

HUMAN SERVICES FOR THE TOWN OF GILBERT—
A DIALOGUE ON QUALITY OF LIFE FOR ALL



A NEEDS ASSESSMENT AT THE REQUEST OF
THE TOWN OF GILBERT

CONDUCTED AND COMPILED BY:

THE WILLIAMS INSTITUTE



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Human Services for The Town of Gilbert—Enhancing Quality of Life
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THIS WORK IS A JOINT EFFORT BETWEEN THE WILLIAMS INSTITUTE FOR ETHICS AND MANAGEMENT (TWI) AND THE TOWN OF GILBERT:

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EXECUTIVE SUMMARY

Between early February and late May, 2014, The Williams Institute for Ethics and Management (TWI) joined together with The Town of Gilbert to conduct a Human Services Needs Assessment for the community. Researchers from TWI were chosen to conduct this assessment through a competitive RFP (Request for Proposals) selection process. Even before the research project began, the understanding existed that many good works occur daily throughout the Town of Gilbert to ease the challenges faced by a significant number of residents in meeting their basic needs. People are fed, clothed and offered varying degrees of support. Assistance with utilities and rent payments is provided. Community members are helping neighbors. Community leaders across nonprofit and for-profit organizations, members of faith communities and Town governmental department employees continue diligently to provide their time and their attention toward residents struggling with a wide variety of difficult situations, often taking exhaustive steps to help those in need. Unfortunately, the depth and breadth of human services needs are not visible to the greater community and critical needs remain unserved and underserved. This report is offered as a snapshot of those needs at a definitive point in time.

The Town Council has been commended by community residents and stakeholders again and again throughout this process for their commitment to the people of Gilbert, as evidenced by their decision to take a closer look at the needs of the Town's most vulnerable residents. This needs assessment represents the willingness of Gilbert leaders to listen to personal accounts of the experiences of the people who both belong to and interface with the Gilbert human services community and to work together to find solutions to meet the needs of Gilbert residents. The scope of work proposed in the RFP sought to uncover the following questions—

1. *What human services does the community currently have available (in the Town limits and/or accessible to Gilbert residents)? This includes non-profit and for-profit organizations and communities of faith.)*
2. *What gaps or areas of improvement exist in human services? What are the greatest needs in the community?*
3. *Provide recommendations and best practices for how the Town can address any existing/current and/or future gaps in human services, either through local and/or regional partnerships? Recommendations should be prioritized.*

This project includes background research, community outreach and input, data analysis, best practices and recommendations. The final assessment should address human services groups, including but not limited to: homeless, elderly, low/moderate income, special need, youth (i.e. under 8 years of age, 8-11 and 12-18) families in crisis and immigrant groups.

An abbreviated account of the in-depth report completed for this project has been included in this Executive Summary. In Section One of this Executive Summary, the four parts of the needs assessment report are summarized with references to the sections of the report providing detail for each of the population groups included in the study. In Section Two, capsulized versions of the prioritized recommendations from the report designed to address the above questions and identified needs are provided along with references to a more detailed discussion of each.

SECTION 1: Report Summary

Part I. Background Research and Community Demographics

This part of the report offers the reader a “big picture” look at the Town of Gilbert and provides the foundation for examining the current needs for human services within the community. From all outward appearances and an initial look at the statistical demographics for the Town, the vast majority of Gilbert residents are experiencing a quality of life envied by many other communities of equal size. In addition, the 2010 Resident Survey reported that 98.0 percent of the survey respondents were “Very Satisfied” or “Generally Satisfied” with living in Gilbert—an extremely high score for any community survey. The suburban community has been recognized with multiple awards and has received a number of positive accolades, including 2nd Safest City in the United States, the 8th Most Thriving City in the United States, the

41st Best City to Live in the United States, and the 33rd Best Place to Live in the United States, as cited in different studies across the country.

These ongoing awards of recognition align with the overall statistical review of Gilbert demographics: a median household income in the top range of affluent communities in Arizona, a relatively young average age of 31.9 years, top levels of educational attainment, attractive residential areas with average home prices valued in excess of \$280,000, a wealth of amenities, a population of friendly people and higher than average religious affiliation—and all while maintaining a much-appreciated small-town atmosphere.

One of the subtitles in Part I best expresses the needs addressed in this report—Prosperity for the Many, Challenges at the Margins. For the less visible part of the population included in the population groups identified in the Scope of Work for this project (more than one-third of the Town population), many experiencing struggles and grave challenges, the needs are palpable. For reasons that surfaced again and again throughout the research process, this segment of the population is often reluctant to be more vocal out of concern for what they perceive as a social stigma that accompanies “not being able to measure up.” Many of these residents found themselves “suddenly low-income” as a result of layoffs and the economic recession, individuals who several years ago were the contributors to the food banks where they are now clients. The demographics for this segment of the population experiencing severe challenges present a stark contrast to the majority of Gilbert residents: 14,000 residents living below the federal poverty level and another more than 26,000 residents qualifying as “low income,” over 8,000 residents 65 years and over living below the poverty level in Gilbert, over 10,000 students qualifying for the free/reduced lunch program to provide food for the youth of low income families, over 3,500 residents with less than a 9th grade education and another more than 5,500 residents having some high school education with no degree or GED, more than 13,000 residents with chronic special needs, homeless families living in shelters with graduate degrees and looking for work, approximately 12 calls to the Police Department each week for suicides or attempted/threatened suicides and another 4 calls for emergency mental health issues, 28 domestic violence calls per week, and significant numbers of emergency room visits for alcohol and substance abuse issues. The demographics provide the statistics, the following sections of the report tell their stories.

Unfortunately, these segments of the Gilbert population are somewhat difficult to reach, and most do not respond to resident surveys due to being homeless with no mailing address, focusing on the immediate crises of their lives, experiencing disabilities that require representation by advocates or having language challenges. The response rate for recent surveys has been approximately 23 percent of surveys mailed (272 responses from 1,200 surveys). (For complete details on the demographics of the Gilbert population, see pages 9-20 of this report.)

Part II. Human Services Needs Assessment Methodology and Definitions

This section of the report includes the all-important definitions that underpin the research, including definitions of the human services community, elderly/seniors, families in crisis, homeless, immigrant groups, culturally diverse groups, low/moderate income individuals and families, residents with special needs, and youth. Although the reader may feel comfortable in defining most of these groups, the nuances of the definitions are important to understand the breadth of the groups as well as the depth. (Definitions of these groups can be found on pages 26-32.)

This section also describes for the reader the research methodology used to get in touch with the needs of the community and to gather both valuable information and their stories through significant community outreach. Utilizing a multi-method research approach for simultaneously gathering data and validating each arm of the methodology, three experienced Ph.D.-level researchers brought a broad range of expertise to the effort. The multiple prongs of the research study included: 1) the collection of detailed information from 103 Gilbert human service recipients, service providers and key community stakeholders in personally-proctored survey questionnaires; 2) 10 focus groups attended by 101 participants representing the human services community; 3) in-depth interviews with 18 human services recipients, service providers and key community stakeholders; and 4) a community dialogue group convened for clarification and corroboration of information gathered. (Details of the widespread representation of the community through these research methods are described in Part II.)

Part III. Gilbert Needs Assessment Data and Findings

This part of the report is considered to be the most important section for anyone to read who considers Gilbert their home—no matter which segments of the population apply to the reader, if any. “Community outreach” toward individuals and families within seven specific population groups of Gilbert residents, credible research into their realities and “community input” from residents sharing their personal stories were a key part of the original mandates for the study expressed in the RFP.

The research data and findings are the second best part of any study right behind the purpose for conducting the research in the first place—the conclusions to be drawn from the community input and ideas for putting the information to good use. Any abbreviated summary of this section of the report does damage to the integrity of the research, diminishing the stories and critical needs of neighbors to raw statistics. The richness of the results of the research provide the reader with: an experiential perception/experience that rates the adequacy of 42 specific human services offered to service recipients within the seven population groups, a survey of the quality of human services, greatest strengths and largest gaps in human services within Gilbert, an in-depth list of identified resources accessible and affordable for Gilbert residents, prioritized lists of strengths and challenges by population group, the opportunity to hear the voices of neighbors through relevant poignant quotes, and the validation and support expressed by community stakeholders, Town officials, service providers and members of faith communities. For these reasons, the only portion of the data and findings that will be shared as a part of this Executive Summary is the rank ordering of the criticality of need for added services by population group, as identified by human services recipients and providers, and including two emerging groups of critical needs identified through the research process (ranked from greatest need for immediate assistance to least):

1. *Families (and individuals) in crisis*
2. *Mental health and substance abuse treatment services*
3. *Low/moderate income individuals and families*
4. *Elderly/seniors*
5. *Homeless individuals and families*
6. *Special needs individuals*
7. *Youth*
8. *Immigrants*
9. *Culturally diverse individuals and families*

The participants are adamant in their expression that *all* of these groups are in need of additional services and they cannot, in good conscience, suggest that one group should be “robbed” of resources to bring serve another. (This section of the report is a “must read” for anyone who truly wants and/or cares to know about the needs that exist within Gilbert and can be found on pages 33-61.)

Part IV. Priorities and Recommendations

This section of the report provides the reader with several important pieces of the study, including the prioritized list of population groups requiring added services (introduced above), a prioritized list of recurrent needs common to all population groups, a prioritized list of services needed by each of the nine population groups (including the two emerging groups listed above), prioritized recommendations and best practices strategies to address the gaps, and prioritized suggestions for local and/or regional partnership strategies. In addition, the TWI team has taken the initiative to offer some tough questions related to moving forward from the identification of needs to meeting those needs as well as recommendations for further research. (This section of the report can be found on pages 63-74.)

Two critical pieces of Part IV that will be shared as a part of this Executive Summary are the prioritized list of recurrent needs common to all population groups and the prioritized list of needs for added services by population group as a foundation for the abbreviated list of recommendations offered in Section 2 of this Executive Summary. First, the prioritized list of recurrent needs common to all population groups:

1. *Centralized resource for information and referral*
2. *Safe, affordable housing*
3. *Affordable, accessible transportation*
4. *Access to basic necessities*
5. *Accessible health care to meet needs*

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

1. **Families and individuals in crisis**
 - a. *Additional domestic violence shelters/ spaces, particularly for women and families*
 - b. *Employment services*
 - c. *Legal services*
 - d. *Community awareness to reduce social stigma for individuals and families in crisis*
2. **Individuals needing mental health and substance abuse treatment services**
 - a. *A mental health and substance abuse treatment facility in Gilbert*
 - b. *Youth services*
 - c. *Homeless services*
 - d. *Services to special needs individuals*
 - e. *Post-Traumatic Stress Disorder (PTSD) and substance abuse treatment services for veterans*
3. **Low/Moderate income individuals and families**
 - a. *Job training and employment services/ support*
 - b. *Assistance balancing basic needs with housing and utilities costs*
 - c. *Affordable child care, including 24-hour child care*
4. **Elderly/Seniors**
 - a. *Transportation to accommodate disabilities*
 - b. *Assistance with daily needs, e.g., home repairs, housecleaning and shopping assistance*
 - c. *Affordable health care, including vision and hearing aid assistance not covered by Medicare*
 - d. *Access to Dial-A-Ride services for Gilbert elderly*
 - e. *Mental health treatment services*
5. **Homeless individuals and families**
 - a. *Additional shelter space and emergency family housing*
 - b. *Water fountains/ hydration stations*
 - c. *Employment services*
 - d. *Assistance with identification documentation (IDs) and eligibility requirements for specific programs*
6. **Individuals with special needs**
 - a. *Transportation to accommodate special needs*
 - b. *Group homes for adequate housing*
 - c. *Respite care*
 - d. *Accommodations to meet special needs, including improved Town accessibility*
 - e. *Accessible recreational opportunities*
7. **Youth**
 - a. *Mental health and substance abuse treatment services*
 - b. *Emergency shelters for youth*
 - c. *Fee assistance for youth programs for low income*
 - d. *After school and summer activities for youth ages 5-15*
 - e. *Club activities and workforce learning programs for ages 16-17*
 - f. *Transportation assistance for low income youth activity participation*
 - g. *Safety and sex trafficking awareness programs*
 - h. *Cultural diversity education and support services*
8. **Immigrants**
 - a. *Employment services*
 - b. *Adult education, including English as a Second Language (ESL) classes*

- c. *Fee assistance for youth programs*
 - d. *Legal services*
 - e. *Living peaceably without discrimination*
- 9. Culturally diverse groups**
- a. *Educational cultural diversity awareness and recognition programs in the schools*
 - b. *Adult cultural sensitivity and awareness community events*
 - c. *Cultural sensitivity workshops for Town employees to support customer service initiative*

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

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

Recommendation # 1. Revisit the five-year plan for elimination of General Fund contributions to contracting for critical human services needs to safeguard Gilbert’s Strategic Initiative to maintain “Community Livability” for all population groups in accordance with identified prioritization of needs.

- Recommendation for revisiting the initiative to form a citizens’ committee “to determine what the Town should or should not be doing with regard to services.”
- Recommendation to make the Gilbert Human Services Needs Assessment visible and accessible as a link on the Town of Gilbert web site to acknowledge community input.
- *Followed by a series of recommendations for an effective procurement strategy to target needs and require nonprofits to mobilize volunteers to assist with delivers of human services within Gilbert (See page 68)*

Recommendation # 2. Engage the services of a skilled Informational Technology Specialist/Web Master and a knowledgeable Community Resource Specialist to utilize the resource directory included in Attachment E as a starting point for creating a dynamic resource list of human services resources affordable and accessible to Gilbert residents.

- Recommendation for an easily accessible and professionally designed resource list available on the Town of Gilbert web site with an easily identifiable link on the Home page.
- *Followed by a series of recommendations for increased visibility of resources through print media, televised coverage on the Gilbert access channel and Spanish translations. (See page 68)*

Recommendation # 3. Create a special division within the Town of Gilbert tasked to provide personalized and confidential human services/referrals to all residents in need within the community, staffed and administered by professional social workers who understand the unique needs of individuals and families living in Gilbert. This division is anticipated to be an expanded version of Youth and Adult Resources currently housed in the Police Department. Although many of the research participants were unfamiliar with Youth and Adult Resources and/or did not understand that their services are available to everyone within the community, several clearly expressed significant discomfort in coming to the Police Department for services for a variety of reasons. The expectation is that once this division is relocated outside the Police Department and made known to residents who universally are looking for a centralized resource location, the workload may increase significantly.

- *Followed by a series of recommendations for implementing a one-stop center for centralized referrals, improving communication among key community stakeholders and providing for annual updates of referral sources. (See page 69)*

Recommendation # 4. Take an active role in working with the community to recognize the critical need for high-quality mental health and substance abuse treatment facilities within the community to meet critical needs. This segment of the population constitutes a current gap in human services.

- Recommend working with the burgeoning health care facilities in Gilbert to create a niche for Gilbert human services expertise that can be used as an offset for surrounding communities providing Gilbert residents with shelter facilities, services to the homeless and low income housing.

Recommendation # 5. Develop awareness programs to make needs known to the greater community, encourage volunteerism and reduce feelings of social stigma.

- *Followed by a series of recommendations to promote community involvement and volunteerism. (See page 69)*

Recommendation # 6. Implement expanded public transportation in accordance with the Strategic Initiative to “Proactively Address Infrastructure Needs” and the recently released draft of the Gilbert Transportation Master Plan to make routes available that increase the feasibility of use to reach destinations for both work and recreation for all groups.

- *Followed by a series of recommendations specific to the transportation plan. (See page 69)*

Recommendation # 7. Continue pursuit of the Strategic Initiative for “Economic Development” to bring more jobs and higher wages to Gilbert.

- Recommend continued development of high profile employers, including the expansion of the health care base in Gilbert.
- *Followed by a series of recommendations to increase jobs and improve job readiness for Gilbert residents. (See page 70)*

Recommendation # 8. Partner with local nonprofits to create a coordinated and robust volunteer corps for community engagement to address basic needs of residents.

- *Followed by a series of recommendations for improving volunteerism within the Town of Gilbert. (See page 70)*

Recommendation # 9. Create additional avenues for Town accessibility by special needs individuals in accordance with the recent American Disabilities Act (ADA) assessment and the implementation plan nearing finalization.

- *Followed by specific recommendations for increased accommodations. (See page 70)*

Recommendation # 10. Provide cross-education and training for Town employees in all departments to make appropriate and respectful human services referrals.

Recommendation # 11. Provide health care guidance and accessibility.

- *Followed by a series of recommendations for services navigating the health care systems and offering services to meet needs. (See page 70)*

Recommendation # 12. Develop a Town initiative, utilizing the focused efforts of the Human Relations Commission, to establish cultural diversity education and support services designed to cultivate an enhanced appreciation for the rich blend of cultures in the community. This segment of the population represents a current gap in human services.

- *Followed by a series of recommendations for enhancing cultural events, awareness and recognition programs and sensitivity workshops utilizing an expanded definition of cultural diversity. (See page 70)*

Recommendation # 13. Support successful strategies for neighborhood building by expanding the Neighborhood Services Division to provide increased communication with local neighborhoods, with a focus on community mobilization, building relationships and linking individuals to needed resources.

Recommendation # 14. Prepare now for the aging of Gilbert citizens to be ready to meet the human services needs of increasing numbers of seniors in accordance with the Strategic Initiative to create a “Rolling Five-Year Balanced Financial Plan” that projects future needs and resources. The needs of this segment of the population constitute a future gap in human services.

Recommendation # 15. Reward human service providers with increased funding dollars as they demonstrate the implementation of best practices and the highest level of success for their clients, utilizing standardized performance measures and quarterly evidence of measurable outcomes.

- *Followed by a series of ongoing procurement best practices. (See page 71)*

Recommendation # 16. Develop widespread community support for veteran support services.

- *Followed by a series of recommendations for support to veterans and their families. (See page 71)*

Recommendation # 17. Facilitate new, unique perspectives to enhance understanding of the extent of human services needs in Gilbert. Encourage Gilbert community leaders to walk with or “walk in the shoes of” a person in need for one day to better understand their experience within the community.

- Recommend hosting regular town forums or town halls to give residents the opportunity to voice concerns.

Recommendation # 18. Create learning circles and sharing opportunities to assist low/moderate income individuals and families to stretch dollars, e.g., budgeting strategies, Market on the Move food discount programs, SRP’s M-Power Prepaid Electricity program, Moms on the Move, coupon clipping and free/discounted community services such as library programs.

Prioritized Suggestions for Local and/or Regional Partnership Strategies

Partnership Recommendation # 1. Expand/expedite current partnerships and develop new agreements with existing service providers, providing a fair share of funding to serve Gilbert residents in need through reciprocal funding arrangements or resource sharing. Examples of current partnerships include Chamber for Good, For Our City, Gilbert CAN, Annual Faith Group Summit, Mercy Gilbert Asset Mapping and the Gilbert Leadership Program through the Chamber of Commerce.

- Recommend a partnership with the City of Mesa to provide resources for shelter services for homeless individuals and families.
- Recommend exploring avenues to initiate a dialogue with the City of Chandler and any other recipient cities, if applicable, to consider utilizing available funds to offset costs of providing low income housing for Gilbert residents in need of safe, affordable housing for FY 2014-2015 in light of the \$484,000 of federal housing grant funding shared with other cities as a member of the Maricopa County HOME Consortium, following recent Council decision to relinquish Gilbert funding.
- *Followed by a series of recommendations for joining existing regional partnerships in meeting the needs of Gilbert residents. (See pages 71-72)*

Partnership Recommendation # 2. Create a partnership within the community to establish a TimeBank, a best practices strategy in which people come together to support each other. When a community member spends an hour to do something for an individual or group, with TimeBanking that individual earns one Time Dollar to buy one hour of a neighbor’s time or to engage in a group activity offered by a neighbor. TimeBanking brings out the best in people because, as a system, it connects unmet needs with untapped resources while building community and reducing feeling of social stigma surround needing help.

Partnership Recommendation # 3. Create a Gilbert Village, patterned after the Beacon Hill Village in Boston—a member-driven organization for residents 50 and over that provides programs and services so members can lead vibrant, active and healthy lives, while remaining in their own homes and neighborhoods.

Partnership Recommendation # 4. Create a responsibility/position within the Town of Gilbert staff for maintaining an ongoing communication with surrounding communities to share best practices.

Partnership Recommendation # 5. Develop regional partnerships to provide prevention services to all population groups in collaboration with nonprofits and faith communities.

- Recommend developing prevention programs for health-related concerns known to increase among challenged population groups.

Note: As the completion of this research approached, the TWI team was contacted by the Town of Gilbert regarding results to be delivered to Town officials in early June in response to the ongoing 2014 Gilbert Resident Survey. A few questions relevant to the needs assessment project were included in the survey that was mailed to residents for whom a current postal address was known, and the Office of the Town Manager asked the TWI team about the possibility of providing some analysis of pertinent questions after receipt of the final needs assessment report. The TWI team has agreed to review the results upon receipt and to provide a brief comment paper on the alignment of the survey results with the needs assessment results for inclusion as an addendum to this final report.

PART I

BACKGROUND RESEARCH AND COMMUNITY DEMOGRAPHICS

ASSESSING HUMAN SERVICES FOR THE TOWN OF GILBERT— A DIALOGUE ON QUALITY OF LIFE FOR ALL

Purpose: The Town of Gilbert has committed to offering residents a high performing, service-based government organization dedicated to enhancing quality of life and serving with integrity, trust and respect. The identification of funds and program resources that promote an improved future for any resident experiencing a significant need for assistance is one of the first steps in moving forward. The initial groups the Town chose to explore as a part of this study to determine the human services needs that actually exist in Gilbert are (in alphabetical order):

- Elderly and seniors
- Families (and individuals) in crisis
- Homeless individuals and families
- Immigrant groups
- Low/Moderate income individuals and families
- Residents with special needs
- Youth

Recognizing that reducing the critical needs of these groups will contribute to individual and community well-being and stabilization of Gilbert neighborhoods, the Town Council is demonstrating a commitment to the standard that consistently sets the vision for the community....

A DETERMINATION TO BE BEST IN CLASS IN ALL LINES OF SERVICE!

Through the commissioning of this systematic assessment of the human services needs of residents, the Town of Gilbert is taking a proactive step forward to identify the scope of the needs that exist in the community, the human services currently available within the Town limits and the surrounding communities that are accessible and affordable to residents, any gaps or areas of improvement in the provision of human services that may exist currently or are likely to emerge in the future, the greatest needs that currently exist for residents, and an initial exploration of how to address those needs through local resources and/or regional partnerships. One of the best places to begin such a study is at the very beginning. Who are the people of Gilbert today and how did it become this community...“the largest town in the United States,” as stated on the Town web site?

Gilbert...A Town. An exploration of the question that seems to arise again and again is relevant to the study—“*What is the difference between a town and a city?*” When communities incorporate in Arizona, they must have at least 1,500 residents to be a town and at least 3,000 to be a city. However, the State makes no distinctions between the power and taxing authorities of cities and towns. So the next question is, “*Why has Gilbert remained a town?*”—especially now that it rivals the size of surrounding cities in Arizona. (See Table 1)

Table 1. Gilbert Population Relative to Surrounding Communities

Community	2012 Census Bureau Population Estimate
Gilbert (town)	221,140
Chandler (city)	245,628
Mesa (city)	452,084
Tempe (city)	166,842

Source: U.S. Census Bureau *QuickFacts*, 2012

The fact that the “town” reference is prominently placed in the first sentence of the section “About Us” on the Gilbert web site is evidence that Council and residents alike value the self-image of the “family-friendly small town.” Gilbert is advertised by some of the local businesses as the second largest town in North America and the largest town in the United States. In fact, the results of a Town of Gilbert Resident Survey conducted on November 15, 2010, report as the most frequent response to the question “*What do you like most about living in Gilbert?*” the answer, “Quiet, nice, small-town atmosphere” (32.7 percent of the respondents offered this answer), and the second most frequent response was “Friendly people” (16.1 percent). The imagery surrounding Gilbert’s self-designation as a Town is significant to residents.

Gilbert History. The Town of Gilbert was first founded in 1902 when the Arizona Eastern Railway sought to establish a rail line between Phoenix and Florence, Arizona, and William “Bobby” Gilbert provided land for the right of way. The siding was the site of the first store in the area in 1910, Ayer’s Grocery Store, and as other businesses were added, the town became known as Gilbert. The construction of the Roosevelt Dam and the Eastern and Consolidated Canals in 1911 led the way to the development of a prime farming community, and the first post office was located in Ayer’s Grocery in 1912. The area became known as the “Hay Capital of the World” from 1911 until the late 1920s, and the Town of Gilbert was incorporated as a town on July 6, 1920, with 500 citizens.

Gilbert Growth. Gilbert remained the small agricultural community for many years with a population of only 1,971 in 1970 when the Town Council at that time recognized that the community was destined to grow much like the surrounding communities of Chandler, Tempe and Mesa...and they were correct! The population in 1980 had reached 5,717. According to U.S. Census Bureau figures, the population of Gilbert increased by 182 percent between 1990 and 2011. In 2001, Gilbert was listed as the fastest growing city in the nation by the Census Bureau with 11.3 percent growth and a population of 122,398. By 2008, CNN’s *Money* magazine ranked Gilbert as one of the best places to live in the United States.

Then the Arizona economy began to experience significant challenges. The Census Bureau was reporting a decreasing range of growth for Arizona cities over 100,000 by 2010 and 2011, and Gilbert was still growing but experiencing year-over-year growth of only 1.7 percent. However in 2012, homebuilders once again saw Gilbert as a “land of opportunity” as they began building hundreds of new houses each month, making the town the fastest-growing Arizona community by far that year as measured by the number of single-family home permits issued. The 2012 U.S. Census Bureau population estimate for the Town of Gilbert grew to 221,140, a relative equal to surrounding communities, with only 7 percent of the residents’ occupations now reported as “farmers, ranchers and other agricultural managers.”

Gilbert Commitment to Residents’ Quality of Life in the Face of Growth. The Town government of Gilbert remains committed to its residents, learning to re-invent itself from a small, quiet farm town to an economically diverse suburban center, but with the desire to retain much of that small-town atmosphere that long-time residents have come to value and new residents are coming to Gilbert to experience. These changes have presented a challenge to individual citizens and town planners alike. Rapid growth is accompanied by an increased cost of living and the inevitable displacement of some individuals and families, resulting in a changed demographic profile. In dedication to serving the Gilbert community, the Town of Gilbert identifies itself as a service organization committed to enhancing quality of life. Members of the Town Council, the Town Manager’s staff and the Neighborhood and Outreach Services Division are striving to understand how best to identify and meet the basic human services needs of residents who may be struggling against poverty, unemployment and a diminished quality of life.

From all outward appearances and a review of recent statistical demographics for the Town, the vast majority of Gilbert residents are experiencing a quality of life envied by many other communities of equal size. In the 2010 Resident Survey, 73.1 percent of the respondents reported being “Very Satisfied with Living in Gilbert” and another 24.9 percent reported being “Generally Satisfied” (a total of 98.0 percent of the residents surveyed)!

Gilbert Accolades. The suburban community has been recognized with multiple awards and has received a number of positive accolades (some of which apparently do not reflect the importance of the “Town” distinction to residents):

- 8th Most Thriving City in the United States (*The Daily Beast* 2013)

- 33rd Best Place to Live in the United States (*CNN/Money Magazine* 2012)
- 41st Best City to Live in the United States (*Businessweek* 2011)
- 2nd Safest City in the United States (*Law Street Media* 2013)

However, the request for this human services needs assessment is evidence of the understanding that Gilbert cannot rest on the accomplishments of the many without considering the experiences of the relatively small segment of Gilbert residents who are struggling with challenges that seriously diminish their quality of life—a significant portion of whom found themselves “suddenly challenged” as a result of the economic recession. The first step in this human services needs assessment is to gather existing data to reveal the statistical identity of the overall population...those who are enjoying a general sense of well-being and those whose needs place them at risk on a daily basis and are in need of assistance.

