax income

FIGURE 3-1

FULL TIME WORKING POOR

A SINGLE MOTHER IN ARIZONA WITH A SIX-YEAR-OLD AND A FOUR-YEAR-OLD. MOTHER EARNS \$6 PER HOUR AS A FULL TIME JANITOR



of \$25,907 was needed to provide for food, housing, utilities, transportation, child care, clothing and personal care.

HOUSEHOLD COMPOSITION

- The average number of persons per household has declined from 3.38 in 1960 to 2.64 in 2000. The number of households with two adults and children has declined from 52% in 1960 to slightly under 22.6% in 2000, while the number of one-parent households has increased from 8,086 in 1960 to 129,511 in 2000.
- The areas with the largest household size are concentrated within the Salt River-Pima Maricopa Indian Community, the Fort McDowell Indian Community, El Mirage, Guadalupe, South Phoenix, Queen Creek, Tolleson and portions of Mesa.
- Single person households are concentrated in retirement communities, Peoria, Tempe and the central portion of the region.
- The more traditional households with two parents and children are concentrated on the east side of the

region along the Red Mountain Freeway and south of the Superstition Freeway; and on the west side along the Loop 101 Freeway and south of I-10.

- Households with one adult and children are concentrated in Phoenix, Glendale, portions of Mesa and Chandler.
- Housing affordability, defined by the U. S. Department of Housing and Urban Development (HUD) as 30% of gross household income for rent/ mortgage and utilities, remains elusive for many of the Valley's residents. Documents submitted to HUD reveal that an estimated 120,151 renter households in the Valley are paying more than 30% of their income for housing and utilities while an estimated 59,000 renter households pay more than 50% of their incomes on rent and utilities. In a recent report from the Arizona Department of Commerce, an estimated 25% of Maricopa County households are either paying more than 30% of their income for housing, or are living in substandard or over-crowded housing. The gap between income and housing affordability has widened, with only 28% of Arizonans earning enough to buy a median-priced house.

POVERTY LEVEL

- The national poverty rate is 11.8%, representing 32.3 million Americans in 1999—a drop from 1996's rate of 13.7% (U. S. Census Bureau, September, 2000).
- The federal poverty level for 2001 is \$11,610 for a family of two and \$14,630 for a family of three.
- Poverty rate varies with age. The poorest segment of our population is children.
- As the number of jobs has increased, the poverty level in Arizona has also decreased—one of seven states that has shown a significant decrease since 1996. Arizona's rate in 1999 was 15.2%.

- Arkansas; California; Washington; D.C.; Louisiana; Mississippi; Montana; New Mexico; New York; Texas; and West Virginia had higher percentages of persons in poverty.
- Approximately 26.1% of Arizona's children lived below the federal poverty level in 1998, according to the National Center for Children in Poverty. Arizona's child poverty rate is was 11th highest in the nation in 2000.
- The Business Journal reported that more than half of Arizona's employees were in low wage jobs (November 7, 1997).
- Income questions from the 1995 U. S. Special Census reveal a poverty rate in Maricopa County of 10.41% of reporting households. These data mask areas of extreme poverty within the County. There is some concern about using sub-county poverty data from the 1995 Special Census because of the number of responding households. However, 1990 Census data show there are a number of jurisdictions within the County whose percentage of households below the poverty level exceeded 15%. Note that these figures are almost ten years old and there has been some improvement in the numbers of people in poverty. However, until the decennial Census, these poverty figures are the most definitive:

Guadalupe	40.1%
El Mirage	32.8%
Gila Bend	31.3%
Phoenix Council District 8	32.6%
Avondale	28.2%
Surprise	28.0%

- The Children's Defense Fund reports that the greatest loss of income is for young families with children. They estimate that one-half of children in young families are poor or near-poor. Many of these families are headed by a single mother who is African American or Hispanic. Seventy percent of poor children live in families where at least one parent works.

TABLE 3-1
COMPARISON OF SALARY RATES AND LIVING COSTS FOR FAMILY OF THREE, 1 WAGE EARNER

<u>SALARY</u>		<u>EXPENSES</u>						Remainder of Monthly Salary Available for Transportation, Clothing and Other - No Child Care	Monthly Child Care Expenses ⁵		Potential DES Subsidy		Monthly Salary Remaining After Child Care Expenses ⁶	
Hourly	Monthly	Annual	Monthly Taxes and Withholding ¹	Monthly* Housing and Utilities (30%) ²	Monthly* Food ³	Monthly* Health Care ⁴	Children (1)		Children (2)	Children (1)	Children (2)	Children (1)	Children (2)	
\$5.15	\$892.67	\$10,712	\$68.29	\$267.80	\$413.50	\$412.00	\$462	\$924	\$418	\$847	-\$312.92	-\$345.92		
\$6.00	\$1,040.00	\$12,480	\$88.23	\$312.00	\$413.50	\$412.00	\$462	\$924	\$418	\$847	-\$229.73	-\$262.73		
\$7.00	\$1,213.00	\$14,560	\$130.01	\$364.00	\$413.50	\$412.00	\$462	\$924	\$396	\$814	-\$172.51	-\$216.51		
\$8.00	\$1,386.67	\$16,640	\$176.14	\$416.00	\$413.50	\$412.00	\$462	\$924	\$374	\$781	-\$118.97	-\$173.97		
\$9.00	\$1,560.00	\$18,720	\$219.82	\$468.00	\$413.50	\$412.00	\$462	\$924	\$374	\$781	-\$41.32	-\$96.32		
\$10.00	\$1,733.33	\$20,800	\$263.49	\$520.00	\$413.50	\$412.00	\$462	\$924	\$330	\$715	-\$7.66	-\$84.66		

*Assumption: Major assumptions have been made in the percentage of income assigned to housing, utilities, food and health care. In reality, families often spend more per category than the estimate. This is especially true in housing. Child care data are based on center-based costs using DES subsidies, these levels of subsidies may not be available to all families. It also assumes that the family receives no other governmental assistance. Some families may be eligible for food stamps and the Earned Income Credit.
Family of 3; 1 full-time wage earner; 1-2 pre-school children in full day, center-based child care.

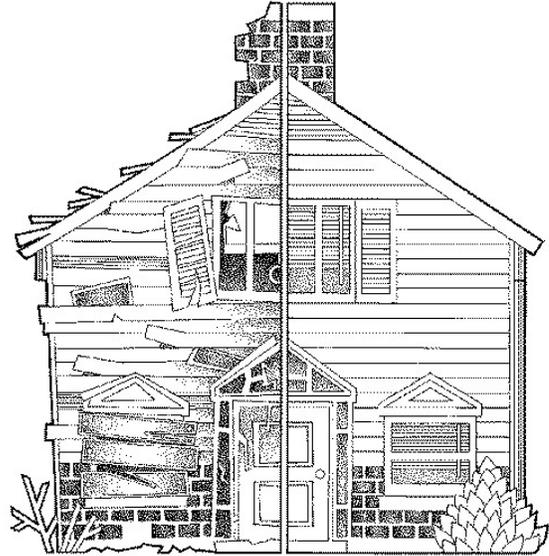
☐ = 2001 poverty level for a family of three was \$14,630.

- Sources: ¹ FICA and taxes - 2001 rates.
² U.S. Department of Housing and Urban Development definition of affordable housing, including utilities. Actual Fair Market Rental rates for the Phoenix Metropolitan area are: Efficiency - \$431, 1 bedroom - \$523; 2 bedroom - \$656; 3 bedroom - \$913. www.huduser.org/datasets/ffmr01/index.html.
³ The estimated monthly cost of food for a family of one female parent, one 3-5 year old child and one child 6-8 is \$413.50 on the Moderate Food Plan of the U. S. Department of Agriculture, January 1998, <http://www.usda.gov/ies/cnppp.htm>.
⁴ Health insurance costs based on average HMO family coverage and prior to implementation of KidsCare in November 1998. Eligibility for KidsCare is for families whose income is below 200% of the federal poverty level, which is \$29,260 for a family of three with one wage earner. Because of the high cost of health insurance and dependent coverage, many families are unable to afford health insurance coverage - making KidsCare outreach and enrollment essential for working, low income families.
⁵ Median rate for center-based child care for children ages 3-5 in Maricopa County is \$21 per day per 2000 DES Local Market Rate Survey. There are other child care options, such as regulated group homes and unregulated and unregulated small family child care homes. Monthly child care assumes 22 days per month. New subsidies will begin in January 2002..
⁶ Eligibility for DES subsidy assumes no income other than hourly salary.

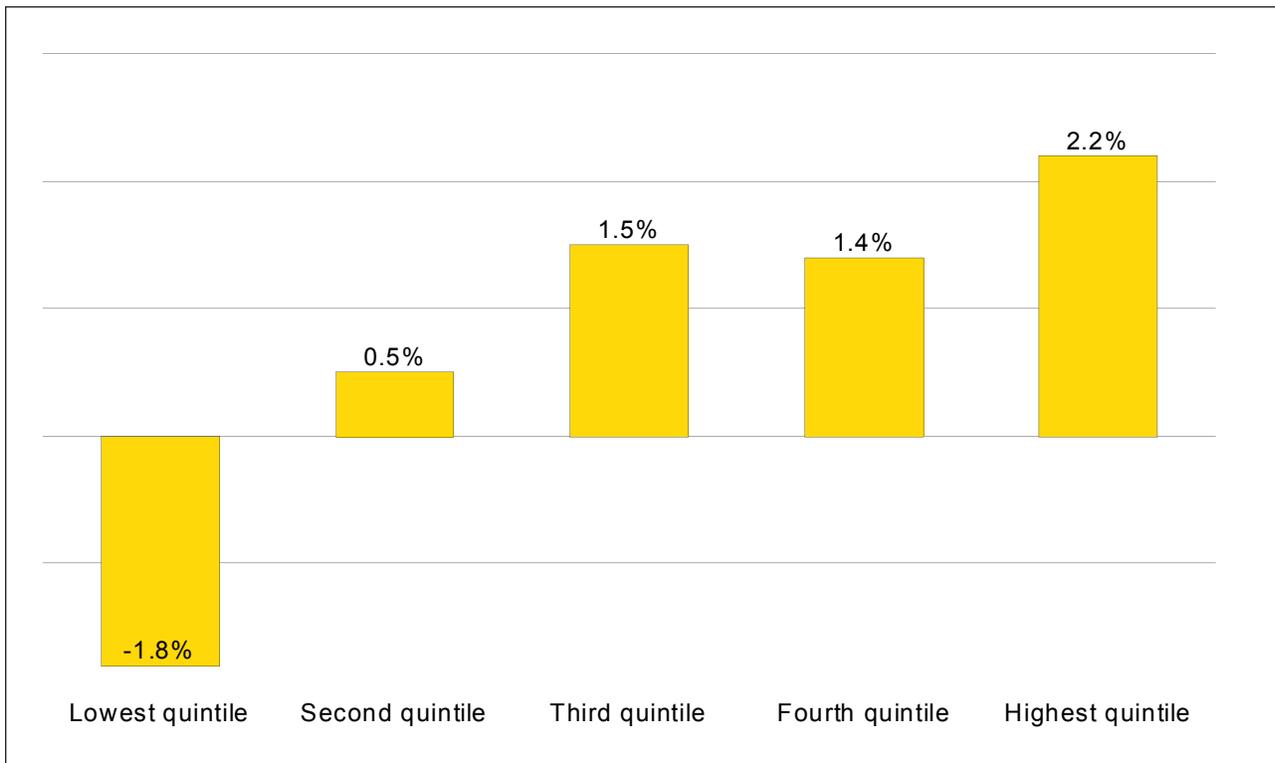
Prepared by: Maricopa Association of Governments, July 2001.

- Census Bureau information published in September 1999 documents the increasing disparity among population segments—with those at the highest quintile of the population increasing their income, while middle and low income families have seen a continuing decline in their income. Arizona ranks as the highest state in the nation displaying these income disparities.
- Increasing numbers of people falling behind economically are attributed to more single parent families, new low-income jobs, low skill attainment, and—some speculate—a lack of strong unions to negotiate for higher wages and better benefit packages. Barriers to self-sufficiency include: housing, low wage jobs, lack of health insurance, transportation and child care.
- Education and training are essential to providing adequate income. In 1998, Arizona tied Nevada as

the state with the highest rate of students ages 16 to 19 who did not graduate from high school, at 17%. The three states tied for the lowest rate of dropouts hovered around 5%.



**FIGURE 3-2
PERCENT CHANGE IN REAL AVERAGE FAMILY INCOME BY QUINTILE: 1995-1996**



HEALTH STATUS

Census Bureau information regarding those without health insurance reveals that 15.5% of the American population was not covered in 1999, with 32.4% of the poor uncovered. 1999 marked the first year since 1987 that the percentage of people without insurance declined. Many of these people were working but unable or unwilling to pay for dependent coverage or their share of the employer's premiums. Also, health insurance coverage is offered less and less often by employers—especially to those workers at the bottom one-fifth of the wage scale. One-third of Hispanics lack coverage (33.4%), along with 21.2% of African Americans and 11.0% of non-Hispanic Whites. 10 million children have no health insurance across the United States, 356,000 in Arizona alone. Lack of health insurance results in higher numbers of visits to hospital emergency rooms for treatment for conditions that were preventable, and also is linked to higher numbers of calls to 9-1-1 for health care.

- Arizona has the eighth highest number of uninsured children in the nation, according to the Children's Action Alliance. The causes are: fewer employers providing affordable dependent coverage, limited AHCCCS coverage, and children who are eligible but not enrolled in AHCCCS. The Children's Defense Fund ranks Arizona along with Texas last with 25.9% and 25.3%, respectively, of children without health coverage.
- The number of uninsured children in the United States has been in a decline—10 million or 13.9% of children in 1999. A federal program to provide matched dollars to insure these children was launched by the Governor in 1998. Governor Hull has identified this program as "KidsCare" and made it one of her highest priorities during the 1998 legislative session. The legislation was passed during the session and signed by the Governor.
- In 1999, 22,348 people died in Maricopa County, with heart disease and cancer being the leading causes of death.

HIV/AIDS

- In Arizona, there are 6,975 persons who have reported living with HIV/AIDS. Of these 6,975 people, 6,928 are adults.
- There are a variety of new drugs called protease inhibitors which have dramatically impacted the course of the disease. For many people who were symptomatic, these drugs have resulted in extended well-being.
- The Arizona Department of Health Services reports that in 1996, for the first time, there was a drop of 33.3% in mortality due to HIV, to 8.4 deaths/1000.
- There is an increase in the number of minorities reporting HIV and AIDS, accounting for 45% of the 331 HIV cases in 1999, as compared with 29% in 1989. (*The Arizona Republic*, June 10, 2001).

BIRTHS TO SINGLE MOTHERS

- More women are choosing to have children without being married. In Maricopa County, for women between the ages of 15-44, the rate of non-marital childbearing rose from 29.4/1000 in 1980 to 38.8% of births in 1999 (31,272), which ties a record high set in 1996.
- Births to teens represent 12.1% of the unmarried births. A total of 69% of the births to unmarried women were to those over the age of 20. Teens in Arizona in 2000 gave birth to 14,287 babies (60.2 births out of every 1000); 278 of these births were to mothers aged 15 or younger. In Maricopa County, teens gave birth to 7,212 babies; 136 of the mothers were age 15 or younger and 2,556 births were to teens between the ages of 15-17.
- Unmarried mothers are more likely to have less education, less favorable general health, fewer prenatal care visits and have twice as many low birth weight babies, according to the Arizona Department of Health Services.
- The two factors most related to teen pregnancy are poverty and low academic skills, according to the Children's Defense Fund.
- Studies show that the fathers of babies born to teens are older men who are often unemployed, poor and have little education.

- Births to unmarried teens in the United States is highest in the industrialized world.
- The rate of teen pregnancy has been dropping across the country. The rate has dropped from 62.1 per 1000 in 1991 to 49.6 in 1999. This represents a 20% decline over the past eight years. In 1999 alone, there was a 3% drop in teen pregnancy rates. The rate for teens having a second baby has also dropped, according to the Centers for Disease Control.
- On an average day in Arizona in 2000, 220 babies were born; 85 to unmarried moms; 26 to teens and 15 were low birth weight.
- Of every 100 babies, the ethnic/racial statistics are: 48 to non-Hispanic Whites; 38 to Hispanics; 7 to Native Americans; 3 to African Americans; and 2 to Asian/Pacific Islanders.
- Payment for deliveries come from private insurance (50.3%), and public funds (AHCCCS or Indian Health Services)(41.5%).
- Of AHCCCS-paid births, 1 in 5 was to a mother under the age of 20; 62% of whom were unmarried. Of the total births by race and ethnicity, publicly-funded births were for American Indian women (78.8%), followed by Hispanic women at 59.7%, African American women at 52.4% and white non-Hispanic women at 25.8%. Publicly-funded births represented 20.6% of births to Asian/Pacific Islander women.

HUNGER

- One of the most devastating effects of poverty is the inability to provide proper nutrition. Lack of adequate and proper food impacts the well-being of individuals and families and their ability to address the other areas of their lives.
- In its annual survey of cities and towns across the nation, the U. S. Conference of Mayors reported a 10% increase in the requests for emergency food for families with children. Many of the reporting agencies in the cities turn away those requesting food; many of those requesting food are employed.
- Food banks report that requests for emergency food have increased significantly. They distributed 61,858,381 million pounds of food in Arizona in 1998-1999. Demand grew by 18%.

- The food bank network is estimating that it will have to almost double donations to accommodate the number of people expected to seek assistance due to the federal welfare changes in 1996. As more and more families are seeing the five-year benefits period come to a close in 2001, states are scrambling to come up with solutions to the state's concerns about families in need of emergency assistance.
- There was a 44% increase in the number of people served in 1997.
- 119,853 households in Arizona received food stamps in August 2001. This equates to 323,993 people, with an average household allotment of \$213.75, and an average per person allotment of \$79.07 (DES).
- Approximately 637,263 Arizonans who are living in poverty and eligible for food stamps do not receive them.
- The Association of Arizona Food Banks published "Hunger in America 2001." The report revealed that:
 - 51% of food bank clients are under 17 or over 65.
 - 40% of clients are working, 54% have incomes at or below poverty, and 71% have incomes at or below 130% of poverty.
 - In the last year, 37% had to choose between paying for housing or buying food.
 - 34% are households headed by a single parent.
 - Between 54% and 78% of local hunger relief agencies report an increase in the number of people requesting emergency food assistance since 1998.



CHILDREN AND THE JUSTICE SYSTEM

The MAG Human Services Coordinating Committee and the MAG Youth Policy Advisory Committee have been extremely concerned with the negative indicators surrounding children, and are developing recommendations to afford opportunities for positive development. Both committees try to prevent children from becoming involved in the juvenile justice system by funding services such as parenting skills training, prevention and counseling.

Much has been written about the types of risk factors that children face—such as poverty, mental health problems, domestic violence, single parent families and lack of educational achievement.

After reorganizing the juvenile justice system in 1997, youths who commit certain categories of serious crime, are a certain age, or are who “chronic offenders” are automatically transferred to adult court. For other offenses, the County Attorney may choose to divert the youth to a community program or to prosecute.

There are thousands of Maricopa County’s children who choose a path that lands them in the Juvenile Court. During 2000, a total of 25,362 juveniles were referred 34,081 times. 10,296 children are currently on probation in Maricopa County. Of the children referred, a total of 83 juveniles were referred to adult court. A total of 5,273 were placed on probation in 2000 and 10,056 admissions were made to a detention facility. In Maricopa County, juveniles referred to the juvenile court finished 144,208 days of detention activity and 153,352 hours of community service.

The top ten most common offenses in 1999 were:

- Shoplifting – 4,168
- Curfew – 4,018
- Probation violation – 2,981
- Truancy – 2,743
- Unlawful Possession of Alcohol – 1,585
- Marijuana Possession – 1,585
- Assault (simple) – 1,103
- Traffic Violations – 1,044
- Domestic Violence – 900
- Incorrigible – 822

Of the offenses committed by juveniles, the highest category (26.9%) is status offenses—those things which are against the law because the youth is under age 18; including such things as incorrigibility, truancy, runaway, and tobacco and liquor possession. The other offenses are: petty theft, (18.7%); grand theft, (12.2%); public peace, (9.5%); violent acts such as murder, aggravated assault or robbery, (4.9%).

Males represent 75.5% of juveniles referred to the Juvenile Court and females 24.5%. Slightly less than one-half of the females are referred for status offenses, while the males were referred primarily for status offenses, theft and grand theft, which represented slightly more than one-third of their referrals. Most of those referred were between 15-17, however 1,172 children aged 11 and younger were referred—including 71 eight-year olds. The 8-year olds were most often referred for theft, grand theft and status offenses.

The race and ethnicity of the youth referred were: White (non-Hispanic)—50%; Hispanic—37%; African Americans—9%; and Native Americans—3%. Minority youth have long been over-represented in the juvenile justice system as compared with their percentage of total population.

The Juvenile Court Center tracks the number of previous referrals for youths sent to them. The Court estimates that children with zero or one previous referral will not re-offend. Approximately 37% (14,287) of the 34,081 referrals have no previous referral, while the number gradually decreases up to five previous referrals. There were 4,618 youth who had between 6-10 previous referrals and 1,787 who had been referred 11 or more times.



For youth who have been referred for less serious offenses, a new resource has been created with the implementation of Community Justice committees. These neighborhood-based committees comprise volunteers who live and work in the same area as the juvenile. They meet with parents and the juvenile to determine an appropriate consequence for the offense. There is an effort to increase the number of local diversion programs to act quickly with the juvenile and his/her parent to address the criminal behavior as soon as possible—and to prevent further involvement with the juvenile justice system.

CHILDREN'S WELL-BEING

Arizona's children do not fare well when compared with their counterparts across the nation. Annual assessments of a number of indicators are done by the Children's Defense Fund and by the Children's Action Alliance. These assessments track trends in the improvement or worsening of specific indicators of children's well-being. Arizona ranks 45th in the nation in terms of child well-being, 37th in terms of child poverty, 50th in the rate of children without health insurance, 49th in high school dropouts, 48th in the rate of teenage mothers, and 34th in teen deaths.

The Annie E. Casey Foundation annually takes 10 indicators of Arizona's child well being and publishes those rankings. Arizona ranks higher than the national average for all indicators except the percentage of low-birth weight babies (6.8% vs. 7.6%) Arizona ranks higher than the national average on the following indicators:

- Infant Mortality Rate
- Child Death Rate
- Rate of Teen Deaths by Accident, Homicide & Suicide
- High School Dropouts
- Teens Not Attending School or Working
- Percent of Children Living with Unemployed Parents
- Children in Poverty
- Percent of Children Living in Single Parent Homes

The Children's Action Alliance analyzed these indicators for Maricopa County's children and reported data on the County as compared with the state:

- Four indicators of well-being for the County's children reveal a downward trend: school drop-outs, number of children receiving school lunch approvals, children killed by guns, and number of children in foster care.
- Four indicators have improved for children: in births to teens, juvenile arrests, juvenile arrests for violent crimes, and commitments to Juvenile Corrections.

ASSISTANCE PROGRAMS

There are a variety of public sector programs aimed at providing financial assistance to those families who are unable to provide for basic needs or find themselves in a crisis situation. Major public policy changes have been implemented in several federal programs during the past year, leaving uncertain consequences for the Valley's families and children. A separate section on welfare reform discusses these policy changes and their implications.

- **Temporary Assistance to Needy Families (TANF)** replaces Aid to Families with Dependent Children. This program assisted 46,749 persons in Maricopa County in August of 2001, including 36,619 children.
- **Food stamps** provide monthly assistance to purchase food for individuals and families. This program has also been changed at the federal level—discussed more fully in the welfare reform chapter. In August 2001, 136,952 individuals received food stamps in Arizona, for an average monthly value of \$81.53.
 - A typical food stamp family has two members, with one child around the age of seven, does not receive child support or have earned income, has a female head of household who is White and between the ages of 25-34.
- **Energy assistance**, provided through a federal block grant, provides help with utility bills to prevent shut-offs.

- **General assistance** provides a small cash payment to single individuals who are unable to work, are low income and have documented physical, mental and/or social disabilities. Often, these clients are seeking disability status through Social Security and need a small amount of help until the determination is made. In April 1998, 1,314 individuals in Maricopa County received these temporary benefits for an average of \$156.13 per recipient. Funding for this program was reduced from \$11 million to \$3 million several years ago.
- **Housing assistance** is provided by the federal government through a variety of programs, offering vouchers for housing or projects targeted to particular populations. Applications for housing assistance are limited to a few weeks or application periods during the year, with approximately 33,000 applicants on waiting lists for assistance. A total of 13,715 people are served by

Chandler, Glendale, Maricopa County, Mesa, Peoria, Phoenix, Scottsdale and Tempe.

IDENTIFIED NEEDS

The Maricopa County Needs Assessment periodically surveys the Valley's residents to determine the types of needs they experience. The most recent Needs Assessment (1996-1997) identified social and health services needs. A series of 2,506 interviews provides a representative sample of the County's population. Of interest are the tabulation of services received, services attempted and services still needed. An estimated 49% of the county's households reported they were receiving services, had sought services unsuccessfully, or still needed services. These tables are reproduced.

- Of the 957,730 households in Maricopa County in 1996-1997, 49% or 469,288 received social and

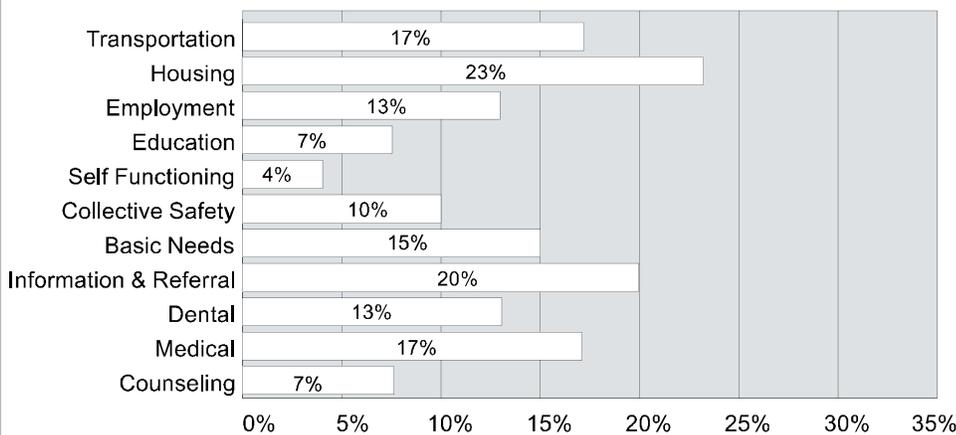
SOCIAL AND HEALTH SERVICE ACCESS (SH) MODULE

The Social and Health Service Access Module records Maricopa County households' need for, receipt of and unsuccessful attempts to receive services.

Housing was the most frequently mentioned (23%) service unsuccessfully sought by Maricopa County households in the previous year (estimated 16,700 county households). Housing services were followed by information and referral (14,500 households), medical (12,400 households), transportation (12,400 households), basic needs (10,900 households), employment (9,500 households) and dental (9,500 households) services that were unsuccessfully sought by county households in the previous year.

SERVICES ATTEMPTED

Distribution of Services Attempted Unsuccessfully by Maricopa County Households **SP**



This chart is generalizable to that subpopulation of households that tried unsuccessfully to get social and health services in the past year.

Note: an estimated 72,700 households countywide tried unsuccessfully to get social or health services within the past year.

NAP Objective: Composite 1990 MC Census:

A 1,566,000 **HH** 808,000

NAP ± 1995 ± MARICOPA COUNTY, TABLE 1b

health services. An estimated 11% or 105,350 households tried unsuccessfully to access services, while 25% or 239,433 households were in need of social and health services that they were not receiving. Most-mentioned services received were education, basic needs, transportation, medical and employment.

- Most-mentioned services that were unsuccessfully sought included: dental, transportation, employment, self-functioning, collective safety, and information and referral. The reasons most often mentioned for not obtaining services include: can't afford, lack of information concerning providers, procrastination/pending, personal/family objections, time demands, no child care and non-financial eligibility.
- Services most mentioned as still needed included: dental assistance, information and referral, education and medical.
- The need for dental services has increased by one-third since the previous needs assessment in 1995.

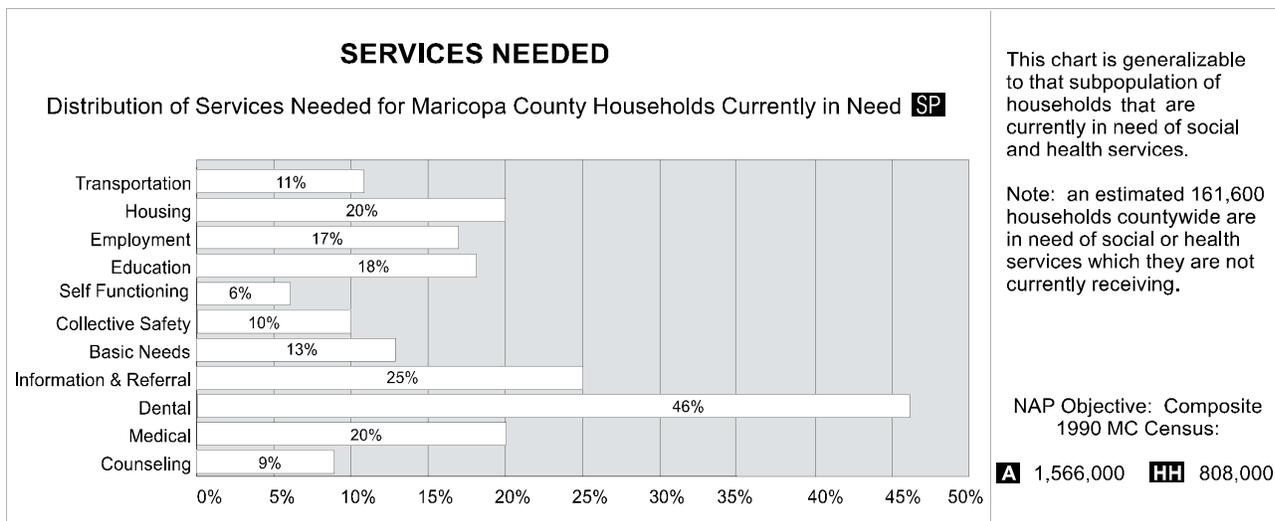
- An extensive survey of agencies and clients conducted to assist with planning for the Family Preservation and Support Services Act in 1994 identified the top needs for families seeking to resolve crises: parenting classes, affordable and quality child care, activities for youth, education, one-stop shopping for services and counseling, living wages, affordable housing and shelter for domestic violence victims, medical care, drug prevention and mentoring.

The coordinating committees consider demographic information, needs assessments, and input from programs and clients as they identify and prioritize problems for adults, families and children. To determine the most effective use of limited SSBG funds, they consider priority needs and gaps in funding. For some high priority needs, another funding source may be more appropriate. The priority problems that are shown without SSBG funding are included to indicate their importance for the target group and for the benefit of other potential funding sources.

SOCIAL AND HEALTH SERVICE ACCESS (SH) MODULE

The Social and Health Service Access Module records Maricopa County households' need for, receipt of and unsuccessful attempts to receive services.

Households were most in need of dental services (46% or an estimated 74,300 Maricopa County households), followed by information and referral (25% or an estimated 40,400 Maricopa County households), medical services (20% or an estimated 32,300 Maricopa County households), and housing (20% or an estimated 32,300 Maricopa County households).



NAP ± 1995 ± MARICOPA COUNTY, TABLE 1c

ENDNOTES

1. *Arizona Health Statistics of Vital Statistics, 1996 Arizona
Department of Health Services*

DISTRICT 1: MARICOPA COUNTY -- **2001-2002 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS**

TARGET GROUP: ADULTS, FAMILIES and CHILDREN

2001-2002 PROBLEM STATEMENT	SERVICE TITLE	SERVICE INTENT(S)	2000-2001 Funding based on \$1.775 billion (SSBG ONLY)	2001-2002 Funding based on 1.7 billion (SSBG ONLY)
#1 Adults, families and children are unable to meet basic needs or to attain a level of self-sufficiency.	<p>SHELTER -</p> <ul style="list-style-type: none"> • Transitional Housing for the Homeless who are Elderly and Disabled • Homeless Families and Individuals 	<p>SHELTER -</p> <ol style="list-style-type: none"> a. Provide transitional housing for homeless individuals who are elderly or have physical disabilities. b. Provide homeless families with shelter at an emergency homeless shelter and supportive services to decrease future emergency housing needs. 	<p>\$168,635 (\$84,317.5)</p>	<p>\$168,635 (\$84,317.5)</p>
	<p>a. CASE MANAGEMENT -</p> <ul style="list-style-type: none"> • Basic Needs 	<p>a. 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.</p>	<p>\$499,258</p>	<p>\$499,258</p>
	<p>b. CASE MANAGEMENT</p> <ul style="list-style-type: none"> • Homeless, Emergency Shelter 	<p>b. Provide a broad array of support and services to homeless individuals in emergency shelters to develop a service plan and secure appropriate resources.</p>	<p>\$125,553</p>	<p>\$176,362</p>

All problem statements are listed in order of priority need according to the Committee's best assessment. Sometimes, due to limited funding resources, or because 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 that have been identified.

DISTRICT 1: MARICOPA COUNTY -- **2001-2002 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS**

TARGET GROUP: ADULTS, FAMILIES and CHILDREN

2001-2002 PROBLEM STATEMENT	SERVICE TITLE	SERVICE INTENT(S)	2000-2001 Funding based on \$1.775 billion (SSBG ONLY)	2001-2002 Funding based on 1.7 billion (SSBG ONLY)
<p>#1 - continued</p> <p>#2 Individuals experience abuse or physical neglect.</p>	<p>c. CASE MANAGEMENT</p> <ul style="list-style-type: none"> • Homeless, Transitional Housing <p>a. TRANSPORTATION</p> <ul style="list-style-type: none"> • Homeless/Unemployed <p>a. SUPPORTIVE INTERVENTION/GUIDANCE COUNSELING</p> <p>Outpatient Domestic Violence Victims</p>	<p>c. 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.</p> <p>a. Assist homeless or unemployed individuals with transportation.</p> <p>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.</p>	<p>\$65,587</p> <p>\$16,030</p> <p>\$41,103</p>	<p>\$65,587</p> <p>\$16,030</p> <p>\$41,103</p>
	<p>b. SUPPORTIVE INTERVENTION/GUIDANCE COUNSELING</p> <ul style="list-style-type: none"> • High Risk Children <p>a. CRISIS SHELTER SERVICES</p> <ul style="list-style-type: none"> • Domestic Violence 	<p>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.</p> <p>Provide short-term counseling and shelter to adults and families experiencing crisis situations which may include domestic violence, neglect, exploitation and abuse (physical/mental).</p>	<p>\$47,902</p> <p>\$340,522</p>	<p>\$47,902</p> <p>\$243,622</p>

All problem statements are listed in order of priority need according to the Committee's best assessment. Sometimes, due to limited funding resources, or because 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 that have been identified.

DISTRICT 1: MARICOPA COUNTY -- **2001-2002 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS**

TARGET GROUP: ADULTS, FAMILIES and CHILDREN

2001-2002 PROBLEM STATEMENT	SERVICE TITLE	SERVICE INTENT(S)	2000-2001 Funding based on \$1.775 billion (SSBG ONLY)	2001-2002 Funding based on 1.7 billion (SSBG ONLY)
	b. CRISIS SHELTER SERVICES • Children and Runaway Children PARENTING SKILLS TRAINING	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. Train parents to prevent abuse and neglect of children. This service also targets pregnant teenagers to prevent potential child abuses.	\$70,538 \$110,417	\$70,538 \$110,417
#3 Affordable housing is not available for all individuals.	d. CASE MANAGEMENT • Pregnant/Parenting Youth	Assist pregnant and parenting youth to resolve immediate problems and secure necessary resources to achieve self-sufficiency.	\$95,744	\$22,294
#4 Individuals need encouragement, education and support to enable them to find and maintain jobs with adequate wages and relevant job training. #5 An adequate level of supervision, education and protection is needed for infants and children.			No SSBG funds recommended.*	No SSBG funds recommended.*

All problem statements are listed in order of priority need according to the Committee's best assessment. Sometimes, due to limited funding resources, or because 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 that have been identified.

DISTRICT 1: MARICOPA COUNTY -- 2001-2002 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS

TARGET GROUP: ADULTS, FAMILIES and CHILDREN

2001-2002 PROBLEM STATEMENT	SERVICE TITLE	SERVICE INTENT(S)	2000-2001 Funding based on \$1.775 billion (SSBG ONLY)	2001-2002 Funding based on 1.7 billion (SSBG ONLY)
<p>#6 There is a need to support community programs that create conditions and opportunities for children and youth that support positive development.</p>	<p>PREVENTION [AZ 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.]</p>	<ul style="list-style-type: none"> Community-based service that 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 <i>the capacity to spring back, rebound, successfully adapt in the face of adversity, and develop social competency despite exposure to severe stress. Youth are defined as young residents of Maricopa County generally described by (but not limited to) school grade/year levels Kindergarten through nine and/or ages 5-16 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. 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.) 	\$123,869	\$123,869
<p>#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.</p>			No SSBG funds recommended.*	No SSBG funds recommended.*

All problem statements are listed in order of priority need according to the Committee's best assessment. Sometimes, due to limited funding resources, or because 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 that have been identified.

DISTRICT 1: MARICOPA COUNTY -- 2001-2002 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS

TARGET GROUP: ADULTS, FAMILIES and CHILDREN

2001-2002 PROBLEM STATEMENT	SERVICE TITLE	SERVICE INTENT(S)	2000-2001 Funding based on \$1.775 billion (SSBG ONLY)	2001-2002 Funding based on 1.7 billion (SSBG ONLY)
#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 child protective services system, and under represented in other systems.			No SSBG funds recommended.*	No SSBG funds recommended.*
#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.*

All problem statements are listed in order of priority need according to the Committee's best assessment. Sometimes, due to limited funding resources, or because 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 that have been identified.

DISTRICT 1: MARICOPA COUNTY -- 2001-2002 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS

TARGET GROUP: ADULTS, FAMILIES and CHILDREN

2001-2002 PROBLEM STATEMENT	SERVICE TITLE	SERVICE INTENT(S)	2000-2001 Funding based on \$1.775 billion (SSBG ONLY)	2001-2002 Funding based on 1.7 billion (SSBG ONLY)
#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			\$1,705,188	\$1,585,647

All problem statements are listed in order of priority need according to the Committee's best assessment. Sometimes, due to limited funding resources, or because 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 that have been identified.

ELDERLY

POPULATION DESCRIPTION

Persons aged 65 and over represented 12.4% of the nation's population in 2001—a total of 34.9 million people. The projected increase in persons who are 65 and older is 61 million persons by 2025. In 2001, there were 85 men for every 100 women ages 65 to 69, with the ratio getting even larger as the population ages. For persons over the age of 85, there were 43 men for every 100 women.

The elderly population is often divided into three segments: the “young old (65-74),” “middle old (75-84)” and the “old old (85+).” With improvements in health status, the oldest age group is growing the most rapidly. The Administration on Aging reports that the 65-74 year old age group was eight times larger than its 1900 counterpart; the 75-84 year old group was 16 times larger and the 85+ group was 34 times larger. Life expectancy in the United States is currently 77 years,¹ this is approximately 29 years longer than someone born in 1900.

The U. S. Bureau of the Census reports that there were 667,839 persons aged 65 and over in Arizona in 2000. Arizona ranks 19th nationally in the number of persons aged 60+, 18th in those aged 65+, 19th in those 75+ and 20th in those 85+.

In Maricopa County, there were 466,269 persons aged 60 and older in 2000, representing 15.2% of the population, down from 16.4% in 1990. Census Bureau projections put that figure at 1.4 million persons in the year 2025. Arizona has the 7th highest number of persons over the age of 65.

Population projections for persons who are elderly reveal a tremendous increase in the number of persons in this target group as the baby boomers—those born between 1946 and 1964—begin to retire. While population proportions for elderly persons are not expected to change dramatically between now and 2010, their ballooning increases will occur between 2010 and 2030. The growth rate of those over the age of 85 is expected to increase by 56% between 1995 and 2010; the increase for this

age group is projected to be 116% between 2030 and 2050, with the expected cumulative growth to be more than 400% between 1995 and 2050.²

In 1993, approximately 1 in 8 persons in the nation were elderly; by 2020 there will be 1 in 6 persons over age 65.

Arizona is expected to have an even higher number of elderly in 2020—an estimated 1 in 5 persons, a doubling of the percentage of persons in this age category.³



RACIAL AND ETHNIC COMPOSITION

In 2000, 15.7% of persons 65+ were minorities, 8% were African-Americans, 2.2% were Asian/Pacific Islanders, and less than 1% were American Indian or Native Alaskan. Hispanic elderly represented 5.1% of the population. The minority population growth is expected to increase to 25.4% of the elderly population in 2030, as compared with 16.1% in 1999. The rates of increase by minority population are: Hispanic—328% increase; non-Hispanic African-Americans—131%; American Indians, Eskimos and Aleuts—147%, and Asian/Pacific Islanders by 285%.⁴

ECONOMIC WELL-BEING

EMPLOYMENT

About 4 million older Americans (12%) were in the labor force or actively seeking work in 1999. This included 2.3 million men (19%) and 1.7 million women (10%). Overall, older people comprised 2.9% of the U.S. labor force. Many of these individuals were working in part-time jobs without benefits. About 21% of older workers in 1999 were self-employed, compared to 7% of younger workers.

Analysis of retirement trends reveals that more workers are retiring early between the ages of 55-59, and often return to some type of part-time work at a later date. Currently more than two-thirds of workers retire before age 65. Of the men aged 65-69 who do return to work after retirement, 28% were in the labor force in 1990, as compared to 60% in 1950. For men between the ages of 80-84, 6% were in the labor force in 1990 and 3% of men over the age of 85 were employed.

For those men who return to full or part-time employment, reasons given were improved health, longer life expectancies, unplanned or forced retirement, loss of health insurance coverage, and diminished retirement income because of inflation. Most of these part-time jobs offer no benefits. For men who are forced from a job between the ages of 55-64, they are less likely to secure another job at a comparable wage level.⁵

Older women are increasingly likely to be in the workforce in their late 50s, a newer trend for women. In 1950, 31% of women aged 50-54 were in the workforce as compared with 70% in 1990. For women aged 55-59, 26% were in the work force in the 1950s as compared with 57% in 1990. For women aged 60-64, 21% of them were members of the 1950s workforce, while 37% of the same age group participated in the 1990s workforce. As a result of the increased labor force participation, today's elderly woman is more likely to have her own retirement income from pensions, savings and Social Security.

INCOME

For all older persons reporting income in 1999, 34% reported less than \$10,000. Only 23% reported \$25,000 or more. The median income was \$14,425. The median income of older men was \$19,079 and \$10,943 for women. The Administration on Aging reports that since 1998, real median income grew slightly more for women (+2.8%) than for men (+1.9%). Households containing families headed by person 65+ reported a median income in 1999 of \$33,148. The breakdown of household median income by racial and ethnic groups were: \$33,795 for Whites, \$25,992 for African-Americans, and \$23,634 for Hispanics.

The median net worth of elderly persons was \$86,300, which was well above the national average of \$37,600 in 1993. For 16% of the older population, net worth was below \$10,000 and above \$250,000 for 17%. The aggregate net worth of older adults is staggering: Adults 50+ currently earn almost \$2 trillion in annual income, own more than 70% of the financial assets in America, and represent 50% of all discretionary spending power.

The economic status of elderly persons has improved dramatically in the past 25 years. The implementation of Medicare, Medicaid, and Social Security, combined with the accumulation of savings and stock market investments, has contributed to driving the official poverty rate for those aged 65 and over from 35% in the early 1960s to an all-time low of 10.5% today.⁶ The average 65+ couple today receives approximately \$22,000 each year from Social Security and another \$12,000 of yearly value from Medicare. In 1998, approximately 90% of elderly persons received Social Security. Other income includes that from assets 62%, public and private pensions 44%, and earnings 22%.

POVERTY

The Administration on Aging reports that nationally approximately 3.2 million elderly persons or 9.2% were living in poverty in 1999. Another two million or 6.1% of the elderly were classified as "near poor" (income between poverty level and 125% of this level). For a family of two persons, the 2000 poverty level was \$11,610 and for a single person it was \$8,590. In total, one of every six (15.3%) older persons was poor or near poor in 1999.

The poverty rates for women and racial/ethnic minorities declined since 1998: elderly Whites—8.3%, African-Americans—22.7%, and Hispanics—20.4%. Older women had a poverty rate of 11.8% compared to 6.9% of older men. Those suffering from the highest poverty remain older Hispanic women who are living alone. Over one-half (58.8%) of these women were poor in 1999.⁷

In Arizona, Social Security benefits were paid to 768,920 persons. This number included 499,180 retired workers; 75,920 widows and widowers; 81,060 disabled workers;

**TABLE 4-1
PERCENTAGE OF HOUSEHOLDS BY
HOUSEHOLD SIZE WHERE THE HEAD OF
THE HOUSEHOLD IS 60+**

Household (HH) Size	HH Below Poverty	% Below Poverty
1 person	\$9,291	10.8%
of 1 person HH		
2 persons	\$4,649	3.6%
3 persons	\$1,169	7.0%
4 persons	\$555	8.9%

Source: 1995 U.S. Special Census

52,920 wives and husbands; and 59,840 children. Social Security beneficiaries represented 16.1% of the total population of the state and 87.2% of the state's population aged 65 or older.

In 2000, retired workers in Arizona received an average Social Security check of \$816 per month; widows and widowers, \$776; disabled workers, \$784; and wives and husbands of retired and disabled workers, \$410. Average payments for children were: \$359 for children of retired workers; \$509 for children of deceased workers; and \$211 for children of disabled workers.

In 1995, the Maricopa County Special Census data revealed that approximately 6.49% of households headed by a person aged 60 or over was below the federal poverty level. In Maricopa County, a total of 15,664 of 241,233 elderly households had incomes in this level. *Table 4-1* displays the percentage of households below poverty by household size where the head household is aged 60 or older.

**TABLE 4-2
LIVING ARRANGEMENTS FOR
PERSONS 65+ IN 1995**

Elderly Population	Alone or Nonrelative	Spouse	Other Relatives
Men	19%	77%	4%
Women	44%	48%	8%

Source: 1995 U.S. Special Census

FAMILY STATUS & LIVING ARRANGEMENTS

Elderly women are more likely to live alone than are elderly men. This is especially true among women aged 85 and over, where three of every five women live alone. Currently, 7.6 million elderly women live alone, compared to 2.3 million men. Given these differences in living arrangements, it is not surprising that older men were much more likely to be married than older women in 1999—with 77% of men and 43% of women. Although divorced older persons represented 8% of all older persons in 1999, their numbers (2.2 million) have increased five times as fast as the older population as a whole since 1990.⁸

HEALTH STATUS

In the last century, advances in treating infectious diseases have increased life expectancy by 29 years. Unfortunately, these advances have not contributed to healthy aging. Today, the average adult will spend more than 10% of his or her life in a morbid or ill state, compared to 1% one century ago.⁹ According to the Health Care Financing Administration, 80% of the 65+ population have one or more chronic diseases, 50.2% have two or more, and 21% have problems so severe as to limit their ability to perform one or more activities of daily living. The most fragile and challenging group to care for is the 85+ population; 62% are so disabled that they are no longer able to manage

the basic activities of daily living without help. In the coming decades the 85+ population will continue to grow, quadrupling in size to approximately 16 million—including more than a million centenarians—by the year 2040.¹⁰ Considering that the 85+ are the fastest growing segment of our population, the implications on medical practice and the financing of treatment is staggering.

Most older persons have at least one chronic condition and many have multiple conditions. The most frequently occurring conditions per 100 elderly in 1995 were: arthritis (49%), hypertension (40%), heart disease (31%), hearing impairments (28%), orthopedic impairments (18%), cataracts (16%) sinusitis (15%) and diabetes (13%).

A prevalent disease among the very old which has stymied medical researchers over the past decade is Alzheimer's disease. Today, an estimated 4 million older Americans suffer from Alzheimer's. For 1998, the combined direct and indirect cost of Alzheimer's was estimated to be more than \$100 billion.¹¹ Alzheimer's is a degenerative disorder of the brain which steadily robs its victims of memory and judgment and cripples their ability to carry out basic functions on their own. After the age of 60, the likelihood a person will be diagnosed with Alzheimer doubles almost every five years. Currently, less than 2% of people aged 60 suffer from Alzheimer's; 3-4% have it by age 65 and 6-8% by 70. At age 75, 15% have it, and 25-30% are afflicted by age 80; a staggering 47% of people over 85 have the disease. Ken Dychtwald, Ph.D. estimates that 14 million boomers and generation Xers will be stricken with Alzheimer's by the middle of the century. With improvements in other areas of medicine, the average duration from diagnosis to death could be extended from 8-10 years to 15-20 years.¹²

In terms of hospital stays, older people accounted for 36% of all stays and 49% of all days of care in hospitals in 1997. The average length of a hospital stay was 6.8 days for older people compared to only 5.5 days for people under 65. The average length of stay for older people has decreased 5.3 days since 1964. Older person averaged more contacts with doctors in 1997 than did persons under 65 (11.7 contacts vs. 4.9 contacts).

Approximately 4.2% or 1.43 million older adults lived in nursing homes in 1996. As seniors age, the percentage of older adults residing in nursing homes increases dramatically: 1.1% for persons 65-74 years; 4.2% for persons 75-84 years and 19.8% for persons 85+. The large number of 85+ in nursing homes speaks to the increases in the longevity of the chronically ill among the elderly and the need for long-term care. According to Ken Dychtwald, Ph.D. and author of *Age Power*, a 65 year old has a 43% chance of entering a nursing home at some point in his or her life. Recent studies project that nursing home usage in the 21st century will boom. By 2040, it is estimated that 5.5 million Americans will live in nursing homes and another 12 million will require ongoing home care services.¹³

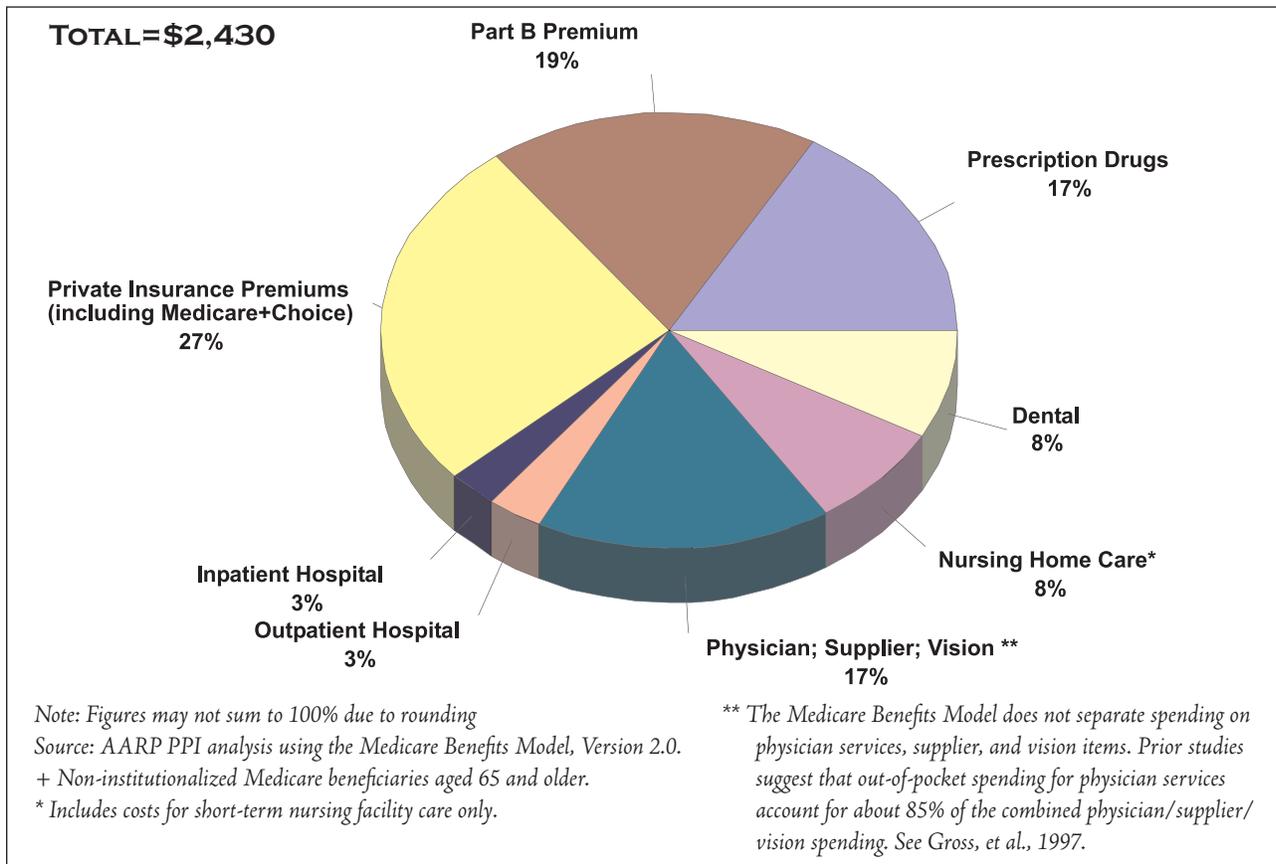
There are more options available today because of improvements in health care and technology, which enable older adults to remain home rather than entering a nursing home. These options include visiting nurses, home-delivered meals, electronic technology to summon assistance, and in-home assistance with bathing, dressing and other daily activities.

HEALTH CARE COSTS ON THE ELDERLY

According to the Administration on Aging, older Americans spend 12% of their total expenditures on health—three times the proportion spent by younger consumers. In 1997, health costs incurred on average by older consumers consist of \$1,523 (53%) for insurance, \$637 (22%) for drugs, \$564 for medical services, and \$130 (5%) for medical supplies.