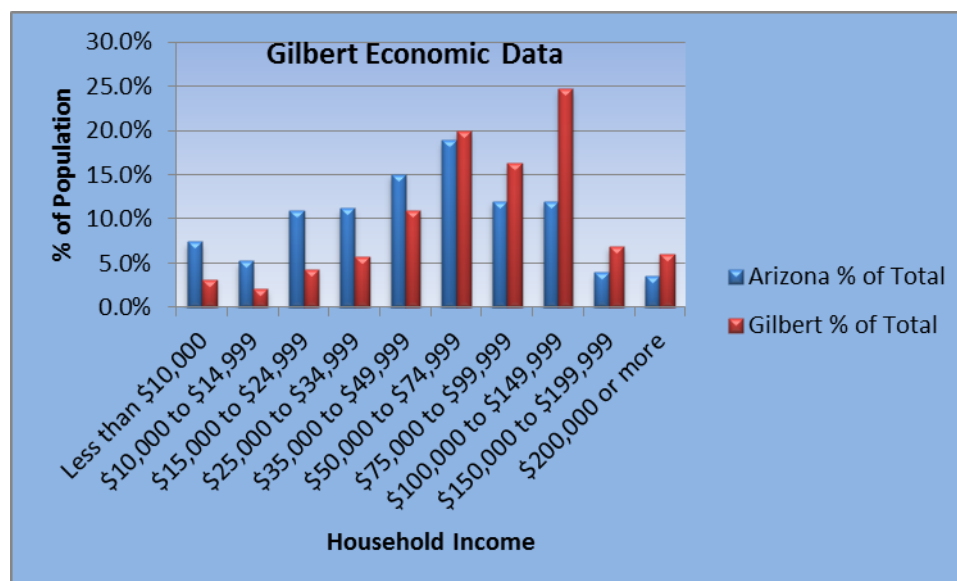
THE TOWN OF GILBERT OVERVIEW... PROSPERITY FOR THE MANY, CHALLENGES AT THE MARGINS

Gilbert Household Economic Overview. Read any review of Gilbert published by Arizona relocation consultants and you will find that Gilbert is an ideal community to live in—the descriptions of affluence in a small town atmosphere, beautiful homes, an educated and professional community, and a wealth of amenities abound. These accolades are supported by research data that reveal a picture of general prosperity. A review of the household economic data available for Gilbert reveals a relatively affluent community when compared to Arizona as a whole. (See Figure 1)

Figure 1 clearly portrays a community in which a substantial portion of the population enjoys relative prosperity.²

- The *average (mean)* household income for Gilbert residents reported in the 2012 *American Community Survey* is \$93,788 compared to an average of \$67,444 for Arizona residents as a whole.
- The *median* household income for Gilbert is \$80,121 compared to \$50,256 for Arizona median household income.
- The average household size is 3.19 persons.

Figure 1. Gilbert Household Economic Data



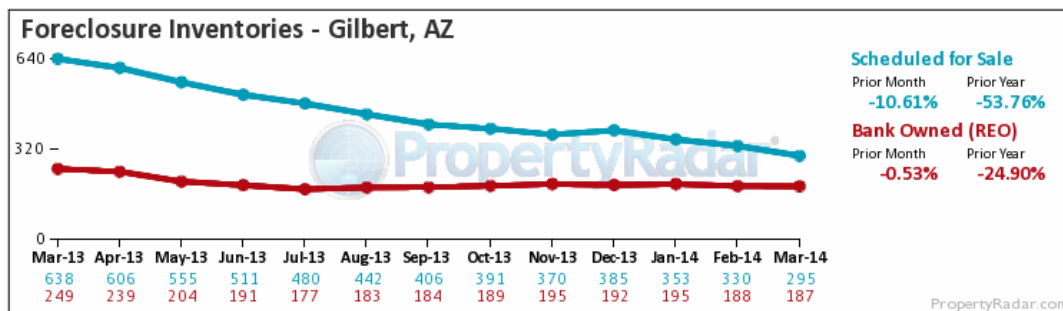
Source: U.S. Census Bureau, 2008-2012 *American Community Survey*

However, in communities that demonstrate an overall level of prosperity, sometimes those in need of human services become less visible.

- The 6.4 percent of Gilbert residents living below the poverty level is far below the Arizona statistic of 17.2 percent.³
- For these more than 14,000 Gilbert residents living below the federal poverty level (including the more than 7,000 severely challenged by living on less than 50 percent of the poverty level⁴), connecting with the assistance they need is critical to their ability to attain the most basic quality of life.
- Using the generally accepted definition of “low-income workers” as those living below 200 percent of the federal poverty threshold⁵, another estimated 26,248 Gilbert residents are experiencing individual and family hardship.⁶ (More details about these families are provided in the section of this report entitled “Human Services Population Definitions.”)
- The U.S. Census Bureau estimates indicate more than 6,800 children living below the poverty level in Gilbert (10.2 percent compared to 23.0 percent throughout Arizona).⁷
- In addition, 8,403 residents 65 years and over are reported living below the poverty level in Gilbert.⁸

These statistics reveal that the critical economic issues that have plagued Arizonans have been (and continue to be) experienced in Gilbert as well. The desperation felt as a result of layoffs or declining income is often closely related to the stress associated with foreclosure on family homes and/or finding affordable housing, and Gilbert residents have experienced their share of these challenges. Although Figure 2 indicates a significant downward trend in the number of foreclosures in Gilbert, many families have not yet recovered from the foreclosures over the past few years. The Schedule for Sale inventory indicates those properties that have had a Notice of Trustee Sale filed, but have not yet been sold or had the sale cancelled. The Bank Owned (REO) inventory indicates the number of properties that have been sold back to the bank at the trustee sale and which the bank has not yet resold to another party. PropertyRadar indicates that foreclosure filings range from properties of 1,250 square feet to over 3,000 square feet with loan balances from \$100,000 to over \$1 million.

Figure 2. Gilbert Foreclosure Filings March 2013 – March 2014

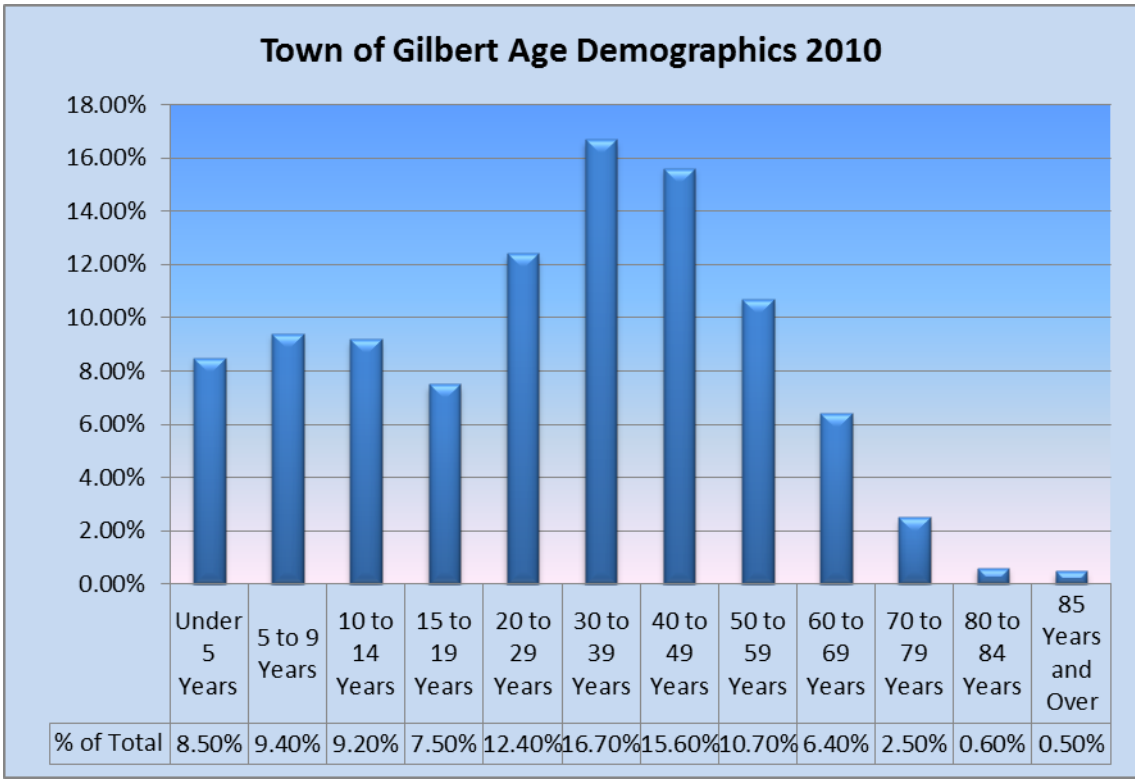


Source: PropertyRadar, *Gilbert Foreclosures 2013-2014*.

Despite the downward trend depicted in Figure 2, new foreclosure filings in Gilbert in March 2014 totaled 46. That number represents an additional 46 families facing critical economic challenges. Of those 46 households, the loan balances ranged from \$100,000 for four homes to four homes with loan balances over \$1 million. The current average home for sale in Gilbert is \$287,852; the average rent is \$1,295 per month.

Gilbert Demographics. The overall vibrancy of the community is enhanced by an examination of the age demographics for 2010 which present a visual picture of a relatively young community with a median age of 31.9 years, compared to the Arizona median age of 37.1 years. (See Figure 3) Young families create the need and demand for youth services for the 70,986 residents under the age of 18 years. And although this picture of youth is prevalent, more seniors are moving into the area while the current population continues to age. The 2012 *American Community Survey* estimates nearly 13,500 Gilbert residents 65 years of age and over, including more than 2,400 elderly aged 80 and over. The need for services for seniors and the elderly will continue to rise over the next several years and presents a clear signal to consider engaging in the planning today in order to meet those needs.

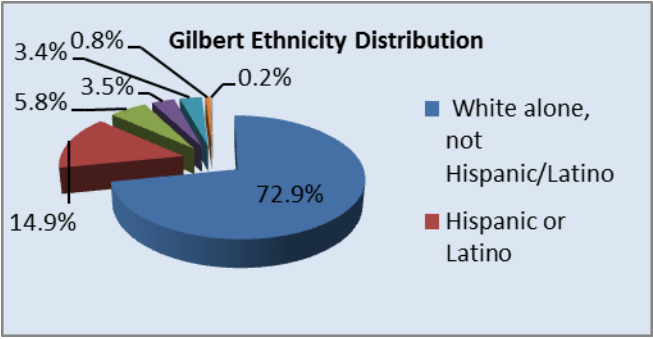
Figure 3. Gilbert Age Demographics 2010



Source: U.S. Census Bureau, 2010 American Community Survey

Currently the ethnicity distribution within the Town of Gilbert differs significantly from the distribution for Arizona as a whole, with approximately 50 percent fewer residents of Hispanic or Latino descent and approximately 25 percent fewer residents of African American descent as compared to the Arizona population distribution. (See Figure 4 and Table 2)

Figure 4. Town of Gilbert Ethnicity Distribution



Source: U.S. Census Bureau, 2008-2012 American Community Survey 5-Year Estimates
 Note: 0.2% above represents Native Hawaiian and Other Pacific Islanders alone

The less recognizable variation in ethnic distribution presents an opportunity for community leaders to demonstrate awareness by offering a perceptible appreciation for the diversity among residents.

Table 2. Comparison of Gilbert and Arizona Ethnicity Distribution

Ethnicity	Gilbert Distribution	Arizona Distribution
Non-Hispanic White alone	72.9 %	57.8 %
Hispanic or Latino White alone	14.9 %	29.6 %
Asian alone	5.8 %	2.8 %
Two or more races	3.5 %	3.4 %
Black/African American alone	3.4 %	4.1 %
American Indian alone	0.8 %	4.6 %
Native Hawaiian and Other Pacific Islander alone	0.2 %	0.2 %

Source: U.S. Census Bureau, 2008-2012 American Community Survey 5-Year Estimates

Note: 0.2% above represents Native Hawaiian and Other Pacific Islanders alone

The same U.S. Census Bureau source reports on the primary language spoken in the home. (See Table 3)

Table 3. Primary Language Spoken in the Home of Gilbert Residents

Language Spoken at Home	Gilbert Residents	Arizona Residents
English	79.7 %	73.4 %
Spanish	11.2 %	11.6 %
Other Indo-European Languages	3.2 %	4.6 %
Asian and Pacific Islander Languages	4.9 %	3.2 %
Other	1.1 %	.9 %

Source: U.S. Census Bureau, 2008-2012 American Community Survey

Another distinguishable segment of the Gilbert population is composed of individuals and families who have come from other locations—other states and other countries—and have been, at least initially, unfamiliar with how and where to access available human services assistance, if needed. Table 4 reports the extent of the range of Gilbert residents from other locations compared with Arizona as a whole, although the length of residence in Arizona for each of these groups is not reported in the Census data. Thus, the level of need for *immediate* information or assistance is unreported, but the availability and accessibility of information about resources within the community and surrounding area through some form of Town directory would undoubtedly be useful to this segment of the Gilbert population.

Table 4. Place of Birth and Citizenship of Gilbert Residents

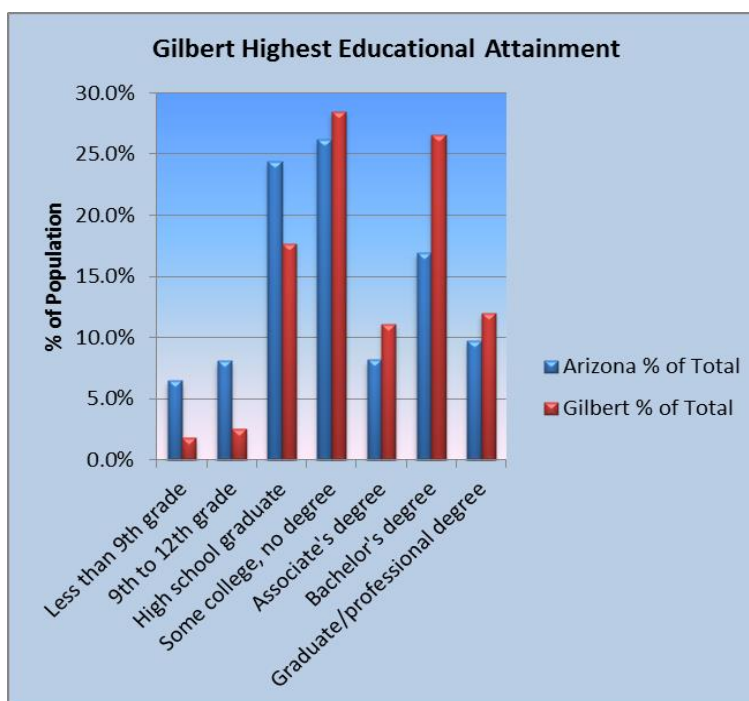
Place of Birth/Citizenship	Percent of Gilbert Residents	Percent of Arizona Residents
Native Born Residents (U.S. citizens)	91.1 %	87.1 %
Born in Arizona	36.6 %	58.7 %
Born in Different State	53.1 %	27.0 %
Born in Puerto Rico, U.S. Island areas or Born Abroad to American Parents	1.3 %	1.4 %
Foreign Born	9.0 %	12.9 %
Foreign Born with U.S. Citizenship	5.0 %	5.7 %
Foreign Born without U.S. Citizenship	3.9 %	7.2 %
Born in Europe	1.0 %	1.6 %
Born in Asia	4.3 %	3.7 %
Born in Africa	.5 %	.5 %
Born in Oceania	.1 %	.1 %
Born in Latin America	2.5 %	6.8 %
Born in Northern America	.6 %	.3 %

The gender breakdown of the population is relatively equally divided: 50.8 percent female and 49.2 percent male, according to the U.S. Census Bureau's 2012 *American Community Survey*.

Gilbert Educational Demographics. Taking this exploration of the Gilbert community a step further, the link between increased prosperity and higher levels of education is well documented throughout the socioeconomic research. Therefore, when that fact is coupled with a population younger than many cities of comparable size nationwide, educational attainment data for the Town is consistent with high expectations.

- Nearly 96 percent of Gilbert residents 25 years and over are high school graduates or higher compared to 85.4 percent of Maricopa County residents.
- Among Gilbert residents, 38.6 percent have earned a bachelor's degree or higher compared to 26.6 percent in Maricopa County. (See Figure 5 and Table 5)

Figure 5. Gilbert Levels of Highest Educational Attainment



Source: U.S. Census Bureau, 2008-2012 American Community Survey 5-Year Estimates

Table 5. Highest Educational Attainment for Residents 25 years and over

Highest Educational Attainment (25 years and over)	Gilbert	Arizona
Less than 9 th grade	1.6%	6.5%
9 th to 12 th grade, no diploma	2.5%	8.1%
High school graduate (includes equivalency)	17.7%	24.4%
Some college, no degree	28.5%	26.2%
Associate's degree	11.1%	8.2%
Bachelor's degree	26.6%	16.9%
Graduate or professional degree	12.0%	9.7%

Source: U.S. Census Bureau, 2008-2012 American Community Survey 5-Year Estimates

Gilbert Residents Eligible for the National School Lunch Program. In keeping with the purpose of this needs assessment study, celebration of the educational accomplishments of Gilbert residents makes the needs of those struggling educationally even more poignant. The statistical data reveal concern for those children and teens whose families are struggling to meet their basic needs. A standard measure of socioeconomic challenges is the number of students eligible for free and reduced lunches through the National School Lunch Program, a federally assisted meal program providing nutritionally balanced, *free*

lunches to children from families whose incomes are at or below 130 percent of the poverty level. The U.S. Department of Agriculture, Food and Nutrition Service, reports that children from families with incomes between 130 percent and 185 percent of the poverty level are eligible for *reduced-price* meals, for which students can be charged no more than 40 cents. (For the period July 1, 2013, through June 30, 2014, 130 percent of the poverty level is \$30,615 for a family of four; 185 percent is \$43,568.) After school snacks are provided to children on the same income eligibility basis as school meals. However, programs that operate in areas where at least 50 percent of students are eligible for free or reduced-price meals may serve all their snacks for free.

The Arizona Department of Education publishes annual data for the number of students approved for free/reduced lunches by individual school as of October 31 of each school year. The data below are reported by the School Food Authorities for the month of October, Calendar Year 2013, for School Year 2014. Table 6 provides a summary of those data for Gilbert and surrounding communities, including a column to compare the percentage of those students eligible for free/reduced lunches as of October 2013 with those eligible in October 2009. Three of the four school districts presented in the comparison with surrounding communities in Table 6 reflect an increase in the percentage of students eligible over the past four years...with Gilbert recording an increase of 7.3 percent in the number of eligible students in the public school district population during that period (currently 10,480 students from low income families).

Although education is generally linked to success and affluence, those who find themselves “suddenly low-income” have learned that education does not always equal security. Students qualifying for free/reduced lunch are sometimes the children of parents with one or more college degrees who are struggling to regain stability after a sudden job loss.

Table 6. Gilbert Students Eligible for Free/Reduced Lunch

School District	# Students Enrolled	# Eligible for Free/Reduced Lunch (2013)	Percent Eligible for Free/Reduced Lunch (2013)	Percent Eligible for Free/Reduced Lunch (2009)
Chandler Unified School District	42,876	13,310	31.0%	28.5%
Gilbert Unified District	38,663	10,480	27.1%	19.8%
Higley Unified School District	11,612	2,559	22.0%	28.6%
Mesa Unified District	65,949	39,223	59.5%	49.8%

Source: Arizona Department of Education, School Food Authorities, *National School Lunch Program, October 31, 2013.*

Gilbert Employment Statistics. It is not surprising that employment data for Gilbert are consistent with the level of education. While Arizona’s unemployment rate decreased to 7.6 percent in December 2013, according to the latest Arizona state government statistics—the lowest statewide jobless numbers since 2008—the same U.S. Census Bureau source from which the educational attainment statistics for Gilbert were drawn, found in the *2008-2012 American Community Survey 5-Year Estimates*, reports that the rate of unemployment in the Town of Gilbert for the civilian labor force is 6.7 percent and future job growth is forecast as positive. However, the more than 5,100 residents 25 years and over who have not finished high school or earned an equivalency certificate are severely handicapped in their ability to find employment that provides a living wage.

The Economic Research Institute reports the Cost of Living Index in Gilbert to be 1.8 percent greater than the Arizona average and 3.6 percent greater than the national average. According to this report, the major contributor to this increased cost of living appears to be the cost of housing calculated at a cost of housing index of 118 on a national average of 100 and compared to an Arizona cost of housing index of 109. The Arizona Housing Alliance reports on data for the Town of Gilbert from a study compiled by the National Low Income Housing Coalition that reveals a ***critical deficit*** of 990 units available and affordable for Extremely Low Income households in Gilbert (income less than 30 percent of the Area Median Income), 2,080 units for Very Low Income households (50 percent of the Area Median Income), and 1,585 units for Low Income households.

With a population more affluent, younger and better educated than the early days of Gilbert, the composition of the workforce likewise has shifted. Gilbert is definitely no longer an agricultural community. (See Table 7) The industries employing the larger share of the Gilbert population are fields that are consistent with higher levels of education and, at a minimum, a high school diploma or equivalency. Accessible and affordable adult education opportunities can provide valuable stepping stones for those who are unemployed.

Table 7. Gilbert Population Employment by Industry

Industry	Arizona % of Population	Gilbert % of Population
Educational services, health, social services	21.8%	22.1%
Retail trade	12.3%	11.9%
Professional scientific and management	11.4%	11.3%
Manufacturing	7.5%	11.2%
Finance, insurance, real estate	8.0%	10.0%
Construction	7.2%	5.5%
Transportation, utilities	4.9%	5.1%
Public administration	5.7%	4.5%
Other services	4.9%	3.7%
Wholesale trade	2.5%	2.9%
Information	1.9%	2.4%
Agriculture and mining	1.4%	0.5%

Source: U.S. Census Bureau, *2008-2012 American Community Survey 5-Year Estimates*

Gilbert Residents with Special Needs. The U.S. Census Bureau provides data on the “Disability Status of the Civilian Non-institutionalized Population.” However, this is an area of need that is a topic of debate in the medical and research communities and is believed to be consistently underreported. The working definition of “special needs individuals” used for the purposes of this report utilizes the broader definition that includes “persons experiencing chronic physical, mental, emotional or developmental impairment that results in marked and severe functional limitations.” Therefore, the data reflected in Table 8 below are likely to not represent the totality of the special needs within the Town of Gilbert.

Table 8. U.S. Census Bureau Data for the Disability Status of the Civilian Non-institutionalized Population (underrepresenting the extent of the totality of special needs within Gilbert and Arizona)

Disability Status	Percent of Gilbert Residents	# of Gilbert Residents	Percent of Arizona Residents
Total Non-institutionalized Population	6.4 %	13,266	11.5 %
Under 18 years	3.1 %	2,056	3.5 %
18 to 64 years	5.8 %	7,354	9.7 %
65 years and over	28.4 %	3,856	33.9 %

Source: U.S. Census Bureau, *2008-2012 American Community Survey 5-Year Estimates*

Mental Health Misconception. Gilbert human services providers, key stakeholders and Town officials provided data to substantiate a critical need for mental health and substance abuse treatment services among Gilbert residents. Emergency rooms recorded a 56 percent increase in youth coming to emergency rooms for substance or alcohol related issues over the past year of reporting. In the *2012 Mercy Gilbert Medical Center (MGMC) Community Health Needs Assessment*, MGMC reported under “Adult and Senior Population” that adult mental health diagnoses are primarily due to “other psychoses” and “organic psychotic conditions,” accounting for 75 percent of the visits at MGMC. They further reported that 20 percent of the deaths among adolescents age 15-19 are due to suicide.

Statistics obtained from Gilbert police records reveal a substantial need for a behavioral health treatment facility option for public safety officers to access when facing the challenges of serious mental health issues among Gilbert residents on a daily basis. This critical need arose repeatedly throughout the Gilbert research process. Table 9 provides an overview of the reality facing Gilbert residents today:

Table 9. Gilbert Mental Health-Related Public Safety Calls

Mental Health Petition Calls	Public Safety Calls May 2013-April 2014	Average Calls Per Week
Suicide Calls	21	0.4
Suicide Threat Calls	404	7.7
Suicide Attempt Calls	198	3.8
Emergency Mental Health Petition Calls	193	3.7
Mentally Disturbed Person Calls	80	1.5
Domestic Violence Fight Calls	1,453	28
Drug Use Arrests*	1,231	---
DUI Arrests	3,804	---
Elder Abuse Incidents (non-domestic violence related calls)	5	---

* Arizona Department of Health Services and the Phoenix Office of the Drug Enforcement Agency (DEA) report increased heroin usage in affluent communities. Gilbert police records indicate stable heroin usage between 2010-2012 with a 48% increase in 2013 compared to 2010.

Source: Gilbert Police Department, May 6, 2014.

Gilbert as a “Saintly City”. In July 2012, in a somewhat “tongue in cheek” research study, Gilbert was ranked as America’s second “Most Saintly City.” However, although the study did not address religious affiliation, the designation captured the attention and the language of a number of residents who sometimes use this title as a kind of metaphor for engaging in discussions about the perception of Gilbert as a community with higher than average religious affiliation.

The U.S. Census Bureau stopped collecting data on religious affiliation in 1936. Therefore, the data most frequently cited are from the *Maricopa County, Arizona, Religious Statistics Profile* prepared by city-data.com using 2010 figures. These County data report that only about 39 percent of the population claims any affiliation with a faith community, compared with 52 percent of the U.S. population (data that reflect a lower than average religious affiliation). Although several organizations report data on Gilbert adherents to faith communities online, often the source for their statistics ultimately appears to be based on the Maricopa County data, adjusted for Gilbert’s population without a scientific look at the community.

A more comprehensive and recent research project prepared by MissionInsite offers Christian church leaders geographic data by zip code in their study, *A National Religious Survey of American Beliefs, Preferences and Practices*, called the *New Quadrennium Project*. The report provides MissionInsite clients with a quick summary of those residents by zip code who express “no religious preference, and are not interested.” That summary for Gilbert zip codes is reflected in Table 10. The belief is that these data reflecting a considerably higher level of religious affiliation in Gilbert are more realistic and accurate.

These data reflecting higher levels of religious participation are of particular interest in response to questions among some members of the community considering the extent to which human services for Gilbert residents could be expected to be provided by local faith communities. Unfortunately, not only is the reported level of religious affiliation currently decreasing, faith communities report decreased revenue during the economic recession, along with all nonprofit organizations, resulting in higher levels of human services recipients in their own congregations with lower levels of resources available to meet their needs.

Table 10. MissionInsite *Quadrennium Report* of Gilbert Residents Expressing No Religious Preference (reporting roughly 26 percent of the population claiming no religious affiliation)

Gilbert Zip Code	Percent Expressing No Religious Preference 10 Years Ago	Percent Expressing No Religious Preference Currently
85233	23%	27%
85234	24%	27%
85295	22%	26%
85296	21%	26%
85297	22%	26%
85298	23%	27%
85299	21%	25%

Source: MissionInsite, Simmons National Consumer Research, *New Quadrennium Report*

Gilbert Human Services Funding Decision. On February 23, 2012, in a Special Meeting, the Gilbert Town Council voted to decrease the Town’s contribution to funding human services to \$0 over a five-year period. Following that vote, the topic has continued to arise, and a consensus does not exist among individual Council members on how to meet the human services needs of the community. A recommendation was made to contract for a professional community needs assessment to identify the extent of existing needs and resources, potentially followed by the forming of a citizens’ committee “to determine what the Town should or should not be doing with regard to services.” As mentioned early in this section, this Gilbert Human Services Needs Assessment is designed to respond to that request by identifying the scope of the needs that exist in the community, the human services currently available within the Town limits and the surrounding communities that are accessible and affordable to residents, any gaps or areas of improvement in the provision of human services that may exist currently or are likely to emerge in the future, the greatest needs that currently exist for residents, and initial recommendations on how to address those needs through local resources and/or regional partnerships. Currently the Town is in Year 3 of the 5-year plan with a General Fund contribution to funding human services of \$247,500 in FY 2014-2015, representing a 25 percent reduction from the \$330,000 contribution in FY 2012-2013.

Community Pride. One of the key words that surfaces again and again when communicating with residents and human service providers alike in learning more about the Town of Gilbert is the word “pride.” Residents have a distinct sense of pride in their community...and that is a good thing! This is the way in which residents express their satisfaction (and love) for their community—something that community leaders of a town or city of any size strive to achieve for their residents. This hearkens back to the earlier statement that in the 2010 Resident Survey, 73.1 percent of the respondents reported being “Very Satisfied with Living in Gilbert” and another 24.9 percent reported being “Generally Satisfied” (a total of 98.0 percent of the residents surveyed)!

In fact, one of the strategic initiatives for the Town of Gilbert is “Community Livability” which is further explained in this way:

The Town of Gilbert takes pride in being a community with a family focus, special welcoming feel, outstanding service delivery, and firm commitment to retain its defining characteristics while it continues to grow. This strategic initiative provides direction to include livability considerations in all decision-making and service delivery. Our motto is: “Gilbert: Clean, Safe, Vibrant.”

The problem that can arise with the concept of “community pride” is the expression of the feeling of “embarrassment”, “shame” and the loss of “personal dignity”, as voiced in connection with this Gilbert Human Services Needs Assessment, when individuals and families experience a variety of challenges and needs they are reluctant to share with others in the community. This raises a tension between “pride in the community” and a “shared sense of community” in which neighbors join together to express the care and concern to help one another in times of need. This major theme surfaced repeatedly throughout multiple segments of the research process—the need to maintain a sense of personal dignity, avoid embarrassment

and avoid the perceived social stigma if “you cannot measure up.” The dichotomy is evident in the stories of individuals and families embarrassed to ask for some level of short-term help to get them back on even footing and the recognition that they are often the same people who have been the volunteers providing services at a different stage in their lives. This concept presented one of the greatest challenges to a research team assessing human services needs in Gilbert and to a Town Council striving to be...“Best in Class in All Lines of Service!”

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

PART II HUMAN SERVICES NEEDS ASSESSMENT METHODOLOGY AND DEFINITIONS

GETTING STARTED

On December 18, 2013, the Town of Gilbert issued an Informal Request for Proposals seeking assistance to conduct a Human Services Needs Assessment. The desired outcome of data collection and analysis was to answer the following three related questions set forth in the RFP:

1. *What human services does the community currently have available (in the Town limits and/or accessible to Gilbert residents)? This includes non-profit and for-profit organizations and communities of faith.*
2. *What gaps or areas of improvement exist in human services? What are the greatest needs in the community?*
3. *Provide recommendations and best practices for how the Town can address any existing/current and/or future gaps in human services, either through local and/or regional partnerships? Recommendations should be prioritized.*

This project includes background research, community outreach and input, data analysis, best practices and recommendations. The final assessment should address human services groups, including but not limited to: homeless, elderly, low/moderate income, special need, youth (i.e. under 8 years of age, 8-11 and 12-18) families in crisis and immigrant groups.

The Williams Institute for Ethics and Management (TWI) responded to the Informal Request for Proposals on January 16, 2014, and was awarded the contract to conduct the Town of Gilbert Human Services Needs Assessment (Contract No. 2014-5131-0178) on February 4, 2014. The Williams Institute is a nonprofit corporation founded in 1993 in Chandler by Linda and Jim Williams under the provisions of 501(c)(3) of the Internal Revenue Code. TWI provides resources, training and a variety of services to assist individuals and organizations in building “cultures of confidence.” The revenue generated is used to fund community service projects that fulfill the TWI corporate mission to build ethics in community. Each individual project for TWI clients is designed to provide the highest quality and most cost-effective alternative to meet prescribed needs. Specialized project teams are created to bring clients the “best of the best.”

TWI assigned three doctorate level researchers to the Town of Gilbert project to bring a broad range of expertise to the effort. All three served as project directors for research, analysis and synthesis. The assigned project leaders include:

- Lisa Armijo Zorita, Ph.D., Executive Director of I & E Consulting and a TWI consultant
- David O. Braaten, Ph.D., President and CEO of The Williams Institute
- Linda M. Williams, Ph.D., Founder and Research Associate of The Williams Institute

The Town staff provided TWI with several pieces of existing data on the community’s demographics and relevant topics from within the Town’s research database to use as the basis to examine the current human services available to Gilbert residents who come from seven human services populations: elderly/seniors, families in crisis, homeless, low/moderate income individuals and families, immigrants, residents with special needs and youth—with the understanding that several of these population groups overlap. These data set the foundation for the data collection process and research methodology and for understanding the needs of the Town of Gilbert population. The new data collected throughout the needs assessment process and detailed in this report provide the Town with a fresh look at human services needs among its citizens while engaging the entire community in providing input.

RESEARCH METHODOLOGY

The published Town of Gilbert data, demographic trends and population variables available through secondary research and contact with primary sources of Gilbert data provided in Part I of the report were used in crafting a series of research tools tailored to the specific Gilbert needs assessment project. The chosen multi-method research approach provides for simultaneously gathering data and validating each arm of the research methodology.

Survey Questionnaires

Initially, the TWI research team anticipated collecting data from an estimated 100 surveys; the number of actual survey instruments submitted totaled 103. These survey responses provide a point of comparison and support for the data gathered through the focus group component of the study as well as interview data to create a seamless response to the questions outlined in the RFP. The survey questionnaires were administered to the targeted sample in a personally proctored, controlled environment with focus group participants (human services recipients, providers and members of the faith community) and community leaders and stakeholders in personal one-on-one interviews.

The survey questionnaire designed to capture quantitative and qualitative information and perceptions critical to the various areas of focus within the needs assessment process included the following areas of study [see Attachment A for a copy of the survey questionnaire]:

- Respondents' affiliation with a human services agency serving the Gilbert area (either as a volunteer or employee)
- Descriptive information about the respondents pertinent to the seven human services population groups targeted in the needs assessment, as defined by the Request for Proposals and consistent with the intent of the research project
- Assessment of the adequacy of an extensive list of human service areas relevant to the population groups identified for research by the Town of Gilbert, specifically measuring respondents' perception and personal experiences regarding whether each identified service area reflects—
 - Seriously inadequate services;
 - Some gaps in services;
 - Adequate services;
 - Some duplications in services;
 - Multiple redundancies in services; or
 - A response that indicates a sufficient lack of knowledge about the service to assess its adequacy.
- A rank ordering of respondents' perception/observation regarding the seven human services population groups within the Town of Gilbert from "greatest need for added services" (1) to "least need for added services" (7) (population groups were listed in the survey instrument in alphabetical order as follows):
 - Elderly/Seniors over 62 years of age
 - Families/Individuals in crisis
 - Homeless individuals and families
 - Immigrant groups
 - Low/moderate income individuals and families
 - Residents with special needs
 - Youth
- Assessment of the perceived/experiential quality of services being provided to the seven population groups listed above on a five-point scale
- A request for respondents to state their perceptions of the *greatest strength* in human services offered to residents of Gilbert
- A request for respondents to state their perceptions of the *largest gap* in human services available to citizens of Gilbert

- Assessment of respondents' personal evaluation of quality of life elements within the Town of Gilbert on a five-point scale
 - Level of crime and delinquency
 - Support for building community within individual neighborhoods
 - Support for bilingual services
 - Support for individuals and families in crisis
- Identification of services needed by the respondents to meet existing challenges and corresponding organizations that provide those human services, utilizing a relatively extensive list of potential services related to the seven population groups addressed by the project. Respondents were asked to identify their needs and specific organizations they have used to meet those needs in the interest of creating an extensive list of available services. Human service providers were asked to identify specific organizations they use for referrals to human services clients.
- Identification of the resources used by the respondents to learn more about the availability of human services in Gilbert
- An opportunity to provide additional comments to assist in the needs assessment process
- Demographic data for the respondents, including—
 - Gender
 - Age
 - Ethnicity
 - Current marital status
 - Children/dependents
 - U.S. citizenship
 - Education level
 - Faith community connection

The survey was administered only in conjunction with face-to-face, personally proctored discussions with members of the human services community and community leaders/stakeholders to provide consistency of understanding among respondents.

The 103 survey respondents represented the following research areas (including significant overlap among population groups):

- 36 Human services provider participants
- 26 Elderly/Seniors over 62 years of age
- 9 Individuals/Families in Crisis participants
- 50 Low/moderate income participants, including 8 homeless individuals
- 21 Immigrant participants
- 21 Special needs participants and/or family members
- 33 Parents of youth
- 12 Community interviews
- 6 Human Relations Commission members

The demographics extracted from the 103 surveys are detailed below:

Gender	Female	73 (70.9%)		
	Male	27 (26.2%)		
	Blank	3 (2.9%)		
Age	15-19 years	1 (1.0%)		
	20-24 years	1 (1.0%)		
	25-34 years	14 (13.6%)		
	35-44 years	23 (22.3%)		
	45-54 years	25 (24.3%)		
	55-64 years	21 (20.4%)		
	65 years and over	15 (14.6%)	Blank	3 (2.9%)

Ethnicity	American Indian or Alaskan	2 (1.9%)
	Asian or Pacific Islander	2 (1.9%)
	Black or African American	11 (10.7%)
	Hispanic/Latina(o)	21 (20.4%)
	White	62 (60.2%)
	Other	2 (1.9%)
	Blank	3 (2.9%)
Marital Status	Single (never married)	23 (22.3%)
	Married	51 (49.5%)
	Unmarried living in partnership	3 (2.9%)
	Separated	2 (1.9%)
	Divorced	17 (16.5%)
	Widowed	4 (3.9%)
	Blank	3 (2.9%)
Dependents	Children (under 18 years of age)	33 respondents reporting dependent children
	Average # of children	2.4
	Other dependents	15 respondents reporting other dependents
	Average # of dependents	1.9
U.S. Citizenship	Yes	87 (84.5%)
	No	11 (10.7%)
	Blank	5 (4.9%)
Education	Highest grade completed	
	Elementary school	11 (10.7%)
	High school graduate/GED	19 (18.4%)
	Vocational training	11 (10.7%)
	Associate degree	10 (9.7%)
	Bachelor's degree	22 (21.4%)
	Graduate degree	27 (26.2%)
	Blank	3 (2.9%)
Member of a Faith Community (citing 28 separate faith communities or denominations)		
	Yes	61 (59.2%)
	No	29 (28.2%) (consistent with MissionInsite data in Table 11)
	Blank	13 (12.6%)

Focus Groups

The TWI research team proposed conducting 8 focus groups, one for each of the seven population groups included in the study as well as a service provider/stakeholder group. The breadth of the focus groups was expanded during the research process to include 10 focus groups attended by 101 participants utilizing two venues for individuals and families in crisis and an additional group to encompass the faith community:

- 2 Human services provider groups, including members of faith communities (34 participants)
- 1 Elderly/Seniors group (18 participants)
- 2 Individuals/Families in Crisis groups, including 3 homeless participants (7 participants)
- 1 Homeless group (2 homeless participants)
- 1 Low/moderate income group, including 3 homeless participants (7 participants)
- 1 Immigrant group (19 participants)
- 1 Special Needs group (8 participants)
- 1 Parents of Youth group (6 participants)

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

Insight into whose voice should be included in this project was seen as critical for success. Based on past experience of this research team, identifying, organizing and scheduling participants require careful planning. Getting busy people to attend group gatherings can be difficult, and arranging for appropriate venues with adequate facilities and the right people in attendance often requires a significant amount of time and effort. The results of the focus groups are only as valuable as the appropriate mix of the people involved. If participants are too heterogeneous, the differences between participant perspectives can make a considerable impact on their contributions, but if a group is too homogeneous, diverse opinions and experiences may not be revealed. In this case, the formation of the focus groups required approximately twice the time and effort generally needed to reach research goals. Although the research team could speculate on the factors that contributed to this unanticipated difficulty, ranging from lack of time or commitment on the part of referral sources to reluctance on the part of service recipients to participate in a public forum for a variety of reasons, no explanations can be scientifically validated.

Focus group participants were selected in accordance with a target sample of Gilbert residents designed to gather responses from human services providers, human services recipients in the seven human services areas and concerned community members/stakeholders. The invitation process began by contacting representatives from all Gilbert-funded organizations and those cited in materials provided by Town staff members. A total of 104 organizations serving Gilbert residents was researched and contacted. Faith-based organizations were included at the recommendation of the Mayor's Office. Organization executives were invited to attend or to send designated representatives with invitations issued first by email and followed up with multiple phone calls.

Focus group invitations were distributed in a variety of ways—via email, stakeholder contacts, posting in 25 public venues to reach individuals receiving and not yet receiving services, team member visits to sites specific to harder-to-reach participants, and distribution within the community by earlier focus group participants. [A copy of the primary focus group invitation/schedule is included as Attachment B to this report. Tailored invitations were created for specific focus groups, and a Spanish version was also created.]

Every organization identified during a focus group or interview as serving Gilbert residents was cross checked to ensure that representatives from that organization had been invited to participate. Human services providers were enlisted to encourage client participation in specified focus groups. Providers were asked to either: 1) supply TWI with client contact information; 2) identify alternative opportunities to connect with clients; or 3) link TWI with direct service workers who could assist with inviting clients to participate. One provider assisted by transporting clients to the focus group for individuals with special needs.

Potential barriers to participation were eased by selecting the best possible focus group locations for each population group to attend. For this reason, focus groups were held at 4 different locations throughout Gilbert—

- Gilbert Municipal Center I
- House of Refuge
- A local Burger King
- A residential neighborhood

TWI consultants created every opportunity possible for people to participate, including varied weekday and weekend options for focus groups. Transportation via bus and/or cab was offered to offset any barriers that would prohibit attendance. Opportunities for individual interviews were also provided for anyone unable to attend a regular focus group; one individual took advantage of this accommodation.

Special attention was devoted to creating a target sample that reflected cultural, demographic and geographic distinctions. Incentives were provided to compensate attendees from at-risk populations for their participation, and refreshments were offered at meetings for service providers, community stakeholders and representatives of the faith community.

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

Interviews

Individual interviews were held with a total of 18 individuals: three service recipients emerging from the focus groups (all three low/moderate income individuals/families, two homeless families and one representing the special needs population), two parents of youth, one immigrant, one staff member of the Maricopa Association of Governments (MAG), four with human services providers and seven key community stakeholders. Interviews were conducted with targeted participants at their requested times and locations. Information gathered from these interviews was utilized to corroborate the focus group analysis and survey data, validate the research methodology and data and lend depth to the findings and recommendations. Although one hour spent with 12 individuals in a focus group can generate more information than one hour spent in a single one-on-one interview, 12 one-hour interviews provide greater detail to round out research findings and fill gaps in the information gathered. In addition, by engaging individuals in more in-depth dialogue, the TWI research team was able to offer valuable insight into the needs of multiple population groups.

Dialogue Group

One dialogue group was conducted as a part of the research design. This group was convened for clarification and corroboration of information gathered to support prioritization and recommendations for inclusion in the final report and provided a “member check”, in research terms, with key community members and participants who access services to help ensure additional credibility of the findings. Within this dialogue group, the research team reviewed specific findings and recommendations for further discussion.

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

HUMAN SERVICES POPULATION DEFINITIONS

Human Services Community. For the purposes of this needs assessment project, a working definition of “the Town of Gilbert human services community” was created to define the scope of the research sample and findings and to be certain that everyone utilizing the report in the future is consistent in understanding the segment of the population the research team was asked to delineate. The target sample for the research was taken from the larger “Town of Gilbert human services community” population, using statistical terminology, defined as “human services stakeholders and providers *within* the Town of Gilbert, human services providers *accessible* to Gilbert residents (and *affordable*) but located outside the community, Gilbert residents in need of human services assistance, community advocates and concerned citizens with a specific interest in a distinct human services population group.”

A description of the larger community from which the population is drawn and the Census data, national/state/county reports, and other secondary research data pertaining to the specific seven population groups included in this study are detailed in Part I of this report. The “Town of Gilbert human services community” is a subset of the entire general population of Gilbert.

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

Elderly/Seniors Over 62 Years of Age. For the purposes of this report, the research team chose to define “elderly” in terms of seniors “over 62 years of age” coinciding with the most popular age at which individuals choose to retire and begin to draw Social Security benefits today and leading up to the age at which individuals begin to require additional services, according to a 2013 *U.S. News* report. Although, the Gilbert population is currently younger than other municipalities within Arizona and the nation, this demographic group is growing, demonstrating specific needs today and promising to need resources increasingly in the future. The elderly constitute a population group that this report will address as a “future gap in human services”—requiring forethought and planning in forming strategic initiatives today.

The Federal Interagency Forum on Aging provides a “big picture” review of the challenges facing the elderly in its comprehensive report on a variety of topics important to the well being of older Americans (*Older Americans Update 2012: Key Indicators of Well-Being*). These 37 key indicators that contribute to the quality of life enjoyed by this population include:

Table 11. Key Indicators of Well Being for Older Americans

Key Indicators by Focus Area	
Population	Health Risks and Behaviors
1. Number of Older Americans	21. Vaccinations
2. Racial and Ethnic Composition	22. Mammography
3. Marital Status	23. Dietary Quality
4. Educational Attainment	24. Physical Activity
5. Living Arrangements	25. Obesity
6. Older Veterans	26. Cigarette Smoking
	27. Air Quality
	28. Use of Time
Economics	Health Care
7. Poverty	29. Use of Health Care Services
8. Income	30. Health Care Expenditures
9. Sources of Income	31. Prescription Drugs
10. Net Worth	32. Sources of Health Insurance
11. Participation in the Labor Force	33. Out-of-Pocket Health Care Expenditures
12. Total Expenditures	34. Sources of Payment for Health Care Services
13. Housing Problems	35. Veterans’ Health Care
Health Status	36. Residential Services
14. Life Expectancy	37. Personal Assistance and Equipment
15. Mortality	
16. Chronic Health Conditions	
17. Sensory Impairments and Oral Health	
18. Respondent-Assessed Health Status	
19. Depressive Symptoms	
20. Functional Limitations	

The older population in the U.S. (persons 65 years and older) reached 40.3 million in 2010, as reported by the 2010 U.S. Census. They represent 13.0 percent of the U.S. population which translates to one in every eight Americans, an increase from 12.4 percent in 2000. The Administration on Aging in the U.S. Department of Health and Human Services reports that by 2030 there will be about 72.1 million older persons, more than twice their number in 2000, approximately 19 percent of the population.

Like the rest of the nation, Maricopa County’s population is aging. According to the U.S. Census Bureau in 2010, the median age of Maricopa County’s residents was 33.6 years, an increase from 26.7 years in 1960. A common misconception about Arizona is that the population has an unusually high number of senior citizens, but the population in the County is actually 3 years younger than the national average, and the largest age cohort (group) of individuals has been the 25 to 34 age group since the 1990s. In 2010, persons 65 years and older represented only 6.1 percent of the Gilbert population—almost exactly *half* the size of the older population in Maricopa County (12.12 percent) and significantly less than half the national figure. In 2012,

the median age for Arizona residents was 37.1 years, while the median age for Gilbert residents was 31.9 years.

A *Profile of Older Americans: 2012* published by the Administration on Aging indicates that *nationally*:

- About 28 percent of non-institutionalized older persons live alone and almost half of older women age 75+ live alone.
- In 2011, about 497,000 grandparents aged 65 or more had the primary responsibility for their grandchildren who lived with them.
- The national median income of older persons in 2011 was \$27,707 for males and \$15,362 for females, and family households headed by older people reported a median income of \$48,538.
- About 3.6 million elderly persons (8.7 percent) were below the poverty level nationally in 2011.

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

Families in Crisis. For the purposes of this report, the working definition for the term “families in crisis” is defined as “Town of Gilbert families experiencing stressors that put one or more family members in a dangerous situation requiring immediate support and emergency intervention to defuse the situation and restore a temporary level of stability to the family.” The Administration of Children and Families within the U.S. Department of Health and Human Services provided a description of a family in crisis that assisted the research team in formulating the working definition that encompasses the elements included in that description—

A family is thrust into a crisis when two or more elements, contributing to a state of crisis, interact. These elements include: 1) experiencing a stress-producing situation; 2) having difficulty coping; 3) showing chronic difficulty meeting basic responsibilities; and 4) having no apparent sources of support. Differences among the interacting elements make each crisis unique.

These families do not lend themselves to a tidy statistical count of the number of individuals and families involved at any given point in time, but stakeholders and providers are the first to relate that these families exist and represent a significant population group in any definition of need within the human services community. Generally research indicates that the outer limit of “immediate support and emergency intervention” is recognized to be four months to be earmarked as “crisis”, but these families know that four months is often inadequate to navigate waiting lists and paperwork given the complexity of family needs and the current economic climate.

Family stressors include a variety of contributors related to family, economic and community situations as well as natural elements. Although factors contributing to crisis are likely to overlap with one or more of the other population groups included in this needs assessment study, the common denominator within a crisis situation is the need for immediate support and emergency intervention. A partial list of the types of situations contributing to family crisis includes:

- Child abuse and neglect
- Runaway children
- Abductions and human trafficking
- Threat of suicide
- Mental health issues of a family member resulting in a dangerous situation
- Arrest of an individual providing a family’s sole means of support
- Alcohol/substance abuse
- Domestic violence/emotional abuse
- Loss of family home to foreclosure
- Homelessness
- Loss of home to fire or financial distress

- Rape and incest
- Postpartum depression leading to an inability to cope
- Emotional/mental distress
- Crisis pregnancy
- Elder abuse

Homeless. For the purposes of this report, the definition of “homeless” is “lacking a fixed, regular and adequate night-time residence and living in a shelter, temporary institutional residence or a public or private place not designed for a regular sleeping accommodation”, e.g., living on the streets, sleeping in a car or alternating between a motel room and one of these options. The Office of the Assistant Secretary for Community Planning and Development within the Department of Housing and Urban Development defines “homeless” as a part of the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (revised and published on December 5, 2011) as follows:

(1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided; (2) individuals and families who will imminently lose their primary nighttime residence; (3) unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; and (4) individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

On December 31, 2013, the Arizona Department of Economic Security estimated over 27,000 homeless people (including many women, children, families and veterans) living in Arizona in its report *Homeless in Arizona: Annual Report 2013*. The largest population of individuals experiencing homelessness is in the urban community of Phoenix and the surrounding areas, accounting for slightly over 64 percent of the state’s homeless population. Approximately 28 percent of the adult homeless population interviewed during the 2012 Arizona Summer Survey reported experiencing drug and/or alcohol abuse while 37 percent reported living with physical or mental disabilities. Reported substance abuse and physical or mental disabilities are highest among the single adult homeless population. Domestic violence is reported as a leading cause of homelessness among women, and job loss and family conflict were also significant factors leading to homelessness in 2013.

Chronically homeless means a person has experienced homelessness more than four times in the past three years or has been homeless for one continuous year or longer and has a disabling medical, mental or addictive condition. Chronically homeless individuals include the most vulnerable, the most visible street homeless and the most difficult population to serve. Many have lived on the streets for years and have difficulty transitioning to housing and reconnecting with community. They are predominately single (92 percent) and they are the highest users of emergency rooms and hospital services. They account for more than 50 percent of the public dollars spent on homelessness and utilize 50 percent of homeless resources such as shelter beds and case management. They are also the most likely to die on the streets if a system to house them is not provided.

Based on 2013 data, the State of Arizona has seen a 15 percent decrease in the homeless veteran population and double digit decreases over the past three years. The success of these decreases is centered around the State’s plan to focus on ending homelessness among veterans by 2015.

One of the categories of homeless individuals and families is those who are “doubled up.” These individuals fall into the portion of the homeless definition that cites “individuals who lack a fixed, regular, and adequate night-time residence.” Over the course of a year, the odds of experiencing homelessness for a person living doubled up are estimated to be 1 in 12, according to the 2012 Homelessness Counts report issued by the National Alliance to End Homelessness. The number of people living doubled up in Arizona increased by 6.9 percent between 2009 and 2010.

Immigrant Groups. The definition of “immigrants” for the purpose of this report is “any non-citizen who is residing permanently in Gilbert; working, going to school and/or seeking work or an education or some combination of the two (within legal restrictions).” Immigrants from a variety of locations, countries and ethnicities, many of whom have lived in Arizona for years, repeatedly see evidence that makes them feel less than accepted or valued as community members. Several ethnic minorities express a range of needs ranging from freedom from subtle forms of discrimination to translation services to assistance with legal questions and cultural adjustments.

- **Culturally Diverse Groups.** A group that emerged as a part of the needs assessment includes individuals who have experienced both overt and subtle forms of discrimination within the community, defined as “individuals of ethnicities other than Anglo and/or a non-traditional sexual orientation seeking an equality of representation and respect within the community.”

Low/Moderate Income Individuals and Families. Any discussion of need within the human services community hinges on an understanding of two versions of the federal poverty measure commonly used interchangeably in error. The two versions are:

- The poverty thresholds, and
- The poverty guidelines

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

The *poverty guidelines* are issued each year in the *Federal Register* by the Department of Health and Human Services (HHS). The guidelines provide a simplification of the poverty thresholds for use for administrative purposes, such as determining financial eligibility for certain federal programs. The poverty guidelines are sometimes loosely referred to as the “federal poverty level” (FPL), but use of that phrase is officially discouraged by HHS for its ambiguity and lack of precision. The most recent poverty guidelines issued by HHS in January 2014 appear in Table 12.

Table 12. 2014 Health and Human Services Poverty Thresholds

Size of Family Unit	48 Contiguous States and DC	Alaska	Hawaii
1	\$11,670	\$14,580	\$13,420
2	15,730	19,660	18,090
3	19,790	24,740	22,760
4	23,850	29,820	27,430
5	27,910	34,900	32,100
6	31,970	39,980	36,770
7	36,030	45,060	41,440
8	40,090	50,140	46,110
For each additional person, add	4,060	5,080	4,670

Source: *Federal Register*, Vol. 79, No. 14, January 22, 2014, pp. 3593-3594

General agreement exists among researchers and service providers that individuals whose income is less than 200 percent of the federal poverty guidelines are considered low-income workers. This is the working definition for the purposes of this report. For example, the U.S. Census Bureau uses 200 percent of poverty as a key threshold in their annual poverty reports. Families with incomes between 100 and 200 percent of the poverty guidelines are eligible for many government means-tested assistance programs, e.g., Earned Income

Tax Credit, many of the state Child Health Insurance Programs and food stamps. Table 13 provides calculations used for the purposes of defining low/moderate income individuals and families for the purposes of this report. However, it should be noted that this table represents the base amounts for individuals and families considered “low income.” Even the U.S. Census Bureau does not have an official definition for “moderate” or “middle” income, although they tend to use the middle quintile, which includes families with annual incomes between about \$40,000 and \$65,000.