A recent study by the AARP Public Policy Institute on out-of-pocket health care spending indicates a significant financial burden for many Medicare beneficiaries aged 65 and older. On average, older consumers were projected to pay \$2,430, or 19% of income, in out-of-pocket expenditures for health care in 1999. It is also expected that 25% of consumers will spend more than \$3,000 out-of-pocket for health care. The study did not factor in extra expenses related to home care and/or long-term nursing home care costs. Prescription drugs account for the single largest

FIGURE 4-1
AVERAGE OUT-OF-POCKET SPENDING ON HEALTH CARE BY MEDICARE BENEFICIARIES*
BY TYPE OF SERVICE, 1999



component with 17% of out-of-pocket expenditures on health care, after premium payments. Figure 4-1 details the other types of service that most often comprise out-of-pocket expenses to Medicare beneficiaries.

VIOLENCE TO WOMEN

New light has been shed on this very hidden crime through the National Elder Abuse Incidence Study which began in 1992. This study is the first of its kind to generate national data on domestic elder abuse, confirming a commonly held theory that the official reports of elder abuse are only a small measure of a much larger, unidentified problem. Among the 45,000 cases of elder abuse found in 1996, female elders were found to be abused at a higher rate than males, and our oldest elders (80+) were abused at two to three times their proportion

of the elderly population. Men were found to be the perpetrators of abuse and neglect 52.2% of the time, and in two-thirds of the cases the perpetrators were either adult children or spouses. The study also showed that older adults who are unable to care for themselves were more likely to suffer from domestic abuse. Approximately one-half (47.9%) of the incidences involved persons who were unable to care for themselves, 30% were somewhat able to do so, and 23% were able to care for themselves. In Maricopa County, the Department of Economic Security Adult Protective Services received more than 4,452 reports of abuse, neglect, and maltreatment of elders in 1999-2000.

Only recently have police departments and shelters begun to track incidence of domestic abuse among the elderly population in Maricopa County. The Area Agency on Aging, Region One estimates that if one in three women

are victims of domestic violence nationwide and there were 229,234 females over 60 in the 1995 census, potentially 76,000 older women in Maricopa County suffer from domestic violence. These numbers may be the tip of the iceberg since it is uncommon for elder victims to report the abuse, or to seek shelter services. Only 1.1% of elder victims aged 60+ in 1997 chose to enter one of the 31 residential shelters in Arizona.

A major effort on the part of the Area Agency on Aging and the Arizona Attorney General's Office has resulted in a national model of education and prevention efforts targeted to reducing violence to older women. An 80+ member coalition, the Maricopa Elder Abuse Prevention Alliance, addresses elder abuse, late life domestic violence, guardianships, and emergency housing.

ASSISTANCE PROGRAMS

Two programs have been instrumental in helping elderly persons to live longer and with a higher standard of living: Medicare and Social Security. Both of these programs are subjects of federal policy debate, because of the future impact of the "baby boom" generation. An article written in November 1995 by Robert B. Friedland puts in perspective the potential crisis in the financing of Medicare:

*"In about fifteen years, the number of elderly beneficiaries (of Medicare) will begin to grow faster than the number of new workers making Medicare contributions. In 35 years, the number of beneficiaries will more than double, and the proportion of the population that is elderly will increase from 12% to 20%."*¹⁴

Medicaid assists with medical care for persons with lower incomes. The author reports that in 1993, there were 32.1 million people covered by Medicaid, costing \$112.8 billion.

This funding source provides approximately one-half of the cost of nursing home care for elderly and disabled individuals, provides a medical supplement for 10% of elderly persons and pays for 16% of home health care costs. Persons who are elderly and those with disabilities account for 27% of the population covered by Medicaid and for 59% of the expenditures.¹⁵ Per capita expendi-

tures for elderly persons in 1995 were \$9,293 as compared with \$1,191 for children.

There has been debate at the national level for several years about how to resolve the future funding dilemma for Medicare, Medicaid and Social Security, which consume almost one-third of the nation's budget. Most of the debate focuses on how to slow the rate of expenditures in the programs. Mr. Friedland describes the fragmentation among interest groups representing seniors in terms of their position on health care reform and financing. His article indicates that the division of opinion goes more toward the conservative-liberal split over the proper role of government regarding financing of health care—even for low income elderly.

SOCIAL SECURITY

Title II of the Social Security Act includes the Old-Age, Survivors and Disability Insurance (OASDI) Program, which provides monthly income benefits to retired and disabled workers, their dependents and survivors. Funding for this program is derived from payroll taxes paid by workers and their employers. It is estimated that 96% of the nation's workforce is covered by Social Security. A small proportion of state and local government workers are not covered by Social Security; in Arizona in 1991,

FIGURE 4-1
COMPOSITION OF SOCIAL SECURITY RECIPIENTS

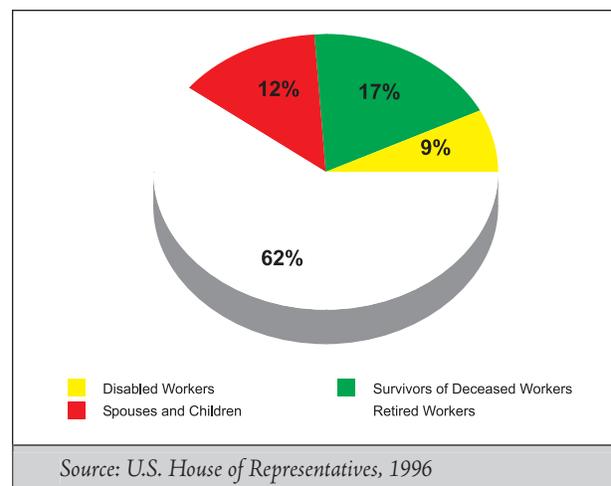
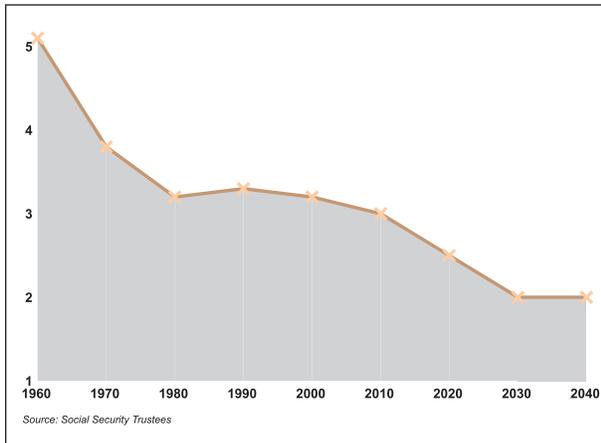


FIGURE 4-2
WORKERS PER RETIREE RATIO IS
PLUMMETING



it was estimated that 11% of state and local government workers were not covered.¹⁶

In 1996, Social Security provided approximately \$8,000 per year to 43.7 million people—primarily retirees and their spouses.¹⁷ A total of \$340 billion was distributed to the beneficiaries who included 26 million retirees, 6 million spouses and children, 7 million survivors of deceased workers and 4 million disabled workers. Largely because of Social Security and Medicare, the poverty rate among the elderly is the lowest of any population age group. For 26% of elderly individuals, Social Security represents 90% of their income; for 14% Social Security is their only income. This is especially true for older women, of whom 37% rely on Social Security for 90% of their income. Older women are less likely to have a pension, outlive their husbands and are more often in poverty.

The Twentieth Century Fund states that retirees in 1996 can expect to receive approximately 42% of their income from Social Security; for low income workers the average is 78% and for high wage earners, approximately 28%.¹⁸ At its inception in 1935, the Social Security program was designed to provide some cash benefit to retired workers and their dependents. Increases in longevity and advanced health care result in more people living longer and collecting Social Security benefits for much longer than anticipated at the program's inception. Funds that are contributed to Social Security by current workers

are paid out immediately in benefits to current retirees—there is no “savings account” for contributions made by a current worker for his benefit at retirement.

The solvency of the Social Security program has been the subject of congressional debate for the past several sessions. The trustees of the Social Security Trust Fund are required to assess the fund's solvency for 75 years into the future. The projected influx of baby boomers into the retirement years, coupled with fewer persons working and contributing to the system, make planning for the sufficiency of funds an imperative. At the current time, there are slightly more than 3 workers per recipient. When the baby-boomers retire, there will be less than 2 workers per recipient.

The ability of the Social Security Trust Fund to accommodate the large influx of baby boomers has been examined by the Advisory Council on Social Security. Three different proposals are suggested:

- Add 3 more years of required working time—benefits would then be calculated on a 38-year working period.
- Tax any benefits received above the amount the worker has contributed during his/her working years.
- Extend Social Security coverage to 3.7 million state and local government workers who are presently excluded from the system to increase contributions.

In addition, other suggested strategies are to raise the retirement level again, raise the level of payroll tax from 6.2% of the first \$68,400 of income to 6.2% of the first \$100,00, and invest part of the Trust Fund in the stock market to increase yields. Other suggestions include providing a flat grant to all beneficiaries, providing Individual Retirement Savings Accounts, partially or fully privatizing the system, and means testing Social Security to prevent payments to those over certain income levels.¹⁹

NUTRITION PROGRAMS

Two programs targeted to elderly and disabled individuals have been instrumental in improving health and social interaction. Home-delivered meals and congregate meals provide needed nutrition to millions of elderly and disabled individuals.

Home-delivered meals are supplied to those persons who are unable to prepare a meal due to medical or physical limitations. Congregate meals are provided at a senior center or community site and provide a means of providing nutritious meals, social contact and recreational and health educational activities.

The purpose of these programs is to provide meals and social contact to vulnerable populations who are older, poorer, live alone, are from ethnic and minority populations, are in poor health, have functional limitations or are at high risk. An evaluation of these programs has just been completed to determine whether the program purpose is being met. Results of the evaluation documented the desired program targeting, especially in serving low-income minorities and persons who live alone. Congregate meal data showed that more than 40% of the program participants had been in the program for five years or more. Data on the home-delivered meals program reveal that the recipients are coming from a new group of elderly persons—not those who have participated in the congregate meals and then become in need of home-delivered meals.

The survey documented the increasing need for home-delivered meals, which tripled in size between 1980 and 1994. Local waiting lists reveal a similar pattern with more persons requesting home-delivered meals. People are being discharged from hospitals earlier and require assistance in their recoveries. As people live longer, there is an anticipated increased demand for home-delivered meals for these frail or recovering individuals.²⁰

NEEDS OF ELDERLY PERSONS

For the past 19 years, the Maricopa County Survey Data Center has conducted a needs assessment throughout the region. In its 1997 survey, the center identified the services received by seniors, those unsuccessfully sought and those still needed.

Those services most utilized were:

- Basic Needs 37%
- Transportation 35%
- Self-Functioning 33%
- Education 22%
- Medical 20%
- Housing 11%
- Collective Safety 8%
- Information and Referral 7%
- Employment 6%
- Counseling 6%
- Dental 2%

Those services still needed were:

- Dental 64%
- Transportation 31%
- Self-functioning 21%
- Information and Referral 19%
- Housing 17%
- Medical 14%
- Employment 9%
- Counseling 7%
- Collective Safety 4%
- Basic Needs 3%
- Education 0%

As part of their plan development, the Area Agency on Aging also assesses needs of senior citizens in Maricopa County. Their most recent document identifies these top five needs:

- Transportation
- Home Care Services
- Increased funding for services
- Health care, education and prevention including dental and optical services
- Respite services and caregiver training

In a public hearing conducted for its plan development, the Area Agency identified additional needs of: affordable housing, assistance for caregivers, outreach and accommodation for those from other cultures, more flexibility from funders, and more volunteers.

Transportation for increasing numbers of elders is a priority for the future. As people age and have diminished eyesight or hearing impairments that may prevent them from driving, they will rely more on a public transportation system to support their independence. The issue of Elderly Mobility is taken up later in this Human Services Plan.

MYTHS OF AGING

Dr. John W. Rowe and Dr. Robert L. Kahn have published a book entitled, *Successful Aging*. The book highlights the need to understand that our increasing population of elderly persons presents a new resource for our nation—healthy, experienced, intelligent people who have many post-retirement years and want to have meaningful activities. The book is based on a project sponsored by the MacArthur Foundation that involved men and women age 70+ who were not living in nursing homes or hospitals. Based on this study, the authors identify a number of myths and facts that are worth listing. (Excerpted from an article in the April 14, 1998 *New York Times*):

MYTH #1: TO BE OLD IS TO BE SICK.

While some ailments such as arthritis and diabetes affect some elderly persons, in fact only 5.2% are so ill that they need placement in a nursing home. Only 10% of people aged 65-74 report any disability, and 40% of those over 85 report that they have no functional limitations.

MYTH #2: YOU CAN'T TEACH AN OLD DOG NEW TRICKS.

The aging brain "has a remarkable and enduring capacity to make new connections, absorb new data, and thus acquire new skills..." While short-term memory is a problem for some, only 10% of those between 65-100 years old are Alzheimer's patients.

MYTH #3: THE HORSE IS OUT OF THE BARN.

It is not too late to change unhealthy habits, such as smoking, no exercise and a bad diet. The benefits of vitamins such as D, B, B-6 and E were demonstrated. Beginning an exercise program provides benefits in terms of activity, positive mental outlook, sleep and appetite.

MYTH #4: THE SECRET TO SUCCESSFUL AGING IS TO CHOOSE YOUR PARENTS WISELY.

Only 30% of aging characteristics are hereditary, and their influence diminishes with age.

MYTH #5: THE LIGHTS MAY BE ON, BUT THE VOLTAGE IS LOW.

The frequency and existence of intimacy does not relate to chronological age alone; health, cultural norms and availability of partners are more important.

MYTH #6: THE ELDERLY DO NOT PULL THEIR OWN WEIGHT.

The authors stress the desire of elderly persons to provide meaningful activities—both paid and unpaid. Three million elderly persons act as caregivers for their spouses, siblings, and grandchildren.

Redefinition of "aging" by the baby boomers will also challenge the way we have thought about our elderly population. At a San Francisco conference of the American Society on Aging in March 1998, one woman shouted that she would not go to a nursing home, while a second woman indicated she would go if there was a cafe' latte.²¹ Ms. Betty Friedan, author of *The Feminine Mystique*, reported at a conference that aging now involves a "third life a new frontier."

These myths and facts point to the need to reassess how we define "aging" and the way we develop and support opportunities for elderly persons to share their experience and enthusiasm. Given extended life expectancy and advances in the medical field, there are and will be a great resource of people who may have 20+ years where they can and want to make positive contributions to their communities.

CONCLUSION

Demographic trends point to the fact that planners and funders must begin to analyze the increasing numbers of elderly persons, the change in racial and ethnic composition, and projected and appropriate service needs for that portion of the elderly in need of assistance. Increasing numbers of elderly persons in comparison with other age groups, and increasing numbers of very old persons over the age of 85, will impact the structure of our communities and the way in which we direct resources and utilize the time and talents of our seniors. Special health services, assistance with daily living tasks, nutrition, transportation, and housing requirements will be key to the independence and well-being of the elderly target group. Employment opportunities may open up with the retirement of the baby boomers, and there will be fewer workers to replace them. Older individuals may choose, or be required, to work longer to offset employment needs or financing requirements for Social Security.

The MAG Human Services Coordinating Committee reviews the economic, social and demographic trends for the elderly target group as it makes annual recommendations for approximately \$1 million in Social Services Block Grant funds. These funds are used to keep elderly persons as independent as possible and to support the provision of home and community-based services. None of the services provided with SSBG funds is adequately funded. There continue to be waiting lists for all services. Services provided with SSBG funds are effective in helping elderly persons remain in their homes, assisting their caregivers with daily requirements, providing counseling to address problems faced by the elderly, and assisting with transportation barriers. These funds are used in conjunction with other funding sources to leverage the dollars utilized for elderly persons.

ENDNOTES

- 1 "Projections of the 65+ Population of the State: 1995-2005," Administration on Aging, <http://www.aoa.dhhs.gov/aoa/stats/statesto2125.html>.
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DISTRICT 1: MARICOPA COUNTY -- 2001-2002 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS

TARGET GROUP: ELDERLY

2001-2002 PROBLEM STATEMENT	SERVICE TITLE	SERVICE INTENT(S)	2000-2001 Funding based on \$1.775 billion SSBG ONLY	2001-2002 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.	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.	\$ 403,905.5	\$419,172
#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.	HOME CARE: Housekeeping/Homemaker, Chore, Home Health Aid, Personal Care, Respite, and Nursing Services ADULT DAY CARE/ADULT DAY HEALTH CARE	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. 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.	\$146,761	\$162,696 \$207,253

* All problem statements are listed in order of priority need according to the Committee's best assessment. Sometimes, 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 which have been identified.

DISTRICT 1: MARICOPA COUNTY -- 2001-2002 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS
TARGET GROUP: ELDERLY

2001-2002 PROBLEM STATEMENT	SERVICE TITLE	SERVICE INTENT(S)	2000-2001 Funding based on \$1.775 billion SSBG ONLY	2001-2002 Funding based on 1.7 billion and SSBG ONLY
#3 Specialized transportation is a major problem for elderly persons 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.	TRANSPORTATION	Transport and/or escort elderly people who are without other resources to needed services.	\$35,249	\$35,249
#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 ALTCS), 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.	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.	\$165,275	\$181,210

* All problem statements are listed in order of priority need according to the Committee's best assessment. Sometimes, 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 which have been identified.

DISTRICT 1: MARICOPA COUNTY -- 2001-2002 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS

TARGET GROUP: ELDERLY

2001-2002 PROBLEM STATEMENT	SERVICE TITLE	SERVICE INTENT(S)	2000-2001 Funding based on \$1.775 billion SSBG ONLY	2001-2002 Funding based on 1.7 billion and SSBG ONLY
#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 Caregiving responsibilities often produce physical, emotional and financial stress for a family.			No SSBG funds recommended.*	No SSBG funds recommended.*
#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.*

* All problem statements are listed in order of priority need according to the Committee's best assessment. Sometimes, 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 which have been identified.

DISTRICT 1: MARICOPA COUNTY -- 2001-2002 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS

TARGET GROUP: ELDERLY

2001-2002 PROBLEM STATEMENT	SERVICE TITLE	SERVICE INTENT(S)	2000-2001 Funding based on \$1.775 billion SSBG ONLY	2001-2002 Funding based on 1.7 billion and SSBG ONLY
TARGET GROUP TOTAL FUNDING RECOMMENDATION			\$941,840	\$1,005,580

Endnote:
The additional \$73,450 of Title XX funds for elderly services came from a SSBG/TANF swap utilizing funds from the Adults, Children & Families, Crisis Shelter Services, Domestic Violence.

* All problem statements are listed in order of priority need according to the Committee's best assessment. Sometimes, 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 which have been identified.

PERSONS WITH DISABILITIES

This plan is developed in part to recommend expenditure of a portion of the federal Social Services Block Grant funds that come to Arizona. The structure of this funding requires that it be directed to any or all of four target population groups. Two of these groups differentiate among people with disabilities: "People with Physical Disabilities" has evolved into the broader "People with Disabilities." People with Developmental Disabilities, which could be viewed as a subgroup of People with Disabilities, is treated separately. Thus, this chapter focuses upon the needs and recommendations for people with disabilities of all types, of all ages, exclusive of people who developed disabilities as they grew to be 18 years old and as part of their development into adulthood. Please refer to the chapter, People with Developmental Disabilities for further explanation.

PERSONS WITH DISABILITIES

In many ways, the communities within Maricopa County, Arizona provide friendly environments to people who have disabilities. In other ways, as across the nation, people with disabilities still encounter physical and attitudinal barriers to living independently. With the passage of the Americans with Disabilities Act in 1990, most physical barriers are crumbling, albeit slowly, and attitudes among the general population, as well as among people who have disabilities, are changing.

People with disabilities are telling us far more often that help is appreciated, and sometimes greatly needed, but at some point people with disabilities are capable of and need to be making decisions for themselves. The following plan for expenditure of some of the state's Social Services Block Grant funding intends to help ensure that



people with disabilities are able to integrate by choice and to be welcomed as members of our communities.

As recently as 10 years ago, human services professionals described people with disabilities by naming their disability or disease. Attention and funding was categorized far less on the person and his or her abilities and attributes but rather was almost solely focused on the disability. During the 1990s decade, more attention was paid to the severity of one's disability, and the term "functional limitation" took on more meaning. Attempts to focus state funding according to priorities meant that for a while, only people with the most severe disabilities were served first.

People with the most severe disabilities require more resources, and this focus left little to no resources for the people who needed few or short-term supports. More recent state policy directs services to people in the order of their requests, a first-come first-served type of service, as long as the person qualifies for state assistance.

The goal of the MAG Human Services committees is to do what they can to see that individuals with disabling conditions are able to achieve their optimal level of personal development and independence. Therefore, individuals with disabling conditions should have the same

opportunity as all others in society in terms of social activities, access to facilities, services, transportation, education, training, and employment.

The MAG Human Services committees have viewed the population of people with disabilities first as a whole, and then have identified their unmet or under-met needs. In the climate of constantly changing funding over the past three years, the committees have acknowledged that the needs and the services mix for people with disabilities are interdependent. Thus, it is recommended that funding cuts and increases are made proportionately across all services that are recommended for funding.

A reality of trying to serve people with disabilities is that it is an expensive undertaking, and is strongly related to health care needs. Human services planners and decision makers must face whether or not to supplement health care responsibilities with human services funds, which typically are more meager. They must consider how to define problems and needs, establish priorities regardless of funding environments, and how to allocate financial resources.

“For people without disabilities, technology makes things convenient, whereas for people with disabilities, it makes things possible.”

—Judith Heumann, Assistant Secretary of the Office of Special Education and Rehabilitative Services, U.S. Department of Education, in a keynote address to Microsoft Corporation employees and experts on disabilities and technology.—February 19, 1998

In the 1990s, we began learning to focus not on physical images of a disability, but on whether or not a person can get up in the morning, take care of routine toileting activities, get dressed, prepare a meal, feed oneself, work and communicate with others, and get around town to take care of business, health care, errands, and to enjoy leisure and recreational activities. These are known as activities of daily living.

People with disabilities are limited in their activities of daily living in many different ways, and to many degrees. Some disabilities are not visibly apparent, but may be just as limiting in carrying out activities of daily living. Many people with disabilities prefer to determine for

themselves whether or not they are disabled, rather than have others make the determination. Many people with disabilities are capable of working and holding a paying job, and may or may not require some sort of support in order to do so. It is just as important to provide minimal supports to overcome disability barriers as it is to provide public maximum supports to people who are completely dependent upon others. This is why it is so difficult to define disability in concrete terms.

For purposes of determining whether or not a person will be allowed to access public, taxpayer funded services, it is necessary to come up with some kinds of limiting criteria. There probably are as many limiting criteria types of definitions for disability as there are programs designed to serve people with disabilities. The following describes the most commonly used criteria and descriptive terminology. In addition to limiting criteria, we consider factors of severity of disability, and prevalence rates for certain types of disability to estimate how many people or what percentage of the population would have special needs.

Every 10 years, the U.S. Census counts every resident of the United States and asks them some questions which help governments to plan services for them. Questions about problems with activities of daily living are asked of citizens. Much of our understanding of people with disabilities is dependent on these responses. Mid-decade, special censuses in Arizona have not asked questions that will help us learn more about people with disabilities. We look to other federal and local surveys and information sources for additional help, but each one uses a different definition of disability. **There is no one accepted definition of disability.**¹

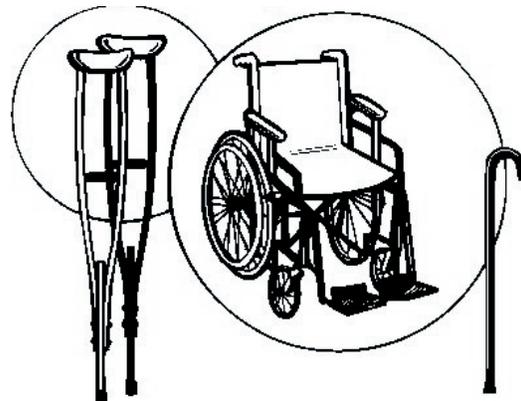


TABLE 5-1 (CONTINUED)
TERMS OF DISTINCTION FOR PERSONS WITH DISABILITIES

Federal Survey Name	Disability Term	Term Meaning	Prevalence
	<p>Definition of <i>disability</i> that includes functional limitations, ADLs, and IADLs.</p>	<p>Used a wheelchair or a long-term user of a cane, crutches, or a walker.</p> <p>Had difficulty performing one or more functional activities (seeing, hearing, speaking, lifting/carrying, using stairs, or walking).</p> <p>Had difficulty with activities of daily living (the ADLs included getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating, and toileting).</p> <p>Had difficulty with one or more instrumental activities of daily living (the IADLs included going outside the home, keeping track of money and bills, preparing meals, doing light housework, taking prescription medicines in the right amount at the right time, and using the telephone).</p> <p>Had one or more specified conditions (a learning disability, mental retardation or another developmental disability, Alzheimer's disease, or some other type of mental or emotional condition).</p>	<p>20.6% distribution among the general population.</p>
<p>SIPP, continued</p>	<p>People over the age of 15 were identified as <i>having a severe disability</i> if they were:</p>	<p>Limited in ability to do housework.</p> <p>16 to 67 years old and limited in their ability to work at a job.</p> <p>Receiving federal benefits based on an inability to work.</p>	

TABLE 5-1 (CONTINUED)
TERMS OF DISTINCTION FOR PERSONS WITH DISABILITIES

Federal Survey Name	Disability Term	Term Meaning	Prevalence
		<p>Unable to perform one or more functional activities; Needed personal assistance with an ADL or IADL; Using a wheelchair; A long-term user of a cane, crutches, or a walker; Had a developmental disability or Alzheimer's disease; Unable to do housework; Receiving federal disability benefits;</p>	<p>9.9 % distribution among the general population.</p>
<p>Current Population Survey (CPS)</p> <p>[Conducted monthly for the Bureau of Labor Statistics by the Bureau of the Census. It deals mainly with labor force data for the civilian noninstitutional population. Data on work disabilities is collected in each March survey.]</p>	<p>Work Disability</p>	<p>Work disability is measured by the CPS. Classification is based upon a person satisfying any one of the following criteria:</p> <ol style="list-style-type: none"> (1) a health problem or disability that prevents one from working or limits the kind or amount of work one can do, (2) a service-connected disability or retired or terminated for health reasons, (3) did not work in the survey week because of long-term physical or mental illness or disability that prevents the performance of any kind of work, (4) did not work any time in the previous year because of illness or disability, (5) is under 65 years of age and is covered by Medicare, or (6) is under 65 years of age and receives Supplemental Security Income (SSI). 	<p>The 1997 CPS reported 17.4 million people (aged 16 to 64) with a work disability in the U.S. Of these, 33.1% were in the labor force, 28.6% were employed, and only 18.2% of them were employed full time.</p> <p>One-third of the population of people with work disability are available to the labor force, and half of the available labor force of people with a work disability are employed full time.</p>

**TABLE 5-1 (CONTINUED)
TERMS OF DISTINCTION FOR PERSONS WITH DISABILITIES**

Federal Survey Name	Disability Term	Term Meaning	Prevalence
World Health Organization and the Chartbook on Disability in the United States	Disability	Any restriction or lack of ability (resulting from an impairment) to perform an activity in the manner or within the range considered normal for a human being. ¹	20% of people over age 15 have a physical functional limitation; 4% of people over age 15 need personal assistance with one or more activities; 14.2 million of 16-24 year olds are work-disabled; 19.7% of work-disabled people are employed full time.
National Health Interview Survey (NHIS) [The NHIS samples nationwide, only non-institutionalized persons. It is concerned with activity limitations and chronic conditions.]	Disability Chronic Condition	Any long- or short-term reduction of a person's activity as a result of an acute or chronic condition. A condition noticed for 3 months or more, or a condition on the National Center for Health Statistics' list of chronic conditions.	
	Limitation of Activity	A reduction in a person's capacity to perform the amount of activities associated with his or her age group. Limitation in activity increases with age.	In 1989, 1 in 7 Americans (14.1%) had an activity limitation.