Table 13. 2014 Calculation of Low Income Worker Guidelines
(calculated based on 200 percent of the 2014 Federal Poverty Thresholds)

Persons in family/household	Total Income
1	\$23,340
2	31,460
3	39,580
4	47,700
5	55,820
6	63,940
7	72,060
8	80,180

Source: *Federal Register*, Vol. 79, No. 14, January 22, 2014, pp. 3593-3594

A study released by the Center on Budget and Policy Priorities (CBPP) on November 15, 2012, provides evidence that the gap between the highest-income families and poor and middle-class income families tripled between 1979 and 2007. During the recession of 2007 through 2009, households at all income levels saw declines in real income due to widespread job losses and the loss of realized capital gains. However, the incomes of the richest households have begun to grow again while the incomes of those at the low and moderate levels continue to stagnate. The study is one of the few to examine income inequality at both the state and national levels. In the United States as a whole, the poorest fifth of households had an average income of \$20,510, while the top fifth had an average income of \$164,490—eight times as much. Arizona is one of 15 states in which this top-to-bottom ratio exceeded 8.0; in fact, Arizona is among the five states with the largest top-to-bottom ratio in which the top fifth had an average income exceeding 15 times as much as the poorest fifth (Arizona, New Mexico, California, Georgia and New York). Arizona is #2 in the nation with the largest gap between rich and poor—17 times as much. In the late 1970s, as a point of comparison, no state had a top-to-bottom ratio exceeding 8.0. Jared Bernstein, Senior Economist with the Economic Policy Institute stated, “When income growth is concentrated at the top of the income scale, the people at the bottom have a much harder time lifting themselves out of poverty and giving their children a decent start in life.”

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

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

Youth. Although youth, as a population group, would appear to be self-explanatory, the research for this needs assessment sought to draw out responses from the human services community that differentiated between services to various segments of the youth population, e.g.,—

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

Residents take pride in the wide range of activities and programs offered for youth. Therefore, the needs assessment research for this population group focused primarily on the adequacy, appropriateness, affordability and accessibility of services available to *all* youth, particularly those in need.

PART III GILBERT NEEDS ASSESSMENT DATA AND FINDINGS

HUMAN SERVICES COMMUNITY INPUT

This portion of the Gilbert Human Services Needs Assessment is considered to be the most important section for anyone to read who considers Gilbert their home—no matter which segments of the population apply to the reader, if any. Members of the Town Council requesting this needs assessment expressed a desire to listen to the input of the greater community. “Community outreach” toward individuals and families within seven specific population groups of Gilbert residents, credible research into their realities and “community input” from residents sharing their personal stories were a key part of the original mandates for the study expressed in the RFP. Although this study focuses exclusively on the human services community (a segment of the Gilbert population that represents roughly one-third of Town residents, before adding immigrant groups and non-low income youth whose needs vary), their needs are sometimes less visible. The TWI team has worked diligently to convey their input and the research that supports their challenges as accurately as possible.

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

Participant Survey Data Results

The research design for the project called for 100 survey questionnaires to be completed. The TWI team designed a plan to solicit survey data from a target sample extracted from the “Town of Gilbert human services community,” as defined in the section of this report entitled “Human Services Population Definitions.” The larger human services community (population) consists of “human services stakeholders and providers *within* the Town of Gilbert, human services providers *accessible* to Gilbert residents (and *affordable*) but located outside the community, Gilbert residents in need of human services assistance, community advocates and concerned citizens with a specific interest in a distinct human services population group.”

To represent a target population, a research sample must be selected from the target population. In this case, the needs assessment process was intended to learn more about services within the Town (including perceptions of strengths, gaps and challenges) from those who know and understand the needs of the community, i.e., those who provide services, those who receive them and those who advocate for population groups in need, as well as representatives of Town and County government with an understanding of the challenges and resources available to this community. How the sample is selected in any given research project is critical to the accuracy and quality of the results. Special care was taken to represent each of the seven population groups that served as the focus for this study as evenly as possible (presented in alphabetical order): elderly, families/individuals in crisis, homeless, immigrants, low/moderate income individuals and families, special needs individuals, and youth. An overview of the questions, the process used for obtaining a representative sample and the description of the makeup of the sample are detailed in the section of this report entitled “Research Methodology: Survey Questionnaires” and in attachments to the report.

A good sample must be large enough for the results to be accurate. A large sample size selected from the target population assures the accuracy of the results. Generally, minimum sample size is not easily defined,

but the suggested minimums in the literature range from 20⁹ to 50¹⁰ with an ideal sample size greater than 30. Ideally a sample size of 30 is recommended. The TWI research team was successful in obtaining 103 survey responses.

The possibility of typical data collection problems was minimized by assigning trained PhD-level personnel to the needs assessment project. The survey questionnaires were administered in a face-to-face setting prior to the focus groups and interviews facilitated by these trained team members to allow for consistency in the instructions given and the responses to questions from survey respondents. In addition, this face-to-face venue ensured a high response rate in the completion of questionnaires. Team members created an environment in which each respondent was made to feel safe enough to tell the truth, ensuring the protection of individual privacy and encouraging people to respond. The descriptive information requested at the beginning of the survey questionnaire, e.g., organizational affiliation and status as an employee or volunteer, allowed the TWI research team to make adjustments in the data where a possible bias in the responses might skew the results.

Survey of Adequacy of Human Services Available to Gilbert Residents

A significant objective within the needs assessment process was to query the Gilbert human services community regarding the adequacy of human services available to residents of the Town, both those geographically located within the Town and those available in Maricopa County and nearby Pinal County, as perceived and experienced by human services recipients and providers. Specific information inquiries regarding adequacy of services throughout all aspects of the research were focused on responding to one of the Town's four major questions: What gaps or areas of improvement exist in human services?

Of the 103 survey questionnaires submitted, 71 respondents completed the section of the survey requesting an evaluation of the adequacy of 42 specific human services offered to service recipients within the seven human services population groups identified for inclusion in this study. Several points to be considered in analyzing the data found in Table 14 include:

- The score calculated from the ratings provided for each service area is recorded in the column labeled "Score of Raters." These scores are calculated utilizing SPSS 22.0 (*Statistical Package for the Social Sciences*) which weighted the respondent ratings and divided by the # of raters. These scores provide an average score for each area of service on a scale of 1 to 5 where—
 - 1 represents "Seriously inadequate services"
 - 2 represents "Some gaps in services"
 - 3 represents "Adequate services"
 - 4 represents "Some duplication in services"
 - 5 represents "Multiple redundancies in services"
- Respondents unfamiliar with the particular service listed were given the option to check "Don't Know." This assured that the adequacy ratings and calculated scores of raters would only represent the perspective of those familiar with the services offered in each human services area.

Following are the ranked ratings by category (from area of greatest need to lesser need). Note that respondents were asked to choose between definitive responses corresponding to whole numbers. Therefore, Seriously Inadequate Services relates statistically to a score most closely rounded to a score of "1" and so forth.

"Seriously Inadequate Services" (1.00 – 1.49)

None

* Note: Although multiple services received more "Seriously Inadequate" responses than "Some Gaps" responses, the existence of some "Adequate" responses offset the statistical average for the category. The reader will need to obtain insight into these differences in perspectives through the focus group process.

The scores for the services rated by the human services community as reflecting the most serious inadequacies (scores between 1.60 and 2.00) are highlighted in red in Attachment F for a more detailed view of the data. It is worthy of note that none of the 42 services were rated as "adequate" (a score of 3.00, with or

without rounding). The Lower Tier in Table 14 represents a prioritized list of the most critical of the “gaps in services” as rated by focus group participants utilizing these services.

“Some Gaps in Services” (1.50 – 1.99)

Table 14. Gilbert Human Services Areas Exhibiting Gaps (Lower Tier)

Human Services Areas (including appropriate counseling services)	Seriously Inadequate Services (1)	Some Gaps in Services (2)	Adequate Services (3)	Some Duplications in Services (4)	Multiple Redundancies in Services (5)
24-hour Child Care		1.60			
Re-entry Services for Previously Incarcerated		1.61			
Senior Transportation Assistance		1.63			
Transportation Assistance for Low/ Moderate Income Individuals and Families		1.63			
Emergency Shelter/Housing for the Homeless		1.66			
Affordable, Safe Housing for Low/Moderate Income Individuals and Families		1.69			
Affordable Child Care		1.71			
Legal Services for Families in Crisis		1.77			
Elder Abuse Services		1.77			
Employment Services (Un- and Under-Employed)		1.78			
Child Abuse Services for Families in Crisis		1.78			
Child Emergency Respite Care		1.83			
Fee Assistance for Full Participation in Youth Activities		1.83			
Treatment for Substance Abuse		1.84			
Diversity Support for LGBTQ* Individuals and Families		1.85			
Affordable, Safe Housing for Seniors/Elderly		1.86			
Mental/Emotional Disorders Treatment Services		1.87			
Domestic Violence Services		1.88			
Diversity Support for Immigration/Naturalization		1.88			
Access to Bilingual Services		1.89			
Assistance to Individuals with AIDS		1.90			
Assistance to Veterans		1.91			
CPS** Investigation/Removal of Child from the Home		1.92			
Legal Services for Immigrant Groups		1.93			
Public Transportation		1.95			

*Lesbian, Gay, Bisexual, Transgender, Questioning

**Child Protective Services

The Upper Tier in Table 15 represents a prioritized list of the “gaps in services” demonstrating a slightly lesser level of criticality, as rated by focus group participants utilizing these services.

“Some Gaps in Services” (2.00 – 1.49)

Table 15. Gilbert Human Services Areas Exhibiting Gaps (Upper Tier)

Human Services Areas (including appropriate counseling services)	Seriously Inadequate Services (1)	Some Gaps in Services (2)	Adequate Services (3)	Some Duplications in Services (4)	Multiple Redundancies in Services (5)
Foster Care for Families in Crisis		2.00			
Diversity Support for Ethnicity		2.00			
Emergency Assistance with Utilities		2.06			
Assistance to Residents with Physical Disabilities (blind, deaf, physiological)		2.08			
Food Banks		2.13			
Immunization Clinics		2.13			
Emergency Clothing Assistance		2.16			
Food Assistance for Youth		2.18			
Assistance to Residents with Developmental Disabilities		2.19			
Youth Out-of-School Programs (Middle School)		2.20			
Youth Out-of-School Programs (High School)		2.20			
Affordable Elder Care (long-term and day respite care)		2.21			
Pregnancy Services		2.23			
Youth Out-of-School Programs (Elementary)		2.25			
Emergency Food Assistance Programs for Families/Individuals in Crisis		2.30			
Senior Assistance with Delivery of Meals		2.31			
Senior Recreation/Socialization Programs		2.36			

Further analysis of the individual survey instruments indicated that many of the “Don’t Know” answers came from human services providers for Gilbert residents who come from outside the Town of Gilbert and were uncertain about what services are or are not available to residents. This column is particularly troubling, because human services providers who are the “front line first responders” to residents in need and often the first point of contact for referrals are in need of additional information about services available to residents—further evidence that the development of a relatively exhaustive list of services, researched to be available and accessible to Gilbert residents, obtainable on the Town of Gilbert web site would be helpful to service recipients and service providers alike.

“Adequate Services” (2.50 – 3.49)

None

* Note: Although several respondents recorded “Adequate Services” throughout the survey, the number of these responses was insufficient in relationship to the “Seriously Inadequate Services” and “Some Gaps in Services” responses to move any of the identified human services areas into the “adequate” category. Likewise, the rare responses to “Some Duplications in Services” and “Multiple Redundancies in Services” were insufficient to change the average scores.

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

Remembering that these survey questionnaires were completed by individuals within the Gilbert human services community, one observation worth repeating is the relatively large percentage of individuals who responded with “Don’t Know” when asked to rate the adequacy of the various human services within the Town. This observation will be reinforced repeatedly throughout the research findings and is directly related to the recommendation for improved communication about the existence and quality of services being offered and the distribution of information regarding individual organizations. A number of human service areas reflected large “Don’t Know” responses coupled with low scores and may be candidates for further study and discussion to determine if these are “invisible” or “forgotten” populations:

Survey of Ranked Order of Human Services Needs in Gilbert by Population Group

Effective allocation of community resources is a significant area of concern expressed by the Town within the Scope of Work set forth for this needs assessment project. In fact, the next question on the survey questionnaire relates to one of the Town’s three major questions: “What are the greatest needs in the community?” The previous section on adequacy of human services currently being provided leads to the next area of inquiry that examines where additional resources are currently most needed. Survey respondents were asked to rank order the seven population groups identified for focus in the needs assessment project reflecting their perceptions/experiences from *greatest* need for added services (#1) to the *least* need for added services (#7). Respondents were instructed to use only whole numbers (1 through 7) in the ranking process. Of the 103 survey questionnaires submitted, a total of 60 respondents completed this question accurately and completely for the purposes of statistical analysis.

An important aspect of the understanding of the response to this question that will continue to unfold throughout the research findings, including more in-depth discussion from the focus groups, is the importance of the nature of the question asking respondents for the rank order based on the greatest need for *added* services. Representatives from the human services community responded to this question on the basis of their perceptions and experiences regarding which of the population groups is most in need of *additional* resources. A deeper understanding of the *types* of services needed is available by referring to the section of this report entitled “Participant Focus Group Results.” During the focus groups, representatives of the human services community clarified that they are not advocating “robbing” one of the population groups of their resources in order to “pay” more resources to another group. In fact, as a group, they argue against the idea that *any* human service area is currently over-funded or providing duplicative or redundant services.

SPSS 22.0 software (*Statistical Package for the Social Sciences*) was used to test responses to this survey of 60 members of the human services community asked to evaluate the rank order of the need for added services among the seven designated population groups within the Town of Gilbert. The following rank order is reported (listed from greatest need for *added* services to least need for *added* services):

Table 16. Rank Order from Greatest to Least Need for *Added* Human Services in Gilbert

Population Group	Sample Size (N)	Sample Mean	Sample Median
1. Families in Crisis	60	2.850	3
2. Low/Moderate Income	60	3.233	3
3. Elderly	60	3.800	4
4. Homeless	60	3.883	4
5. Special Needs	60	4.500	5
6. Youth	60	4.733	6
7. Immigrants	60	5.400	6

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

Survey of Quality of Human Services within the Town of Gilbert by Population Group

Respondents were next asked to rate the *quality* of services being provided in each of the seven population groups specifically addressed in the Gilbert needs assessment survey. Not all of the 103 survey respondents answered this question. A total of 77 respondents answered the questions with some leaving one or more population groups blank, expressing a lack of knowledge to rate the quality of the services in those groups. Therefore, the number of respondents completing each segment is listed parenthetically after each element. The total number of survey respondents from each of the seven population groups (including significant overlap among population groups) is summarized below:

- Elderly/seniors over 62 years of age (26)
- Families/individuals in crisis (9)
- Homeless individuals/families (8)
- Immigrants (including Latino, Korean, Chinese, Polish) (21)
- Low/moderate income individuals and families (50)
- Residents with special needs (21)
- Parents of youth (33)

In April of 2013, Gilbert participated in the National Citizen Survey in a collaborative effort between the National Research Center, Inc., and the Town of Gilbert. At that time, 1,200 surveys were mailed to randomly selected Gilbert household units with a response rate of 23 percent (272 residents). One of the concerns about mailed interviews is to what extent it represents the population being surveyed. The concern is whether it over-represents those individuals who have more free time to complete surveys, less stressful challenges requiring immediate attention or a greater vested interest in the results to participate and whether limiting factors skew the responses, e.g., the time required for responding and the accessibility of the survey to all groups in need of human services. The overall quality of life in the Town of Gilbert was rated as “excellent” or “good” by 95% of those responding to the National Citizen Survey.

- **Elderly/Seniors**—(62 survey respondents) The National Citizen Survey conducted for the Town of Gilbert included several specific categorical ratings related to the quality of services within the Town. Two of these categories included “Gilbert as a place to retire” which was rated “excellent” by 41 percent of the National Citizen Survey respondents and “good” by 40 percent of respondents. “Services to seniors” were rated “excellent” by 22 percent of the National Citizen Survey respondents and “good” by 48 percent (a total of 70 percent) using a five-point Likert scale that did

not offer a category for “Average” (Excellent-Good-Fair-Poor-Don’t Know). By comparison, the Gilbert human services community survey respondents were asked to rate the quality of services to the seniors and the elderly using a five-point Likert scale as follows.

1	2	3	4	5
Poor		Average		Outstanding

The 62 individuals who responded to this question rated the overall quality as “average” (a mean score of 2.97). Only slightly more than 19 percent of the human services community considered the quality to be “above average.” Slightly more than 24 percent of the needs assessment respondents considered the quality of services to the elderly to be “below average.”

- **Families in Crisis**—(67 survey respondents) No like category was covered in the National Citizen Survey. However, this is an area of significant concern to members of the human services community. The survey respondents rated the quality of services to families in crisis as “below average” (a mean score of 2.30). Nearly 54 percent of the respondents rated the quality of services to families in crisis as “below average” with only 6 percent rating these services as “above average.”
- **Homeless**—(66 survey respondents) Once again, no parallel category was covered in the National Citizen Survey. However, the quality of services to the homeless was consistently ranked lowest in quality among the services offered to the seven population groups under study. Survey respondents rated the quality of services to this group as significantly below “average” (with a mean score of 1.91). Over 71 percent of the responses rated the quality of services to the homeless as “below average” with nearly 8 percent rating the quality of these services as “above average.”
- **Immigrants**—(57 survey respondents) The National Citizen Survey likewise did not address services to this population group. The human services community consistently rated the services to immigrant groups living in Gilbert as “below average” (a mean score of 2.26). Slightly more than 50 percent of the respondents rated the quality of services to immigrants as “below average” with only 7 percent rating the quality of services to this group as “above average.”
- **Low/Moderate Income Individuals and Families**—(67 survey respondents) The National Citizen Survey rated the quality of “services to low-income people” as above the norm with 25 percent rating the category as “excellent” and 47 percent rating the category as “good” (for a total of 72 percent). However, the human services community surveys rated the quality of the services to the low/moderate income group as significantly “below average” (a mean score of 2.18). This is a strong indicator of the perceptions of those who are distanced from the less visible needs of low/moderate income families in an affluent community. Only 5 percent of the National Citizen Survey responses (13 households) reported an annual income of less than \$25,000, and another 13 percent (32 households) reported an income less than \$50,000 (a figure above the low income level for a family of four). However, no question was asked about the size of households to determine how many of the respondents actually qualified as “low income.” By comparison, in the Gilbert human services needs assessment survey, nearly 50 percent of the respondents qualify for the “low income” category to better assess the perceptions and experiences of the quality of available services. Over 64 percent of the respondents rated the quality of services to this group as “below average” while only 9 percent rated the quality of services as “above average.”
- **Residents with Special Needs**—(61 survey respondents) Once again, no parallel category was listed in the National Citizen Survey, but survey respondents participating in the needs assessment process rated the quality of services to residents with special needs as slightly less than “average” (mean score of 2.59). Nearly 41 percent of the respondents surveyed rated the quality of services to this population group as “below average”, while 11 percent of respondents rated the quality of services as “above average.”
- **Youth**—(62 survey respondents) The National Citizen Survey rated a category of “quality of services to youth” as “above the norm.” The responses from the Gilbert human services community to the needs assessment survey rated services to youth as “average” (a mean score of 2.97). Nearly 26

percent rated the quality of services to youth to be “above average”, while 29 percent of the survey respondents rated the quality of services to be “below average.”

Greatest Strengths and Largest Gaps in Human Services for Gilbert Survey Participants

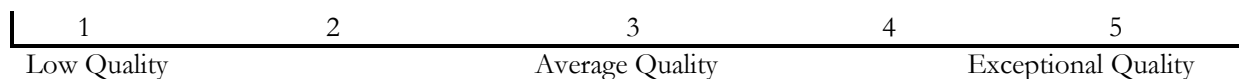
The TWI team offered survey respondents the opportunity to share their perceptions of the greatest strengths and largest gaps in human services provided to Gilbert residents. The responses to these two open-ended questions will be revisited in the section on “Participant Focus Group Results” in which focus group participants were asked to share their perceptions on greatest strengths and challenges *by population group*. This research approach gave participants openings in their community outreach experience to express both comprehensive community-wide assessments and specific views on their highest order commendations and requests for additional follow-up within each of the seven designated population groups in the human services community. Following is a summary of the strengths and gaps in which the parentheticals represent the number of survey respondents independently choosing and expressing their own individualized assessments:

- **Greatest Survey Strengths** (62 respondents)
 - Willingness of residents to help those in need/to volunteer (6)
 - Youth services (6)
 - Boys & Girls Club (2)
 - Youth diversions programs (1)
 - Gilbert Senior Center (5)
 - Town Safety (5)
 - Food/clothing programs (5)
 - Chandler Christian Community Center (1)
 - Community Action Program (CAP resources for emergency assistance, e.g., utilities, rent/mortgage) (4)
 - Support of faith communities (4)
 - Willingness to learn/address the needs of Gilbert residents through needs assessment (3)
 - Adapting to increased needs as a result of growth (1)
 - Parks and Recreation Programs (3)
 - Elder care/meals (3)
 - Quality service providers (2)
 - Public schools (2)
 - Gilbert CAN (2)
 - Services to families with young children, including events and activities (2)
 - Commitment of service providers to continue services in the face of a hostile environment (1)
 - Experience of leadership (1)
 - Services of low-income individuals and families (1)
 - Counseling (1)
 - For Our City (1)
 - Domestic abuse resources (1)
 - Chandler-Gilbert ARC (1)
 - Chamber of Commerce Christmas program (1)
- **Largest Survey Gaps** (78 respondents)
 - Services for the homeless individuals, families and youth (13)
 - Police empathy toward seniors who are homeless (1)
 - Central connection/communication source for list of available resources (12)
 - Perception that there are no needs in Gilbert (“posh life”) (12)
 - Stigma/shame for those needing services (4)

- Lack of government financial support to provide matching funds for leveraging nonprofit fundraising (8)
 - Town reliance on outside entities/nonprofits/churches to meet the needs of Gilbert residents (1)
 - Lack of affordable, accessible services (1)
 - “Need outpaces available/willing resources from the community” (1)
- Services for the elderly (5)
 - Assistance for elderly in their homes (1)
 - Transportation for elderly (1)
- Services for families in crisis (3)
- Affordable housing (3)
- Treatment for mental health and substance abuse (3)
- Services for special needs residents (3)
- Affordable child care programs (3)
- Support/respect for cultural diversity (2)
- Emergency assistance with water and utilities (2)
- Transportation services for low-income (2)
- Accessible food programs in Gilbert (2)
- Free recreational activities and events for residents (2)
- Foster families (1)
- Domestic violence services (1)
- Stress on school systems and public services due to rapid growth (1)

Quality of Life in Gilbert

The TWI team included a brief section in the needs assessment survey questionnaire related to five elements that contribute to the quality of life in Gilbert to determine how the Gilbert human services community, as a subset of the greater Gilbert population, rated these elements. Using a five-point scale, the 60 survey respondents were provided oral instructions that asked them to consider each element as it contributes to their quality of life in Gilbert from their own perspectives and experiences.



For example, if the respondent considered *The Level of Crime and Delinquency* to be very low in Gilbert, presumably that perception would contribute to an *Exceptional Quality* of Life in Gilbert (with a high rating of 5).

The Level of Crime and Delinquency. Within the National Citizen Survey conducted in early 2013, several of the specific categorical ratings related to safety and were rated by those responding to that survey as follows:

- Safety in the neighborhood during the day (above the norm)
- Safety in the neighborhood after dark (much above the norm)
- Safety in the downtown area during the day (similar to the national norm)
- Safety in downtown area after dark (much above the norm)
- Police services (much above the norm)
- Crime prevention (much above the norm)
- Safety from violent crime (much above the norm)
- Safety from property crimes (much above the norm)

By comparison, the Gilbert human services community survey respondents were asked to rate the **overall** level of crime and delinquency within the Town as it contributes to the quality of life for citizens using a five-point scale. The surveys rated the level of crime and delinquency similarly to be “above average” (a mean

score of 4.01), also consistent with the designation of Gilbert as the 5th safest city in the United States. Slightly more than 65 percent of respondents considered the level of crime and delinquency in Gilbert to contribute to an “above average” or “exceptional quality” of life, while slightly less than 7 percent rated the level of crime and delinquency to contribute to a negative quality of life (“below average” to “low quality”).

Support for Building Community within Individual Neighborhoods. “Building community” is a concept frequently omitted from survey questionnaires, substituting instead the level of services and accessibility to services and basic needs as “markers” for the concept. However, discussions with individuals in any locale generally have much to say about the “sense of community” or the “lack of community” where they live. The National Citizen Survey conducted in Gilbert in early 2013 was unique in its question intended to measure “Community Inclusiveness.” One specific question measured the “sense of community.” The responses to that survey question reported 78 percent of the residents rating the “sense of community” to be “excellent” or “good.” Although this category in the survey sought responses to rate community, none of the categories seemed to get at this concept of *building* community which has to do with improving the ease and success of building good relationships within the community. However, by comparison, the Gilbert human services community (66 respondents) rated “support for building community within individual neighborhoods” as “average” (mean of 3.08). Relationships are the basis for knowing and understanding individuals and families and defining quality of life.

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

Support for Bilingual Services. A contributing element to quality of life in a diverse population such as exists in Gilbert (27 percent) is the question of support for diversity. The category most closely related to this element in the National Citizen Survey conducted in April 2013 related to “openness and acceptance of people with diverse backgrounds,” although this question did not specifically address the concept of support. Residents responding to the National Citizen Survey rated that category with 77 percent rating “openness and acceptance” to be “excellent” or “good.”

The survey question put before participants in the Gilbert needs assessment project was specifically addressing the idea of support for bilingual services within the Gilbert human services community. The survey respondents (57 respondents) rated this contributor to the quality of life in Gilbert as “below average.” The mean score for the respondents was 2.35. Slightly more than 52 percent of respondents considered the lack of support for bilingual services in Gilbert to contribute to a negative quality of life (below average) compared to only about 9 percent of considering the level to contribute to a positive quality of life (above average).

This survey question also did not address the idea of “openness and acceptance of people with diverse backgrounds other than ethnicity.” More on this topic arose as a discussion point in focus groups and interviews.

Support for Individuals and Families in Crisis. As mentioned earlier, no like category was covered in the National Citizen Survey. However, this topic quickly became one of the major issues of discussion in multiple focus groups and interviews. Concerns about escalating public safety calls associated with suicide, mental health issues, domestic violence and substance abuse led to discussions about support for residents who found themselves “suddenly low income” during the recent recession. The relatively consistent identification of “Families in Crisis” as the topmost human services population group in need of added services is consistent with the Gilbert human services community survey (63 respondents) rating the level of support for this group as “below average” (mean of 2.41). More than 55 percent of survey respondents considered the lack of support for this population group to contribute to a negative quality of life linked closely with the concept of building community.

Resources Utilized to Access Human Services in Gilbert

Respondents to the survey questionnaire were asked to provide information about the resources they have used to learn about the availability of human services in Gilbert. The question provided a variety of options as well as the opportunity to list other resources. The purpose of this question is to identify the most viable options for disseminating information regarding available resources throughout the community:

- Internet
- Advertising (TV, newspapers, pamphlets)
- Professional referral (court, social service agency, counselor)
- Family/friend referral
- Other (please specify)

**Table 17. Resources Utilized to Access Human Services
(based on 81 survey responses)**

Information Resources	Adult (% of Responses)
Internet	50.6%
Family/friend referral	38.3%
Professional referral (court, social services agencies, counselors)	33.3%
Advertising (TV, newspapers)	21.0%
Other	22.2%
Senior center (3)	
Faith communities (2)	
Gilbert CAN (2)	
For Our City (2)	
Utility companies (1)	
Community Information and Referral (1)	
Landlords (1)	
Mailers (1)	
Hand distributed flyers (1)	
Sign language accessible sources (1)	
Hospice of the Valley (1)	
Chamber for Good (1)	

Although the responses lean heavily toward the internet, both survey respondents and focus group participants indicate that access to technology ranges from intermittent to non-existent for a significant number of individuals seeking human services. Therefore, research participants requested that the Town revert to the “old-fashioned” approach of publishing flyers and/or resource directories and making them available at locations where referrals are generally sought. Additional discussion is included in the section of this report entitled “Participant Focus Group Results.”

Visibility and Use of Human Services Organizations Accessible to Gilbert Residents

The 103 members of the human services community participating in the survey research (including service providers, service recipients and concerned citizens) were provided with a list of human services generally sought by individuals and families within the seven population groups included in this study to meet their needs. They were asked to indicate which of those services they “Need” and/or “Use.” In the case of service providers, they were asked to indicate which of those services they “Use (as referrals).” They were also asked to provide the name(s) of the organizations they use for each service. The data gathered through this survey question were cross-checked with the list of human services providers the TWI team was developing throughout the research process. This list of organizational names, general area of services provided, addresses and telephone numbers are included in Attachment E for use in developing a resource directory to be available and easily accessible on the Town of Gilbert web site as well as to be distributed to locations where individuals and families in need would generally visit.

Participant Focus Group Results

The initial research design for the focus groups called for the TWI research team to conduct 8 focus groups from the Gilbert human services community (one for each of the seven population groups and one for stakeholders/human services providers) with a goal to reach approximately 80 participants. After discussions with community stakeholders, a decision was reached to add another focus group to include representatives of the Gilbert faith communities alongside human service providers. The process used to form the focus groups to assure broad representation across the range of human services and to engage individuals directly involved with the seven population groups was covered in the earlier section on “Research Methodology.” Ultimately, 10 focus groups were conducted (including a second focus group for reaching the homeless) during the month of March, 2014, including 101 participants:

- 2 Human services provider groups, including members of faith communities (34 participants)
- 1 Elderly/Seniors group (18 participants)
- 2 Individuals/Families in Crisis groups, including 3 homeless participants (7 participants)
- 1 Homeless group (2 homeless participants)
- 1 Low/moderate income group, including 3 homeless participants (7 participants)
- 1 Immigrant group (19 participants)
- 1 Special Needs group (8 participants)
- 1 Parents of Youth group (6 participants)

Focus groups were facilitated by trained PhD-level personnel assigned to the needs assessment project, and the results of the discussions were fully recorded with multiple means of documentation, including flip charts as needed, typed notes from trained note takers and digital audio recordings. Each focus group was 1½-2 hours in length. The recordings and documentation for each focus group were studied in depth and transcribed by a PhD-level researcher experienced in focus group coding and analysis. Responses to each of the individual focus group questions were categorized and recorded to assure no response was overlooked. Data were analyzed utilizing qualitative coding techniques. The results and findings extracted from the focus group process are presented in this section of the report to support the analysis of strengths and gaps and the development of priorities and recommendations for use by the Town Council.

Greatest Strengths and Challenges by Population Group

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

Recurrent Themes Across All Population Groups.

Participants in each of the 10 focus groups were asked to provide responses to the question related to strengths and challenges. The strengths identified as common to all groups are universal, including the most frequent reference from participants feeling safe in their community. The family-oriented, small town atmosphere and the appreciation of excellent teachers and good schools were repeated again and again. Gilbert residents take distinct pride in the appeal and the “feel” of the Town in which they live.

Although the basic core of the common challenges were universal to all groups, to some extent the *nature* of the themes

Greatest Strengths Across Groups

- *Safe, small town atmosphere
- *Family-oriented
- *Excellent teachers, good schools
- *Fresh, clean, pretty, vibrant!

Greatest Challenges Across Groups

- *Centralized resource for information and referral
- *Safe, affordable housing
- *Affordable, accessible transportation
- *Accessible health care to meet needs
- *Access to basic necessities

varied by population group. For example, the theme of “safe, affordable housing” took on a slightly different perspective for each group:

- For families in crisis—safe, affordable housing includes a variety of needs, such as shelters for victims of domestic violence, housing options for families faced with losing their homes to foreclosure and respite care options for volatile circumstances when a teen is threatening to move out and could be in danger.
- For low-moderate income individuals and families—finding safe, affordable housing includes options for young lifelong Gilbert residents just getting married and wanting to find a home that fits a new career at a base salary but still remain in Gilbert near family, for families caught in layoffs affecting one of the wage earners during the recent recession leaving the family “suddenly low income” and for residents whose health care expenses have taken a large bite out of their discretionary income.
- For the elderly—housing decisions include the search for options such as affordable assisted living, the need to downsize to live on a retirement budget and finding a home that feels safe after losing a spouse and becoming isolated.
- For the homeless—safe, affordable housing includes a variety of options such as short-term emergency shelters, transitional housing while struggling to regain stability after escaping from domestic violence and long-term shelters for those individuals with serious mental health issues.
- For individuals with special needs—the search for housing includes living arrangements that accommodate the individual needs of those who are physically or developmentally disabled, offer safe environments that provide a level of assistance to live without fear and provide options for inpatient mental health care.
- For youth—safe, affordable housing includes shelters for teens who are homeless to protect them from victimization by sex trafficking rings as well as group homes for youth with behavioral issues.
- For immigrants—the search for safe, affordable housing includes those who could benefit from sound legal advice about the terms of rental or sales agreements, who have become displaced by new land use developments and whose homes are in need of serious repairs they cannot afford.

This is one example of the depth and complexity surrounding the issues faced within each of the seven population groups under study.

Common challenges across all population groups, in addition to safe, affordable housing, include universal concerns about affordable transportation—ranging from restrictions specific to the Gilbert Dial-A-Ride contract that exclude the elderly and require 24-hours’ notice for usage, precluding using that mode of transportation if a doctor instructs a patient to “come into the office today”, to the lack of options for the wheelchair bound to additional bus routes that make public transportation a more viable option for Gilbert residents to reach their places of employment. A recently released draft of the first-ever Gilbert Transportation Master Plan echoes the community input in all of the focus groups. The Gilbert Transportation Survey results are highlighted below along with focus group comments that add a personal dimension:

- Only 21 percent said that Gilbert’s existing mass-transit service will meet future needs, while focus group participants universally agreed that the existing service does not meet *current* needs.
- 56 percent said mass transit is the area where Gilbert can most improve its transportation network.

“The transportation system is not convenient for school and work. The hours are very short. I was working on my MBA and working my job. The start and ending time on weekends is too early. If you were not done you were stuck.”

— Homeless Working Gilbert Resident

The draft Transportation Plan recommends Gilbert place a high priority on adding bus service along McQueen and Baseline Roads, and secondary priority on adding buses along Val Vista Drive and Higley, Warner and Ray Roads as well as expand the Park-and-Ride facility in its downtown Heritage District while adding new sites at SanTan Village mall and Cooley Station. Circulator shuttles and new express bus routes are also included among the recommendations.

“I’m a single mom. When you are paying 70 percent of income to rent and utilities, it is hard. It is so hard to move ahead and think of work or school when all you can think about is being evicted. I am in school full time at Mesa Community College.”

—Gilbert Family in Crisis

The lack of accessible health care to meet needs is another theme common to all focus groups, which includes immediate requirements to create inpatient beds for crisis mental health issues, assistance to understand and navigate the changing Medicare and insurance requirements, and relief from

high follow-up costs following emergency room visits and unexpected hospital stays.

The cost of basic necessities creates yet another struggle for many residents to balance income between rent/mortgage payments, utilities, food, water and transportation.

In every group, mention was made of the lack of knowledge regarding what services already exist, the lack of a centralized source for information and referral for meeting the need for human services. This overarching need will be discussed throughout this section and will be the subject of a separate recommendation for Council consideration. During the focus group dialogues, participants repeatedly confirmed experiences in which organizations they thought would be able to point them in the right direction were often unaware of the available resources.

“We’ve looked and we could not find anything that was accessible for the town of Gilbert. The organizations that help people out, if you contact them, they don’t know what any particular town offers. When people need help, they turn to the local organizations and churches. If these places knew that they could contact the Town and have a huge organized list of services, there’s a start.”

— Gilbert Family in Crisis

Another of the recurrent themes that surfaced in both discussions and interviews was the concern that Gilbert residents are relying frequently on finding resources in the surrounding communities to meet their needs. One such example crosses the boundaries of multiple population groups targeted within this research study—and that is the need to feed the hungry. Matthew’s Crossing located in Chandler, for example, currently serves 1,420 Gilbert residents per month. The number of Gilbert children being served within the 564 households listed on the Matthew’s Crossing client list totals 496 children under the age of 18. In the 2010 U.S. Census, the number of Gilbert residents 85 and over was reported at a total of 999. Matthew’s Crossing keeps their records with the last age group at 86+. In April 2014, Matthew’s Crossing’s records list 184 distinct Gilbert clients 86 years and over, several living with other family members. Recently Matthew’s Crossing changed their hours of operation to be open on Wednesday evenings, because they were quite certain that they were missing several of the working poor. The Wednesday evening “after work” hours have been so busy that they are considering adding another night to their schedule. The breakdown of the data reflects the following numbers of Gilbert individuals and households being served at Matthew’s Crossing:

“One of the biggest challenges for Gilbert is expecting our surrounding communities to take care of our residents with needs.”

— Gilbert Human Services Provider

Table 18. Gilbert Residents Served by Matthew’s Crossing Food Bank in Chandler

# Households	0 – 6 years	7 – 13 years	14 – 17 years	18 – 30 years	31 – 49 years	50 – 64 years	65 – 85 years	86+ years
564	150	209	137	262	304	141	33	184

This is but one example of many nonprofit organizations currently serving Gilbert residents. By consulting Attachment E to review the list of organizations gathered from initial study research and from

participants who were asked to share the sources of services they use, the preponderance of human services providers from other communities is striking.

At the beginning of each focus group, the gathered participants were asked to introduce themselves and share a little about “what your life is like right now.” As the strengths and challenges for each of the seven population groups under study are presented in the following pages, each of the segments will include two or three quotes from focus group participants to provide a picture of the many faces and complexities of each group.

Families in Crisis. This population group was ranked in first place in the identification of groups most in need of additional services by human services recipients and providers alike, and many of the Gilbert individuals and families who find themselves in this group present a very different image than one would typically expect. Many highly educated, accustomed to a life of comfort and successful careers, are among the most surprised to find themselves in this position. Although focus group participants expressed a critical need for a central location to obtain information about available services, they were quick to share their gratitude for the quality professionals who have linked them with critical resources: Gilbert Police and Fire Departments’ quick response, Gilbert CAP, House of Refuge, My Sister’s Place, A New Leaf, Save the Family and their Affordable Rent Movement (ARM) program, Open Arms, Mission Community Church, St. Anne’s Friends of the Needy, the LDS Church and the United Food Bank, to name a few.

The challenges experienced by families in the midst of crisis are primarily those associated with the provision of basic needs, e.g., housing, mental health and substance abuse treatment, employment and food. Although the response from public safety officers is quick to defuse the volatile situations, the officers have few resources to provide emergency care and treatment and follow-up. Referrals are made through Youth and Adult Resources within the police department. Currently domestic violence shelters are having to turn away three-fourths of the people who call.

However, one of the greatest challenges expressed in multiple focus groups is the social stigma that participants feel in regard to both perceptions and experiences of being viewed as second-class citizens who

“Unfortunately many people in leadership have never had to deal with it. It’s a stigma because they don’t want the town to have vagrants. That is basically what we have been encompassed as. We are trash. And what do you do with trash? You sweep it away and let another town take care of it.”

—Gilbert Resident Suddenly Homeless

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

One human services provider explains that by the time they see these people, it’s too late to avoid the crisis. They are looking for a place to house their families in the light of a foreclosure action that has been going on for months...too late to save the home. They have been looking for employment for months...too late to avoid increasing debt with no income to make the payments. Their car has just been repossessed...too late to negotiate a new payment plan. Legal advice was too costly in the face of looming bills and

Greatest Strengths for Families in Crisis

- *Immediate police and fire response
- *Emergency assistance from Gilbert CAP
- *Shelter space near Gilbert
- *Transitional/wrap-around services
- *Support from faith communities
- *Mercy-Gilbert Medical Center

Greatest Challenges for Families in Crisis

- *Insufficient domestic violence spaces/pressure to shorten stays before reaching stability
- *Difficulty securing employment while seeking stability
- *Legal services
- *Social stigma attached to families in crisis
- *Lack of mental health and substance abuse treatment

foreclosure...too late to seek out free legal services now. Without the stigma and panic associated with crisis, help might have been available and deep losses avoided...*if* they had come in earlier and *if* they were only aware of a safe, confidential place to go for guidance.

These are some of the individuals and families who public safety officers meet during the 10 suicide or attempted/threatened suicide calls each week. Some of these people are also the families they meet during their 28 domestic violence calls each week. Human services providers emphasize the critical need for a facility to meet the increasing mental health issues. In addition, providers expressed a 56 percent increase in youth coming to emergency rooms for substance or alcohol related issues. They highlight no alcohol or drug related support in Gilbert.

“I’ve been unemployed for several months now. I’m using the food assistance from Matthew’s Crossing to tie things over for my family and me.”

—Gilbert Resident Seeking Employment

Low/Moderate Income Individuals and Families. The second highest population group ranked in the identification of individuals and families needing additional services are the low/moderate income Gilbert residents. Coincidentally, Arizona ranks second worst in the nation (49 out of 50) for providing affordable rental homes to low income households.

Greatest Strengths for Low/Moderate Income

- *Gilbert CAP for assistance with basic needs
- *Mercy-Gilbert medical care
- *Food banks/food programs in the schools
- *Faith community support
- *Gilbert Public Schools
- *Nonprofits offering safe, affordable housing

Greatest Challenges for Low/Moderate Income

- *Job training and employment services
- *Affordable child care
- *Safe, affordable housing
- *Balancing basic need with housing and utilities
- *Working poor lower priority than crisis cases
- *Eligibility requirements and waiting lists

This group is closely linked with the previous group of Families in Crisis. These individuals and families may be on the very edge of becoming a family in crisis...perhaps just one paycheck or job layoff away. They may already have reached that point. Therefore, significant overlap exists between the needs in several of the population groups included in this study, particularly Families in Crisis, Low/Moderate Income Individuals and Families and the Homeless.

The level of support afforded to low/moderate income individuals and families (many of whom qualify as the *working poor*) is frequently inadequate to

meet basic needs. However, the existence of food banks in addition to food programs for children in the schools, support from the Gilbert CAP and faith communities for emergency needs and programs to assist with rent and utility payments have all provided positive support. Mercy-Gilbert Medical Center contributed \$16 million in medical care last year. Challenges in the form of restrictive eligibility requirements, long waiting lists and waiting periods and affordable child care frequently far exceed the strength in services available to this population group.

“There is a pressure to serve the ‘harder to serve’ so the people on the fringe who are just the working poor who need that service upfront to prevent them from becoming homeless are becoming more difficult to serve.”

—Gilbert Resident Qualified as Working Poor

“Local jobs are being filled by people from Chandler, Phoenix, etc. Nothing to knock them, but if you are from Gilbert, they should try to give you the job first. I think you would want to keep Gilbert talent in your Town so the dollars will cycle within your community.”

—Gilbert Resident Seeking Employment

Generally, focus group participants expressed frustration with the lack of shared information regarding available resources and the inability to find employment. Job listings at local employment offices are frequently not for jobs near Gilbert, and the local jobs are often filled by people from outside Gilbert. With the higher cost of housing in Gilbert and the lower wages from jobs in the service industry, staying in Gilbert is a challenge for many long-time

residents. Two separate individuals reported the view that “living in Gilbert is a privilege, not a right.” However, the desire to stay in the place you call home is understandable.

Greatest Strengths for the Elderly

- *Gilbert Senior Center
- *Meals and food bank programs
- *Gilbert CAP
- *Page Commons
- *Volunteers and faith communities

Greatest Challenges for the Elderly

- *Transportation to accommodate disabilities
- *Assistance with daily needs
- *Choice between meals and medication
- *Safe, affordable housing

Elderly/Seniors. The population group in third place for needed additional services is the group referred to in the Gilbert RFP as the elderly but expanded in this study to include seniors over the age of 62. Participants identified the four greatest strengths for elderly/senior Gilbert residents to be the senior center operated by Chandler Christian Community Center (CCCC), the various Meals on Wheels and food bank programs available to meet the dietary needs of this segment of the population, the Gilbert CAP and the affordable housing available through Page Commons (although they expressed a need for more apartments). Page Commons provides seniors with 100 units of housing for seniors 55 and older with incomes between 30 and 60 percent of the area median income. Recognizing Gilbert’s relatively high median income, the question arises where older adults whose income is *below* 30 percent of the median income can find affordable

housing. The answer is that they are referred to a Housing and Urban Development (HUD) property in Mesa, but that property currently is experiencing a two-year waiting list. Page Commons is funded by the State of Arizona Department of Housing Low Income Housing Tax Credits, Arizona State Housing Fund HOME Investment Partnerships Program, Apollo Housing Capital LLC, and a series of bank partners.

The major challenges for this population group are the availability of affordable prescription medication, more options for safe and affordable housing, transportation in general (as noted earlier in this section) and transportation that meets the needs of those with disabilities and a lack of resources to meet some of the most basic of daily needs, e.g., home repairs, housecleaning, car repair and shopping assistance. One focus group participant expressed appreciation for community volunteers but noted that if an individual is wheelchair bound, the options are seriously diminished. She stated that for some of the volunteer programs offering rides, an individual must be ambulatory. In addition, one of the service providers stated that currently the waiting list for home and community based services such as housekeeping, baths and home repair stands at 600. These services are particularly critical for the elderly, because it is far less expensive to assist at home than to require moving into an assisted living home.

“The Meals on Wheels delivered to the homebound in Gilbert each day are only the ones who qualify through the Area Agency on Aging. All go through a screening process and are qualified to receive meals. The senior center is basically contracting to the Area Agency on Aging. Gilbert does not get to decide who we are delivering meals to.”

—Representative of Gilbert CAN

“I could see my neighbor and friend gradually wearing down from the stress. She didn’t know where or how to begin. Her husband has terminal cancer and some form of undiagnosed dementia. They were the perfect happy couple...like two peas in a pod...until he completely changed. Now he has become mentally and emotionally abusive...will not let her call Hospice in because he doesn’t trust anyone. She is such a tiny little thing, and he needs so much physical help. She is so tired and depressed. I saw her just wasting away. She told me she doesn’t want him to die with her hating him. We could not find her any help in Gilbert.”

— Neighbor of an Elderly Couple in Need of Assistance

The individuals receiving meals through Meals on Wheels and the Gilbert senior center at no charge are qualified through the Area Agency on Aging and are limited. Lunches are offered for ambulatory seniors at the Gilbert senior center at a cost of \$5.00 per meal. However, according to a senior center volunteer, guests are not required to pay if they cannot afford it—a service that

participants in the focus group did not previously understand as they considered purchasing canned or boxed food at the \$.99 cent store instead.

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

Another group that will be identified later in this report as a possible emerging group for continued tracking and attention is one that includes grandparents raising grandchildren due to divorce, death, incarceration of other family crises. They have a unique set of needs for those who are a part of the elderly/senior population group. The 2008-2012 U.S. Census Bureau American Community Survey estimated 759 grandparents responsible for grandchildren within the Town of Gilbert.

Homeless. Next on the list of rank ordered population groups most in need of additional services in Gilbert is the homeless group. The responses from all of the focus groups provided evidence that the majority of

Greatest Strengths for the Homeless

- *Project Connect, House of Refuge, Maggie's Place and Save the Family
- *St. Anne's Friends of the Needy
- *Open Arms, One Small Step Clothes Cabin
- *Safety
- *Gilbert Public Schools Homeless Liaison

Greatest Challenges for the Homeless

- *Emergency family housing/shelters
- *Water fountains/hydration stations
- *Mental health care
- *Employment services
- *Eligibility/ID requirements
- *ID assistance

participants, even though they are from the human services community, think of the “homeless” in terms of people living on the streets and observe no services being provided or offered to them. However, as defined earlier in this report, the homeless clearly include individuals and families living in temporary shelters, sleeping in their cars and “doubling up” by moving from one friend to another willing to offer them shelter. The complexities and scope are much larger than visibly meets the eye.

First, though, to answer the question that the TWI team was asked, “Will you be able to determine how many homeless there actually are in Gilbert?” The answer was “No”—and remains “No”—due to the unseen numbers of individuals and families who are actually homeless. Although participants in the focus groups report that the number of homeless who appear to be living on the streets is increasing, the informal network that forms among the homeless seemed to be the best information available regarding the

approximate number of homeless living on the streets in Gilbert. Those we spoke with estimate around 30 individuals, which is only about 5-10 more than the estimate by police officers. For these individuals, services are believed to be minimal. Open Arms food and clothing bank is one steady resource. The food bank makes exceptions to its basic distribution policy for the homeless, knowing that these individuals do not have a place to store a food box. Therefore, they can access the food bank on a daily basis during normal hours of

“For child abuse and tracking, there is a confidentiality concern. Sometimes families just need help and are afraid to share or prosecute. If you take government funding for these programs, it creates a paper trail by law.”

—Gilbert Homeless Abuse Victim

operation. Dental and medical care, access to mental health treatment, opportunities to take a shower, access to clean drinking water/hydration stations and healthy food, a source to acquire the necessary identification needed to access services and VA benefits, transportation to shelters located outside the Gilbert community and at a significant distance, and opportunities for stable employment are among the basic needs expressed by

the homeless. United Way offers Project Connect, usually hosted through the faith communities, to provide instant access to resources such as food, clothing, a haircut, a shower and application for a birth certificate and other ID documents.

“I lost my purse, IDs, wallet and other stuff due to being homeless. I have no phone and no address.”

—Gilbert Homeless Living on the Street

For the homeless, the definition of needs is different for each, and one solution does not fit all. In fact, sometimes what appear to be the best available solutions are not always perceived in that light. For example, if a police officer drives someone who is homeless and living on the street to a Mesa shelter on a night when temperatures are expected to drop dangerously low, the officer is sometimes perceived as trying to get the “problem” out of Gilbert, even though that is the only resource available to the officer. References to a perception/experience of insensitive treatment on the part of Gilbert police officers toward the homeless and young adult children of residents were mentioned a few times in focus groups and will be addressed more fully in the following section on “Interview Validation and Support.” Public safety officers typically need to find the balance expected by the community between “not doing enough” and being considered too “heavy handed.”

And a little acknowledged fact is that Arizona ranks 36th in the nation in child homelessness. The McKinney-Vento Act defines homeless children and youth as:

- Individuals who lack a fixed, regular, and adequate nighttime residence including—
 - (i) children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
 - (ii) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
 - (iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 - (iv) migratory children who qualify as homeless for the purposes of this subtitle.

In FY2014, Gilbert students identified under the Act total 338, an increase of 4 percent from 325 in the prior fiscal year.

Individuals with Special Needs. This segment of the population is frequently overlooked, becoming “invisible” to the greater community. Although challenges facing this group are significant, the strengths expressed by those receiving services were strong. Chandler-Gilbert ARC received repeated accolades for assistance with housing, day treatment and training for adults, recreation and treatment. My Sister’s Place accepts individuals with dual diagnoses and works with individuals where they are. Lion’s Club provides a camp in the White Mountains to serve the recreational needs of individuals with special needs—“from 7 to 100 years of age.”

However, the challenges for special needs individuals are significant. Many of the specialized services are located outside the Town of Gilbert, sometimes requiring a difficult commute to locations as far away as Tucson. Transportation that meets the specialized needs of this population group frequently intensifies the geographic challenge. Opportunities for independent

Greatest Strengths for Special Needs Individuals

- *Chandler-Gilbert ARC
- *Gilbert Public Schools
- *Community center programs
- *My Sister’s Place
- *Lion’s Club

Greatest Challenges for Special Needs Individuals

- *Transportation geared to special needs
- *Insufficient group homes and respite care
- *Mental health services
- *Accommodations to meet needs
- *Accessible recreational opportunities
- *Most services are located outside of Gilbert

“We are unable to open small group homes in neighborhoods because people are afraid of us. We are not criminals or addicts—we are housing special needs people who add to the community.”

—Gilbert Special Needs Advocate

living and respite care are in short supply presenting a real worry to aging parents of disabled individuals, and the services that *do* exist are often unaffordable.

Physical accessibility presents an ongoing challenge to this population group, including poor decisions about where ramps are placed, how frequently benches are spaced in public places and how easily wheelchairs can navigate a space. Support for keeping handicap spots available for the truly handicapped would make independence much more attainable. However, the importance of involvement in activities is critically important to a quality of life. More adult-oriented activities for people with disabilities are needed.

Another critical need is the availability of group homes. However, according to human services providers participating in the focus groups, Gilbert neighbors are not generally supportive of having them located in their neighborhoods. Therapeutic resources, mental health assessments and services and access to medications are among the most critical needs.

Youth. Focus group participants consistently identified the programs available to Gilbert youth as one of the most positive aspects of life in the Town of Gilbert. Focus group responses to this question on strengths and challenges identified a wide range and a large number of youth programs, considering youth and family to be a priority in Gilbert. Students have the opportunity to attend excellent schools and a variety of out-of-school programs provided by the Boys and Girls Club, Parks and Recreation, Big Brothers Big Sisters, Scouts and a number of sports leagues and summer programs.

Some of the greatest challenges for this population group are the insufficient assistance for fees when a sliding scale is not offered that precludes participation by low income individuals in many of the sports and summer programs, inadequate safety and sex trafficking awareness programs, mental health and substance abuse services, employment readiness programs, and transportation assistance for youth to attend some of the programs at a distance from local neighborhoods. Other critical issues identified by human services providers include a lack of affordable and 24-hour child care,

issues of child abuse, bullying and the threat of sex trafficking in a state listed last Fall as #6 among the seven worst states for sex trafficking—due in part to the climate that brings a large number of conventions and sporting events to Arizona. Although on April 23, 2014, Governor Brewer signed into law a

“I’m currently working with 300 cases that are listed as child abuse offenses and crimes. Two-thirds are direct violent sexual abuse. Over half are from upper income levels. Gilbert is not immune.”

—Department of Economic Security Caseworker

measure that increases penalties for human trafficking while improving and enhancing protective measures for the victimized and vulnerable, a serious threat remains for Arizona youth—and TWI contact with the Starbright Foundation reveals the presence of trafficking victims in Gilbert and an example of soliciting on the EVT campus. Emergency shelters for youth and public awareness programs are critical in meeting this challenge.

Earlier in this report under the section entitled “Human Services Population Definitions” in Part II, culturally diverse emerging groups were defined to be addressed a bit later in the report. This

“Gilbert needs social, economic and racial diversity. Our kids are being harmed, because they are not going to understand the “real world.” My 7-year-old—I am in a PhD program and I study race—and I just now got my son to admit that he is black, not brown. They don’t talk about race in the classroom; they don’t see diversity in the schools. I’m so glad there is more than one black kid in the second grade this year. They had a project where the kids had to draw their house and one boy said, ‘I’ve never lived in a house; I live in an apartment.’ The rest of the class couldn’t even understand how he could not live in a house. That’s problematic!”

— Gilbert Parent of a Youth

Greatest Strengths for Youth

- *Gilbert Public Schools**
- *Good schools**
- *Boys & Girls Club, Parks and Rec, Big Brothers Big Sisters, Scouts**
- *Activities for youth through age 11**

Greatest Challenges for Youth

- *Mental health and substance abuse treatment services**
- *Emergency shelters for youth**
- *Fee assistance for youth programs**
- *Sex trafficking**
- *Affordable family activities**
- *Cultural diversity issues**

definition included cultural diversity based on ethnicity as one emerging group. The need to address this concern begins at a very early age in the schools. Embracing the rich cultural heritage of Gilbert will serve to enrich the community and serve as an official welcome to Gilbert residents of multiple ethnicities.

Immigrants. The group rated last among the seven population groups in need of additional services in the overall results from all survey respondents was the immigrant group. Needless to say, this was not the ranking expressed by the 21 immigrant participants. The preponderance of the 21 immigrant focus group participants was Latino; however, the survey and focus group participation also included Canadian, Korean and Polish immigrants as well as a parent of Chinese children. Focus group participants consistently identified the “wonderful schools” and safety as two of the greatest strengths.