TABLE 5-1 (CONTINUED)
TERMS OF DISTINCTION FOR PERSONS WITH DISABILITIES

Federal Survey Name	Disability Term	Term Meaning	Prevalence
	<p>For children under age 5, the major activity is playing.</p> <p>For persons aged 5-17, the major activity is attending school.</p> <p>For people aged 18-69, the major activity is working or keeping house. For the purpose of determining <i>work disability</i>, the working age group is 18 to 69 year olds and the major activity associated with that age group is work.</p> <p>For people aged 70 and over, the major activity refers to ability to live independently.</p> <p>Older people who need or receive help from other people in routine care activities (doing everyday household chores, necessary business, shopping, or getting around for other purposes) are classified as limited in amount or kind of major activity.</p> <p>Older people who need or receive help from other people in self-care activities (bathing, eating, dressing, getting around the home) are classified as unable to perform major activity.</p> <p><i>Nonmajor</i> activities include all the other activities people do.</p>	<p>Of the 34.2 million persons with activity limitations, 29% were unable to perform their major activity; 39% were limited in the kind or amount of major activity they could perform; and 32% were limited in nonmajor activities.</p> <p>Of those aged 70 years and over in 1989, 39% were limited in activity, while 5.3% of children under 18 years of age were limited in activity.</p>	

TABLE 5-1 (CONTINUED)
TERMS OF DISTINCTION FOR PERSONS WITH DISABILITIES

Federal Survey Name	Disability Term	Term Meaning	Prevalence
	Restriction of Activity	<p>Behavior usually associated with a reduction in activity due to either short-term or long-term conditions.</p> <p>Generally, the major activities people are expected to be able to perform are determined by age, such as play for children under 5 years; school attendance for older children; working at a job or business or keeping house for working-age adults; and caring for oneself and managing one's home without assistance from other persons for elderly adults.</p>	An additional 1.5 to 2 million persons, most of whom are disabled, reside in institutions such as nursing homes, mental hospitals, residential facilities, and facilities for persons with mental retardation.
	Impairment	A chronic or permanent defect that results from disease, injury, or congenital malformation, whether or not the individual is limited in work or life activities.	It seems that the estimated population size, 43 million persons with disabilities, that is used by the Americans With Disabilities Act (ADA) is taken from the NHIS survey count.
National Medical Expenditure Survey (NMES) (1987)	Basic Life Activities	Basic life activities include walking, self-care, and community and home management activities. Self-care, also called "activities of daily living" (ADL), includes bathing, dressing, toileting, transfer, feeding oneself, and getting about the home.	

**TABLE 5-1 (CONTINUED)
TERMS OF DISTINCTION FOR PERSONS WITH DISABILITIES**

Federal Survey Name	Disability Term	Term Meaning	Prevalence
	Instrumental Activities of Daily Living	Community and home management activities, also called "instrumental activities of daily living" (IADL), include household chores, handling money, shopping, and getting about the community. The most common activities people have difficulty with are getting about the community, doing light housework, and shopping-all IADL activities-followed by bathing and walking. (LaPlante & Miller, <i>People with Disabilities in Basic Life Activities in the U.S.</i> , Disability Statistics Abstract, pp. 1-2.)	
Americans with Disabilities Act (ADA) of 1990, Public Law 101-336. [Also similarly understood in the Rehabilitation Act, the regulations of the Department of Health & Human Services, and in the Fair Housing Amendments Act of 1988.]	Disability	<p>With respect to an individual-</p> <ul style="list-style-type: none"> A. physical or mental impairment that substantially limits one or more of the major life activities of such individual; B. A record of such an impairment; or C. Being regarded as having such an impairment. <p>If an individual meets any one of these three tests, he or she is considered to be an individual with a disability for purposes of coverage under the Americans with Disabilities Act.²</p>	

TABLE 5-1 (CONTINUED)
TERMS OF DISTINCTION FOR PERSONS WITH DISABILITIES

Federal Survey Name	Disability Term	Term Meaning	Prevalence
<p>Arizonans with Disabilities Act of 1992 (AzDA), ARS § 41-1492.03</p>	<p>Disability</p>	<p>“Disability” means, with respect to an individual, any of the following: A. physical or mental impairment that substantially limits one or more of the major life activities of such individual; B. A record of such an impairment; C. Being regarded as having such an impairment.</p>	<p>“More than fourteen percent of Arizonans have one or more physical or mental disabilities, and this percentage is increasing as the population as a whole is growing older.”</p>
<p>Arizona Department of Economic Security (DES)</p>	<p>Classification of persons with disabilities. Used to qualify someone as eligible for services that are funded with federal Title XX Social Services Block Grant (SSBG) monies.</p>	<p>Any individual who has a physical or mental impairment that substantially limits one or more major life activities and has a diagnosis of such impairment.</p> <p>The terms of this definition are further clarified:</p> <ol style="list-style-type: none"> 1. “Physical or Mental Impairment” includes psychological conditions, cosmetic disfigurements, anatomical losses or mental disorders. 2. “Major Life Activities” includes such activities as self-care, learning and working. 3. “Diagnosis” means diagnosed or classified as having a physical or mental impairment by a doctor of medicine, a doctor of osteopathy, or a psychologist certified by either the Arizona State Board of Psychologist examiners or by the Department of Education. 	

DEMOGRAPHICS

In the United States, 49 million people have a disability, with 21 million of those disabilities being classified as “severe” (unable to perform one or more activities or roles). This equates to an overall disability rate of 19.4% of the American population. By age group, the overall disability rate breaks down as follows: Children Under 18 (5.8%); Persons 18-44 (13.6%); Persons 45-64 (29.2%); and Persons 65 and Over (53.9%). Among persons of all ages, the rate was 18.7% for males and 20.2% for females. Among persons aged 6 and older, 1.8 million used wheelchairs, 1.6 million were legally blind, and 1 million were hearing impaired. Of the 49 million people with disabilities nationwide, about 9 million people of all ages have disabilities so severe that they require personal assistance to carry out everyday activities.²

In a 1994 Harris Poll of Americans with Disabilities, 63% of respondents said that the quality of life had improved for people with disabilities during the previous four years.

INCOME AND WORK

In many cases, the presence of a disability is associated with lower levels of income and an increased likelihood of being in poverty. Cash assistance, food stamps, and subsidized housing are just some of the public assistance programs for persons with disabilities. Among the 8.8 million persons receiving cash assistance, the proportion with a disability was 64.4%, 48.2% among food stamp recipients and 30.7% among those living in public or standardized housing. Among men 21 to 64 years of age, median monthly earnings were \$2,190 among those with no disability, \$1,857 among those with a nonsevere disability and \$1,262 among those with a severe disability. Comparable figures for women were \$1,470, \$1,200, and \$1,000.

Often, persons with disabilities find that they must make a choice between the opportunity to return to work and sacrificing their disability benefits. The 1994 Harris Poll found that three out of four people with disabilities do not work, but that two-thirds of those not working wish

that they could without jeopardizing their disability benefits. For every 500 people now on disability benefits, only one finds his or her way to a job. Additionally, it is estimated that for every one percent of disabled people nationwide who work, taxpayers save \$3 billion in overtime costs.

The federal government provides several human services programs that aid persons with disabilities in the State of Arizona. Approximately 77,000 disabled Arizonans currently draw Social Security disability benefits. The average beneficiary in Arizona receives \$760 a month. Also, the Ticket to Work and Work Incentive Improvement Act was passed by Congress in 1999. Provisions of this act extend health care coverage, provides a state option for Medicaid Buy-In and the “ticket” to employment assistance from private as well as public employment providers. Additionally, only 5.2% of the population without a disability receives government coverage (the aforementioned programs) as opposed to 7.2% of the population with a non-severe disability and 36.2% with a severe disability.

In the prime employable years of ages 21 to 64, 82% of Americans without a disability had a job or business compared with 77% of those with a nonsevere disability and 26% of those with a severe disability. Employment rates among people with disabilities ranging from ages 21 to 64:

- 64% of the hearing impaired
- 44% of the vision impaired
- 41% with a mental disability
- 34% of those who had trouble walking
- 26% of wheel chair, cane, crutch and walker users

TECHNOLOGY USAGE

A report released by the U.S. Department of Education in 2000 about persons with disabilities has given new insight into the disabled communities’ usage of computers and technology. Of the 20.9 million Americans over the age of 15 with disabilities, 5 million have computers at home, and nearly half of these computer users, 2.4 million, have access to the Internet. However, the report states that people with disabilities are less than half as

likely as their non-disabled counterparts to have access to a computer at home (23.9% to 51.7%). Almost three times as many people without disabilities (31.1%) have the ability to connect to the Internet at home as those with disabilities (11.4%). Only one in ten people with disabilities take advantage of the Internet as opposed to 25.9% of people without disabilities. The study also found that few people with disabilities use the Internet outside of their own home (3.9%).³

DISABILITY AND AGE

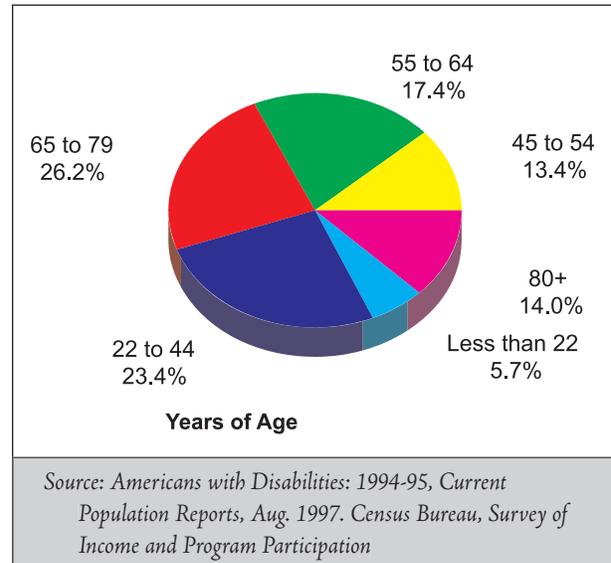
The onset of a disabling condition varies for individuals. Many young men are disabled as the result of higher risk life styles that generate accidents. A number of hearing impairments are caused by environmental factors such as noise, drugs and toxins.⁴

The likelihood of having a disability increases with age. Many older people are experiencing a physical or mental disability for the first time. The largest group of Americans suffering from hearing loss is the elderly. Age-related hearing loss affects 30% to 35% of the U.S. population between the ages of 65 to 75 years, and 40% of the population over the age of 75.⁵

There is a known correlation between disability and low income, but it is difficult to tell which is the cause. Young people typically earn lower incomes as they establish their careers. Low income workers generally labor more physically in their work, which can lead to disabilities. People who are elderly acquire disabilities through the aging process, and they frequently earn less in their retirement years than when they were working.

Many people who acquire a disability later in life sometimes adapt with more difficulty. Anyone who experiences a sudden, severe, disabling condition especially needs help coping with a new lifestyle and limitations. People who lose their sight do not necessarily become adept at reading Braille. People who lose their hearing do not necessarily become adept at reading lips or sign language.

**FIGURE 5-1
SEVERE DISABILITY DISTRIBUTION BY AGE
OF PERSONS WITH A SEVERE DISABILITY**



EMPLOYMENT AND EARNINGS FOR PEOPLE WITH DISABILITIES

Not surprisingly, survey responses tell us that people with a nonsevere disability are less likely to be employed than someone with no disability, and people with severe disabilities are far less likely to be employed. One-third of people with a work disability (ages 16-64) are in the labor force and of the 28.6% who are employed, only 18.2% are working full time—about one-half of the number of people with work disabilities in the labor force.

Not only are work participation rates for people with disabilities lower, but the presence of a disability tends to be associated with lower earnings. There is a reasonably strong labor force attachment for all people 21 to 64 years of age. For people with no disability, the national 1994-95 employment rate was 82.1%. For people with a nonsevere disability, employment was 76.9%, and for people with a severe disability, it was much less, at 26.1%.

FIGURE 5-2
DISABILITY PREVALENCE BY AGE (PERCENT WITH SPECIFIED LEVEL OF DISABILITY)

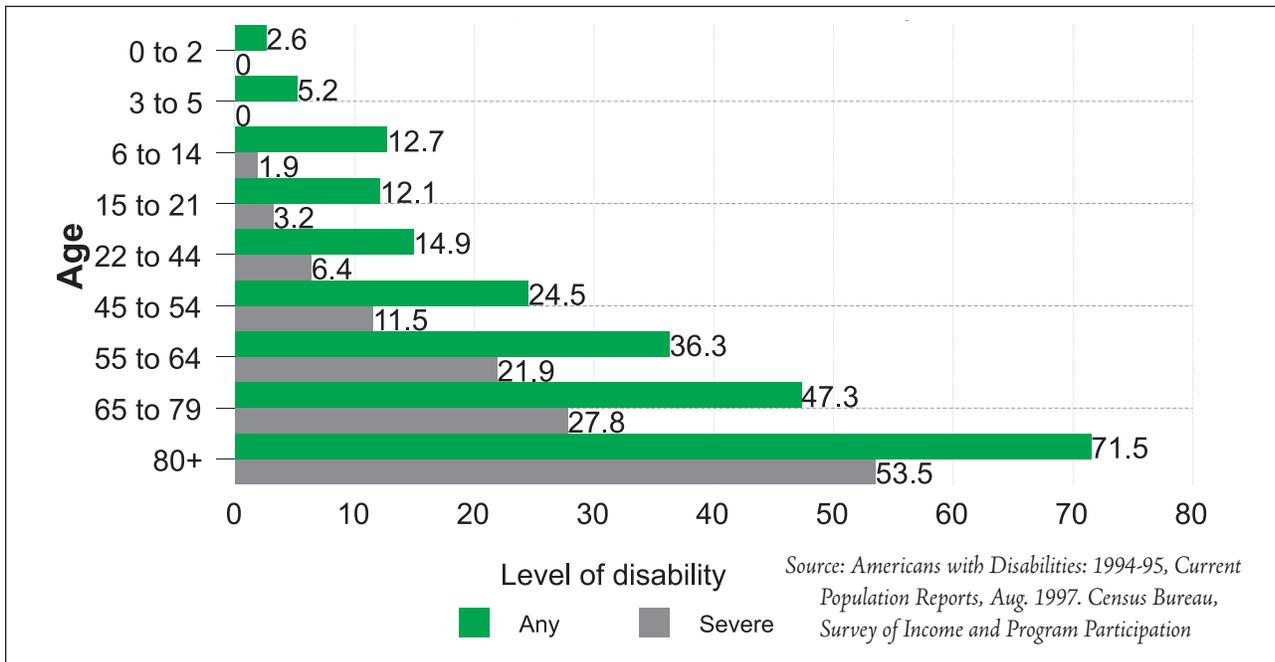
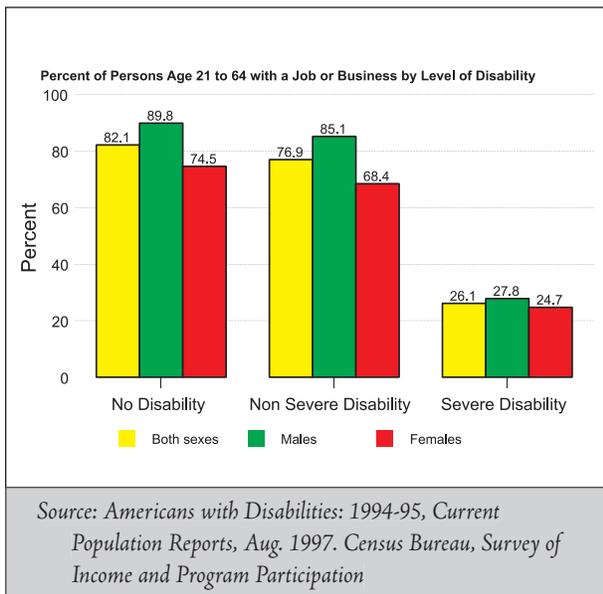


FIGURE 5-3
EMPLOYMENT RATE BY DISABILITY STATUS



Using a low relative income measure for people aged 21-64 years, 13.3% of people with no disability, 19.3% of people with a nonsevere disability, and 42.2% of people with a severe disability were classified as having a low relative income. For people over age 65, the proportion with a low relative income was: 16.7% among people with no disability, 25% among people with a nonsevere disability, and 35.5% among people with a severe disability. The median monthly earnings employment and relative income are shown for Americans by disability status in Table 5-2.

INSURANCE COVERAGE, GOVERNMENT ASSISTANCE PROGRAMS, AND PERSONAL ASSISTANCE FOR PEOPLE WITH DISABILITIES

People with disabilities are less likely to have private health insurance coverage than government coverage in comparison to their counterparts who have no disabilities. People with disabilities also comprise a large portion of the requests for government and community assistance programs that are means-tested. Social Security benefits are not means-tested, and are not included in this summary. Thirteen million Americans aged 22 to 64 received means-tested cash, food, or rent assistance. Half of them had a disability, and 40.3 percent were severely disabled. Of the 133 million Americans who did not receive government assistance, 16.9% were people with severe and nonsevere disabilities, and 6.7% were people with severe disabilities. Most people with a severe disability did not receive benefits from an assistance program. Only 37.1% of people with severe disabilities aged 22 to 64 received such assistance.

Cash assistance, food stamps, and subsidized housing are just some of the public assistance programs for persons with disabilities. Among the 8.8 million persons receiving cash assistance, the proportion with a disability was 64.4%, food stamp recipients 48.2% and among those living in public or standardized housing 30.7%. The federal government provides several human services programs that aid persons with disabilities in the state of Arizona.

Personal assistance needs are associated with one's age. The higher an elderly person's age, the more likely he or she will need the help of another person with activities of daily living or instrumental activities of daily living. For people aged 45 to 54, 3.3 percent said they need help; as did 6.1% of people aged 55 to 64, 11.5% of people aged 65 to 79, and 34.1% of people older than 80 years. Most first—or primary—helpers for these survey respondents were (in order): spouses, daughters, sons, parents, other relatives, non-relatives, or paid help. First helpers number 9.3 million people nationwide, and nearly half of them, 4.5 million first helpers, are members of the same household as the recipient.

TABLE 5-2
**AMERICANS BY SEVERITY OF DISABILITY
AND ECONOMIC STATUS**

	No Disability	Nonsevere Disability	Severe Disability
MALES 21-64 yrs old			
Median monthly earnings	\$2,190	\$1,857	\$1,262
Employment rate	89.8%	85.1%	27.8%
Median full-time monthly earnings	\$2,353	\$2,125	\$1,880
Full time employment rate	79.0%	66.9%	18.1%
FEMALES 21-64 yrs old			
Median monthly earnings	\$1,470	\$1,200	\$1,000
Employment rate	74.5%	68.4%	24.7%
Median full-time monthly earnings	\$1,750	\$1,600	\$1,400
Full-time employment rate	53.2%	42.0%	13.2%
PERSONS with LOW RELATIVE INCOME			
Age 0-21 yrs	22,196,000 (29.2%)	2,221,000 (31.7%)	602,000 (40.9%)
Age 22-64 yrs	15,503,000 (13.3%)	2,878,000 (19.3%)	5,944,000 (42.2%)
Age 65-yrs	2,471,000 (16.7%)	1,501,000 (25.0%)	3,704,000 (35.5%)
<i>Source: Americans with Disabilities: 1994-95, Current Population Reports, Aug. 1997. Census Bureau, Survey of Income and Program Participation</i>			

RACIAL & ETHNIC COMPOSITION

Within the age category of 15 to 64 years, the prevalence of a disability was low for Asians and Pacific Islanders (9.6%), and high for American Indians (26.9%). The rate was 17.7% among Whites, 20.8% among African-Americans, and 16.9% among persons of Hispanic origins.⁷

CASH WELFARE POLICIES AND FAMILIES WITH DISABILITIES

The Urban Institute, a policy and research think tank, profiled disability among families who were receiving Aid to Families with Dependent Children (AFDC). The purpose of the study was to anticipate impacts of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 on families with a disabled family member who were receiving cash welfare. "Some disabled persons receive cash assistance under the Supplemental Security Income (SSI) program, a program specifically designed to help the disabled and the elderly." However, many people with disabilities do not qualify for SSI benefits. Little is known about poor families who previously qualified for AFDC benefits and who had a child or family member with a disability. "Many women with less severe disabilities will need certain accommodations to be able to work. The presence of children with disabilities in families on welfare, particularly single-parent families, can also inhibit work because of special child care needs."

Urban Institute researchers assessed the extent to which women and families on AFDC have a limited ability to work due to their own disabilities or those of their children. Their study raises questions about whether the 20% exemption allowed for states under TANF programs is high enough to accommodate the number of recipients who are hard to place in jobs. The researchers employed a functional definition of disability in order to construct a profile of such families. Drawing data from three sources, they found that between 27.4% and 29.5% of families receiving AFDC had either a mother or child with some level of functional limitation, and considered this to be a relatively narrow range. However, the data did not

TABLE 5-3
**DISABILITY STATUS OF PERSONS BY RACE
AND HISPANIC ORIGIN**

	Number	Percent Distribution
All Persons (U.S.)		
Total Population	261,749,000	100.0
With any Disability	53,907,000	20.6
White		
All Non-Hispanic	194,564,000	100.0
With a Disability	44,537,000	21.4
African American		
All	33,427,000	100.0
With a Disability	7,219,000	21.6
American Indian, Eskimo or Aleut		
All	1,868,000	100.0
With a Disability	447,000	23.9
Asian/Pacific Islander		
All	8,255,000	100.0
With a Disability	999,000	12.1
Hispanic Origin		
All	27,245,000	100.0
With a Disability	4,417,000	16.2
<i>Source: U.S. Census Bureau, Survey of Income and Program Participation 1994-1995.</i>		

include limitations due to mental or emotional disorders or substance abuse, leading the researchers to consider the profile an understatement of the true level of disability among the AFDC population.

Of women receiving AFDC, 10.6% reported some difficulty with at least one ADL. A third of these cases involved difficulty with more than one ADL, an indication of substantial limitation, according to the researchers. Another

9.4% of women who were receiving AFDC reported having difficulty with an IADL. 7% of all women on AFDC reported bed confinement for more than 30 days due to health reasons, and almost 4% reported that they were in the hospital for more than five days. The researchers say this indicates impediments to work for this group of women, even if the problems are not chronic.

Disability among children receiving AFDC benefits were assessed using the same criteria as for adults. Researchers found that in almost 2% of AFDC families with children who are limited in the kind or amount of their activity, a child was unable to perform a major activity. Because most AFDC families have young children, 1.7% of them had children under the age of six who were limited in age-appropriate activities. In AFDC families with children between the ages of 3 and 14, 2.4% had children with a "long-lasting" condition that limited their ability to walk, run, or use stairs. It was not possible to distinguish between developmental disabilities and physical, mental or learning disabilities using the definitions. There also may have been under-reporting of very young children with disabilities, because diagnosis is difficult with the very young.

The 1997 Current Population Survey (CPS) Report shows that for American children age 6 to 14 years: 12.7% experience some type of disability, and about 1.9% of all children that age have a severe disability. Children's disabilities often are diagnosed for purposes of identifying limitations to learning, which determines one's eligibility for education-funded programs for children with disabilities. The 1997 CPS found that 2.2 million children aged 6-14 were identified as having difficulty doing regular schoolwork, and 1.6 million were identified as having a learning disability. For the 25.1 million people 15 to 21 years of age, 12.1% had a disability, and 3.2% had a severe disability.

An AFDC child's need for health services provides another indicator that has limited use. Distinguishing between disability and severe-but-temporary acute conditions can be difficult, and hospital statistics exclude children with serious disabilities who may not have visited the hospital recently. With those considerations, Urban

**TABLE 5-4
DISABILITY AMONG FAMILIES
RECEIVING AFDC**

Population	Percent
Women with...	
Any work-related limitation	16.6 - 20.1
A serious disability preventing one or all work-related functions	8.4 - 10.6
Children (21 yrs, or younger) with...	
Some limitation in age-appropriate activities	11.1 - 15.9
A serious disability preventing age-appropriate activity or due to one or more chronic conditions	1.8 - 3.8
<i>Source: Urban Institute 1996 tabulations from 1990 Survey of Income and Program Participation, 1990 National Health Interview Survey, and 1992 National Longitudinal Survey of Youth.</i>	

Institute researchers found that about 4% of families that received AFDC have a child that has spent more than five days in the hospital in the last year, and 6.3% of AFDC families have a child that has paid more than 15 visits to the hospital. Using additional measures, researchers determined that almost 5% of AFDC families require special equipment (from wheelchairs to special clothing) reflecting a range of disabilities. One or more severe or chronic conditions, such as a crippling orthopedic condition, blood disorder, or epilepsy, affects a child in 3.8% of families receiving AFDC. The researchers conclude that, with the long-term goal of welfare reforms for all recipients to be working, the 20% threshold for states to exempt AFDC recipients from the five-year time limit may not be high enough.

A woman's ability to work depends, in part, on whether she or her child has a disability, the nature and severity of

that disability, and the requirements of the jobs available to her. Caring for children with disabilities can be extremely time-consuming, may require specialized day care, and can entail additional expense. For women with severe disabilities, [work may not be possible.] For women with less severe disabilities, accommodations in workplaces, alternative work arrangements, and specialized child care may make work more feasible. Better enforcement of the Americans with Disabilities Act . . . may lead to more employers making such workplace accommodations.¹⁵

Mentioned earlier in this section was another federal assistance program for people who are elderly and who have disabilities called Supplemental Security Income (SSI). Also mentioned was that not all people with disabilities qualify for SSI benefits. Children with disabilities who live in low-income households have traditionally been eligible for SSI benefits if they meet certain criteria for disability. By 1995, SSI the benefits paid out to eligible children had increased dramatically and the costs were alarming members of Congress. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 included a provision that would tighten child eligibility for SSI benefits and, Congress hoped, realize an \$8 billion savings through the year 2002. This savings would amount to 14% of all projected savings from the 1996 Act.

By eliminating benefits for less severely disabled children, Congress theoretically reduced child dependency on a cash assistance program, SSI, and reduced the federal cost burden. The Urban Institute researchers question whether the action effectively transfers the burden to state and local entities to support the general social safety net for low-income families. For Arizona, an early estimate of the number of children who would lose real or potential SSI benefits numbers 1,662 children, a rate of approximately 1.3 cases per 1,000 Arizona children.

Even though state and local government expenditures account for more than three-fourths of all major government program spending on children with disabilities, very few program dollars provide direct cash benefits for disability-related needs or basic needs for children with disabilities. Most state and local spending is for special education and related services, which are not limited to poor families.

On the individual family level, loss of SSI benefits can have a significant impact on family income. Only low-income families receive SSI benefits. The presence of a disability is linked with lower income. Caring for a child with disabilities limits a parent's ability to work, and in Arizona, people with lower incomes are benefiting disproportionately less from the robust economy.

A national survey indicates that the median income for a family with a child receiving SSI benefits is about \$14,000 a year. This is well below the federal poverty threshold of \$15,150 for a family of four in 1995. The median household income in Maricopa County for 1995 is estimated at \$35,623.