The greatest challenge expressed by the Latino immigrant research participants is finding employment. They consistently

“We want to study the English language, but we don’t have a Social Security card or green card and are not able to take English classes at the libraries, schools, etc. Only one church (St. Anne’s) offers a class once a week for people to study English, but that is not enough to learn.”

—Gilbert Latino Resident

emphasize that they came here to work and to get a good education for their children and to move away from the violence in their own country. They need accessible ESL classes and the opportunity to demonstrate their willingness to work hard. They repeatedly stated that they do not want a handout. They want to quietly live in the community, without discrimination, and have a safe life and good education for their children. One of their most frequently mentioned needs is the ability to get a food handlers card to open up additional opportunities for work.

Another challenge expressed by immigrants of varying heritage is the inability to “fit in” to the community and to understand and navigate the culture. The feeling of isolation appears to be universal, even for the most outgoing personalities. The offering of friendly guidance and counsel would lead to a different set of outcomes for individuals new to the Gilbert community.

“I have a house and it makes me very big trouble—the price when I buy it. I did it myself. American lifestyle is different and very hard—different eating and speaking. Everything—it pressures me. This America doesn’t touch anyone.”

—A Korean Immigrant

Other Emerging Population Groups. Throughout the course of the focus groups, the free flow of dialogue frequently identifies additional areas of concern, and the original RFP requested the TWI team to capture “*any existing/current and/or future gaps in human services.*” A list of current and emerging groups, listed in the order of frequency mentioned, follows (including some emerging groups referenced earlier in this report):

- Mental health and substance abuse treatment services as a separate special needs category of critical concern in Gilbert
- Cultural diversity
- Respite Care (including elderly taking care of aging spouses, family members caring for sick relatives, grandparents raising children, family members caring for special needs individuals)
- Veteran support services
- Single parents
- Victims of human trafficking
- Grandparents raising grandchildren
- Foster families
- Teen pregnancy and motherhood

Greatest Strengths for Immigrants

- * Matthew’s Crossing, Open Arms, St. Anne’s
- *Safety
- *Gilbert Public Schools

Greatest Challenges for Immigrants

- *Employment
- *Adult education
- *Living without discrimination
- *Fee assistance for youth programs
- *Police surveillance

Service Recipient Suggestions for Agency Staff

Focus group participants from the community (non-providers) were given the opportunity to offer one or two suggestions to agency staff about what they could do to better assist people in need. They shared widespread agreement on the top two suggestions. These suggestions will be visited in greater depth in Part IV of this report.

- Create a central location for information and referrals regarding human services assistance
- Provide directories of services in the locations people go for help, e.g., food banks
- Create training programs so Town employees are knowledgeable about available assistance
- Monitor the freshness of food offered by food assistance programs
- Create more adult-oriented activities for people with disabilities
- Develop targeted solutions for different community areas; one size does not fit all
- Open your eyes to the community—people of all shapes, colors and sizes
- Research programs that work in other communities
- Speak slowly—“They all talk so fast!”
- Be patient!

Recipient Survey Perspectives on the Greatest Advantage of Living in Gilbert

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

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

- ★ The best thing about Gilbert is its people—friendly and nice.
- ★ Gilbert is very clean, and the downtown area is growing. Good restaurants.
- ★ Gilbert is fresh, clean and pretty! All new! It is a nice place with a small town atmosphere. You know your neighbors.
- ★ Sense of community.
- ★ Great Schools!
- ★ The Police and Fire Departments provide us with a fast emergency response.
- ★ Very little crime.
- ★ The Mayor responds quickly when a problem arises.
- ★ The weather. It’s Mayberry! I love Gilbert! I’m able to walk here without being afraid.
- ★ I love Gilbert! Every town has its issues. I’ve been here since 1998—16 years. I love that once you get involved in the community, you understand it. I love the Chief of Police! He listens. He is so wonderful and down to earth.
- ★ Neighbors helping neighbors, such as: Gilbert Chamber of Commerce adopting Page Commons, families taking in the homeless and families in crisis, sharing water with the homeless by local businesses and Gilbert Cares and volunteers making home repairs.
- ★ Quality church engagement, including the LDS church, Mission Community Church, St. Anne’s Catholic Church, St. Matthew’s Episcopal Church in Chandler, Sun Valley Community Church, Chalice Christian Church and the Vineyard Community Church, to name just a few.

Interview Validation and Support

The TWI team proposed a total of 9-12 targeted personal interviews to lend depth to the report, paying special attention to the human services groups identified in the RFP and any other groups emerging through the research process. The actual number of interviews conducted totaled 18: seven interviews with key community stakeholders, one with a staff member of the Maricopa Association of Governments (MAG), six with human services recipients (including two homeless individuals), and four with human services providers. The information gained by personal interviews was used as corroborative data to determine if the research results contributed by service recipients and providers fit within the bigger picture of the Town. The mix of stakeholder, recipient and provider interviews was targeted to best support the needs assessment research. The interviews conducted included—

- Former Mayor Cynthia Dunham
- Gilbert Police Chief Tim Dorn
- Gilbert Fire Chief Jim Jobusch
- Chandler Council Member and Gilbert Human Services Provider Trinity Donovan
- Maricopa Association of Governments staff member
- Gilbert community leader and member of a long-term Gilbert native family
- Two public safety officers
- One Town of Gilbert employee provider
- Two parents of youth
- One elderly individual with special needs
- Two homeless heads of family
- One non-Spanish speaking immigrant
- Three human services providers

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

Several of the major themes identified throughout the survey and focus group research presented topics that the TWI team believed would benefit from further exploration through personal interviews—in some cases with key community stakeholders and Town officials (collectively referenced in the quotes as “community stakeholders” for the purposes of increased anonymity), in others with service providers and recipients with a deeper experience to share. Some of these questions and their responses will further support the initial research findings.

Question for community stakeholders and Town officials (purposely excluding the service recipients and providers who participated in the focus groups): *“From your “bigger picture” perspective, do critical human services needs exist in Gilbert—and how do you believe they should be met?”*

Every interviewee conceded that critical human services needs do exist in Gilbert—some of which are literally needs related to life and death situations. All agree that critical needs currently are not being met, although this is undoubtedly true for every community in varying degrees. Observations are that many do not know where to go to seek assistance (both those in need and those in a variety of helping professions), but all agree with one interviewee who stated that the “needs outpace the available resources.” All agree that many Gilbert citizens are unaware of the level of need within their own

“There is a gap for all of them, and I’m not sure how that gets plugged. Maybe the resources are out there to take care of the community without relying on the government, but I just don’t see it.”

—Gilbert Community Stakeholder

community, and the belief is that many community members are likely to be willing to help in some way through donations and volunteerism once awareness is raised. All agree that Gilbert residents must go outside of Gilbert to surrounding communities to seek the majority of services to meet their needs and that it is unfair for other cities to bear the burden of increased service loads without being compensated. Several voiced concern about how needs will be met in light of diminished funding and that prevention upfront is less costly and more effective than expecting the fire and police departments to deal with the aftermath. All agree that Gilbert's residents are more involved in faith communities than the Maricopa County average and that these faith communities have the heart to help but few available resources. The consensus of interviewees can be summarized by stating that critical needs exist in Gilbert in larger numbers than most residents are aware and that the Town needs to take some form of action—turning a blind eye is not an option.

One example that arose repeatedly to illustrate the criticality of some of the needs existing in the community and the associated challenges, frustrations and lack of awareness was the story of the loss of a much-needed mental health and substance abuse treatment facility proposed to be built in Gilbert. In April of 2013, a new 72-inpatient behavioral health facility was proposed for the Town of Gilbert giving birth to protests regarding its proposed location near an elementary school. Agreement was quickly reached to seek an alternate site for the facility. In early October, with a new site identified, protests again arose. Saguaro Springs was a proposed \$14 million hospital planned to provide services for people with mental health issues (depression and anxiety are specialties) and people with drug and alcohol dependency. Part of the presentation to residents also emphasized the economic benefits the hospital could bring, expecting to create 150 jobs for the community.¹¹

Protestors cited fears of depressed property values and increased crime. The hospital responded with an explanation that the facility does not treat people who are “incarcerated or criminally committed patients” and only accepts non-voluntary patients who have attempted suicide or are considering suicide, and are incapable of making their own decision. The hospital outlined safety precautions they would undertake, including security cameras, access control systems, an onsite security guard and trained personnel. Nonetheless, after lawsuits were filed and protests continued, the sponsoring company announced that it was withdrawing its plans to locate in Gilbert, resulting in the loss of a critical resource for the community.

“Sometimes I think we fall into this ‘Gilbert is a nice place. It’s a very nice community. We are safe.’ kind of complacency. I think sometimes we tend to the belief that there aren’t people in our community who need help and the issue is political, quite frankly...who is responsible?”

—Gilbert Community Stakeholder

All appear to agree that each community should not try to meet all of the needs for all of their residents. If one community, like Mesa, has established a number of shelters for men, women and families and have some experience understanding how best to handle those needs for the Southeast Valley, then it would seem logical that perhaps Gilbert could establish excellent mental health and substance abuse treatment facilities and group homes for individuals with special needs (taking full advantage of their current relationships with health care facilities already existing in Gilbert). Shelters and treatment facilities are needed by residents in both communities, but regional partnerships make more sense and are more cost-efficient than each community establishing its own services.

“The East Valley is weird. The idea seems to be that your town is where you want to pay for services and get all your services.”

—Gilbert Community Stakeholder

All agree that raising awareness and heightening social responsibility to address unmet needs, some of which are life threatening, is an initiative that must not be ignored. Those in need are often “under the radar.” They are neighbors, fellow church members, former Town donors and volunteers, native Gilbert residents and often well educated, hardworking individuals and families with a need for short-term assistance to get back on their feet.

A report issued by the Maricopa Association of Governments (MAG) in July of 2013 entitled “Town of Gilbert Community Assessment” expresses the concern that decreased funding for human services in one

area can lead to diminished funds from other areas, creating a snowball effect. An interview with a MAG staff member verified data included in the report related to the impact of funding reductions. These are but a few examples of the organizations providing services to Gilbert residents. Each of those included in the MAG Table 19 also serve other population groups included within this study, but the number served in each of those categories is not available at the time of publication. The TWI team was told that the information included under the column headed “Impact of potential funding reduction” in the table below was received from personal discussions with responsible representatives of each of the organizations listed:

“Very often, funders require match funding. If one funding source is taken away, the impact affects other funding sources that will no longer be available without the matching funding. Currently, human services programs are operating on a very lean margin. The loss of one funding source can be enough to undermine the financial viability of the entire program. This assessment indicates that the agencies currently receiving support from the Town cannot function without this funding and will close their doors.”

—Maricopa Association of Governments Report

Table 19. Impact of Gilbert Funding Reductions on Human Services Organizations Serving Gilbert Residents (as of July 2013)

Program Facing Funding Reduction	Age Group of Program Beneficiaries	Total # of Gilbert Participants in Most Recent Year	# of Gilbert Participants Paid for by the Town of Gilbert	Impact of Potential Funding Reduction
Boys & Girls Club	Ages 5 to 12	3,164	1,000	The club will be shut down or severely reduce services
Central Arizona Shelter Services for the Homeless (CASS)	18 years plus, Homeless singles	24	20	Will limit the number of Gilbert residents to a few per year
Save the Family	All ages, Homeless	17	3	Will shut down the Gilbert office and provide limited services to Gilbert residents from the Chandler office using County funds
Chandler Christian Community Center – Gilbert Senior Center	All ages, Homeless	1,196	275	The senior center would shut down*
A New Leaf – EMPOWER, Mayfield Alternative Youth Center, La Mesita, and East Valley Men’s Center	All ages, Homeless	304	12	EMPOWER and the youth center would no longer be available to Gilbert residents. La Mesita and East Valley Men’s Center would be limited to serving one or two Gilbert residents a year
Salvation Army	All ages, Low income	133	43	Will serve Gilbert residents as they can through donations
United Food Bank	All ages, Low income	12,586	2,250	Will maintain services

*The Senior Center is now funded through Gilbert Parks and Recreation but is operated by the Chandler Christian Community Center.

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

Question for community stakeholders, Town officials and human services providers: “Many have expressed a perception/observation that a social stigma is associated with seeking services in Gilbert. Do you believe that is true, and what could be done to alleviate that feeling?”

Interviewees shared a widespread belief that this is true. Although embarrassment may be a natural reaction to being in a position of needing to ask for help, the consensus is that the feeling may be more pronounced in Gilbert due to the “image” of Gilbert as an affluent community where asking for services is perceived as “not fitting in” or “not measuring up.” Specific examples were shared by many of the interviewees that provided evidence of the “new face” of human services recipients that has emerged over the past five years—the “suddenly low/moderate income” individuals and families who are suffering as a result of the recession. One service provider said, “These are people who used to donate that are coming in to ask for help now. It is a shock to *them* that they are the ones asking for help.”

Suggestions from these interviewees mirror the request of focus group participants to create a central location for referrals offered in a confidential setting. However, they also share a concern about increased needs and diminishing resources to meet those needs. One service provider expressed a reluctance to share referrals without knowing that the contact will meet with some level of success. One interesting observation during the interviews is the similarity of several of the responses:

- “Gilbert *is* a wealthy community—always has been.”
- “Gilbert is definitely ‘higher end.’”
- “The median income for residents is higher than Scottsdale’s, and if you’re asking for services, it’s kind of like, ‘Why am I not matching up to that?’”
- “I think that’s human nature, in general, but when you have a town that is recognized for being an affluent community, clean...sometimes people are living in very nice houses and are still struggling, especially with our economy the way it was. We saw people with very good jobs lose those very good jobs.”
- Two additional interviewees affirmed that “Gilbert *does* have a higher median income than Scottsdale.”
- “Trying to be perfect—or at least to *appearing* to be perfect—in everything is stressful.”

These responses confirmed that the affluence of Gilbert is definitely a point of reference for most people who live there, and the frequent comparisons to Scottsdale signify a certain expectation. [Note: The median household income for Gilbert residents reported in Part I of this report from Census Data is \$80,121. The comparison with Scottsdale reveals a median household income of \$72,163.] However, in the MAG report referenced in the previous interview question, the per capita human services spending in Gilbert is considerably lower (See Table 20).

**Table 20. Per Capita Human Services Spending for Localities in the East Valley
(as of July 2013)**

Municipality	Total Human Services Budget	Total Population	Per Capita Human Services Spending
Gilbert	\$1,228,541	219,666	\$5.59*
Chandler	\$2,476,480	241,214	\$10.26
Mesa	\$20,443,051	444,856	\$45.95
Scottsdale	\$14,290,779	219,713	\$65.04

A draft of a MAG report entitled “Human Services Per Capita Funding Study” was released on April 17, 2014, in which Gilbert’s per capita spending has fallen to \$3.00 based on the reduced funding for FY 2014-2015.

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

Question for all interviewees: “*The Town of Gilbert has published a vision statement to ‘be the best in class in all lines of service.’ What does that mean to you?*”

The responses to this question were relatively consistent that this statement does have a relationship to a commitment on the part of the Town to address the basic needs of residents. Following is a summary of the responses:

- “I guess there are lots of ways to look at it other than to say that it is not about spending the most money. That much I do know....I don’t want to put on any kind of political hat, but we see it on the street, that there are gaps out there that people need to have filled but how to do it is frustrating. It’s not just Gilbert. Listen to the State budget talks. It’s everywhere that we’re dealing with this.”
- “Rise to the needs of the people—find out what is needed like they are doing now with this needs assessment—and do what is necessary to meet those needs.”
- “Meeting the expectations of our community. How do we know what our citizens feel about us? That’s the bigger issue of trying to create that communication piece rather than just once a year. What are the citizen’s expectations?”
- “Everything I checked as “I need”...there would be a hyperlink to all of it!”
- “Gilbert is the best in everything—a really great place to live, work and play.”
- “Trying to make it the most comfortable and appealing as possible for people to reside here and grow a business here.”
- “They mean everything needs to be new and redone. They want to provide good customer service.”
- “You maybe can’t define it, but you know it when you see it.”

Question for community stakeholders, Town officials and human services providers: “*Some community members have expressed a concern that the police demonstrate insensitivity to the homeless and young adults. What is your observation?*”

Service providers shared reports and concrete personal examples of repeated stops of individuals who did not present a “clean cut” image, as well as disrespectful treatment of parents when dealing with an issue involving a young adult child. Interviews with Town officials and public safety officers reminded the interviewer that the police walk a fine line between maintaining a safe community (including surveillance of individuals that raise suspicion) and being seen as harassing. In fact, one of the participants in one of the focus groups said, “The police protect us in a way that keeps us safe, but they also create difficulties for us.” One example reported earlier in this report was that of a police officer driving a homeless individual into Mesa to the shelter on a particularly cold night—“running him out of town” or “trying to save his life?” Gilbert police officers are trained to provide good “customer service” with respect and sensitivity, and the Chief of Police can only respond to infringements of expected behavior when he knows about it. However, as one interviewee pointed out, the police officers do not have a “bad guy” meter that they can point at somebody to determine “this person is no problem” or “this person is a criminal.” The best way of finding out is to try to talk with them. Are there isolated incidents of brusque treatment or inappropriate exchanges? Public safety officers shared honestly that this is certainly possible. But is it the norm? No. Will the Chief of Police address these kinds of issues when provided with specifics? The Chief responded—Yes.

Question for community stakeholders, Town officials and human services providers: “*Some focus group participants have expressed a perception/experience of subtle forms of discrimination against more than one minority group in Gilbert. What is your observation?*”

Interviewees generally do not see Gilbert as a community engaged in overt acts of discrimination. Great care has been taken to get beyond those days when this issue was a public concern 15 years ago. Therefore, the shared concern is that incidents be reported and addressed openly. Discrimination can take many forms—ethnicity, color, religion and sexual orientation as some examples. However, without a report and a dialogue, community leaders can only support more cultural diversity appreciation events, improved communication with employees of the Town and the public schools and education to raise awareness.

Question for community stakeholders, Town officials and human services providers: “*The lack of jobs with a livable wage in Gilbert and the concept of Gilbert as a ‘bedroom community’ is a concern for a significant number of residents. What is your observation?*”

Setting ideological discussions aside, the reality is that any agreed upon increase in spending for human services requires an increase in revenue, assuming all other funding remains stable. No one is interested in increasing property taxes. Therefore, increased economic development is one answer to more jobs in the area *and* more revenue for the Town. Interviewees shared stories of projects that did not materialize and others that have relocated outside of Gilbert as well as the acknowledging that this is an ongoing Council initiative to attract and retain commercial development in Gilbert. Some indicated that Gilbert has been successful in attracting medical facilities, such as Banner Gateway, Mercy-Gilbert Medical Center, Banner M.D. Anderson Cancer Center, the Southeast Veterans Affairs Health Care Clinic, as well as other large notable Science, Technology, Engineering and Math (STEM) industry anchors, including the Orbital Satellite Manufacturing Facility and Lockheed Martin. One interviewee shared an observation that surrounding communities have been successful in attracting incubators and developing small business opportunities in addition to large businesses—a strategy that could work well for Gilbert in increasing both jobs and revenue.

With the demonstrated success in health care facilities and the needs expressed in the community, a logical initiative would appear to be an inpatient mental health and substance abuse treatment facility such as the one that was unsuccessful locating in Gilbert. One interviewee indicated an intention to offer an alternative piece of land for the facility, but after the company experienced a community backlash, they cancelled their plans before the offer could be made. Multiple interviewees brought up the loss of the facility in Gilbert—expressing disappointment, frustration and incredulity. One interviewee reported that the community clearly did not understand the needs within the community in that debate. Another expressed the need for a voice of reason to work with the community to dispel these kinds of misconceptions and to smooth the way for future facilities that may be willing to give Gilbert a second chance. Yet another related the need for group homes for the special needs population group as well.

“The message that I was really getting from one part was, ‘we know we need this but not in my back yard,’ kind of thing. The other part was that ‘all these people’ were going to come from somewhere else. They weren’t the people living across the street from me. I do think there is a lack of recognition that those services are needed in the community.”

—Gilbert Community Stakeholder

Several interviewees shared the belief that the image of Gilbert is changing. One provided insight into a history in which early decision makers wanted to keep Gilbert a bedroom community, but indicated that now that the Council is taking bold steps to hold the line against developers who want to rezone from commercial to residential, the expectation is for commercial interests to grow and add to the revenue base.

Question for community stakeholders and Town officials: “*What do you consider to be the greatest advantage that Gilbert has to offer its residents?*”

This question was similar to one asked in the focus groups in which participants were asked what they consider to be the greatest advantage of living, serving or working in Gilbert. The reason for the interview question was to hear the response from community leaders regarding the best that Gilbert has to offer its residents. No doubt exists at this point in the research that critical needs exist within the Town. The next step is to consider the prioritization of the extensive list of needs to be addressed and the identification of prioritized recommendations for consideration throughout the Town, not purely for future Council decisions. One of the most successful approaches to community development is to build on advantages and maintain the health of positive characteristics that define the community. The responses are clear in identifying what cannot afford to be lost without changing the features of Gilbert that residents choose to call home:

- ★ Clean, safe and vibrant! The vibrancy in Gilbert is family-oriented.
- ★ Compared to other communities, Gilbert has higher wage earners. We're a young community, able and willing to get out and give back to our community. There is openness to other people in this community. I think that the strength for that comes from the faith-based organizations.
- ★ Good schools
- ★ Safety
- ★ A community of faith...not just one faith, but a whole variety of faiths. You combine faith and safety and good schools...and it's a winner!

PART IV PRIORITIES AND RECOMMENDATIONS

Gilbert has grown from a small agricultural town to a large urban center in a relatively short span of time. With that maturity, the Town is now faced with many of the challenges that typically accompany rapid growth—not the least of which is the need to accept a new character and approach decision making in a way that serves the best interest of the Town. The TWI team was asked to “*provide recommendations and best practices for how the Town can address any existing/current and/or future gaps in human services, either through local and/or regional partnerships.*” Specific areas of concentration have emerged in the research and needs assessment process to assist the Town of Gilbert as it continues to grow. While Gilbert has offered community amenities and resources that are attracting large numbers of young affluent families, the growth presents its own set of challenges. The income gap between the most affluent and least affluent citizens is widening. Young affluent families recognize the benefits of raising their children in Gilbert, and the number of youth has reached nearly a third of the population (32.1 percent). The number of residents in the low to moderate income group is growing—causing struggles among these citizens to meet their basic needs. As the stressors and cost of living escalate in the aftermath of the recession, more families are thrust into poverty, and conditions of poverty contribute to the variety of critical circumstances that define families in crisis. The elderly population in this community of young families is growing and will become an increasingly larger segment of the population, needing more specialized services. A significant number of seniors are no longer able to make ends meet on a fixed income, sometimes forcing them to choose between allocating limited dollars to housing or medication. Several moved to Arizona to enjoy an active lifestyle, leaving family members who could be called upon to help behind in other states. The true extent of homelessness, as opposed to restricting that definition to the segment known as “people living on the streets,” was highlighted during the recession as it touched more individuals and families who present a non-typical image of educated “suddenly low income and homeless” members of the community. Housing costs are increasing and utility costs are escalating. More families continue to lose their homes. Immigrants, many of whom have lived in Gilbert since the early days before Town growth literally surrounded them, are feeling the pressures associated with the increased cost of living and decreased opportunities for employment. With a growing population, larger numbers of individuals with special needs require assistance and support. Gilbert residents take great pride in the community they call home and express a desire to continue to enjoy living here for years to come.

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

*Due to significant overlaps between the seven human services population groups included in this study, this calculation for Gilbert is a *conservative* number extrapolated from the research, based on the following statistics: elderly/senior residents (65+) = 6.1% of the population (3.8% below the poverty level); *non-elderly or senior* residents below the federal poverty level = 2.6%; low income residents = 11.9%; youth qualifying for free/reduced lunches = 4.7%; special needs residents = 6.0%; families in crisis residents, based solely on public safety calls related to suicide, mental health issues, domestic violence, substance abuse and elder abuse (number of calls reduced by one-third to allow for the possibility of multiple calls to some) = 2.5%...for a total percentage of the population of 33.8%. This calculation is deemed to be a *conservative* estimate, because it does not include any numbers for services to homeless, moderate income residents, non-poverty level youth services, non-poverty level immigrant services or services to families in crisis who lost their homes due to foreclosure.

The specific process designed by the research team assembled by The Williams Institute for this project focused on three related questions posed in the assigned Scope of Work—

1. *What human services does the community currently have available (in the Town limits and/or accessible to Gilbert residents)? This includes non-profit and for-profit organizations and communities of faith.)*
2. *What gaps or areas of improvement exist in human services? What are the greatest needs in the community?*
3. *Provide recommendations and best practices for how the Town can address any existing/current and/or future gaps in human services, either through local and/or regional partnerships? Recommendations should be prioritized.*

This project includes background research, community outreach and input, data analysis, best practices and recommendations. The final assessment should address human services groups, including but not limited to: homeless, elderly, low/moderate income, special need, youth (i.e. under 8 years of age, 8-11 and 12-18) families in crisis and immigrant groups.

Earlier sections of this report presented the research results, findings and analyses for a detailed response to questions 1 and 2 associated with services currently available (including a list of existing human services resources identified throughout the research process found in Attachment E), the gaps or areas of improvement requiring attention and an assessment of the greatest needs in the community. This section of the report will respond to the remaining question related to recommendations and priorities, specifically—

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

Each of these areas of inquiry will be addressed in separate sections in the order presented. In addition, the TWI research team has included two sections on “Asking the Tough Questions” and “Recommendations for Further Research.” TWI stands ready to assist the Town of Gilbert in implementing these recommendations, as needed.

Note: Although the Scope of Work specifically required the prioritization of recommendations within this report and the TWI team developed the following lists with an eye toward ranking the recommendations in order of their far-reaching criticality and effectiveness in meeting human services needs within the Town of Gilbert, as expressed through the research process, timing and feasibility can have a significant impact on the order of performance.

Prioritization for Delivery of Human Services to Gilbert Residents

In the initial days of the Town’s rapid growth, Gilbert attracted young affluent families and was soon faced with providing the services they sought. Part I of this report provides strong evidence of Gilbert’s success in building a vibrant community. This emphasis on youth services remained relatively stable over time as the population boomed. The request to conduct this needs assessment study is a major step toward identifying and prioritizing human services needs that fit current demographics. This definition of the changing dynamics means that Gilbert needs to look to the future and determine how to address the growing human services needs of its residents—understanding that no such study was undertaken when Gilbert morphed from the small agricultural town known as the “Hay Capital of the World” to an up and coming urban center identified as a preferred choice in the Phoenix Metropolitan Area for putting down roots. This changing reality means that when looking to the future, Gilbert leaders will be challenged with decisions related to how best to address the growing human services needs of the identified population groups which, in fact, impact all Gilbert residents.