The same study claims that SSI benefits amount to 24 to 30% of an eligible family's income. This issue has been clouded in recent months by [allegedly] inconsistent application of the new rules by the Social Security Administration. Many cases have right of appeal to their denials, and some reports claim that 60% of children have been denied renewal of SSI benefits and that 68% of new claims—filed since the law was signed in August 1996—have been denied.

Arizona's agencies may wish to consider assessing how many of its EMPOWER clients are struggling with family disabilities and work lifestyles. The Human Services Technical Committee also has identified lax enforcement of the Americans with Disabilities Act and the Arizonans with Disabilities Act as a continued limitation for citizens with disabilities.

Our recommendations for locally planned Social Services Block Grant funds make services available to people with disabilities who might not otherwise receive services or who "fall through the cracks" of the human services systems, and whose lives can be enhanced toward self sufficiency and independence with some extra help.

ENDNOTES

1. Lewis E. Kraus and Susan Stoddard, Ph.D., "Chartbook on Work Disability in the United States, an InfoUse Report."
 2. U.S. Census Survey of Income and Program Participation, 1991-1992.
 3. Susan Daniels, Deputy Commissioner of the Social Security Administration. Taken from a March 31, 2000 article in *The Arizona Republic*.
 4. U.S. Census Survey of Income and Program Participation, 1991-1992.
 5. National Institute on Deafness and Other Communication Disorders, "Hearing, Hearing Impairment and Deafness," November 1997.
 6. Ibid.
 7. Susan Daniels, Deputy Commissioner of the Social Security Administration. Taken from a March 31, 2000 article in *The Arizona Republic*.
 8. Defined by the survey as a limitation caused by a mental or emotional problem or disorder; if they were identified as having a learning disability, mental retardation, Alzheimer's disease, or other mental or emotional condition; or if they had difficulty keeping track of money and bills.
 9. The relative income measure was developed as a means of describing the income distribution position of people of all ages. Each person is assigned the income of his or her family, the income is adjusted to account for differences in family size, a median is calculated, and the relative income of each person is set equal to the ratio of his or her adjusted income to the median. A low relative income is less than half the median.
 10. John M. McNeil, "Americans With Disabilities: 1994-95." Washington, D.C.: U.S. Department of Commerce, Bureau of the Census, August 1997 Series P70-61, p. 5.
 11. Aid to Families with Dependent Children—the predecessor to Temporary Assistance to Needy Families (TANF). TANF is the cash assistance program to states created by the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996.
 12. Pamela Loprest and Gregory Acs, Research Summary of the "Profile of Disability Among Families on AFD." The Urban Institute, November 1995.
 13. The 1990 Survey of Income and Program Participation (SIPP), the 1990 National Health Interview Survey (NHIS), and 1992 data from the National Longitudinal Survey of Youth (NLSY). The information was tabulated in 1996.
 14. Ibid. John M. McNeil, *Americans with Disabilities: 1994-95*, pg. 2.
 15. Ibid. The Urban Institute, Loprest and Acs.
 16. Pamela J. Loprest, "Supplemental Security Income for Children with Disabilities: Part of the Federal Safety Net," "New Federalism: Issues and Options for States." The Urban Institute, July 1997.
 17. Ibid. Pamela J. Loprest.
 18. Federal poverty threshold for a family of four in 1998 is \$16,450.
 19. Robert Pear, "Disabled Youths Are Wrongly Cut From Aid Program," *The New York Times*. November 16, 1997.
- Others:
- Statistics compiled from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education, "Computer and Internet Use Among People with Disabilities," H. Stephen Kaye, Ph.D., March 2000.
 - Washington, D.C.: U.S. Department of Education, National Institute on Disability and Rehabilitation Research, 1991; and National Institute on Disability and Rehabilitation Research, "Disability Statistics, Rehab Brief: Bringing Research into Effective Focus, vol. XIV, no. 8," Washington, D.C. Office of Special Education and Rehabilitative Services, Department of Education, 1993, p. 1.
 - Lewis E. Kraus and Susan Stoddard, "Chartbook on Disability in the United States, an InfoUse Report," Washington, D.C.: U.S. National Institute on Disability and Rehabilitation Research, 1989, p. vii.
 - U.S. Department of Justice, Nondiscrimination on the Basis of Disability in State and Local Government Services, Final Rule, Federal Register Vol. 56, No. 144 (July 26, 1991) Rules and Regulations, p. 35698.

DISTRICT 1: MARICOPA COUNTY -- 2001-2002 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS

TARGET GROUP: PERSONS WITH DISABILITIES

2001-2002 PROBLEM STATEMENT	SERVICE TITLE	SERVICE INTENT(S)	2000-2001 Funding based on \$1.775 billion SSBG ONLY	2001-2002 Funding based on 1.7 billion SSBG ONLY
<p>#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.</p>	<p>REHABILITATION INSTRUCTIONAL SERVICES</p> <p>ADULT DAY CARE/ADULT DAY HEALTH CARE</p> <ul style="list-style-type: none"> • Non-elderly <p>HOME DELIVERED MEALS</p> <p>HOME CARE:</p> <ul style="list-style-type: none"> • Housekeeping/Homemaker, Chore, Home Health Aid, Personal Care, Respite, and Nursing Services <p>CONGREGATE MEALS</p>	<p>Provide a program of services to enable individual persons with disabilities to remain as independent as possible.</p> <p>Provide services to non-elderly persons with disabilities utilizing existing community programs whenever possible. Persons with physical disabilities should be given first consideration.</p> <p>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.</p> <p>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.</p> <p>Provide nutritious meals to persons with disabilities in a congregate setting.</p>	<p>\$113,329</p> <p>\$12,882</p> <p>\$18,333</p> <p>\$35,807</p> <p>\$12,882</p>	<p>\$113,329</p> <p>\$13,682</p> <p>\$19,471.5</p> <p>\$38,029.75</p> <p>\$13,682</p>

* All problem statements are listed in order of priority need according to the Committee's best assessment. Sometimes, 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 which have been identified.

DISTRICT 1: MARICOPA COUNTY -- 2001-2002 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS

TARGET GROUP: PERSONS WITH DISABILITIES

2001-2002 PROBLEM STATEMENT	SERVICE TITLE	SERVICE INTENT(S)	2000-2001 Funding based on \$1.775 billion SSBG ONLY	2001-2002 Funding based on 1.7 billion SSBG ONLY
#1 - continued	SUPPORTIVE INTERVENTION/GUIDANCE COUNSELING a. Coping with the Stress of a Disability b. Employment-Related	a. Assist persons with disabilities in coping with stress and the effects of their disability to enable them to be as independent as possible. b. Assist persons with disabilities in recognizing strengths and limitations, needs and opportunities; to enable the individual to become employable.	\$32,486 \$21,624	\$34,502.50 \$22,965.75
	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.	\$244,003	\$244,003
	ADAPTIVE AIDS AND DEVICES	Provide aids or devices to assist persons with disabilities to become as self-sufficient as possible.	\$18,893	\$20,066
#2 Lack of transportation is the greatest barrier and frustration in accessing programs that are available to persons with disabilities.	a. INTERPRETER --access community services	a. Provide interpreter service to assist individuals with disabilities in accessing community services.	\$25,710	\$27,306 No SSBG funds recommended.*

* All problem statements are listed in order of priority need according to the Committee's best assessment. Sometimes, 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 which have been identified.

DISTRICT 1: MARICOPA COUNTY -- 2001-2002 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS

TARGET GROUP: PERSONS WITH DISABILITIES

2001-2002 PROBLEM STATEMENT	SERVICE TITLE	SERVICE INTENT(S)	2000-2001 Funding based on \$1.775 billion SSBG ONLY	2001-2002 Funding based on 1.7 billion SSBG ONLY
#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.	SUPPORTIVE INTERVENTION/GUIDANCE COUNSELING a. Access to Benefits b. People with disabilities who are homeless	a. Provide information and assistance to persons with disabilities to access services and benefit programs. Persons with physical disabilities should be given first consideration. 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.	\$71,257 \$9,017	\$75,681 \$9,577
#4 Many individuals with disabilities have limited access to social and recreational programs in the community.	VOLUNTEER MANAGEMENT • Socialization and Recreational Services	Provide a coordinator of volunteers for a recreation/socialization program for persons with severe disabilities.	\$14,323	\$15,212
#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.*

* All problem statements are listed in order of priority need according to the Committee's best assessment. Sometimes, 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 which have been identified.

DISTRICT 1: MARICOPA COUNTY -- 2001-2002 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS
TARGET GROUP: PERSONS WITH DISABILITIES

2001-2002 PROBLEM STATEMENT	SERVICE TITLE	SERVICE INTENT(S)	2000-2001 Funding based on \$1.775 billion SSBG ONLY	2001-2002 Funding based on 1.7 billion SSBG ONLY
#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			\$630,546	\$647,508

* All problem statements are listed in order of priority need according to the Committee's best assessment. Sometimes, 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 which have been identified.

PERSONS WITH DEVELOPMENTAL DISABILITIES

This chapter focuses upon the needs and recommendations for people of all ages who have developmental disabilities.

In Arizona, the Arizona Revised Statutes and the Department of Economic Security, Division of Developmental Disabilities define a developmental disability and the substantial functional limitations which accompany a developmental disability as follows:

A developmental disability is 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.¹

The substantial functional limitations in three or more areas of major life activities are so severe for a protracted period of time or for life, that extraordinary assistance from people, programs, services or mechanical devices is required to assist an individual in performing appropriate major life activities.

DES/DDD ELIGIBILITY REQUIREMENTS

The Department of Economic Security Division of Developmental Disabilities administers and provides for eligible individuals of any age who have developmental disabilities, a continuum of state and federally funded program services. The eligibility, service and funding requirements are initiated and completed through an intake interview process described in the following column.

- Intake interview meetings by an intake support coordinator with the applicant and family.
- Determination of residency and age requirements.
- Consent for application and admission for services process.
- Diagnostic and functional disabilities determination for children or adults, based upon criteria established for mental retardation, autism, cerebral palsy, epilepsy and developmental delay.
- Medical and financial eligibility process to determine the types of services provided and the funding sources utilized, either Title XIX or non ALTCS services.
- Intake and review of acceptable documents to substantiate eligibility determination.
- If eligible, the Division appoints a support coordinator for the individual and family.
- Within available funding guidelines, eligible individuals are provided services for which they are qualified.

For children who are newborn to age 6, eligibility for early intervention services are determined in the following process:

- An evaluation process, which includes parental input and information, completion of acceptable developmental assessments and an informed clinical opinion by a licensed physician or a professional formally trained in early childhood development, which strongly demonstrates any of the following:
 - The child is at risk of becoming developmentally disabled or the child will become developmentally delayed or disabled without services.
 - The child demonstrates a significant developmental delay in one or more areas of development, including physical development, cognitive development, speech and language development, psycho-social development and self help skills.

- The child is diagnosed with mental retardation, autism, cerebral palsy or epilepsy.
- The parent or primary caregiver has a developmental disability and without early intervention services, there is a likelihood the child will become developmentally disabled.

In summary, for eligible children and adults of any age, Arizona Revised Statutes define and further describe the four types of developmental disabilities for which appropriate services are provided.

- **Mental retardation**, as diagnosed by a licensed psychologist or certified school psychologist, is a condition involving subaverage intellectual functioning and existing concurrently with deficits in adaptive behavior manifested before age 18. Adaptive behavior is the degree or effectiveness to which an individual meets the standards of personal independence and social responsibility expected of the person's age and cultural group.
- **Autism**, as diagnosed by a licensed psychiatrist or licensed psychologist experienced in the area of autism and identification of autistic disorders, is a condition characterized by severe disorders in communication and behavior, which results in limited ability to communicate, understand, learn and participate in social activities.
- **Cerebral palsy**, as diagnosed by a licensed physician, is 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.
- **Epilepsy**, as diagnosed by a licensed physician, is a neurological condition characterized by abnormal electrical-chemical discharge in the brain. This discharge is manifested in various forms of physical activities called seizures.

**TABLE 6-1
ESTIMATED NUMBER OF PEOPLE WITH
DEVELOPMENTAL DISABILITIES IN
MARICOPA COUNTY, DES DISTRICT 2**

Age Range	Maricopa Census 2000	People with Developmental Disabilities	DES / DDD Eligible Clients Served
0-4 yrs.	240,365	4,326	2,651
5-17	573,254	10,318	3,883
18-21	180,095	3,241	781
22-54	1,446,265	26,032	3,092
55+ yrs.	560,256	10,085	287
All Ages	3,000,235	54,002	10,694

Notes:

1. Census 2000 numbers are for Maricopa County.
2. Number of people with developmental disabilities is according to the federal definition.³
3. Number of DES/DDD eligible clients served as of Jan. 2002.

Source: John M. McNeil, Americans with Disabilities: 1994-95, Current Population Reports. (Washington, D.C.: Census Bureau, Economics and Statistics Administration, U.S. Department of Commerce) August 1997, p. 70-71

**TABLE 6-2
ELIGIBLE INDIVIDUALS PROVIDED
TITLE XIX AND NON-ALTCS SERVICES
DES-DDD, DISTRICT I, MARICOPA
COUNTY, JANUARY 2002**

DES/DDD District I Eligible for TXIX Services for January, 2002	7482
DES/DDD District I Eligible for Non-ALTCS Services for January, 2002	3212

**PHILOSOPHY OF THE DIVISION
OF DEVELOPMENTAL
DISABILITIES**

The Department of Economic Services, Division of Developmental Disabilities provides eligible individuals with numerous program services to support cultural diversity, promote physical, mental and emotional well-being and to enhance independence, self-esteem, mutual respect and dignity. This philosophy includes:

- Program services are individually planned, exercise the choices of each individual and their family, support family beliefs and preferences to shape personal futures.
- Program services are designed and developed with individuals, families and friends recognized as the primary providers capable of determining their own needs.
- Program services are provided through a comprehensive home and community based system, which exhibits efficient and appropriate management, public accountability and effective community education about individuals who have developmental disabilities.
- Decisions, actions and program development are guided by the Department of Economic Security

Division of Developmental Disabilities, which works cooperatively with families, community and business leaders to develop information, opportunities, community resources, and program services.

- Partnerships with families, advocates, community members and service providers continually promote and address the daily/life needs of individuals, as they achieve maximum personal development and the community access and integration available to all people.

**TABLE 6-3
ELIGIBLE INDIVIDUALS WITH DEVELOPMENTAL DISABILITY OR DEVELOPMENTAL DELAY DES-DDD, DISTRICT I, MARICOPA COUNTY, JANUARY 2002**

DISABILITY	NUMBER OF INDIVIDUALS
Developmental Delay	3,598
Mental Retardation	4,885
Autism	765
Cerebral Palsy	948
Epilepsy	499
TOTAL INDIVIDUALS SERVED	10,694

**TABLE 6-4
INDIVIDUALS RECEIVING SERVICES IN DES-DDD DISTRICT I, MARICOPA COUNTY
JANUARY 1977-JANUARY 2002**

Individuals Referred for Services Did not apply 1977-2002	Individuals Applied for Services Eligibility Denied 1977-2002	Individuals Applied for Services Eligibility Pending 2002	Individuals Eligible for Services Currently Being Served January 2002	Individuals Eligible for Services Services Terminated 1977-2002*	Total Individuals Provided Services DDD, District I 1978-2002
485	25	22	10,694	14,982	25,698

* Note: from 1978-2002, individuals terminated services or had services terminated for many reasons. A few included; changes of locale, change in eligibility status, change in service needs, change in service provision, other funding sources, other service supports, individual, self sufficiency, individual and family self sufficient, lack of interest and response to inquiry, dissatisfaction with service requirements, individual expired.

AGING AND DEVELOPMENTAL DISABILITIES

People with developmental disabilities are living longer, more productive lives. Aging of persons with developmental disabilities was a concern identified by the MAG Human Services Committees in a special study of the issue. A literature scan was conducted. A survey of 110 Maricopa County families and individuals with developmental disabilities over the age of 55, who are served by the DES Division of Developmental Disabilities was completed. A focus group of local respondents supplemented the information.

STUDY FINDINGS

- Chronological definitions of aging for the general population are not appropriate for persons with developmental disabilities. Research shows that signs of aging appear earlier in some persons with developmental disabilities, usually in their 50s.
- Persons with developmental disabilities most often need the same types of services as those provided to elderly persons through the aging services network.
- Daytime activities for aging persons with developmental disabilities should reflect their need to retire from employment at a time individually appropriate for them.
- Caregivers, who are usually parents of persons with developmental disabilities, express extreme concern for their physical and financial ability to care for their dependent son or daughter, as they age and their own health declines.
- Using prevalence rates, there are an estimated 2,020 persons with developmental disabilities over age 55 in Maricopa County (1995 U.S. Census).
- In telephone surveys of individuals with developmental disabilities, respondents for the individuals and their caregivers identified the following service needs in priority order: transportation, supervision, personal

care, social interaction, training in-home management, household chores, meal preparation, personal assistance, in-home nursing and adaptive aids.

The DES Division of Developmental Disabilities and the Area Agency on Aging, Region I, are concerned with the needs of persons with developmental disabilities who are growing older and aging with the rest of the population. Service options for these clients will be examined for possible use of Social Services Block Grant funds.

PARENTS WHO HAVE DEVELOPMENTAL DISABILITIES AND THEIR CHILDREN

With deinstitutionalization and the movement toward least-restrictive environments, people with developmental disabilities are living in the community. Just like everyone else, adults with developmental disabilities are choosing to marry, and both married and unmarried women are having children. Effective parenting of the children was a concern identified by DDD, District I for these families and their children. A DDD committee and staff from other agencies reviewed program literature from other states. The committee identified 51 married and unmarried families with children. They reviewed their needs and the services provided by DDD, and identified other sources of support. They interviewed support coordinators for further information and conducted a telephone survey of families about needs they and their children have. The committee made recommendations about the essential standards of quality service necessary for people who have developmental disabilities to be effective parents to their children, and to function as a family unit in their own homes in the community.

RECOMMENDATIONS OF THE COMMITTEE

- For pregnant women, provision of early and continuous prenatal, nutritional, and medical care, with parent training during the pregnancy and for the infant's birth, including follow-up care in relevant areas for the mother and infant post-partum.

- Timely referral and inclusion in appropriate community and required support services, for intervention and/or resolution of child–parent problems and crisis management.
- Comprehensive and long-term in-home parent aide services provided ten to fifteen hours weekly by paid staff who have participated in formal parent aide training courses. Parent aide services include parent training, home management training, direct family assistance service and transportation service arranged or provided to meet the family’s service plan.
- Program services and formal parent aide training courses should include training guidelines in formal quality assurance criteria, risk management standards, procedures to review program effectiveness and compliance and periodic review of the safety and well-being of the children in the family.
- Voluntary and active parent participation in screening and assessment procedures, in practical service planning of functional service objectives, in monitoring parental progress, and in the parental review and routine revision of service plans.
- Easy and timely access to community benefit and assistance programs, agencies for affordable housing and employment services. Assistance with completion of all applications to alleviate daily isolation, varied levels of poverty and forms of deprivation the parents and children experience.
- Open access, referral, enrollment and participation in beneficial infant stimulation programs, child development services, group enrichment programs for toddlers, early intervention services, head start programs and preschool programs. During the school year, age appropriate educational and social opportunities.
- In a community setting, provide for parents small group training classes of 12 weeks duration taught by trained staff to discuss infant and child care

development issues. Visit community service locations, discuss the services offered, and learn the forms of transport available to reach destinations and return home safely.

- Organize weekly social support parent groups to enjoy peer friendship and to have fun, to discuss issues relevant to family life and changes or problems they may be having. In all settings, discussions about self-esteem, self worth, the social value issues they have, which assist with identity and self-esteem, as do positive feedback and praise from staff and peers. Self-esteem is a major, continuous issue in all phases of these program services.
- Arrange or provide transportation services to social service, medical, dental, therapy and other appropriate services. Based upon the family’s level of community competence, provide instruction and training in how to utilize public transportation.

The DES Division of Developmental Disabilities is concerned about the needs of parents who have developmental disabilities and the lives of their children, including the need for appropriate state agencies and the community to collaborate in program development for them. Service options for these families and children will be examined for possible use of Social Service Block Grant funds.

FORMULATION OF LOCALLY PLANNED SSBG FUNDING RECOMMENDATIONS

To better serve individuals who have developmental disabilities, it is important to make the best use of locally planned funds, and to close gaps in the systems of other agencies and community services. It is equally important for the locally planned services to be delivered by agencies that can meet the needs of individuals with developmental disabilities who live in their communities.

Most likely to be living in the community—with or without state supports—are people who desire to live as independently as possible—as neighbors who are inte-

grated into a community. These individuals are likely to be under- or unemployed, earn low incomes and need special supports to continue their independence. Some may be capable of working for wages in their community and may be taxpaying citizens who need occasional or special task assistance and training.

People with severe to profound developmental disabilities require more services and much more assistance, are less likely to work or to be able to work, and may require more specialized services. Most individuals live with their families, or in apartments and homes together. Some live in group homes, and require lifelong assistance with activities of daily living. Their needs and program services are more costly to the government programs that serve them, and to their families who care for and provide for them.

This plan includes the needs of a broad continuum of people with developmental disabilities who have substantial functional limitations and who desire to live happy lives integrated in their communities. Many of these individuals have needs not covered by the state Medicaid systems (AHCCCS) and the Arizona Long Term Care System (ALTCS).

ENDNOTES

1. Definitions taken from the Arizona Revised Statutes, Subsection 36-551.
2. Governor's Council on Developmental Disabilities [Arizona], 1990 Summary Report, (Phoenix: Governor's Council on Developmental Disabilities, October 1990), p. 20.
3. Using the 1.8% national prevalence rate furnished by the Administration on Developmental Disabilities with the exception of people over the age of 55. For people over age 55, Janicki's rate of .00396 per 1000 population is applied.
4. John M. McNeil, *Americans With Disabilities: 1994-95, Current Population Reports*. (Washington, D.C.: Census Bureau, Economics and Statistics Administration, U.S. Department of Commerce) August 1997 p. 70-61.

**DISTRICT 1: MARICOPA COUNTY -- 2001-2002 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS
TARGET GROUP: PERSONS WITH DEVELOPMENTAL DISABILITIES**

2001-2002 PROBLEM STATEMENT	SERVICE TITLE	SERVICE INTENT(S)	2000-2001 Funding based on \$1.775 billion SSBG ONLY	2001-2002 Funding based on 1.7 billion SSBG ONLY
#1 Children and adults with developmental disabilities and their families, especially those from diverse and/or non-English speaking cultures, have limited or no access to year-round community day programs and support services such as respite services, socialization, recreation opportunities, and transportation resources.	RESPIRE SOCIALIZATION AND RECREATION	Provide respite services for non-ALTCs clients' care givers, giving priority to clients' care givers who are ineligible for IDEA Part C-funded services. This service must not supplant state funding. Provide opportunities for individuals with developmental disabilities to participate in integrated recreation and community day programs.	\$38,709 \$18,661	\$36,918 \$18,661
#2 Many individuals with developmental disabilities who are exiting the school system are unable to access meaningful community employment or specialized employment-related programs. MAG committee members agree that mentoring/training of employers who will hire persons with developmental disabilities can be beneficial. Retraining of employers is also critical so that positions held by persons with developmental disabilities are retained in the event of a leadership change or staff turnover.	TRANSPORTATION SUPPORTED EMPLOYMENT, EXTENDED a. For any client who needs specialized employment opportunities. b. For state-funded only clients who live in the family home and need community or specialized employment.	Provide transportation to necessary services for persons with developmental disabilities of all ages. DDD-eligible individuals who are ALTCs eligible may receive MAG-planned, SSBG-funded transportation service to access non ALTCs services that are included in their Individual Service Plan (ISP). a. For ALTCs and non-ALTCs clients who need specialized employment opportunities. Not to supplant state or federal funds. b. For non-ALTCs, DDD-eligible clients who live at home with their families and need community employment or specialized employment. Not to supplant state or federal funds.	\$27,086 \$342,786 \$76,169	\$25,833 \$342,786 \$76,169

* All problem statements are listed in order of priority need according to the Committee's best assessment. Sometimes, 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 which have been identified.

**DISTRICT 1: MARICOPA COUNTY -- 2001-2002 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS
TARGET GROUP: PERSONS WITH DEVELOPMENTAL DISABILITIES**

2001-2002 PROBLEM STATEMENT	SERVICE TITLE	SERVICE INTENT(S)	2001-2002 Funding based on 1.7 billion SSBG ONLY	
			2000-2001 Funding based on \$1.775 billion SSBG ONLY	2001-2002 Funding based on 1.7 billion SSBG ONLY
#3 Persons with developmental disabilities lack affordable dental care.	(According to federal regulations, SSBG funds may not be used for this service.)		No SSBG funds recommended.*	No SSBG funds recommended.*
#4 Persons with developmental disabilities are living longer due in part to medical advancements. As they and their parents or caretakers age, new problems such as retirement from employment, vulnerability to biological, physiological and sociological consequences of aging, conservatorship, and guardianship are emerging.			No SSBG funds recommended.*	No SSBG funds recommended.*
#5 Persons with developmental disabilities have limited access to (early) services which minimize the severity of the disability and which help them adjust to the stresses of living with a disability.	OCCUPATIONAL THERAPY	For non-ALTCS, DDD-eligible persons, not to supplement ALTCS or AZEP-eligible persons.	\$8,111	\$8,111
	SPEECH THERAPY	For non-ALTCS, DDD-eligible persons, not to supplement ALTCS or AZEP-eligible persons.	\$11,156	\$11,156
	PHYSICAL THERAPY	For non-ALTCS, DDD-eligible persons, not to supplement ALTCS or AZEP-eligible persons.	\$9,663	\$9,663
	SUPPORTIVE INTERVENTION/ GUIDANCE COUNSELING	Not limited by client age nor ALTCS eligibility. May support or counsel any client, client family member or client care giver.	\$26,394	\$26,394

* All problem statements are listed in order of priority need according to the Committee's best assessment. Sometimes, 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 which have been identified.

**DISTRICT 1: MARICOPA COUNTY -- 2001-2002 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS
TARGET GROUP: PERSONS WITH DEVELOPMENTAL DISABILITIES**

2001-2002 PROBLEM STATEMENT	SERVICE TITLE	SERVICE INTENT(S)	2000-2001 Funding based on \$1.775 billion SSBG ONLY	2001-2002 Funding based on 1.7 billion SSBG ONLY
#6 Many persons with developmental disabilities are unable to care for their personal needs.	HABITATION SERVICES ATTENDANT CARE SERVICES	Provide training to persons with developmental disabilities of all ages who are unable to provide for their own household and personal living skills needs. This service is client-focused and is limited to persons not eligible for ALTCS. Provide necessary services to persons with developmental disabilities in their homes. This service is limited to persons not eligible for ALTCS.	\$38,112 \$37,324	\$36,349 \$35,597
#7 Many individuals with developmental disabilities are unable to secure appropriately-supported living situations.	(According to federal regulations, SSBG funds may not be used for this service.)		No SSBG funds recommended.*	No SSBG funds recommended.*
#8 Families need information and education about the nature of developmental disabilities, developmental delay, and their effects on families and society. Medical, business, and other appropriate professional communities are also in need of continuous professional education in developmental disabilities.			No SSBG funds recommended*	No SSBG funds recommended.*

* All problem statements are listed in order of priority need according to the Committee's best assessment. Sometimes, 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 which have been identified.

**DISTRICT 1: MARICOPA COUNTY -- 2001-2002 SOCIAL SERVICES BLOCK GRANT RECOMMENDATIONS
TARGET GROUP: PERSONS WITH DEVELOPMENTAL DISABILITIES**

2001-2002 PROBLEM STATEMENT	SERVICE TITLE	SERVICE INTENT(S)	2000-2001 Funding based on \$1.775 billion SSBG ONLY	2001-2002 Funding based on 1.7 billion SSBG ONLY
#9 Teenagers and adults need information and education about how their drug abuse or addiction, poor nutrition, and child abuse may cause developmental disabilities for a child. These kinds of services have the potential to limit preventable disabilities.			No SSBG funds recommended.*	No SSBG funds recommended.*
#10 Women and men who have developmental disabilities are becoming parents. They need in-home parent aide services, appropriate community resource programs and transportation services to be effective parents for their children and to function as a family unit in the community.			No SSBG funds recommended.	No SSBG funds recommended.
TARGET GROUP TOTAL FUNDING RECOMMENDATION			\$634,171	\$627,637

* All problem statements are listed in order of priority need according to the Committee's best assessment. Sometimes, 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 which have been identified.

WELFARE REFORM

In 1996 President Clinton signed the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), which ended the Aid to Families with Dependent Children (AFDC) entitlement program and created a new employment-oriented program. This legislation embodies one of the greatest major policy shifts in programs for vulnerable people.

AFDC was a part of the Social Security Act of 1935, and was designed to assist all eligible persons to provide for their basic needs. Families and children were the targeted population to receive AFDC or “welfare.” PRWORA ends that entitlement and replaces it with required training and employment and sets a five-year lifetime limit for assistance. Arizona’s program requires that able bodied individuals go to work within two years of receiving assistance.

TEMPORARY ASSISTANCE TO NEEDY FAMILIES

The components of the new Temporary Assistance to Needy Families or TANF program are:

1. 5-year lifetime limit for cash assistance.
2. Focus is employment.
3. Transitional health care and child care provided for two years after employment.
4. Immigrants arriving after August 22, 1996 are ineligible for public benefits.
5. Food stamps are limited to 36 months for single, able-bodied individuals.
6. Temporary work deferrals are available for teen parents, parents with a child under 12 weeks, victims of domestic violence, adults with a disability, dependent children, and adults who care for someone with a disability.
7. Sanctions are applied for non-compliance.

The federal government sets participation rates that the state must meet—25% in the first year, up to 50% of adult recipients by 2002. States will be penalized if they do not meet these rates, and can win performance bonuses in some cases. There is some flexibility in the federal program for states to set their own requirements, or to use state funds to provide services outside the federal scope.

ARIZONA’S EMPOWER REDESIGN

Arizona’s EMPOWER Redesign Program is the basic welfare reform program for the state. It requires that cash assistance recipients work within two years of beginning cash assistance. As with previous programs, benefit levels are determined by family size; however, the benefit level is not increased if additional children are born while the family is on cash assistance. The Arizona Department of Economic Security is currently redesigning benefits offices to transform them to employment offices. As of August 2001, there were 46,750 people in Maricopa County receiving cash assistance, 36,619 of whom were children.

Prior to implementation of the federally required welfare changes, many states requested and received waivers from the federal government to institute a variation of the AFDC program. Arizona’s program, EMPOWER, was approved and implemented in November 1995. With some modifications, it became Arizona’s welfare reform program. The two-year employment time clock began in November 1995 for clients in the EMPOWER Program. A total of 1,237 people in Maricopa County reached their two-year limit for FY’00 and FY’01 and are no longer receiving cash assistance. Additional people lose benefits each month thereafter. Since the implementation of Welfare Reform a number of advocacy organizations and think tanks have focused on the effects of the loss of income on a mother and her children.

WELFARE REFORM PILOT PROGRAM—ARIZONA WORKS

During the 1997 session, the Arizona State Legislature passed SB1357, which created Arizona's version of welfare reform. This piece of legislation contains two welfare reform programs — EMPOWER Redesign offered by the Arizona Department of Economic Security, which is the statewide program, and a pilot program, Arizona Works, to be offered by a private vendor.

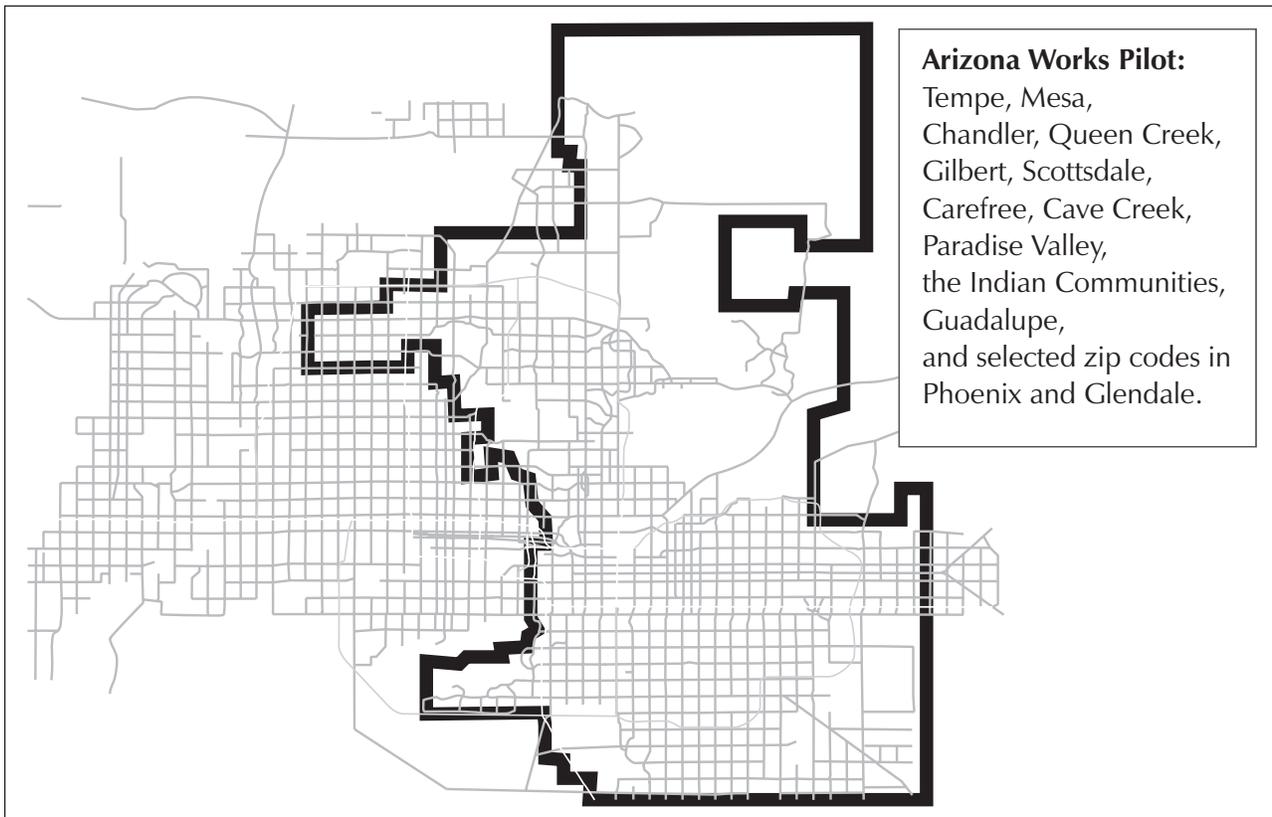
MAXIMUS, Inc. is the private vendor for the pilot program which was chosen by a nine-member Procurement Board, appointed by the Governor. It has been serving as the private vendor since April, 1999. The contract for renewal is approaching in October of 2002.

Under the contract, MAXIMUS operates the TANF Arizona Works Cash Assistance program, the TANF

employment programs, Child Care for TANF families, the state-funded General Assistance program, and the Food Stamp Employment and Training Program.

The program operated by MAXIMUS is far different from the EMPOWER Redesign Program. The pilot program identified four levels of programs: full employment, subsidized employment, community work opportunities, and mentoring by community and faith-based organizations. Benefit levels for Levels 3 and 4 are fixed at \$390 and \$350 respectively—regardless of the number of people in the family. For example, the average benefit level for a family of five in the EMPOWER Redesign geographic area would be approximately \$430; in the pilot Arizona Works area, the benefit level would be \$390 if the adult in the family was involved in community work and only \$350 if he or she was referred to a community or faith-based organization. There is no two-year work requirement, but benefits are limited to a lifetime limit of five years.

FIGURE 7-1
ARIZONA WORKS PILOT PROGRAM GEOGRAPHIC AREA



This program is modeled on the Wisconsin Works program, with substantially lower benefit levels and support services funding levels.

On July 31, 1997, Arizona submitted a waiver to the U.S. Department of Health and Human Services and the U.S. Department of Agriculture requesting permission for non-state merit employees to perform the eligibility function for food stamps and Medicaid (AHCCCS), in order to allow a private vendor to accomplish these tasks as a part of Arizona Works.

The request for a federal waiver was denied to MAXIMUS to distribute Food Stamps and Medicaid, thereby giving MAXIMUS the only option of distributing TANF funds while EMPOWER Redesign continues to distribute Food Stamp and Medicaid programs in the designated pilot program areas.

MAXIMUS administrators recently reported to the Legislative Task Force on Welfare Reform that the denial of federal waivers to distribute Food Stamps and Medicaid makes it impossible for them to deliver the program at a 10% reduction as originally stated in their contract.

Under the original 1997 proposal, 13 communities are included in the Arizona Works pilot: Tempe, Mesa, Chandler, Queen Creek, Gilbert, Scottsdale, Carefree, Cave Creek, Paradise Valley, the Gila River and Salt River-Pima Indian Communities, Guadalupe, and selected zip codes in Phoenix and Glendale. The geographic area included in the pilot is a workload designated area entitled "Maricopa 1E," which includes 13 cities and towns. This geographic designation will result in four cities with both EMPOWER Redesign and Arizona Works offered within their boundaries: Phoenix and Glendale whose geography is split because of the Maricopa 1E designator, and Guadalupe and Scottsdale because Indian Communities will offer their own programs and have contracted with the state to provide EMPOWER Redesign.

At the recent Joint Committee on Welfare Reform, MAXIMUS reported that in the last year of the pilot program it has placed more than 3,400 people in jobs averaging approximately \$8 per hour.

The DES EMPOWER Redesign reported that it has placed more than 52% of the 23,290 participants served in the program, or 12,405 workers, in jobs averaging \$7.38 per hour.

The Arizona Works pilot project is up for renewal in December of 2002. Issues that continue to be of concern focus on potential incentives to vendors taken from benefit savings, the lack of an appeals process outside the vendor for those who are sanctioned or denied eligibility, the restricted benefit levels of Levels 3 and 4, lack of representation from rural communities on the Procurement Board, the need for at least 10% administrative savings on the part of the private vendor, and the need for a phase-in period for the pilot program.

WELFARE REFORM IMPLEMENTATION—NATIONALLY

Since the passage of PROWORA in 1996, case loads have declined almost 50% nationally. However, moving from welfare to work does not necessarily mean that people move out of poverty.

Also, despite reported success of welfare reform, large numbers of people continue to subsist on household incomes less than \$6,000 per year. Even those able to lift themselves above the federal poverty line are suffering because of a lack of health care coverage, affordable housing and other effects of poverty.

Other developments reveal the ability of current welfare leavers versus initial leavers to find and maintain employment due to a lower level of job skills. There is also a high percentage of "leavers" who are not receiving government benefits such as food stamps and Medicaid to which they are entitled.

Reauthorization of the 1996 welfare reform legislation to continue the federal funding will occur in the 2002 legislative session. Much debate is beginning to take form by a number of organizations and think tanks to assess the effects of the policy.

Haskins and Blank, in their recent report (2001), summarize what we know five years into welfare reform and

raise issues that will likely be important in the upcoming reauthorization debate:

1. Should those who are working but still living below the poverty line be subject to time limits and sanctions as mandated under the original 1996 legislation?
2. Is five years total lifetime benefits long enough for families to gain the experience and training to find and sustain a job?
3. Can education and training be counted towards valid fulfillment of the work first requirement?
4. Performance bonuses should not strictly focus on decreasing welfare roles but on the quality of jobs the participants receive.
5. Increasing Child Care subsidies to reflect current 2001-2002 market rates.
6. Shifting the original focus from reducing case loads and increasing work to reducing poverty.

During a national conference of the nation's governors in October 1997, examples of states' best practices for welfare reform and workforce development were shared. They include:

- Inter-agency collaborations and relationships between workforce agencies and private businesses.
- Progress in linking transportation, housing, economic development and other systems to support workforce development and welfare reform.
- Decentralizing decision-making to county levels in many states.
- Willing participation of private employers in need of workers who are in short supply.
- Recognizing the need to bolster systems related to transportation, child care, employment, training and other support services for the working poor, to prevent them from needing to apply for cash assistance.
- Providing additional training to low wage employed workers to help them move up the career ladder, thereby creating entry level openings which could be

filled by welfare recipients.

- The need to connect child support activities with efforts to secure employment for mothers.
- Reinvesting case load savings into post-employment services for clients, such as skill development through additional education and training after being successfully on the job for 12 months, transportation assistance, child care assistance and a "rainy day fund."
- Requiring meaningful evaluations and measures of accountability.
- Recognizing that welfare recipients who are not easily placed in jobs will require substantial support services such as substance abuse treatment, mental health counseling, assistance with physical and learning disabilities, language barriers, communication and academic skills, access to transportation and child care.
- Acknowledging the need to be flexible and allow innovative program ideas to assist in transforming the entitlement culture to helping people become truly self-sufficient.¹

WELFARE REFORM IMPLEMENTATION—LOCALLY

State welfare reform programs will face their greatest challenge yet over the next two years. This can be attributed to the projected \$1.6 billion revenue deficit attributed to an economic downturn that was brought on by the September 11 terrorist attacks, along with a substantial decline in the tax revenue base due to decreased tourism and retail sales.

The weak economy has already been showing up in welfare caseloads, which have been steadily increasing since June 2001 to 37,176 cash assistance cases. According to DES, cash assistance case loads increased by 14.4 percent from June 2000 to June 2001. The two-parent case load increased 20.1 percent from June 2000 to June 2001.

Many support service programs that have received TANF funding such as employment training and education, transportation and child care programs are facing

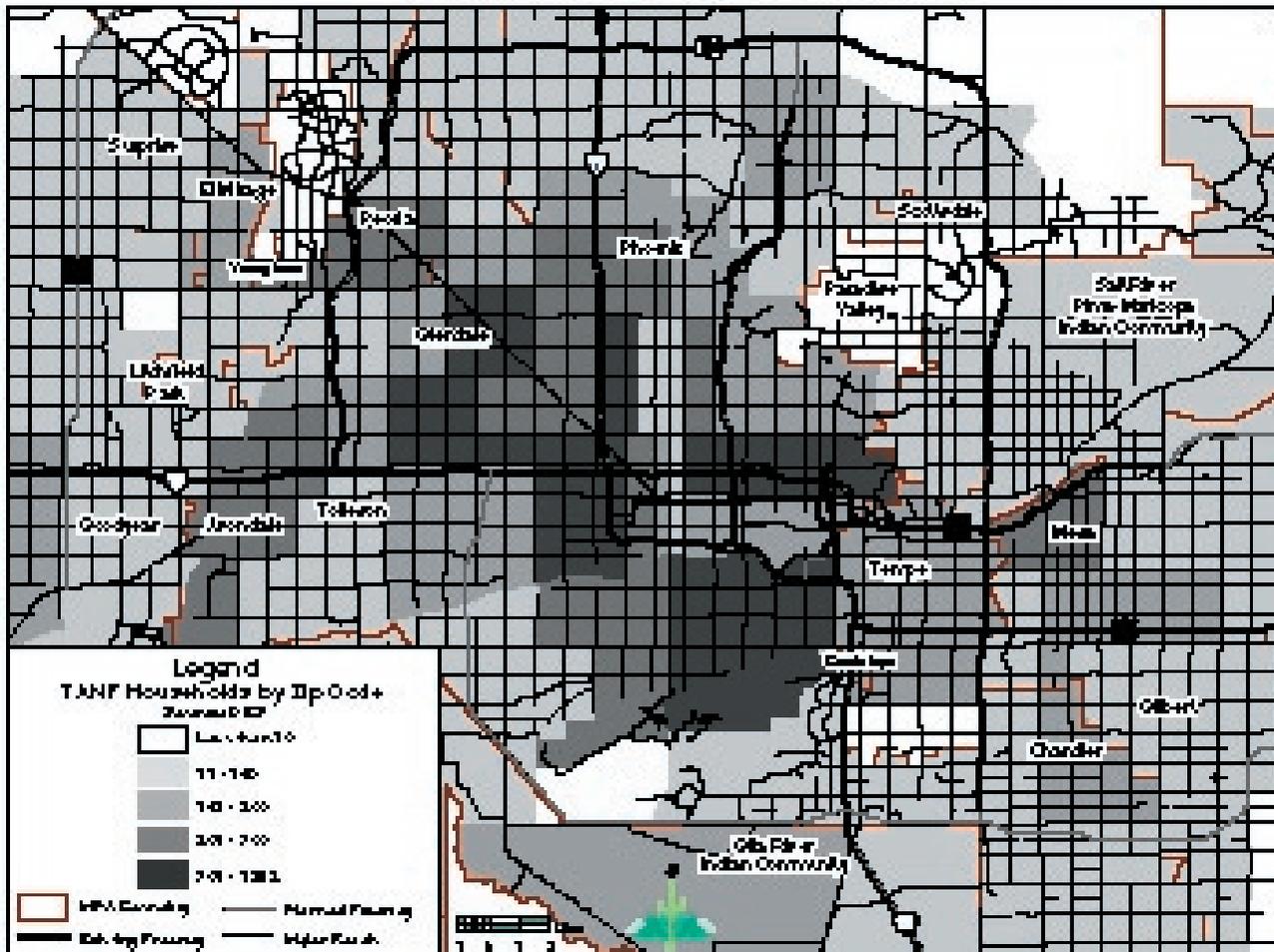
cuts due to the increased need for cash assistance.

The wage/cost of living table in the Adults/Families and Children section of this plan graphically displays the estimated costs for housing, food, child care and other expenses—a family is below poverty and eligible for assistance at levels above the minimum wage. They cannot provide for their families without additional assistance—either child care subsidies, health care subsidies, food stamps or housing subsidies—they are not self-sufficient. The DES JOBS program places participants at an average of \$6.38 per hour. The question of adequate salary has been debated with figures from \$7.50 per hour to \$11.50 per hour for a mom and two children (Maricopa County Skill Center) cited as a minimum. The goal of welfare reform should be to move people out of poverty, not to reduce case loads.

The effort to implement the new welfare reform program across the nation and in Arizona is clearly a work in progress. The status of the economy, types of jobs available, appropriate support services and coordination of programs and resources are critical to helping people meet their employment and time requirements. Programs—pilot or not—should be fair, effective, accountable and flexible.

The majority of case loads of local agencies involve seeing clients who are affected by the loss of welfare benefits. There is some evidence that clients are self-selecting out of the welfare system, either because they don't think that they are eligible for benefits or they are moving in with friends and relatives in the short term. Some clients are losing benefits because they feel they cannot comply with Child Support Enforcement requirements regarding the

**FIGURE 7-2
TANF HOUSEHOLDS BY ZIP CODE, 2002**



identity of the father of their child; they are sometimes fearful of domestic violence and do not want the father to know where they are—let alone have anything to do with the baby. Other clients identify the confusing messages they are receiving from case managers regarding training and employment options. A major concern of local governments, community colleges and employment/training organizations is the severely reduced amount of education and training allowed—immediate employment is stressed, even if completion of current training courses would result in a much higher paying job for the client.

In this economic downturn it is more critical than ever that we maintain the availability of a safety net for TANF clients. People in need of training and employment often have multiple barriers that stand in the way of their success. In addition, those who lose TANF benefits, and those who could avoid TANF application, can be assisted by community-based agencies. Many of the services in the MAG Human Services Plan form the foundation of Maricopa County's safety net. The six Councils of Governments in Arizona have been successful in securing \$1 million of the TANF Block Grant transferred to the Social Services Block Grant. Federal legislation allows this transfer to assist clients with safety net and support services. There are local planning processes across the state similar to MAG's that are able to make swift and credible recommendations on how the safety net should be enhanced.

Arizona's implementation of welfare reform is being closely watched by community organizations, local governments, legislative committees and the Governor's Office. There are well-intended efforts to make the program as effective as possible. The effects of those efforts will be unknown until the legislature acts on current proposals. It remains to be seen how Arizona's EMPOWER and Arizona Works programs will meet the goals of fairness, effectiveness, accountability and flexibility in actually moving cash assistance recipients into jobs that will provide a enough income to make them truly self-sufficient.

The MAG Human Services Coordinating and Technical Committees have acted as a catalyst for local governments to assess the implications of welfare reform as

they relate to MAG member agencies. Members continue to meet and develop recommendations and provide testimony during the legislative process on issues of concern. Some of the services recommended in the plan will help welfare recipients address barriers to their successful employment. Most of the services in the *Adults/Families and Children* section of the plan attempt to develop and sustain a safety net of services to help families meet crisis needs and link them with appropriate services. Limited Social Services Block Grant funds are continuously evaluated to ensure that they are being used in the most-needed areas. Welfare reform and its impacts are clearly of concern to MAG's committees and will heavily impact the annual assessment of need.

ENDNOTES

1. "2001 Welfare Reform Annual Report," Arizona Department of Economic Security.
2. "Current Trends and Emerging Issues in Welfare-to-Work," Employment and Social Services Policy Studies Division, National Governors' Association, <http://www.nga.org/Pubs/IssueBriefs/1997/1204WelfareWork.asp>.
3. Loprest, Pamela, "How are Families that Left Welfare Doing?," The Urban Institute, <http://www.urban.org/news/focus>.

TRANSPORTATION ACTIVITIES

This chapter describes recent public actions taken to address transportation barriers. It is limited to barriers that keep one from reaching human services and from achieving an independent lifestyle, which includes employment. The human services planning committees are directing attention to this universal problem as it pertains to special needs of each target population.

THE MAG REGIONAL TRANSPORTATION PLAN

In the 1998-1999 Human Services Plan, we described the need to define transportation problems among special populations. Special populations are considered to be people who are elderly (ages 60 years and older), people with disabilities who cannot use available public and private general transportation resources, cash welfare assistance clients who must work to continue their time-limited benefits, and the working poor, people who struggle to earn better than poverty level income.

It is important to be clear about our definitions of transportation barriers and transportation. Publicly-owned transportation is funded by taxpayers and user fares. Privately-owned transportation companies depend upon

user fares to operate, thus their fares are considerably higher. It is impossible for many low income people to afford services or to own and operate their own vehicles.

Public transit coverage in the region is thin compared to other metropolitan-suburban areas of similar size and population. Our Valley-wide transit system is one of the smaller ones. According to the 1990 Census, less than three percent of our population rides the bus to and from work. The 1995 Special Census of Maricopa County did not ask this information. The most recent Regional Public Transportation Authority (RPTA) On Board Survey¹ of current transit system riders shows that most of the local route bus riders are low-income earners; 53% of them belonging to households that earn less than \$10,000 per year. Nearly half (48%) of all bus riders and nearly all (96.8%) of express bus riders ride the bus to get to and from work. Eighty-seven percent of the riders with a disability are dependent on public transit to get around. A third (33.7%) of the riders with a disability use the bus to get to and from work. RPTA is currently working on an updated version of the On Board Survey with data from 2000 that should be available in the next few months.

MAG has worked closely with the Arizona Departments of Economic Security and Transportation, the Arizona Legislature, and MAG member agencies to encourage and assist with possible alternative solutions to transportation barriers for special populations. In addition, MAG has begun the process of looking at the region's transportation needs in an updated version of the Regional Transportation Plan. The original plan, conceived in the 1950s, is reaching a conclusion with the completion of the Phoenix and Maricopa County freeway system in 2007.

The new Regional Transportation Plan will closely monitor the needs of special populations while encouraging new alternatives such as light rail, increased bus routes, and ride-sharing through a public awareness campaign. During the spring and summer of 2000, MAG Human Service Division staff took part in several Valley focus groups to determine the needs and gaps of the current



public transportation system. Two major concerns of Valley residents are the lack of transportation options for wage earners as well as the questions that surround drivers as they age past their ability to maneuver a vehicle. As a result of this experience, the human services planning staff of MAG has taken on the responsibility of grant writing for the state's Worklinks program, as well as helping launch an initiative dealing with senior mobility.

ELDERLY MOBILITY

THE "AGE WAVE"

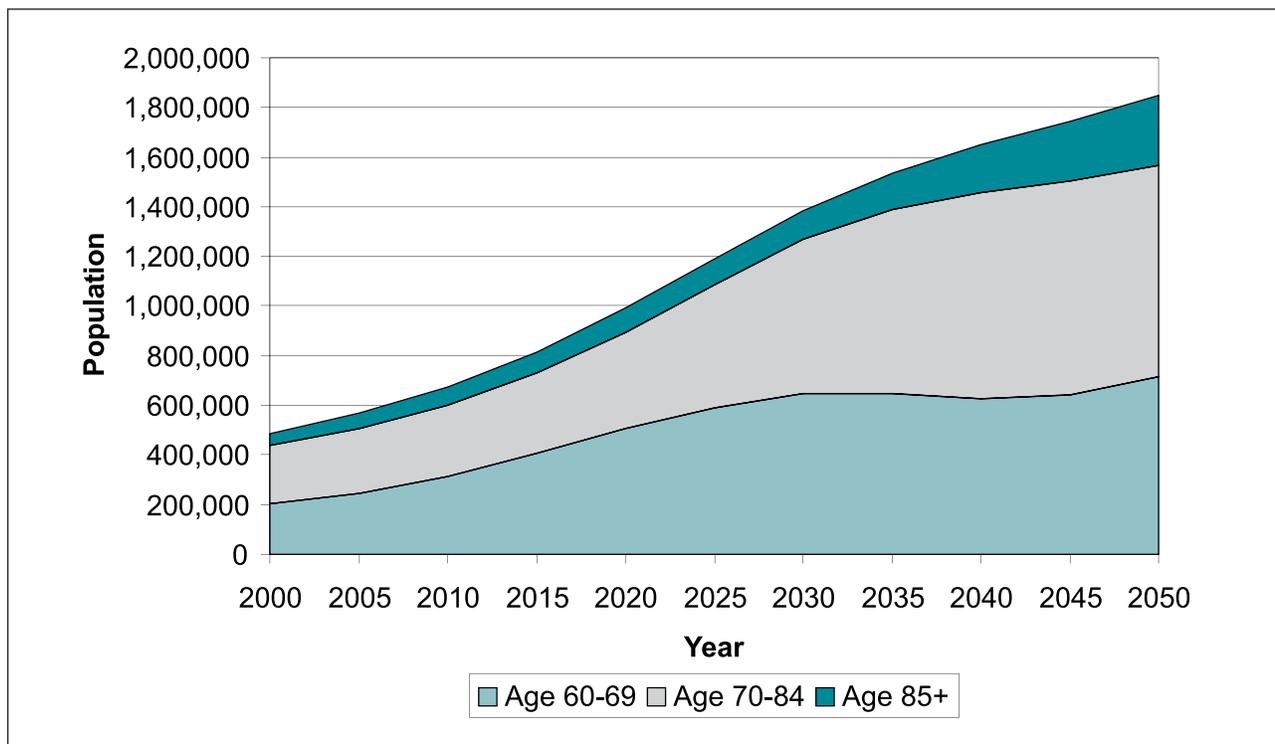
As baby boomers reach retirement age, the nation will experience a dramatic increase in the number of senior Americans. The coming "Age Wave" will have severe implications on where people live and how they get around. One critical impact will be in the transportation arena as the approaching decades bring the largest number of older drivers ever to our roads and highways. Driver safety and an increased demand for alternative

transportation modes are issues that need to be addressed in the coming years.