Prioritized List of Population Groups in Need of Added Services

To recap the results presented in Part III, one significant measure of the prioritization for the delivery of human services in Gilbert is derived from a survey question in which representatives from the human services

community (both recipients and providers) rank ordered the seven population groups included in the study from most in need of *additional* resources to least in need on the basis of their perceptions and experiences. This survey question took the research requirement to identify the “greatest needs in the community” to the best source for this information—the members of the community with a keen awareness of the needs. During the focus groups, participants clarified that they would not advocate “robbing” one of the population groups of resources in order to “pay” more resources to another group. In fact, as a group, research participants argue against the idea that *any* human services area is currently over-funded or providing duplicative or redundant services. However, their responses provide a strong measure of the prioritization of the most critical human services needs by population group. The following prioritized list is drawn from their rank ordering (from greatest need for *added* services to least need for *added* services—recognizing that all seven groups have needs):

1. *Families (and individuals) in crisis*
2. *Low/moderate income individuals and families*
3. *Elderly/seniors*
4. *Homeless individuals and families*
5. *Special needs individuals*
6. *Youth*
7. *Immigrants*

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

In addition, the Scope of Work directed the research team to *not* limit the research to the seven population groups if emerging groups were identified through the research process. Two groups emerged as demonstrating separate needs that the community *strongly* recognized (with repeated references in multiples focus groups and interviews) as significant for focused attention: mental health and substance abuse treatment services and cultural diversity education and support services. Based on the analysis of the research team, the level of repetitiveness demonstrated a need to insert these emerging groups into the survey questionnaire ranked list results as follows:

1. *Families (and individuals) in crisis*
2. *Mental health and substance abuse treatment services*
3. *Low/moderate income individuals and families*
4. *Elderly/seniors*
5. *Homeless individuals and families*
6. *Special needs individuals*
7. *Youth*
8. *Immigrants*
9. *Cultural diversity education and support services*

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

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

1. Centralized resource for information and referral
2. Safe, affordable housing
3. Affordable, accessible transportation
4. Access to basic necessities
5. Accessible health care to meet needs

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

Prioritized List of Needs for Added Services by Population Groups. To support recommendations in the next section of the report, a prioritization of the most critical needs within each of these seven population groups is important. Therefore, the prioritized list of services needed within each of the above groups is presented below:

- 1. Families and individuals in crisis**
 - a. Additional domestic violence shelters/spaces, particularly for women and families
 - b. Employment services
 - c. Legal services
 - d. Community awareness to reduce social stigma for individuals and families in crisis
- 2. Individuals needing mental health and substance abuse treatment services**
 - a. A mental health and substance abuse treatment facility in Gilbert
 - b. Youth services
 - c. Homeless services
 - d. Services to special needs individuals
 - e. Post-Traumatic Stress Disorder (PTSD) and substance abuse treatment services for veterans
- 3. Low/Moderate income individuals and families**
 - a. Job training and employment services/support
 - b. Assistance balancing basic needs with housing and utilities costs
 - c. Affordable child care, including 24-hour child care
- 4. Elderly/Seniors**
 - a. Transportation to accommodate disabilities
 - b. Assistance with daily needs, e.g., home repairs, housecleaning and shopping assistance
 - c. Affordable health care, including vision and hearing aid assistance not covered by Medicare
 - d. Access to Dial-A-Ride services for Gilbert elderly
 - e. Mental health treatment services
- 5. Homeless individuals and families**
 - a. Additional shelter space and emergency family housing
 - b. Water fountains/hydration stations
 - c. Employment services
 - d. Assistance with identification documentation (IDs) and eligibility requirements for specific programs
- 6. Individuals with special needs**
 - a. Transportation to accommodate special needs
 - b. Group homes for adequate housing
 - c. Respite care
 - d. Accommodations to meet special needs, including improved Town accessibility
 - e. Accessible recreational opportunities
- 7. Youth**
 - a. Mental health and substance abuse treatment services
 - b. Emergency shelters for youth
 - c. Fee assistance for youth programs for low income
 - d. After school and summer activities for youth ages 5-15
 - e. Club activities and workforce learning programs for ages 16-17

- f. Transportation assistance for low income youth activity participation
 - g. Safety and sex trafficking awareness programs
 - h. Cultural diversity education and support services
- 8. Immigrants**
- a. Employment services
 - b. Adult education, including English as a Second Language (ESL) classes
 - c. Fee assistance for youth programs
 - d. Legal services
 - e. Living peaceably without discrimination
- 9. Culturally diverse groups**
- a. Educational cultural diversity awareness and recognition programs in the schools
 - b. Adult cultural sensitivity and awareness community events
 - c. Cultural sensitivity workshops for Town employees to support customer service initiative

Prioritized Recommendations and Best Practices Strategies to Address Gaps

Recommendation # 1. Revisit the five-year plan for elimination of General Fund contributions to contracting for critical human services needs to safeguard Gilbert’s Strategic Initiative to maintain “Community Livability” for all population groups in accordance with identified prioritization of needs.

- Recommendation for revisiting the initiative to form a citizens’ committee “to determine what the Town should or should not be doing with regard to services.”
- Recommendation to make the Gilbert Human Services Needs Assessment visible and accessible as a link on the Town of Gilbert web site to acknowledge community input.
- Recommendation for a new plan for FY 2015-2016 in which the Town issues 7-9 separate Requests for Proposals (RFPs) to support individual population groups, one for each of the population groups addressed as a part of this study, in which nonprofit organizations are required to partner with faith communities and/or other sources of volunteerism to: 1) partner in providing detailed services specific to the prioritized lists of needs identified through the needs assessment process, by population group or clusters of population groups demonstrating similar needs; 2) present strong professional qualifications through the nonprofits, with references, coupled with a significant initiative to mobilize volunteers to provide specifically defined support services under supervision; and 3) present innovative, cost-effective and comprehensive plans for meeting the needs of the population group based on meeting/exceeding the scope of work. (In keeping with earlier practice in Gilbert, consideration may be given to issuing a blanket RFP with segregable components for each of the 7-9 population groups, which include the two emerging groups for mental health/substance abuse treatment and cultural diversity. This could allow offerors to respond to multiple components, but only to the extent that services to two or more of the groups significantly overlap—mental health treatment or employment services, for example.)
- Recommendation that offerors would be evaluated on the basis of strong plans for increasing and mobilizing volunteer efforts within the community.
- Recommendation for funding organizations that offer unique services for a specific population group, with an eye toward avoiding redundancy of funding.
- Recommendation for the possibility of providing funding for capacity building and partnership development with an eye toward increasing/leveraging alternative funding sources to meet the human services needs of the community.
- Further recommendation that offerors responding to the above solicitations be informed that no guarantee exists that the solicitations would all result in funding if no exceptional proposals are received to meet quality requirements.

Recommendation # 2. Engage the services of a skilled Informational Technology Specialist/Web Master and a knowledgeable Community Resource Specialist to utilize the resource directory included in Attachment E as a starting point for creating a dynamic resource list of human services resources affordable and accessible to Gilbert residents.

- Recommendation for an easily accessible and professionally designed resource list available on the Town of Gilbert web site with an easily identifiable link on the Home page. Consider modeling the site after the best practices identified on the Maricopa Association of Governments (MAG) web site. (To access the interactive list on the MAG site click on Human Services at the top of the screen and then on the Human Services Information Station on the left. The link for this type of resource would be most accessible on the Gilbert web site Home page under the “How do I…” link.)
- Recommendation for the development of print media in the form of a resource book, pamphlets and/or postings available at all service locations for a significant number not using the internet, e.g., water bill inserts, library, post office, restrooms, churches, grocery stores and bus stops.
- Recommendation for televised coverage of services on the Gilbert access channel.
- Recommendation for ensuring that all materials are translated into Spanish and other languages, as necessary.

Recommendation # 3. Create a special division within the Town of Gilbert tasked to provide personalized and confidential human services/referrals to all residents in need within the community, staffed and administered by professional social workers who understand the unique needs of individuals and families living in Gilbert. This division is anticipated to be an expanded version of Youth and Adult Resources currently housed in the Police Department. Although many of the research participants were unfamiliar with Youth and Adult Resources and/or did not understand that their services are available to everyone within the community, several clearly expressed significant discomfort in coming to the Police Department for services for a variety of reasons. The expectation is that once this division is relocated outside the Police Department and made known to residents who universally are looking for a centralized resource location, the workload may increase significantly.

- Recommend a publicized one-stop center for centralized referrals to meet human services needs, serving as a clearinghouse for maintaining a comprehensive list of resources.
- Recommend creating a mechanism for improved communication among human services providers, human services recipients, Town staff and the community-at-large to raise awareness of the existence and quality of services offered within the Town utilizing the preferred sources of information identified by focus group participants.
- Recommend that referral resources be updated annually to eliminate the frustration of unresponsiveness on the part of referrals or attempting to reach organizations that have moved or closed their doors.

Recommendation # 4. Take an active role in working with the community to recognize the critical need for high-quality mental health and substance abuse treatment facilities within the community to meet critical needs. This segment of the population constitutes a current gap in human services.

- Recommend working with the burgeoning health care facilities in Gilbert to create a niche for Gilbert human services expertise that can be used as an offset for surrounding communities providing Gilbert residents with shelter facilities, services to the homeless and low income housing.

Recommendation # 5. Develop awareness programs to make needs known to the greater community, encourage volunteerism and reduce feelings of social stigma.

- Recommend Council participating in community events to promote community involvement to meet identified needs, e.g., the Lion’s Club event held the third Saturday in January in the Gilbert High School auditorium—“Bluegrass Bash”—at which the Mayor MCs the music event to provide for low income individuals who need eye exams and glasses and to raise funds for youth and holiday assistance. Tickets are \$10 and under.
- Recommend providing opportunities and support for Town employees to engage in volunteerism. Include service recipients as volunteers in accordance with their stated desire to give back to the community. Enter into partnerships with faith communities in which they agree to offer space for midweek activities and spiritual support for individuals and families in need.
- Recommend providing multiple avenues to access critical needs, e.g., food through food boxes, free meals and/or food vouchers for homeless and individuals and families with low/moderate income to meet basic food needs.

Recommendation # 6. Implement expanded public transportation in accordance with the Strategic Initiative to “Proactively Address Infrastructure Needs” and the recently released draft of the Gilbert Transportation Master Plan to make routes available that increase the feasibility of use to reach destinations for both work and recreation for all groups.

- Recommend following the Master Plan to place a high priority on adding bus service along McQueen and Baseline Roads, and secondary priority on adding buses along Val Vista Drive and Higley, Warner and Ray Roads.
- Recommend expanding the Park-and-Ride facility in the downtown Heritage District.
- Recommend adding new Park-and-Ride sites at SanTan Village mall and Cooley Station.
- Recommend adding circulator shuttles and new express bus routes.

Recommendation # 7. Continue pursuit of the Strategic Initiative for “Economic Development” to bring more jobs and higher wages to Gilbert.

- Recommend continued development of high profile employers, including the expansion of the health care base in Gilbert.
- Recommend encouraging Gilbert employers to give hiring preference to residents, as qualified.
- Recommend the Town set small business goals to give procurement preferences to qualified small business owners settling in Gilbert.
- Recommend creating programs for GED and English as a Second Language (ESL) classes.
- Recommend expanding the presence of Maricopa Workforce Connection to meet the needs of residents, including employment readiness programs for older youth.

Recommendation # 8. Partner with local nonprofits to create a coordinated and robust volunteer corps for community engagement to address basic needs of residents.

- Recommend utilizing the core resources available through “For Our City” as the foundation for a vibrant Gilbert volunteer corps.
- Recommend creating a recruitment/training center and clearinghouse for volunteer services with clear job descriptions to engage members of all ages in helping neighbors in need, including service options for youth and seniors.
- Recommend reviewing and extending service hours for community-based programs to provide greater accessibility through increased volunteer engagement.

Recommendation # 9. Create additional avenues for Town accessibility by special needs individuals in accordance with the recent American Disabilities Act (ADA) assessment and the implementation plan nearing finalization.

- Recommend increased accommodations such as ramps installed near building entrances, more benches and water fountains strategically placed, longer times for walkways for pedestrians to cross, public safety enforcement of handicap parking spots.

Recommendation # 10. Provide cross-education and training for Town employees in all departments to make appropriate and respectful human services referrals.

Recommendation # 11. Provide health care guidance and accessibility.

- Recommend utilizing independent health insurance brokers who work with nonprofits and offer free services to help navigate insurance and applications. Provide central locations to meet with people to navigate system.
- Recommend parish nursing programs funded through Mercy Gilbert to ensure people know about available resources.
- Recommend Mercy Gilbert Medical Center’s Faith Health Ministry providing a continuum of care strategy in which a nurse conducts home visits to review medication/primary care physician needs.

Recommendation # 12. Develop a Town initiative, utilizing the focused efforts of the Human Relations Commission, to establish cultural diversity education and support services designed to cultivate an enhanced appreciation for the rich blend of cultures in the community. This segment of the population represents a current gap in human services.

- Recommend enhanced publicity and expanded event planning to develop the annual Gilbert Global Village Festival (11th annual event to be held in 2015) into a multi-cultural Phoenix metropolitan area-wide destination celebratory event to link cultural diversity awareness with the Town of Gilbert. Continue to create opportunities for individuals and communities to celebrate, share and sustain the arts and the rich cultural traditions of ethnicities from around the world.
- Recommend awareness and recognition programs in the schools.
- Recommend adult cultural sensitivity and awareness community events.

- Recommend providing cultural sensitivity workshops for Town employees in support of good customer service, including a broad definition of cultural diversity to include ethnicities and respect for individuals and families from the LGBTQ community.

Recommendation # 13. Support successful strategies for neighborhood building by expanding the Neighborhood Services Division to provide increased communication with local neighborhoods, with a focus on community mobilization, building relationships and linking individuals to needed resources.

Recommendation # 14. Prepare now for the aging of Gilbert citizens to be ready to meet the human services needs of increasing numbers of seniors in accordance with the Strategic Initiative to create a “Rolling Five-Year Balanced Financial Plan” that projects future needs and resources. The needs of this segment of the population constitute a future gap in human services.

Recommendation # 15. Reward human service providers with increased funding dollars as they demonstrate the implementation of best practices and the highest level of success for their clients, utilizing standardized performance measures and quarterly evidence of measurable outcomes.

- Recommend continuing consideration of past performance in funding decisions.
- Recommend considering expanded hours of service in funding decisions.

Recommendation # 16. Develop widespread community support for veteran support services.

- Recommend support for military families experiencing parental deployment absences.
- Recommend increased publicity and veteran appreciation through the Town of Gilbert’s Operation Welcome Home.

Recommendation # 17. Facilitate new, unique perspectives to enhance understanding of the extent of human services needs in Gilbert. Encourage Gilbert community leaders to walk with or “walk in the shoes of” a person in need for one day to better understand their experience within the community.

- Recommend hosting regular town forums or town halls to give residents the opportunity to voice concerns.

Recommendation # 18. Create learning circles and sharing opportunities to assist low/moderate income individuals and families to stretch dollars, e.g., budgeting strategies, Market on the Move food discount programs, SRP’s M-Power Prepaid Electricity program, Moms on the Move, coupon clipping and free/discounted community services such as library programs.

Prioritized Suggestions for Local and/or Regional Partnership Strategies

Partnership Recommendation # 1. Expand/expedite current partnerships and develop new agreements with existing service providers, providing a fair share of funding to serve Gilbert residents in need through reciprocal funding arrangements or resource sharing. Examples of current partnerships include Chamber for Good, For Our City, Gilbert CAN, Annual Faith Group Summit, Mercy Gilbert Asset Mapping and the Gilbert Leadership Program through the Chamber of Commerce.

- Recommend a partnership with the City of Mesa to provide resources for shelter services for homeless individuals and families.
- Recommend exploring avenues to initiate a dialogue with the City of Chandler and any other recipient cities, if applicable, to consider utilizing available funds to offset costs of providing low income housing for Gilbert residents in need of safe, affordable housing for FY 2014-2015 in light of the \$484,000 of federal housing grant funding shared with other cities as a member of the Maricopa County HOME Consortium, following recent Council decision to relinquish Gilbert funding.
- Recommend partnering with the City of Chandler through the Chandler Interfaith Homeless Emergency Lodging Program (I-HELP) by encouraging Gilbert faith communities to join the Chandler initiative to provide housing to the homeless one night per month. Chalice Christian Church in Gilbert is already participating in the Chandler initiative.

- Recommend partnering with Central Arizona Shelter Services (CASS) to provide additional shelter space for the homeless in Gilbert, working together to provide a fair share of CASS funding in exchange for transportation services to transport homeless individuals to downtown Phoenix.

Partnership Recommendation # 2. Create a partnership within the community to establish a TimeBank, a best practices strategy in which people come together to support each other. When a community member spends an hour to do something for an individual or group, with TimeBanking that individual earns one Time Dollar to buy one hour of a neighbor’s time or to engage in a group activity offered by a neighbor. TimeBanking brings out the best in people because, as a system, it connects unmet needs with untapped resources while building community and reducing feeling of social stigma surround needing help.

Partnership Recommendation # 3. Create a Gilbert Village, patterned after the Beacon Hill Village in Boston—a member-driven organization for residents 50 and over that provides programs and services so members can lead vibrant, active and healthy lives, while remaining in their own homes and neighborhoods.

Partnership Recommendation # 4. Create a responsibility/position within the Town of Gilbert staff for maintaining an ongoing communication with surrounding communities to share best practices.

Partnership Recommendation # 5. Develop regional partnerships to provide prevention services to all population groups in collaboration with nonprofits and faith communities.

- Recommend developing prevention programs for health-related concerns known to increase among challenged population groups.

Asking the Tough Questions

The Williams Institute (TWI) was founded in Chandler in 1993 as a nonprofit corporation under the provisions of 501(c)(3) of the Internal Revenue Code and has served the community for the past 19 years. The TWI mission focuses on building ethics in community and developing cultures of confidence. Part of the TWI mandate is “asking the tough questions” that the Town of Gilbert needs to address in order to serve the human services needs of the community—with the understanding that the TWI team has the best interests of the Gilbert community in mind. Some of the overarching questions that must be addressed as a part of the strategic planning process include—

1. Is the Town ready to work together as a community to address the human services needs prioritized through this needs assessment process in order to serve the best interests of Gilbert residents?
2. Is the Town willing to accept and implement the far-reaching, all-inclusive definitions of population groups in need (as defined by respected national agencies and research centers) and to utilize these definitions in counting individuals and families in need and setting criteria for seeing that its residents receive critical support?
3. Are individuals and families who lived in Gilbert prior to losing their homes to foreclosure or the economic downturn still considered Gilbert residents for the purpose of accessing human services within the Town?
4. How can Gilbert best address human services needs in alignment with the Town of Gilbert Mission Statement to enhance quality of life?

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

Recommendations for Further Research

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

Research Initiative. Develop a community-based plan to *build community* within the Town of Gilbert. Adult focus group participants rated community building in Gilbert as “average.” *Building* community has to do with improving the ease and success of building good relationships within the community. Relationships are the basis for knowing and understanding individuals and families and their needs in the community and the foundation for providing adequate support and resources to meet those needs, through volunteerism, funding opportunities and local/regional partnerships. The recommendation to develop a robust volunteer program to assist in meeting the human services needs of the community will rely on this concept of building community for its success.

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

COMMITMENT TO HUMAN SERVICES FOR THE TOWN OF GILBERT— A DIALOGUE ON QUALITY OF LIFE FOR ALL

Town of Gilbert Mission, Vision and Values

MISSION STATEMENT

We are a service organization committed to enhancing quality of life and serving with integrity, trust and respect.

VISION STATEMENT

Gilbert will be the best in class in all lines of service.

VALUES STATEMENT

Integrity *by being ethical, professional and trustworthy.*

Respect *by being fair, courteous and valuing others.*

Accountability *by being responsible for our actions and following through on our commitments.*

Innovation *by continuously improving services through progressive and creative outcomes.*

Learning *by developing our knowledge and skills.*

Communication *through transparency, collaboration and accessible information.*

ATTACHMENT A

**TOWN OF GILBERT HUMAN SERVICES
NEEDS ASSESSMENT
2014 HUMAN SERVICES SURVEY**

**Town of Gilbert Human Services Needs Assessment
2014 Human Services Survey**

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

Volunteer Employed: Agency _____ Location _____

Title or Position: _____

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

2. Which of these descriptions best describe you today? Please mark (✓) ALL that apply.

Youth (under 18 years of age) Age: _____

Senior (over 62 years of age) Veteran: Years of military service _____

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

Persons in family/household	Total Income
1	\$23,340
2	31,460
3	39,580
4	47,700
5	55,820
6	63,940
7	72,060
8	80,180

Individual/Family in Crisis (Defined as “experiencing stressors that put one or more family members in a dangerous situation requiring immediate support and emergency intervention to defuse the situation and restore a temporary level of stability to the family”)

Homeless (Defined as “lacking a fixed, regular and adequate night-time residence and living in a shelter, temporary institutional residence or a public or private place not designed for a regular sleeping accommodation”)

Living in a household that includes more than one family

Receiving public assistance Formerly incarcerated Family member incarcerated

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

Special Needs (Defined as “chronic physical, mental, emotional or developmental problems that result in definite and severe functional limitations”)

Description of your special need: _____

Enrolled in School Full-time Enrolled in School Part-time

Employed Full-time Employed Part-time Unemployed

Please proceed to the next page of questions.

3. Please mark (✓) the box that best describes your assessment of the adequacy of *EACH* of the following human service areas available to Town of Gilbert resident—How well is the need met? Please provide an answer for each line of the survey; check “Don’t know” if you are not sure.

Human Services Areas (including appropriate counseling services)	Seriously inadequate services	Some gaps in services	Adequate services	Some duplications in services	Multiple redundancies in services	Don't know
Youth Out-of-School Programs (elementary)						
Youth Out-of-School Programs (middle school)						
Youth Out-of-School Programs (high school)						
Youth Services—						
Affordable child care						
24-hour child care						
Fee assistance for full participation in activities						
Emergency Assistance—						
Food assistance programs						
Food assistance for youth						
Child emergency respite care						
Shelter/housing assistance for homeless						
Assistance with utilities						
Clothing assistance programs						
Legal services						
Re-entry services for previously incarcerated						
Assistance to Families in Crisis—						
Child abuse						
Foster care						
CPS investigation/removal of child from the home						
Domestic violence						
Treatment for substance abuse						
Elder abuse						
Assistance to Seniors and Elderly—						
Affordable elder care (long-term, day/respice)						
Affordable, safe housing for seniors/elderly						
Senior transportation assistance						
Senior assistance with delivery of meals						
Senior recreation/socialization programs						
Assistance to Low/Moderate Income—						
Affordable, safe housing (individuals & families)						
Employment services (un- and under-employed)						
Transportation assistance						
Food banks						
Assistance to Citizens with Special Needs—						
Physical disabilities (blind, deaf, physiological)						
Developmental disabilities						
Mental/emotional disorders						
Assistance to Immigrant Groups—						
Access to bilingual services						
Legal services						
Diversity Support—						
Ethnicity						
Sexual orientation/gender identity						
Immigration/naturalization						
Health Care Services for the Uninsured—						
Assistance to individuals with AIDS						
Pregnancy services						
Immunization clinics						
Assistance to Veterans						
Public Transportation						

Please proceed to the next page of questions.

4. Please **rank order** the greatest need for added services to the least need for the following groups within Gilbert (1 = **greatest need** for added services)/(7 = **least need** for added services).

Please use 1, 2, 3, 4, 5, 6 and 7.

- _____ Elderly
- _____ Families in Crisis
- _____ Homeless
- _____ Immigrant Groups
- _____ Low/Moderate Income Individuals and Families
- _____ Citizens with Special Needs
- _____ Youth

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

Elderly

1		2		3		4		5
Poor				Average				Outstanding

Families in Crisis

1		2		3		4		5
Poor				Average				Outstanding

Homeless

1		2		3		4		5
Poor				Average				Outstanding

Immigrant Groups

1		2		3		4		5
Poor				Average				Outstanding

Low/Moderate Income Individuals and Families

1		2		3		4		5
Poor				Average				Outstanding

Citizens with Special Needs

1		2		3		4		5
Poor				Average				Outstanding

Youth

1		2		3		4		5
Poor				Average				Outstanding

6. What do you consider to be the Town of Gilbert's **greatest strength** in human services offered to its citizens? _____

7. What do you consider to be the Town of Gilbert's **largest gap** in human services provided to its citizens? _____

Please proceed to the next page of questions.

8. How would you rate the following elements that contribute to the quality of life in the Town of Gilbert? Circle the appropriate number on each scale. (Please circle only whole numbers.)

Safety/Level of Crime and Delinquency

1	2	3	4	5
Low Quality		Average Quality		Exceptional Quality

Support for Building Community within Individual Neighborhoods

1	2	3	4	5
Low Quality		Average Quality		Exceptional Quality

Support for Bilingual Services

1	2	3	4	5
Low Quality		Average Quality		Exceptional Quality

Support for Individuals and Families in Crisis

1	2	3	4	5
Low Quality		Average Quality		Exceptional Quality

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

Human Services	“I Need”	“I Use”
Youth out-of-school program Organization(s) used:		
Child care Organization(s) used:		
Assistance with youth program activity fees Organization(s) used:		
Food banks/assistance Organization(s) used:		
Shelter/housing assistance Organization(s) used:		
Utilities assistance Organization(s) used:		
Clothing assistance Organization(s) used:		
Legal services Organization(s) used:		
Child abuse assistance Organization(s) used:		
Domestic violence assistance Organization(s) used:		
Substance abuse assistance Organization(s) used:		

Please proceed to the next page of questions.

Human Services	"I Need"	"I Use"
Elder abuse assistance Organization(s) used:		
Elder care assistance Organization(s) used:		
Housing assistance for seniors/elderly Organization(s) used:		
Senior transportation assistance Organization(s) used:		
Senior assistance with delivery of meals Organization(s) used:		
Senior recreation/socialization Organization(s) used:		
Employment services (un- and under-employed) Organization(s) used:		
Assistance for physical disabilities (blind, deaf or physiological) Organization(s) used:		
Assistance for developmental disabilities Organization(s) used:		
Assistance for mental/emotional disorders Organization(s) used:		
Bilingual services Organization(s) used:		
Immigration/naturalization services Organization(s) used:		
Services to support the LGBT community Organization(s) used:		
Assistance to individuals with AIDS Organization(s) used:		
Health care services for the uninsured/Immunization clinics Organization(s) used:		
Pregnancy services Organization(s) used:		
Veteran services Organization(s) used:		

10. Which of the following resources have you used to learn about the availability of human services in Gilbert? Please mark (✓) all that apply:

- _____ Internet
- _____ Advertising (TV, newspapers, pamphlets)
- _____ Professional Referral (court, social service agency, counselor)
- _____ Family/Friend Referral
- _____ Other: Please specify _____

Please proceed to the next page of questions.

11. Do you have any other comments that would assist us in assessing human services needs within the Town of Gilbert? _____
-

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

12. **Gender:** Female Male _____
13. **Age:** 15 to 19 years 20 to 24 years 25 to 34 years
 35 to 44 years 45 to 54 years 55 to 64 years
 65 years and over
14. **Ethnicity:** American Indian or Alaskan (Tribe _____)
 Asian or Pacific Islander African American
 Hispanic/Latina(o) White Other
15. **Current Status:** Single (never married) Married Separated
 Unmarried living in partnership Widowed Divorced
16. **Children/Dependents:** Number of children living with you (under 18 years of age) _____
Number of other dependents _____ Relationship _____
17. **U. S. Citizen:** Yes No
18. **Education:** (Please check **highest grade completed**)
 Elementary school High school graduate/GED Vocational Training
 Associate degree Bachelor's degree Graduate degree
19. **Faith Connection:** **Do you belong to a faith community?** Yes No
If yes, please provide the name? _____

ATTACHMENT B

**TOWN OF GILBERT HUMAN SERVICES
FOCUS GROUP INVITATIONS**



**Town of Gilbert Human Services
Community Needs Assessment**

THE TOWN INVITES YOUR INPUT!

WHO: *Service Recipients* -

Elderly (62+)

Families in Crisis (due to conditions such as domestic violence, child abuse, substance abuse, hunger—anything that requires immediate support and emergency intervention),

Homeless (lack of a fixed, regular and adequate night-time residence or living in a shelter)

Immigrants (Spanish and other translators available)

Low/Moderate Income Individuals and Families (\$23,340 family of 1, \$47,700 family of 4, etc.)