Since 1990, the percentage of Americans age 65 and older has more than tripled. In 1998, older citizens numbered 34.4 million and accounted for 12.7% of the nation's population—or about one in every eight Americans. While the population projections are not expected to change dramatically between now and 2010, a population explosion will occur between 2010 and 2030. By 2030, there will be approximately 70 million elderly persons, more than twice the senior population of 1998. The number of people 65+ is expected to jump from 13% of the population in 2000 to 20% in 2030.

Annual miles traveled by the elderly are expected to increase dramatically in the future (from just over five million in 1983 to nearly 20 million in 2030). By the year 2030, almost 20% of all miles driven in the U.S. will be driven by older drivers.²

**FIGURE 8-1
MARICOPA COUNTY ELDERLY POPULATION "AGE WAVE" 2000-2050**



Nationally, older adults are among the safest drivers in terms of accident rates, but they are more likely to be seriously injured or killed in crashes than any other age group.³

THE REGIONAL PERSPECTIVE

Arizona and the Maricopa region will experience the same effects of the Age Wave as the rest of the country. This will have a significant impact on the economy, as well as the housing industry, transportation, social services, health services and long term care. Arizona will be among 27 states who have at least 20% of the population aged 60 years or older by 2025.

Over the past two decades, the Phoenix metropolitan area elderly population has grown by 92%, the third largest region in population growth behind Las Vegas and Orlando.⁴ In Maricopa County, 1 in 5 individuals will be aged 60 or older in 2025. Between 2010 and 2020, the 65-69 age group will expand by an average of 9,500 people per year.

Given current land use trends and lifestyles, the primary mode of transportation for the elderly is, and will most likely continue to be, the automobile. In the suburbs of Phoenix, 91% of seniors own a car or truck⁵ and roughly 3% use public transit.⁶

National studies on travel behavior indicate that most elderly people prefer to “age in place,” meaning they prefer to remain in the same community (and often the same house) in which they raised their families.⁷ Therefore, suburban municipalities that are currently home to many aging baby boomers can expect to see dramatic increases in the elderly population in the coming years. As driving capacity decreases, the more elderly living in isolation will increase, adding pressures on family and friends to assist with transportation to the supermarket, social and health services, religious and recreational activities.

The Maricopa Association of Governments’ vision for the future is to provide seniors in Maricopa County with mobility options that will be safe, reliable, accessible, affordable, well-understood, and efficient; allowing for unlimited participation in life, work, social/health services, and recreational activities by the year 2025.



ELDERLY MOBILITY INITIATIVE

THE MAG ELDERLY MOBILITY INITIATIVE

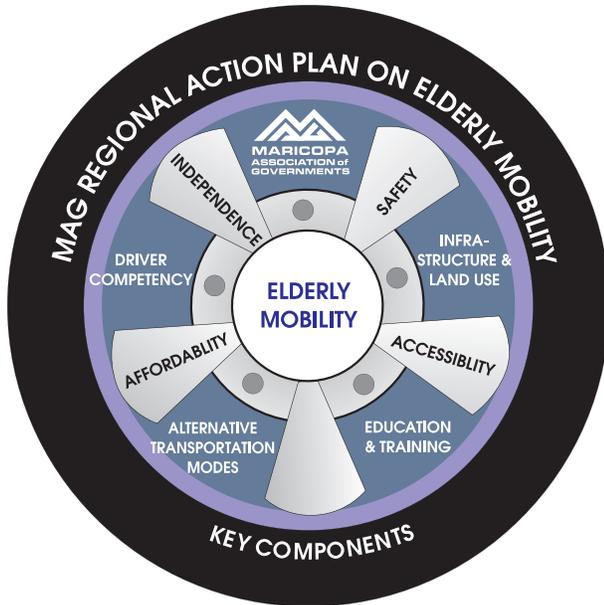
On August 25, 2000, the Maricopa Association of Governments held a Stakeholder Dialogue that sought to address the questions surrounding the Age Wave. The dialogue, entitled “Aging and Mobility: Implications for the Maricopa Region,” began a regional focus on elderly mobility planning spearheaded by the Elderly Mobility Stakeholder Working Group.

The working group, which formed as a result of the August 2000 dialogue to help the region plan for the future, is a 30-member body comprising representatives from transportation and social service agencies, retirement communities, elderly advocacy groups, and city, county and state governments. The mission of the MAG Elderly Mobility Stakeholder Working Group was to provide regional leadership in developing and designing a transportation system that addresses the issues of elderly mobility in Maricopa County.

During the first six months of 2001, four ad hoc groups addressed the key issues related to promoting safer and improved mobility options for Maricopa’s senior population. These working groups dealt with the issues of Older Driver Competency, Alternative Transportation Modes, Infrastructure & Land Use, and Education & Training. The recommendations developed by the ad hoc work groups served as a basis for the 2001 MAG Regional Action Plan on Elderly Mobility.

The four ad hoc working groups drafted 29 recommendations over the course of five meetings each that were approved by the MAG Regional Council. These recommendations were formulated by local and national transportation experts and were then scripted using the 5R format used so effectively by the MAG Domestic Violence Council.

**FIGURE 8-2
MAG REGIONAL ACTION PLAN ON
ELDERLY MOBILITY WHEEL**



In addition to developing a 2001 MAG Regional Action Plan on Elderly Mobility, a key objective of the MAG Elderly Mobility Initiative is to involve seniors and middle-aged residents in identifying the major transportation challenges facing seniors today and in the future, as well as recognizing strategies that can enhance safety and improve mobility. Focus groups, questionnaires, public forums, a project Web page and an e-mail address will allow stakeholders to contribute to the planning process. The Ad Hoc Groups will utilize public input to assist in developing the recommendations in the Regional Action Plan. Once the recommendations are developed, a public comment period will allow stakeholders to provide feedback, before they are finalized and submitted to the MAG Regional Council for approval. The MAG Elderly Mobility Initiative contracted with WestGroup, a research consultant that presented the results of an extensive public input process that included forums and focus groups throughout the Valley in June 2001. These results were included in the plan along with the 29 recommendations of the four working groups.

Staff members will spend a great deal of time in the upcoming year integrating the recommendations into the MAG Regional Transportation Plan.

2002 NATIONAL CONFERENCE ON AGING AND MOBILITY

The Maricopa Association of Governments, in association with approximately 25 other Metropolitan Planning Organizations, organized a national conference on aging and mobility in March 2002 to help communities begin to plan for how to respond to the coming Age Wave. The 2002 National Conference on Aging and Mobility featured speakers and presentations that touched on all aspects of this issue: infrastructure and land use improvements, the response of the medical community, creating alternative modes of transportation for the elderly, methods to enhance driver competency, intelligent transportation systems, adding new technology to automobiles, education and training opportunities, and many others. Information gleaned from the conference is available on the MAG web site at www.mag.maricopa.gov.



ENDNOTES

- 1 Regional Public Transportation Authority (RPTA), *On Board Survey*, 1995.
- 2 Burkhardt, Burger, Creedon, and McGavock. *Mobility and Independence: Changes and Challenges for Older Drivers*, pp. 40-42. Data from the National Personal Transportation Survey; projections by Ecosometrics, Inc.
- 3 United States Department of Transportation, 1996.
- 4 William H. Frey, "Boomers in the Burbs," *The Milken Institute Review, A Journal of Economic Policy*, Second Quarter 2000.
- 5 Ibid.
- 6 *Elder Transit Facts: Improving Travel for the Elderly*, Federal Highway Administration, November 1994. Original data is from the 1990 Nationwide Personal Transportation Survey.
- 7 Andrew, James. "Leisure Power," *Planning Magazine*. November 1999, pg. 2.

CONTINUUM OF CARE

ABSTRACT OF THE CONTINUUM OF CARE

The Maricopa Association of Governments (MAG) Continuum of Care Regional Committee on Homelessness was formed in late 1999 to provide homelessness planning and policy development in the geographic area of Maricopa County. The Maricopa area spans 9,300 square miles and has a total population of approximately 3 million people, with an estimated homeless population of 14,000 people. All 25 cities and towns within the Maricopa area and the county government actively participate in the Continuum of Care, either through their city or town governments or through Maricopa County government.

Continuum of Care services for homeless people in Maricopa County are provided through the combined efforts of the private and public sectors. The principal organizations providing homeless services and housing are nonprofit service organizations and the faith community, with financial support coming from city, county, state and federal governments and the private sector.

The MAG Continuum of Care Regional Committee on Homelessness, which meets monthly, and its community-based committees and subcommittees provide the focal point for homeless program planning and policy development for the Maricopa area. Listed below are just some of the accomplishments for the committee over the past 2 years:

- Coordinated a successful application for Continuum of Care Homeless Assistance—HUD awarded a total of \$18.6 million in 2000 and \$9.2 million in 2001.

- Hired a full time MAG contract staff person to support the work of the Continuum of Care Committee.
- Carried out an extensive community planning process to develop a Regional Homeless Plan, convened eight distinct planning work groups involving more than 100 community stakeholders in a series of meetings over seven months. The Plan will provide the strategic direction for the Continuum over the next 3 years. It is scheduled for completion in fall 2002.
- Completed the planning process for the development of a Human Service Campus in downtown Phoenix, which will serve the chronically homeless population (approx. 1,000 people) in this area with a coordinated continuum of service approach.
- Secured \$100,000 dollars in Social Services Block Grant funding to initiate a Homeless Management Information System (HMIS) Planning Project, involving approximately 45 providers, funders, and other stakeholders in developing the Maricopa HMIS Implementation Plan and selecting an off-the-shelf software system.
- Completed an expanded street count of homeless persons outside of downtown Phoenix to include point-in-time counts from 13 cities, and developed strategies for a more comprehensive and coordinated effort in 2003.

This past year, approximately 160 persons representing 94 organizations or themselves have participated in 9 meetings of the Regional Committee, 8 meetings of the Planning Subcommittee, 4 meetings of the Application



Continuum of Care
Regional Committee on Homelessness

Collaborating to end homelessness in the Valley of the Sun

Work Group, 4 meetings of the Gaps Analysis Work Group, 31 HMIS meetings, 28 Regional Plan Work Groups meetings, 2 meetings of the Finance Subcommittee, 3 meetings of the Valley of the Sun United Way Rating and Ranking Committee and Strategic Ranking Subcommittee, and 4 Continuum technical assistance meetings with homeless service providers.

The Gaps Analysis shows that the Continuum needs an additional 4,942 beds for homeless individuals and families in the Maricopa Area. For homeless individuals a need of 3,922 beds arises. For homeless families with children, 1,020 beds are needed. It also includes new and renewal support services for outreach, case management, child care, food, clothing, health care, job training, life skills training, and transportation targeting the following homeless populations: families with children, youth, victims of domestic violence, and persons who suffer from HIV/AIDS or substance abuse.

MARICOPA AREA'S PLANNING PROCESS FOR DEVELOPING THE CONTINUUM OF CARE STRATEGY

LEAD ENTITY FOR THE CONTINUUM OF CARE PLANNING PROCESS

The lead entity for the planning process is the MAG Continuum of Care Regional Committee on Homelessness. The Regional Committee is made up of 42 members, representing homeless advocates; city, county and state government (both elected officials and staff); the faith community; nonprofit providers of housing and supportive services to homeless persons; the business community; private housing interests; former consumers of homeless services; the education community; private foundations; veterans organizations; the state legislature; the Office of the Governor; and HUD. The Regional Committee provides policy direction, receives and approves program plans and recommendations from its subcommittees, and takes a leadership role in improved linkages with other organizations with an interest in resolving homelessness issues.

DESCRIPTION OF THE CONTINUUM OF CARE PLANNING STRUCTURE

The Regional Committee, which meets monthly, is the foundation of the planning structure. The Regional Committee identifies and facilitates appropriate linkages among all parties who may contribute to solutions on the issues of homelessness, including local government plans, consolidated plans, and planning that is required and conducted by various state agencies and legislative bodies. The Regional Committee also identifies and addresses critical system-wide policy and funding and communicates the complex issues of homelessness to policy makers and the broader community.

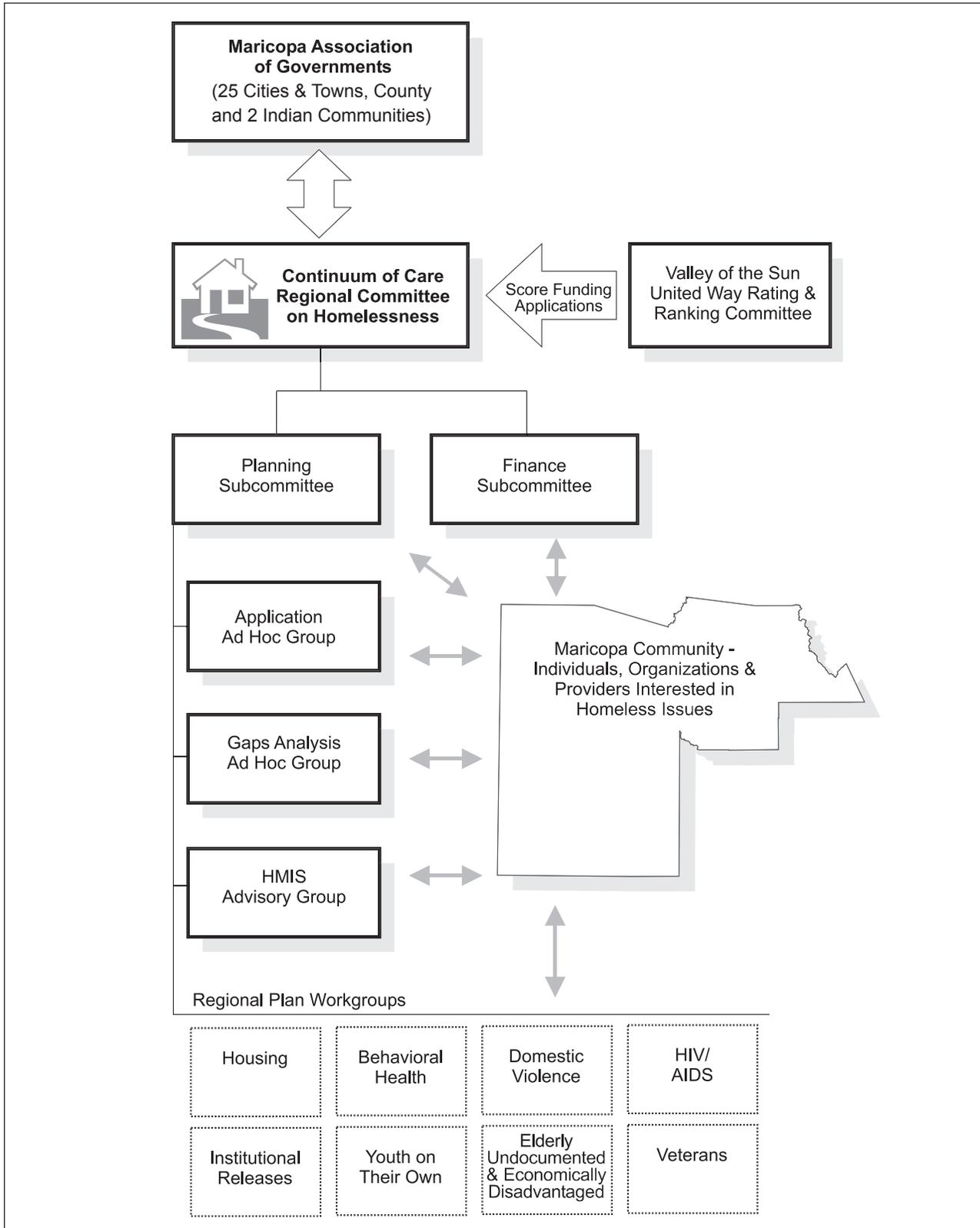
The Planning Subcommittee of the Regional Committee, which also meets monthly, has the hands-on responsibility to work with all stakeholders to develop and recommend to the Regional Committee:

- A comprehensive Homeless Plan for the Maricopa Area, including defined linkages with other homeless planning processes in the region such as consolidated plans, local government plans, and planning required and conducted by state agencies and legislative bodies.
- Best practices recommendations, including specific implementation plans, for the MAG Continuum of Care Committee.

Membership in the Planning Subcommittee is open to all interested persons. Current membership includes representatives from city, county and state government, nonprofit homeless service providers, Arizona State University faculty, the business community, the faith community, the state Homeless Trust Fund Oversight Committee, the state Housing Commission, and an elected county official.

The Planning Subcommittee has also formed a Gateway Human Services Campus Workgroup to interface between the Regional Committee and Maricopa County's Human Services/Homeless Campus preliminary architectural design and planning process. A gateway campus facility would host a family of services, including case management, medical, legal and employment services. In addition to this formal planning structure, the Regional Committee and its subcommittees are

**FIGURE 9-1
CONTINUUM OF CARE ORGANIZATION CHART AND PLANNING STRUCTURE**



linked via membership and information sharing with a number of other organizations that are critical to homeless planning and policy making.

CONTINUUM OF CARE SYSTEM UNDER DEVELOPMENT

VISION FOR COMBATING HOMELESSNESS

The Regional Committee adopted revised "Vision, Values and Goals" in November 2001, based on 1999 policy work of the homeless service providers and the fall 2000 recommendations of the Planning Subcommittee.

Vision

We, the participants in the Homeless Continuum of Care planning process in Maricopa County, are committed to ending homelessness for individuals and families by ensuring that all residents: have their basic needs met, including but not limited to nourishment, health care, employment and recreation; are provided with opportunities to achieve self-sufficiency; and live in permanent, safe, quality and affordable housing. We envision an integrated system of effective services, which are guided by collaboration and enhanced by technology.

Values

1. Homeless people should be safe and secure.
2. Homeless people should have a choice of service options that are delivered effectively and with accountability.
3. Services should lead to stability, responsibility, self-sufficiency and should promote community integration.
4. Comprehensive, Valleywide services should be easy to access, consistent, continuous, respectful and sensitive to diversity.
5. Collaborative efforts to plan for and provide housing and services will maximize limited resources and build lasting and effective partnerships.

GENERAL GOALS FOR THE CONTINUUM OF CARE

1. Develop a comprehensive, Valleywide system of effective services for homeless people, to include:
 - a coordinated system of prevention services;
 - comprehensive physical and behavioral health services;

- an array of pre-employment and employment services;
- a comprehensive educational program for children and adults; and
- a linked, coordinated system of emergency, transitional, and permanent supportive housing options.

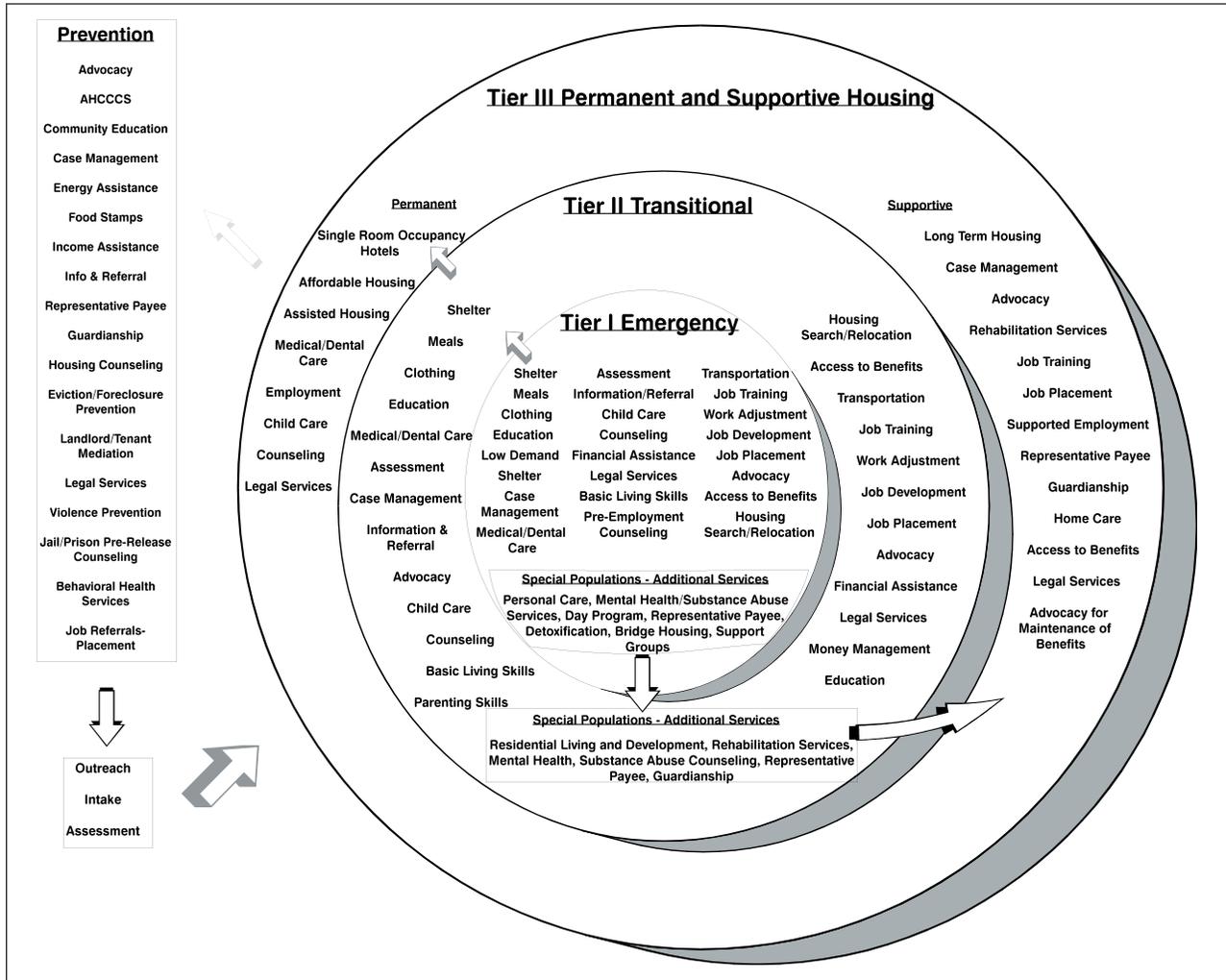
2. Utilize technological innovations to assist service delivery agencies to provide effective services that are linked together in a seamless system.
3. Evaluate programs and assist providers with service improvements.
4. Support strategies to increase the supply of affordable housing.
5. Promote partnerships and collaborations among public, private, nonprofit and faith-based entities.
6. Develop short- and long-range capital and operational funding strategies for the continuum of services for homeless people.
7. Educate neighborhoods, business representatives and public officials about the cause of and solutions to homelessness.

FACILITATING THE MOVEMENT OF HOMELESS PERSONS FROM INITIAL INTAKE TO PLACEMENT IN PERMANENT HOUSING

Case managers and individualized service plans are the primary means of facilitating movement of a homeless person from one component of the Continuum to another (seen in the Model of Continuum of Services. *Figure 9-2*) once the client is engaged. Case managers are the key for guiding progress and linking clients between the appropriate parts of the Continuum.

Movement through the Continuum is further facilitated by periodic assessment by case managers and other providers of the client's progress, both in the ability to maintain in the type of housing in which they are living and in their ability to successfully engage in/complete supportive services such as Life Skills Training, Job Training, etc., to be able to live more independently both from a medical

**FIGURE 9-2
MODEL OF CONTINUUM OF SERVICES**



and behavioral standpoint and from the economic standpoint of employment and earnings. The Continuum of Care system is not a linear path for every homeless person, but has sufficient flexibility to recognize and respect the individual needs of the participants. The fundamental components of the Continuum of Care are:

- Prevention
- Outreach/Assessment
- Emergency Shelter
- Transitional Housing
- Permanent Housing, Permanent Supportive Housing, and Supportive Services

HOMELESS AND HUMAN SERVICES PROVIDERS IN THE EAST VALLEY

The cities of Tempe, Mesa and Chandler have recognized that despite the best efforts of a client's various case managers, some homeless individuals and families cycle from one agency to the next requesting service without resolving the core problems leading to their homelessness. The cities have formed the East Valley Problem Solving Network to address this issue. The Network is designed to provide appropriate referrals to clients and reduce service duplication by linking agencies by computer and using a newly-developed Release of Information Form, which allows information to flow between any of the Network

Agencies. Agencies participating in the Network will systematically study a sampling of clients who are likely to have utilized multiple services in the past. The case study will compile information on the specific services that were requested and received, barriers to receiving services as identified by the agencies, and outcomes of service.

COMMUNITY'S PROCESS AND METHODS FOR COLLECTING THE DATA

The Continuum of Care Committee executed a coordinated effort to count homeless persons who were not sheltered in order to develop the most accurate estimate of homelessness in the county. All cities and the county in the Continuum of Care Committee were requested to cooperate to physically count homeless persons county-wide. In addition, the Maricopa County Human Service Department contacted smaller cities with community action agencies and requested their participation. Four of the five largest cities in the county and a number of smaller cities all agreed to attempt to count homeless persons on one day, generally in the early evening and early morning hours when homeless persons with shelter were likely to be housed.

Meetings were held with the two largest cities, Phoenix and Mesa, that included the police department, city staff, outreach teams and parks and recreation departments staff, to plan the strategy for the survey. It was decided that only personnel who were familiar with the homeless populations in their areas should assist with the count. All participating communities except Mesa completed the street count on March 27, 2002. Places where homeless persons were known to be located were visited, including parks, river bottoms, parking lots, and emergency provider locations. Police officers on regular patrol were asked to count homeless persons seen or encountered. In some instances, persons were interviewed and asked for information about other homeless persons in the area. A tabulation of each count was forwarded to each city's coordinator and then provided to the Gaps Analysis Work Group and the Continuum Planning Subcommittee.

The shelter count was obtained using the semi-annual shelter survey implemented by the Arizona Department of Economic Security's State Homeless Coordination

Office, which has conducted such surveys for several years. This year the office included a survey of permanent supportive housing programs. A definition of emergency, transitional and permanent supportive housing consistent with HUD definitions was provided to each survey site. After initial responses were received, follow-up phone calls were made to agencies that had not responded or whose data appeared to require clarification. There was an 82% response rate in Maricopa County. The results of the shelter survey and the street counts were reviewed by the Gaps Analysis Work Group of the Continuum of Care Planning Subcommittee and additional revisions and corrections made based on committee members' knowledge of community resources and homelessness indicators.

The Continuum estimates that there are approximately 5,000 people living on the streets or other places not meant for human habitation. The street count of homeless persons was the primary basis for an estimate of unhoused homeless persons. In addition, the Gaps Analysis Work Group reviewed a number of other data sources that provided valuable information to assist it in developing the estimate. These included homelessness indicators such as the number of homeless persons served in emergency and transitional housing over the course of a year; eviction prevention assistance data; number of court ordered evictions in the county; runaway juveniles data; number of persons turned away from domestic violence shelters; a 41% increase in the number of calls to the CONTACTS shelter hotline for the months of March 2001 and March 2002; and the number of persons turned away from shelters on Jan. 25, 2002 as reported by the State Homeless Coordination Office.

The Gaps Analysis Work Group recognized that a street count cannot identify every homeless person, especially those single persons who prefer to be "invisible" and families that might sleep in their cars or stay outside of populated areas out of concern for their children. The Work Group therefore adjusted the estimated street count to include all those who were turned away from shelters on Jan. 25, 2002, including an estimated 413 persons in families and 143 individuals. In addition, 25% of the waiting list of homeless persons waiting for permanent supportive housing placement and 25% of the calls to the

homeless shelter hotline (CONTACS) in March 2002 were considered to be homeless on a given day. These individuals and families were added to the street count to arrive at the final estimate. The Gaps Analysis Work Group considers this to be a conservative estimate of homelessness in Maricopa County since the population of the areas that completed street counts accounted for only 78% of the county's population. Therefore, the Gaps Analysis Work Group made allowance for uncounted areas and took the above noted factors into account. The final estimates on the street count (5,000) and the total homeless population (11,952), as well as the basis for them were provided to the Continuum Planning Subcommittee and to the Regional Committee.

PROJECT SELECTION AND PRIORITY PLACEMENT PROCESS

The critical issues of fairness and equal consideration were achieved in the application process by developing and maintaining clear, open and frequent communication with all involved parties. In 1999 and 2000, the community, including nonprofit organizations, played key roles in developing and recommending policies and procedures to the Steering/Regional Committee. Nonprofit organizations are also represented on the Regional Committee and the independent Valley of the Sun United Way Rating and Ranking Committee and thus were and are included at every step of the process.

Project Solicitation Efforts: Utilizing a Continuum-maintained distribution list (mail/e-mail/fax) of all known homeless service providers and grantees in the Maricopa area, including the faith community, the Application Subcommittee informed service providers and past grantees in writing of the upcoming annual HUD McKinney grant competition and invited them to submit Voluntary Notices of Intent to Apply to the Continuum (all qualifying project sponsors were allowed to submit applications, whether or not they submitted a Voluntary Notice of Intent to Apply). The Continuum published a notice in *The Arizona Republic*, a newspaper of general circulation in the Maricopa Area, regarding the Homeless

Assistance competition and soliciting project sponsors to apply. In early spring, the Continuum holds information meetings for all homeless service providers to report on the upcoming HUD grant competition and inform them of Continuum activities. Finally, the Continuum holds two application training sessions and a half-day of individual application consulting sessions in March for prospective grant applicants, inviting all providers and grantees on the distribution list to attend.

Objective Rating Measures and Rating and Ranking Committee membership: The Continuum of Care Committee adopted the following project rating measures in February 2001, which were utilized to rate all submitted projects except the Continuum-wide HMIS project:

Rating Criteria	TotalPoints
Quality and Impact. Measures extent to which the project demonstrates quality of the overall activities.	20
Need. Measures extent to which the project documents the need for its services/ specific approach.	20
Integrity. Measures extent to which the project has identified a target population, will provide services appropriate to the identified population, and is consistent with the HUD and local proposed vision of moving people to permanency.	15
Capacity/Rediness. Measures the capability of the applicant to successfully implement/ conduct the project.	15
Cost Effectiveness/Budget Reasonableness. Measures extent to which the project has reasonable costs and sufficient budget calculations.	10
Consistency with Local Strategies and Linkages. Measures the extent to which the project links and collaborates with other parts of the system.	10
Leverage of Other Funds and Prior Funders Impact. Measures extent to which other funds impact the project and the system as a whole.	10
Total Possible Points	100

Following the initial ranking by the Rating and Ranking Committee, the Strategic Ranking Committee, appointed by the Regional Committee, met to make final ranking recommendations in order to maximize the Continuum's points and funding available to the community and to determine if it was in the community's best interest to apply for the \$500,000 bonus for new permanent supportive housing. The Strategic Ranking Committee's recommendations were reviewed and final action on the project ranking was made by the Regional Committee.

STRATEGY TO COORDINATE HOMELESS ASSISTANCE WITH MAINSTREAM PROGRAMS

The State of Arizona has historically preferred to optimize community level decision-making, collaboration and coordination. The Arizona Department of Economic Security—an umbrella agency that coordinates policy and services across TANE, Food Stamps, Welfare-to-Work, General and Emergency Assistance, Title XX and other programs for special needs, homeless and low income persons—also coordinates at the state level with the Arizona Health Care Cost Containment System (the State's Medicaid program), KidsCare (Children's Health Insurance), the Arizona Department of Commerce and the Arizona Department of Health Services (Behavioral Health). The Continuum's strategy is to support coordination across state departments, as described above, and local, community-level coordination, which is the key to a successful seamless provision of services.

DESERT PEAKS 2001

During the 2001 MAG Desert Peaks Awards Evening, Continuum of Care Committee Chairman and Former Chief Justice, Frank X. Gordon, was the recipient of the Regional Excellence award, which is presented to the single individual who has demonstrated exemplary commitment to the spirit of regionalism over the past year. In October 1999, Justice Gordon assumed chairmanship of the new regional effort to focus on strategies to end homelessness. Under Justice Gordon's leadership, the Committee's first grant submission in 2000 resulted in the highest dollar amount awarded to the region in five years.

**FIGURE 9-3
DESERT PEAK AWARD WINNER
FRANK X. GORDON JR.**



FUTURE DIRECTION

Listed below are just some of the ambitious goals the Continuum of Care Committee has highlighted to begin to end chronic homelessness in the region:

1. Increase the stock of permanent affordable housing.
2. Develop and implement a Human Services Campus that will be an integrated service delivery facility, located in downtown Phoenix and designated to serve the homeless.
3. Develop a program to recruit and train volunteers to perform outreach to chronically homeless individuals.
4. Complete the Comprehensive Homeless Plan for the Maricopa area.
5. Decrease the incidence of prisoners being released homeless.
6. Implement Phase 1 of the Maricopa HMIS.
7. Improve linkages to mainstreaming resources.

The problems of homelessness are complicated and will need to involve long-range solutions and planning. To better serve persons who are chronically homeless and to create affordable permanent and supportive housing, considerable time, energy and financial resources, as well as linkages to mainstream services and affordable housing are needed.

In order to address the seemingly intractable condition of chronic homelessness, a coordinated and concerted effort

must be made to outreach to very isolated individuals and to develop resources that meet their sometimes very complex needs. Development of permanent supportive housing is key to moving this population into more stable living situations. To this end, the Continuum of Care Committee has developed a Finance Subcommittee that is in the process of developing a regional dedicated funding source to finance Continuum initiatives. Permanent supportive housing is a priority, with a primary goal of housing chronically homeless individuals. Furthermore, significant resources have entered the system. Specifically, in the fall of 2000 the Arizona legislature passed House Bill 2003, which included \$7 million for the purchase of housing and \$5.7 million for housing-related services for seriously mentally ill individuals. The Continuum will continue to identify sources of funding for the purpose of developing permanent supportive housing to address the needs of chronically homeless individuals.

ENDNOTES

1. *Information taken from 2002-2003 Continuum of Care Narrative. Exhibit 1 of the Application to the Office of Housing and Urban Development for federal McKinney funding of homeless service agencies.*

DOMESTIC VIOLENCE

DEFINING DOMESTIC VIOLENCE

Domestic violence is a complex issue that requires complex solutions. The MAG Domestic Violence Council, since its inception in January 2000, has used a definition of domestic violence that is consistent with the other two Arizona efforts to develop community approaches to domestic violence. Tucson/Pima County and Yavapai County had already undertaken regional domestic violence planning initiatives prior to 1998 and had developed recommendations for their area that became the basis for the recommendations crafted by Maricopa County. The Yavapai County Violence Reduction/Prevention Commission defines family or relationship violence as: Physically, sexually, and/or psychologically assaultive behaviors committed by a person in an intimate or familial relationship against another person in that relationship.

Tucson/Pima County's "Taking Stock: How Tucson/Pima County Compares to a State-of-the-Art Domestic Violence System" adds that the definition includes: a full range of power and control tactics, which is somewhat broader than the legal definition that more narrowly focuses on physical harm or threat of physical harm.

Power and control over another person are the root causes of domestic violence. This desire by one person to exert influence over another person's life exists to such a degree that any resistance to that control may explode into violence and even death to the victim. Batterer's use coercion, threats, intimidation, emotional/physical/sexual abuse and economic abuse. They also blame victims, isolate them from others and use their children as a bargaining chip.¹

PREVALENCE OF DOMESTIC VIOLENCE IN ARIZONA

Both the Department of Economic Security and Department of Health Services keep detailed statistics regarding



the occurrence of domestic violence in Arizona, which are then passed on to 30 residential shelters and safe home networks throughout the state. In 2000, DES and DHS reported that:

- 19,811 family violence telephone calls were responded to by staff and volunteers in crisis shelters, of which 14,466 were crisis telephone calls (i.e. sexual assault, suicide, etc.).
- There are 11 domestic violence shelters in Maricopa County. These shelters are located throughout the county, with six in Phoenix, and the remainder in Chandler, Glendale, Goodyear, Mesa, and Scottsdale.
- Of those programs reporting, offender treatment was provided to 3,648 perpetrators.
- During the year, 23,446 women and children requested shelter.
- 16,126 women and children found shelter to be unavailable upon request.
- 24,875 referrals were also made during the year to the following areas: affordable housing, financial assistance, child care, counseling/parenting, transportation, medical assistance, educational/vocational, and legal assistance.

A 1999 survey of police departments revealed that approximately 99,887 domestic violence calls were made

to Arizona police and sheriff's departments. Although some calls are duplicated by neighbors or relatives, advocates believe only one-fourth of domestic violence incidents are reported to the authorities, and that call is made after numerous previous batterings. The Governor's Office for Domestic Violence Prevention also reported in 1999 that:

- Every five minutes, a law enforcement officer responded to a domestic violence call.
- A total of 19,356 arrests were made at the scene of domestic violence crimes by 86 responding agencies.
- Law enforcement submitted 11,689 (26%) of the 44,562 reports written for prosecution.
- Handguns were involved in 2% of the cases, rifles or shotguns in 1% of the cases, knives in 3% of cases, and force in 86% of cases.
- Of those arrests at the scene of the crime, 13,968 involved arrests of males only, 3,663 cases involved arrests of females only, and 1,296 cases involved dual arrests.
- 8,781 domestic violence cases involved alcohol, 1,435 involved drugs and 12,007 involved children.

These reports are made voluntarily to the Governor's Office, and are the only statewide enumeration of domestic violence cases at this point. There are concerns with the validity of the data, and the fact that not all departments report. The lack of comprehensive, accurate, unduplicated statistics is a major obstacle to providing data to the legislature and other policy makers.

Of the 106 Arizona domestic violence related deaths in 2000, 75 involved gunshots, 14 were stabbings, eight involved battery, five were strangling or asphyxiation, one was a drowning, one a burning and one involves dismemberment. The youngest victim was a 1 year-old and the oldest victim was 82.

NEED FOR A COORDINATED COMMUNITY APPROACH

The Maricopa Association of Governments has been involved in a regional effort to curb the damaging effects of domestic violence since April, 1998. At that

time, domestic violence shelter providers and advocates presented information to the MAG Human Services Coordinating Committee. These groups mainly identified the lack of capacity of the shelter system to adequately address this issue. The shelter providers and advocates asked MAG to explore the different systems affected by domestic violence and bring them together to discuss how to deal with victim services and offender services in a coordinated and comprehensive manner across the Valley.

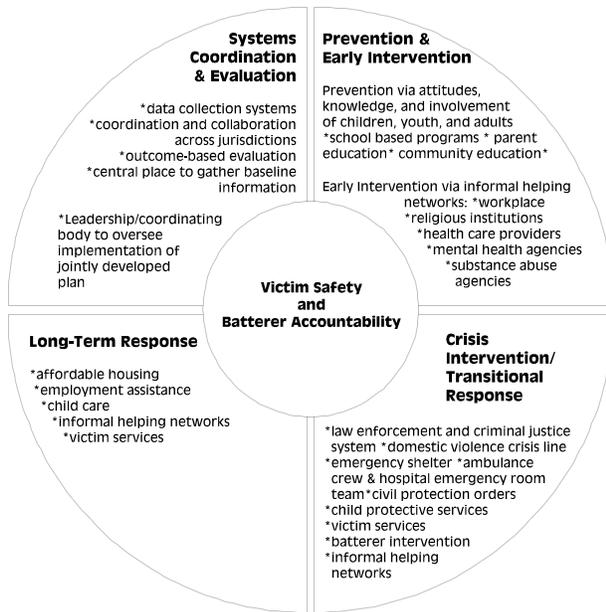
The City of Phoenix created a special ad hoc Domestic Violence Subcommittee, chaired by Councilmember Peggy Bilsten. The work of the Subcommittee highlighted the numerous activities underway within the City of Phoenix through its Domestic Violence Task Force. During this Subcommittee's deliberations, members recognized that domestic violence is not confined to their municipality and that efforts must include the entire region. As a result, the MAG Human Services Coordinating Committee pulled together a multi-disciplinary and inclusive group to participate in the creation of a set of recommendations that would produce some consistency in the way in which Maricopa County deals with domestic violence. The MAG Domestic Violence Subcommittee was initiated and chaired by Phoenix City Council member Cody Williams. The Subcommittee's charge was to assess gaps and develop recommendations, and its efforts resulted in the establishment of four issue-oriented groups: (Figure 10-1)

- Prevention & Early Intervention
- Crisis Intervention & Transitional Response
- Systems Coordination & Evaluation
- Long-Term Response

The MAG Domestic Violence Subcommittee determined that a comprehensive regional approach would be appropriate for Maricopa County, and that local and national models would be examined for their relevance to this area. The MAG committees were strong in their belief that using the two Arizona models (Yavapai and Pima County) would provide consistency in developing an over-all state coordinated response to domestic violence.

Members, who drawn from education, health care, police, fire departments, prosecution, the judiciary, social services

**FIGURE 10-1
DOMESTIC VIOLENCE PLAN
FOUR ISSUE AREAS**



agencies, advocates, state agencies, local governments, shelters and offender service agencies, crafted a plan that contained 41 recommendations dealing with the four issue areas. Each group's intent was to develop the "Best Practice" or model program that could serve as a template for addressing domestic violence in a coordinated and effective manner. They presented their approach in the form of a wheel, displaying a quadrant for each of the issue areas.

Traditionally, the response to domestic violence has focused on providing services to victims and on criminal sanctions to batterers. The social service and criminal justice systems reach only a small portion of victims and perpetrators. A coordinated community response engages government agencies, the private sector, the health industry, faith-based groups, volunteer associations, and the educational community, to reach the majority of victims who do not seek out shelters or go to the police for help.

Forty-one recommendations emerged from the deliberative process of the MAG Domestic Violence subcommittee. (See Table 10-1 on the following pages) These recommen-

dations are organized into four separate areas, based on key components of an effective domestic violence service system. Planning bodies around the country have agreed that an effective domestic violence system integrates all segments of a community. Such integration requires cooperation across jurisdictions and services. Based on this approach, the domestic violence "system" addressed in the MAG Domestic Violence Plan was divided into components related to what the people affected by domestic violence require at any given stage, rather than by service or agency type, i.e., shelters, law enforcement, or courts. The Plans developed by Tucson/Pima County and Yavapai County also follow this approach.

IMPLEMENTING THE PLAN

Over the past two years, the MAG Domestic Violence Council has completed the implementation of two recommendations, is currently working on six, and has expanded its outlook to incorporate two others that will be dealt with in the upcoming year.

PREVENTION & EARLY INTERVENTION

One of the first recommendations that was pursued by the Council involves standardized domestic violence training for all hospital personnel. Doctors and nurses are the first people to see victims of domestic violence after an incident and have the ability to direct someone who has been attacked to advocacy and other related services. The MAG Regional Council established a subcommittee to look at the possibility of implementing annual training for all hospital personnel on what can be done about patients who experience domestic violence. Members of the subcommittee and staff have since developed a model protocol which outlines the need for annual training of all personnel as well as a continuous quality improvement process. In order to institute these protocols, the MAG Domestic Violence Council has enlisted the help of hospital CEOs to begin a public awareness campaign about the role of hospitals in caring for victims of domestic violence.

**TABLE 10-1
DOMESTIC VIOLENCE PLAN RECOMMENDATIONS AT A GLANCE**

Prevention/Early Intervention		Crisis Intervention/Transitional Response	
Health Care	<ol style="list-style-type: none"> Standardize and implement annual training for all hospital personnel Implement universal screening and provide necessary follow-up services/resources to those who disclose in: hospitals, other health-focused environments, substance abuse and mental health intakes Integrate DV training into the core curriculum of medical, nursing, physician assistant, and nurse practitioner programs, as well as masters degree programs in social work, psychology, and counseling 	Criminal Justice	<ol style="list-style-type: none"> Standardize training for criminal justice personnel including: judges, <i>pro tem</i> judges, court staff, prosecutors, and police/fire departments Victims requesting Orders of Protection should be given priority service Noncompliant offenders held accountable by the criminal justice system through: expeditious handling of cases, collection of relative data on the offender for judges, supervised probation Consider adopting the Family Violence Center model for larger communities (smaller communities capture aspects of the model perhaps on regional level) All local governments implement the Maricopa County Attorney' s Domestic Violence Protocols
Mental Health/Substance Abuse	<ol style="list-style-type: none"> Create a policy change within Board' s of Certification to require cross training on DV and mental health/substance abuse using Arizona Coalition Against Domestic Violence (ACADV) models Incorporate DV early prevention and early intervention into mental health/substance abuse treatment programs 	Medical	<ol style="list-style-type: none"> Establish and implement hospital protocols as mandated by the Health Resources and Services Administration; involve victims in the decision by hospital personnel of whether to report to police unless mandated by statute Establish and implement emergency service pre-hospital protocols (fire departments and emergency departments) Establish and implement medical/dental clinic and doctor' s office protocols
Workplace	<ol style="list-style-type: none"> Develop and implement employer/employee DV workplace protocols and policy manuals Businesses develop a comprehensive action plan to assist victims and address workplace violence 	Victim Services	<ol style="list-style-type: none"> Provide an array of culturally diverse emergency and age-appropriate support services to victims of DV; create a program which addresses victims with substance abuse-mental illness problems Provide services to children affected by DV; improve linkages with Child Protective Services Create a better link between social services and emergency service personnel at the scene through the utilization of Crisis Response Teams Provide victim advocates at critical stages in the crisis response Create standards for the provision of services to victims of domestic violence in transitional housing programs
Religious Groups	<ol style="list-style-type: none"> Establish an ongoing faith-based group focused on DV; incorporate DV training into theological curriculum and pastoral programming 	Offender Services	<ol style="list-style-type: none"> Establish and implement a treatment framework based on assessment and evaluation; expand services for offenders
School-Based Education	<ol style="list-style-type: none"> Teach all children/teenagers/young adults about DV, conflict resolution, and anger management Make DV training for teachers a requirement for certification and recertification; require all school support staff to be trained on DV 		
Parent & Family Education - Families & Friends	<ol style="list-style-type: none"> Implement DV education outside school settings Counseling and education for adults and children involved in criminal justice systems Zero Tolerance Community Education Program 		

**TABLE 10-1 (CONTINUED)
DOMESTIC VIOLENCE PLAN RECOMMENDATIONS AT A GLANCE**

System Coordination/Evaluation		Long-Term Response	
Coordinated Community Response & Evaluation of DV systems	28. Establish and implement city-based or regional interdisciplinary domestic violence action teams 29. Establish a Regional DV Coordinating Council 30. Develop a Web site which lists available social services and existing prevention programs, and links with other domestic violence initiatives and organizations 31. Develop and implement a Collaborative Training Network	Child Care	35. Increase access to safe and affordable child care for victims through the following means: on-site child care in shelters and court buildings, obtaining higher level child care subsidies, and sharing of information on existing child care resources
Data Collection for Victim Services	32. Expand the victim service database collected by Department of Economic Security to include other victim service providers besides shelters 33. Expand the CONTACTS system to include a computerized resource notebook of transitional and affordable rental housing sources and eligibility criteria	Victim Services	36. Institute a comprehensive long-term case management system for victims 37. Implement supervised visitation centers to ensure safety of women and children in custody exchanges-potential locales: court buildings, churches, community-based organizations, family service centers
Data Collection & Sharing of Information on Offenders	34. Implement a coordinated data collection and retrieval system in order to hold offenders accountable	Affordable Housing	38. Increase the amount of permanent affordable housing
		Informal Helping Networks	39. Mobilize neighborhood and tenant homeowner associations to become involved in the area of DV 40. Create a companion brochure to the MAG DV safety plan focused on the role of informal helping networks
		Employment Assistance	41. Integrate employment support (job readiness, placement, retention, and peer support) into a long-term case management approach to assist victims in achieving economic independence

Domestic violence is no longer an issue that only affects someone's personal life. Each year, 13,000 acts of domestic violence occur in the workplace, costing businesses \$3-5 billion in damages and lost work hours.

Additionally, 66% of senior corporate executives believe their company's financial performance would benefit from addressing domestic violence among their employees. With that in mind, the MAG Domestic Violence Council has been actively involved in bringing private sector businesses to the table to develop and implement employer/employee domestic violence protocols and policy manuals (Recommendation #6). In addition, the Council has been working with businesses to develop a comprehensive action plan to assist victims and address workplace violence.

Employers Against Domestic Violence (EADV) is a new organization made up of business leaders who sit on the MAG DV Council, whose goal is to begin to address these two recommendations in detail. A "Kick-Off" Breakfast in May 2001 featured the Arizona Secretary of State and Attorney General, as well as other representatives of private enterprise who have pledged their resources and help to ending domestic violence. The membership for EADV currently includes over 60 small, medium and large businesses, both private and public.

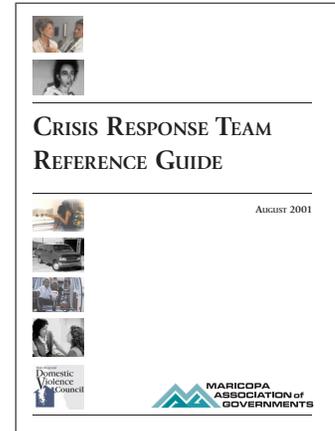


Another recommendation from the plan is an ongoing faith-based group focused on domestic violence. Recommendation #8 under the Domestic Violence Plan would incorporate domestic violence training into theological curriculum and pastoral programming. MAG has partnered with faith leaders in the community to co-sponsor a statewide conference entitled *Religious Response to Domestic Violence*. The conference is in its fourth year and features speakers delving into real issues concerning a liturgical

response to domestic violence. At the 2001 Conference, more than 325 participants attended. The biggest change from a prior conference was reflected in the larger diversity of denominations that were represented.

CRISIS INTERVENTION/ TRANSITIONAL RESPONSE

In the new year, the MAG Domestic Violence Council has to look at the idea of offender accountability and the recommendation concerning offender services (#27). The Council is working with the Men's Anti-Violence Network (MAN) which held a summit in September 2001 to discuss best practices for offender services on a national level. Among the issues that concern the Council are the creation of a database that can adequately track perpetrators of domestic violence across jurisdictions, as well as standardized training for all criminal justice personnel to ensure that offenders are being held accountable along all stages of the continuum.



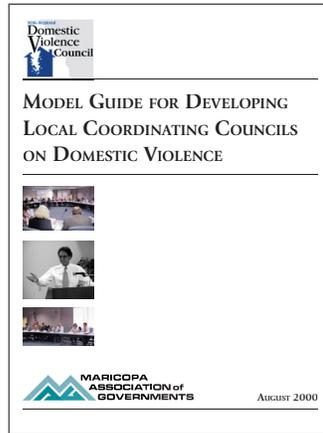
The final piece of crisis intervention that is currently underway is an effort to establish Crisis Response Teams (CRTs) throughout the Valley in accordance with Recommendation #24. These teams will be trained to deal with issues that include not only domestic violence, but in all areas involving victims of crime and trauma. Thus far, the subcommittee working on this issue has developed a training manual that outlines the standards for the training of Crisis Response Teams. Additionally, in collaboration with the Arizona Regional Community Policing Institute and Phoenix Fire Community Assistance Program, the Domestic Violence Council is looking to open a regional training center for CRTs. Inaugural training was held in September 2001. A goal of the Valley's CRTs is to eventually develop a system that will ensure automatic and mutual aid across the region.

SYSTEM COORDINATION/ EVALUATION

Two recommendations from the Domestic Violence Plan have already been completed.

Recommendation #29, which called for Maricopa County to establish a Regional Domestic Violence Coordinating Council, was completed in January of 2000. The Council, also chaired by

Council member Peggy Bilsten, meets on average of every other month to update stakeholders on the progress of initiatives concerning the four issues related to the problem of domestic violence.



In June 2001, the MAG Domestic Violence Council was presented with a MAG Desert Peaks Award and recognized for its commitment to regionalism through forming public and private partnerships. With three years of seed funding from the Governor's Innovative Programs Grant, the Domestic Violence Council is concerned with implementing recommendations from the MAG Regional Domestic Violence Plan that will make a lasting change on how the community addresses domestic violence.



The second accomplishment for the MAG Domestic Violence Council was the completion of Recommendation #30, the development of a Web site that lists available social services and existing prevention programs, and links with other domestic violence initiatives and organizations. This site is located on MAG's home page at www.mag.maricopa.gov and includes the aforementioned links to prevention programs and shelters, and also legislative scorecards from the current session of the

FIGURE 10-2
**MAG REGIONAL
DOMESTIC VIOLENCE WEB SITE**



Arizona State Legislature. (Figure 10-2) These scorecards show the way each senator or representative voted on domestic violence bills.

One piece advocates see as crucial to the domestic violence puzzle is the local coordinating council. This recommendation (#28) has been pursued by the Domestic Violence Council in collaboration with the Arizona Regional Community Policing Institute. In February 2001, the two organizations presented a training on Coordinating Councils and the resources and personnel needed to ensure their success. Through additional trainings, it is the hope of the partners that a local coordinating council will be established in every city according to each community's needs. The following cities/regions have developed their own local coordinating councils as a result of promotion by the Domestic Violence Council:

- Mesa
- Chandler
- Scottsdale
- Phoenix
- Northwest Valley
- Southwest Valley

TAKING STOCK

The MAG Regional Domestic Violence Council is one of numerous efforts over the past three years that have contributed to altering the issue of domestic violence in the region.

Considerable progress has been made both locally and at the state level in the areas of funding, service delivery, resources and training, legislation and policy development, data collection and overall community awareness.

An update to the 1999 MAG Regional Domestic Violence Plan will be completed by September 2002 and will document the progress made as a result of instituting a Coordinated Community Response to Domestic Violence in the region. Additionally, the update will attempt to present a snapshot of all the changes in the regional issue since 1998.

ENDNOTES

- 1 *Domestic Abuse Intervention Project, Duluth, Minnesota.*