Special Needs (physical, emotional, mental and developmental)

Youth (Parents of children of all ages. Age ranges examined are: under 8 years of age, 8-11 and 12-18)

WHAT: Provide input about *Gilbert's Human Services* to help Gilbert leaders determine *what human services are available, identify existing gaps and ultimately assist Town officials to develop future policy for its residents.* **People who have received or are interested in receiving social services - we invite you to voice your needs.**

****To thank you for participating, the first 90 *Service Recipients* to attend receive a \$15 gift card****

WHEN & WHERE: Municipal Center I, 50 East Civic Center Drive,
Gilbert, AZ. 85296, Conference Room 300

SERVICE RECIPIENT SCHEDULE:

Saturday, March 8: 11:15-12:45pm **SPECIAL NEEDS**

Saturday, March 8: 1:30-3pm **LOW-MODERATE INCOME**

Saturday, March 8: 4-5:30pm **PARENTS OF YOUTH**

Saturday, March 15: 11-12:30pm **ELDERLY**

Saturday, March 15: 1:30-3pm **IMMIGRANT (SPANISH SPEAKING GROUP)**

Saturday, March 15: 4-5:30pm **FAMILIES**

Saturday, March 16: TBA (Please contact Ms. Young for more information) **HOMELESS**

To Participate Please Contact:

Brenda Young

b.young@ethics-twi.org

480-244-4677

Town of Gilbert
Human Services Community Needs Assessment
THE TOWN INVITES YOUR INPUT!



WHO: *Stakeholders:* The general public is invited including: Non-Profit Employees & Volunteers, Neighborhood Leaders, Town Public Safety Personnel, and Members of Private & Faith-Based Organizations

WHAT: Provide input about *Gilbert's Human Services* to help Gilbert leaders determine *what human services are available, identify existing gaps and ultimately assist Town officials to develop future policy for its residents.* We invite you to provide feedback.

WHEN & WHERE: Municipal Center I, 50 East Civic Center Drive,
Gilbert, AZ 85296, Conference Room 300

(General public) Wednesday, March 12: 3-4:30pm (Refreshments served)

(Faith based) Tuesday, March 18: 3-4:30pm (Refreshments served)

<p>To Participate Please Contact: Brenda Young b.young@ethics-twi.org 480-244-4677</p>

ATTACHMENT C

**TOWN OF GILBERT HUMAN SERVICES
2014 NEEDS ASSESSMENT
FOCUS GROUP QUESTIONS**



Town of Gilbert Needs Assessment Participant Focus Group Questions

1. **What help or assistance do you currently receive to assist you and/or your family? What about any help you receive from nonprofit community agencies, from faith communities or from organizations that charge for their services?**

2. **I'm going to name a few different population groups within the community, and I would like you to tell me the following for each: 1) The greatest strength of the services offered to each group for Town of Gilbert residents; 2) The greatest challenge this group experiences; 3) Do you believe these challenges are being met or is something missing?; 4) How accessible are needed services (from nonprofits, for profits and/or faith communities within Gilbert or nearby in surrounding communities?)**
 - a. Elderly (over 62 years of age)
 - b. Families in Crisis (due to conditions such as domestic violence, child abuse, substance abuse, hunger—anything that requires immediate support and emergency intervention)
 - c. Homeless Individuals (lack of a fixed, regular and adequate night-time residence or living in a shelter)
 - d. Immigrant groups
 - e. Low/Moderate Income Individuals and Families (see chart on survey for definition)
 - f. Special Needs Individuals (physical, emotional, mental and developmental)
 - g. Youth (under 8 years of age, 8-11 and 12-18)

3. **Are there other population groups in the town of Gilbert besides those in the above question that need services? If so who and why?**

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

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

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

- 7. Do you have any overall suggestions about how help (or assistance) can be improved for Gilbert residents?**

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

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

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



Town of Gilbert Needs Assessment Stakeholder Focus Group Questions

1. Please write the following down on the provided 3x5 card which you will turn in at the end of the focus group. This will also be used when you introduce yourself:
 - Your name, title, and agency or community organization
 - The individuals you serve
 - Front and back of the card: The services your organization provides for Gilbert residents

2. How does your organization provide service delivery in unique ways to individuals and/or families in need? What is special about your organization's services?

3. I'm going to name a few different population groups within the Gilbert community, and I would like you to tell me the following for each: 1) The **greatest strength** of the services offered to each group for Town of Gilbert residents; 2) The **greatest challenge** this group experiences; 3) Do you believe these challenges are being met or is something missing?; 4) How accessible are needed services (from nonprofits, for profits and/or faith communities within Gilbert or nearby in surrounding communities)?
 - Elderly (over 62 years of age)
 - Families in Crisis (due to conditions such as domestic violence, child abuse, substance abuse, hunger—anything the requires immediate support and emergency intervention)
 - Homeless Individuals (lack of a fixed, regular and adequate night-time residence or living in a shelter)
 - Immigrant groups
 - Low/Moderate Income Individuals and Families (see chart on survey for clarification)
 - Special Needs Individuals (physical, emotional, mental and developmental)
 - Youth (under 8 years of age, 8-11 and 12-18)

4. Are there other population groups in the town of Gilbert besides those in the above question that need services? If so who and why?
5. What services have you personally found (either through referral or personal use) to be most helpful and why (what was special about these organizations)? What about least helpful and why?
6. Are there any services that are *needed* for Gilbert residents but seem to be missing?
7. A) Do you know of any agencies or services that are sometimes *overlooked* as referrals that would be helpful for Gilbert's residents in need? What do these agencies provide? Why do you think they are overlooked? B) What about any free or discounted services?
8. Do you have any overall suggestions about how human service delivery can be improved for Gilbert residents?
9. If you could offer one or two suggestions to social services agency staff about what they could do to best assist people, what would you say? What about Town of Gilbert staff? Which of the recommendations stated here today are most important for Gilbert residents?
10. For any needed services we have talked about, do the right people know about them to refer people in need to them? What about individuals looking for services? Where is the information shared? How well is the information shared?
11. What do you consider to be the greatest advantage of living, serving or working in Gilbert?

ATTACHMENT D

**TOWN OF GILBERT HUMAN SERVICES
2014 NEEDS ASSESSMENT
CONFIDENTIALITY AGREEMENT
AND
CONSENT TO PARTICIPATE**



Town of Gilbert Human Services Community Needs Assessment Confidentiality Agreement

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

****TWI has been asked to conduct an independent needs assessment for the Town of Gilbert. Therefore, you may talk freely about human services currently offered within the community, knowing that anything you say will be maintained confidentially in a locked cabinet within the TWI offices. Any information you provide that is presented to Town of Gilbert personnel in the final comprehensive report will be worded in such a way to protect your anonymity.***

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

1. I will maintain the confidentiality of the information provided by other participants in sessions in which I participate.
2. I agree to the **anonymous** publication of information I provide through my participation in the project.
3. I agree to the anonymous sharing of information collected by TWI with Town of Gilbert personnel. I understand that no one's name or contact information will be disclosed.
4. I understand that although there is little risk, if any, associated with my participation in this needs assessment process, if I find answering any of the questions unpleasant or uncomfortable, I have the right to not answer any questions for any reason.

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

Printed Name of Participant

Date

Signature of Participant



Town of Gilbert Human Services Community Needs Assessment Consent to Participate in Data Collection and Reporting

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

participate in data collection and reporting for the purpose of conducting a comprehensive needs assessment of the state of human services within the Town of Gilbert.

****TWI has been asked to conduct an independent needs assessment for the Town of Gilbert. Therefore, you may talk freely about human services currently offered within the community, knowing that anything you say will be maintained confidentially in a locked cabinet within the TWI offices. Any information you provide that is presented to the Town of Gilbert personnel in the final comprehensive report will be worded in such a way to protect your anonymity.***

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

I authorize TWI to disclose the results of the focus groups and surveys to Gilbert personnel in the final comprehensive report of the state of human services within the Town of Gilbert in such a way that protects my anonymity. The purpose of such disclosure is to assist Gilbert personnel in identifying unmet needs and gaps in services within the community and to create priorities and strategies to facilitate excellence in the delivery of human services.

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

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

If I have any questions about data collection & reporting, I understand that I may contact a TWI representative at: (480) 517-1891.

Signed:

(Date) (Print Name) (Signature)

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

(Date) (Print Name of TWI representative) (Signature)

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

ATTACHMENT E

**IDENTIFIED HUMAN SERVICES PROVIDERS
CURRENTLY AVAILABLE TO
GILBERT RESIDENTS**

**Needs Assessment Identified Human Services Providers
(as of June 2014)**

Note: Many organizations serve *all* individuals; however, to make this provider list easier to navigate, the main population groups served by each organization are indicated with a check mark.

Organization	Address	Telephone	Families in Crisis	Low-Moderate Income	Seniors And Elderly	Homeless	Special Needs	Youth	Immigrants
Adult Protective Services	1789 W. Jefferson St, 2 nd floor (950A), Phoenix, AZ 85007	(877) 767-2385 (602) 542-5978	✓		✓				
A New Leaf – Childcare Programs	868 E. University Dr., Mesa, AZ 85203	480-969-4024						✓	
A New Leaf – Counseling Service			✓	✓	✓	✓	✓	✓	✓
A New Leaf – Domestic Violence Services			✓						
A New Leaf – East Valley Men’s Center			✓	✓		✓		✓	
A New Leaf – EMPOWER Program Transitional Living for 18-26 years of age						✓			
A New Leaf – Juvenile Alternative Centers								✓	
A New Leaf – La Mesita Family Homeless Shelter	651 E. Commonwealth Ave., Chandler, AZ 85225	480-834-8723	✓			✓			
About Care, Inc.	PO Box 3278, Chandler, AZ 85244	480-802-2331			✓		✓		
Adelante Healthcare, Inc.	9520 W. Palm Lane, Ste. 200, Phoenix, AZ 85037	877-809-5092		✓					
Aid to Adoption of Special Kids (AASK)	15396 N. 83 rd Ave., Ste. A100, Peoria, AZ 85382	602-254-2275					✓	✓	
Al Anon/Alateen Support Groups	East Valley Al Anon Info Center 1320 E. Broadway Rd., Ste. 109, Mesa, AZ 85208	602-249-12576 480-969-6144						✓	
Alcoholics Anonymous		602-264-1341	✓	✓	✓	✓	✓	✓	✓
Alzheimer’s Association	1028 E. McDowell Rd., Phoenix, AZ 85006	480-528-0545			✓		✓		
Alzheimer’s Association	First United Methodist Church of Gilbert	480-892-9166			✓		✓		
Area Agency on Aging	1366 E. Thomas Rd., Ste. 108, Phoenix, AZ 85014	602-264-2255			✓				
Arizona Assisted Living Facilities & Senior Care	PO Box 21752, Mesa, AZ 85215	877-687-4988			✓		✓		

Organization	Address	Telephone	Families in Crisis	Low-Moderate Income	Seniors And Elderly	Homeless	Special Needs	Youth	Immigrants
Arizona Bridge to Independent Living (ABIL)	2015 S. Country Club Dr., Ste. 10, Mesa, AZ 85210	480-655-9750					✓		
Arizona Center for the Blind and Visually Impaired	3100 E. Roosevelt St., Phoenix, AZ 85008	602-273-7411					✓		
Arizona Kids Think Too	4423 N. 24 th St., Ste. 600, Phoenix, AZ 85016	602-441-2443						✓	
Arizona Literacy and Learning Center, Inc. (ALLC)	150 N. 16 th St., B141, Phoenix, AZ 85016	602-212-1089						✓	
ASPIRE Outpatient Women's Substance Abuse Treatment	1745 S. Alma School Rd., Ste. 230, Mesa, AZ 85210	480-768-6022	✓						
Association for Supportive Childcare	3910 S. Rural Rd., Ste. E, Tempe, AZ 85282	480-829-0500	✓					✓	
Autumn House Domestic Violence Shelter		480-835-5555	✓						
Big Brothers-Big Sisters	1010 E. McDowell Rd., Ste. 400, Phoenix, AZ 85006	602-264-9254						✓	
Boys & Girls Club – Gilbert Branch	44 N. Oak St., Gilbert, AZ 85233	480-813-2020						✓	
Boys Town National Crisis Hotline		800-448-3000	✓					✓	
Camp Civitan									
Caring Senior Service of Scottsdale	8010 E. McDowell Rd., Ste. 118, Scottsdale, AZ 85257	480-342-9985			✓				
Catholic Charities Community Services	PO Box 1869, Chandler, AZ 85244	480-821-1024	✓	✓	✓	✓	✓	✓	✓
Central Arizona Shelter Services	230 S. 12 th Ave., Phoenix, AZ 85007	602-256-6945	✓	✓		✓			
Central Christian Church	933 Lindsay Rd., Mesa, AZ 85213	480-924-4946	✓	✓					
Chalice Christian Church	15303 S. Gilbert Rd., Gilbert, AZ 85296	480-227-1779				✓			
Chandler CAP	345 S. California St., Chandler, AZ 85225	480-963-4321	✓	✓					

Organization	Address	Telephone	Families in Crisis	Low-Moderate Income	Seniors And Elderly	Homeless	Special Needs	Youth	Immigrants
Chandler Christian Community Center	345 S. California Street, Chandler, AZ 85225	480-963-1423	✓	✓	✓	✓	✓	✓	✓
Chandler-Gilbert ARC	3250 N. San Marcos Place, Chandler, AZ 85225	480-892-9422					✓		
Chandler-Gilbert YMCA	1655 W. Frye Rd., Chandler, AZ 85224	480-899-9622 480-279-2807					✓	✓	
Chandler Regional Medical Center	1955 W. Frye Rd., Chandler, AZ 85224	480-728-3000	✓	✓	✓	✓	✓	✓	✓
Chandler Senior Center	202 E. Boston, Chandler, AZ 85224	480-782-2721			✓				
Child Care Resource & Referral	3910 W. Rural Rd., Ste. O, Tempe, AZ 85282	602-244-2678	✓					✓	
Child Crisis Center	PO Box 4114, Mesa, AZ 85211	480-969-2308	✓					✓	
Childhelp	4350 E. Camelback Rd., Scottsdale, AZ 85018	480-922-8212						✓	
Child Protective Services	2328 W. Guadalupe Rd., Gilbert, AZ 85233	480-854-7578	✓					✓	
Chrysalis Domestic Violence Shelter	2055 W. Northern Ave., Phoenix, AZ 85021 Scottsdale	602-995-9059 480-481-0402	✓						
Civitan Foundation	3509 E. Shea Blvd., Ste. 117, Phoenix, AZ 85028	602-953-2944					✓		
Community Bridges Substance Abuse Treatment	358 E. Javelina Ave., Mesa, AZ 85210	480-507-3180	✓	✓		✓			
Community Information & Referral Services		211 877-211-8661	✓	✓	✓	✓	✓	✓	✓
Community Legal Services	1220 S. Alma School Rd., Mesa, AZ 85210	480-833-1442	✓	✓			✓		
Complete Health Plan Solutions, LLC	2370 W. Ray Rd., Ste. 1, Chandler, AZ 85224	480-820-8377			✓				
ComTrans	2336 E. Magnolia St., Phoenix, AZ 85034	602-231-0102			✓		✓		
Crisis Pregnancy Center	1818 E. Southern Ave., Ste. 13, Mesa, AZ	480-733-2740	✓					✓	
Department of Economic Security	2288 W. Guadalupe Rd., Gilbert, AZ 85233	480-981-6357	✓	✓	✓	✓	✓	✓	✓

Organization	Address	Telephone	Families in Crisis	Low-Moderate Income	Seniors And Elderly	Homeless	Special Needs	Youth	Immigrants
Desert Mission Medical Services	John C. Lincoln Hospitals, 2500 W. Utopia Rd., Ste. 100, Phoenix, AZ	623-434-6200		✓	✓		✓		
East Valley Adult Resources	45 W. University Dr., Ste. A, Mesa, AZ 85201	480-966-9704 480-964-9014			✓				
East Valley Bible Church	1820 W. Elliot Road, Gilbert, AZ 85233	480-632-2220		✓					
East Valley Dial-a-Ride	101 N. 1 st Ave., Ste. 1300, Phoenix, AZ 85003	480-633-0101			✓		✓		
East Valley Jewish Community Center	908 N. Alma School Rd., Chandler, AZ 85224	480-897-0588						✓	
East Valley Men's Center (EVMC) Shelter	2345 N. Country Club Dr., Mesa, AZ 85201	480-610-6722				✓			
East Valley Women's Shelter	149 N. Mesa Dr., Mesa, AZ 85201	480-969-1691				✓			
EMPACT Suicide Prevention Hotline	618 S. Madison Dr., Tempe, AZ 85281	480-784-1500	✓	✓	✓	✓	✓	✓	✓
Evercare	3141 N. 3 rd Ave., Ste. 100, Phoenix, AZ 85013	480-461-1711	✓						
Family Legal Assistance Program (FLAP)	201 W. Jefferson, 6th Fl. Phoenix, AZ 85003	(602) 506-7948	✓	✓	✓	✓	✓	✓	✓
Family Promise of Greater Phoenix	7221 E. Belleview St., Scottsdale, AZ 85257	480-659-5227	✓			✓			
Family Service Agency Counseling	2400 N. Central Ave., Ste. 400, Phoenix, AZ 85004	602-264-9891	✓			✓			
Find Help Phoenix	Bilingual resource and referral service for all of Maricopa County for all resources www.maricopa.gov/findhelpphx/	-----						✓	
First Things First – Preparing Youth Birth to age 5	Lutheran Services of the Southwest – Gilbert Family Resource Center – Youth Development Home, Visitation, Parenting Services, Oral health	480-489-5771							
Florence Crittenton Services of Arizona	715 W. Mariposa St., Phoenix, AZ 85013	602-274-7318	✓						
Florence Immigrant and Refugee Rights Project	202 E. McDowell Rd., Ste. 165, Phoenix, AZ 85004	602-307-1008							✓
For Our City		480-628-5680							
Foundation for Blind Children	1235 E. Harmont Drive, Phoenix, AZ 85020	602-331-1470					✓		

Organization	Address	Telephone	Families in Crisis	Low-Moderate Income	Seniors And Elderly	Homeless	Special Needs	Youth	Immigrants
Family Lawyer's Assistance Project (FLAP)	222 E. Javelina, 2 nd floor, Mesa, AZ 85210	602-506-7948	✓	✓	✓		✓	✓	
Friendly House	113 W. Sherman St., Phoenix, AZ 85003	602-257-1870	✓	✓					
Gabriel's Angels	1550 E. Maryland Ave., Ste. 1, Phoenix, AZ 85014	602-266-0875						✓	
Gilbert CAP	44 N. Oak Street, Gilbert, AZ 852323	480-892-5331	✓	✓	✓	✓	✓	✓	✓
Gilbert CAN		480-877-7143	✓	✓	✓	✓	✓	✓	✓
Gilbert Cares	PO Box 228, Higley, AZ 85236	480-857-8581		✓	✓				✓
Gilbert Lions Club	PO Box 347 Gilbert, AZ 85234	480-357-2654		✓			✓	✓	
Gilbert Methodist Church	3315 S. Cooper Rd., Gilbert, AZ 85233	480-892-9166				✓			
Gilbert Parks & Recreation	90 E. Civic Center, Gilbert, AZ 85296	480-503-6200					✓	✓	
Gilbert Public Safety Youth & Adult Resources	75 East Civic Center Drive, Gilbert, AZ 85296	480-635-7701	✓	✓	✓	✓	✓	✓	✓
Gilbert Public Schools Homeless Liaison	140 S. Gilbert Rd., Gilbert, AZ 85296	480-832-3034, ext. 307	✓			✓		✓	
Gilbert Senior Center	100 N. Oak Street, Gilbert, AZ 85233	480-503-6060			✓				
Gilbert Workforce Connections	735 N. Gilbert Rd., Ste. 134, Gilbert, AZ 85234	480-497-0350	✓	✓					
Goodwill	868 N. Gilbert Rd., Gilbert, AZ 85234	480-545-3405		✓			✓		
Habitat for Humanity	115 E. Watkins St., Phoenix, AZ 85004	602-268-9022		✓					
Hope Community Health	312 N. Alma School Rd., Ste. 9C, Chandler, AZ 85224	480-963-2720		✓			✓		
Hope Village Arizona	125 E. University Dr., Mesa, AZ 85201	480-466-7736						✓	
House of Refuge Family Shelter	6935 E. Williams Field Rd., Mesa, AZ 85212	480-988-9242	✓			✓			
ICAN	650 E. Morelos St., Chandler, AZ 85225	480-821-4207	✓					✓	
Interfaith Homeless Emergency Lodging Program (I-HELP)	2424 S. Mill Ave., Tempe Church of Christ, Tempe, AZ 85282	480-968-7847				✓			
Jewish Family and Children's Service	1930 S. Alma School Rd., Mesa, AZ 85210	602-256-0528	✓		✓		✓		

Organization	Address	Telephone	Families in Crisis	Low-Moderate Income	Seniors And Elderly	Homeless	Special Needs	Youth	Immigrants
Junior Achievement of Arizona	636 W. Southern Ave., Tempe, AZ 85282	480-377-8500						✓	
LanguageLine Solutions		800-752-6096							✓
Lions Club (eye exams, glasses) + Sponsors Camp Tatiyee (special needs)	PO Box 347, Gilbert, AZ 85299	(480) 357-2654		✓			✓		
Maricopa Workforce Connections	735 N. Gilbert Rd., #134, Gilbert, AZ 85234	602-372-9700	✓	✓					
Matthew's Crossing Food Bank	1368 N. Arizona Ave., Ste. 115, Chandler, AZ 85225	480-766-2625	✓	✓	✓	✓	✓	✓	✓
Mercy-Gilbert Medical Center Mission Integration Center	3555 S. Val Vista Dr., Gilbert, AZ 85297	480-728-8317	✓	✓	✓	✓	✓	✓	✓
My Sister's Place Domestic Violence Shelter	610 N. Alma School Rd., #18, Chandler, AZ	480-821-1024	✓	✓		✓			
Narcotics Anonymous – Spirit of Joy Church	1159 N. Greenfield St., Gilbert, AZ 85234	480-507-0742	✓	✓	✓	✓	✓	✓	✓
National Domestic Violence Hotline		800-799-7233	✓						
Neighbors Who Care	10450 E. Riggs Rd., Ste. 113, Sun Lakes, AZ 85248	480-895-7133			✓				
New Hope Community Church	1380 E. Guadalupe Rd., Gilbert, AZ 85234	480-497-4101	✓	✓					
New Life Medical Center	2915 E. Baseline Rd., Ste. 105, Gilbert, AZ 85234	480-354-6700	✓						
One-n-ten, Inc.	3660 N. 3 rd St., Phoenix, AZ 85012	602-279-0894						✓	
One Small Step and Clothes Cabin	1100 N. Alma School Rd., Chandler, AZ 85224	480-285-4111		✓		✓			
Page Commons	170 N. Oak St., Gilbert, AZ 85233	866-237-3701			✓				
Pathway Program Drug and Alcohol Treatment for Teens/Young Adults	1035 N. McQueen, Ste. 123, Gilbert, AZ 85233	480-921-4050	✓				✓	✓	
Pregnancy Care Center of Chandler	590 N. Alma School Rd., Ste. 20, Chandler, AZ 85224	480-374-2994	✓	✓				✓	

Organization	Address	Telephone	Families in Crisis	Low-Moderate Income	Seniors And Elderly	Homeless	Special Needs	Youth	Immigrants
Rebuilding Together	2123 South Priest Drive, Suite 213 Tempe, Arizona 85282	480-774-0237		✓	✓		✓		
Salvation Army	85 E. Saragosa Street, Chandler, AZ 85225	480-963-2041	✓	✓	✓	✓	✓	✓	✓
Save The Family	125 E. University Dr., Mesa, AZ 85201	480-898-0228	✓	✓	✓	✓	✓	✓	✓
Senior Help Line		602-230-9132			✓				
Shoebox Ministry, Inc.	7902 E. Wood Dr., Scottsdale, AZ 85260	480-905-1610		✓		✓			
Sojourner Domestic Violence Center	PO Box 20156, Phoenix, AZ 85036	602-244-0089	✓						
Southwest Autism Research and Resource Center	2225 N. 16 th St., Phoenix, AZ 85006	602-340-8717					✓	✓	
Southwest Human Development	2850 N. 24 th Street, Phoenix, AZ 85008	602-266-5976	✓	✓	✓	✓	✓	✓	✓
St. Mary's Food Bank Alliance		602-242-3663	✓	✓	✓	✓	✓	✓	✓
Starbright Foundation for Abused Children	745 N. Gilbert Rd., Ste. 124, Gilbert, AZ 85234	480-371-3381	✓					✓	
St. Anne's Friends of the Needy	440 E. Elliot Road, Gilbert, AZ 85234	480-507-4400	✓	✓	✓	✓	✓	✓	✓
St. Vincent de Paul	420 W. Watkins Rd., Phoenix, AZ 85003	602-261-6886	✓	✓	✓	✓	✓	✓	✓
United Food Bank	358 E. Javelina Ave., Mesa, AZ 85210	480-926-4897	✓	✓	✓	✓	✓	✓	✓
Teen Challenge	1515 W. Grand Ave., Phoenix, AZ 85022	800-346-7859					✓	✓	
Teen Lifeline, Inc.	PO Box 10745, Phoenix, AZ	800-248-8336	✓					✓	
Tumbleweed Tempe Youth Resource Center	505 W. University Dr., Tempe, AZ 85281	480-966-2036				✓		✓	
Valle del Sol, Inc.	3807 N. 7 th St., Phoenix, AZ 85014	602-258-6797					✓		
Valley Center of the Deaf	5025 E. Washington St., Ste. 114, Phoenix, AZ 85034	602-267-1921					✓		
SE Veteran's Affairs Health Clinic	3285 S. Val Vista Dr., Gilbert, AZ 85297	480-397-2800				✓	✓		
24-hour AZ Shelter Hotline		800-799-7739				✓			

ATTACHMENT F

**CITIZEN SURVEY OF ADEQUACY OF
HUMAN SERVICES
WITHIN THE TOWN OF GILBERT**

Citizen Survey of Adequacy of Human Services within the Town of Gilbert
(based on 71 survey responses from human services providers and community members)
 (red font highlights most critical needs)

Human Services Areas (including appropriate counseling services)	Score of Raters	Seriously inadequate services (1)	Some gaps in services (2)	Adequate Services (3)	Some duplications in services (4)	Multiple redundancies in services (5)
Respondents Providing Ratings						
Youth Services— Youth Out-of-School Programs (elementary)	2.25	3	12	9	0	0
Youth Out-of-School Programs (middle school)	2.20	2	14	7	0	0
Youth Out-of-School Programs (high school)	2.00	5	15	5	0	0
Affordable Child Care	1.71	13	10	5	0	0
24-hour Child Care	1.60	15	5	5	0	0
Fee Assistance for Full Participation in Activities	1.83	7	7	4	0	0
Emergency Assistance— Food Assistance Programs	2.30	8	15	21	0	0
Food Assistance for Youth	2.18	6	15	12	0	0
Child Emergency Respite Care	1.83	11	5	7	0	0
Shelter/Housing Assistance for Homeless	1.66	21	9	8	0	0
Assistance with Utilities	2.06	9	14	11	0	0
Clothing Assistance Programs	2.16	8	17	12	1	0
Legal Services	1.77	13	12	6	0	0
Re-entry Services for Previously Incarcerated	1.61	11	3	4	0	0
Assistance to Families in Crisis— Child Abuse	1.78	11	11	5	0	0
Foster Care	2.00	8	12	9	0	0
CPS Investigation/Removal of Child from the Home	1.92	14	12	9	1	0
Assistance to Families in Crisis (continued)— Domestic Violence	1.88	11	16	7	0	0
Treatment for Substance Abuse	1.84	13	11	8	0	0
Elder Abuse	1.77	10	12	4	0	0
Assistance to Elderly and Seniors— Affordable elder care (long-term, day/respite)	2.21	4	12	7	1	0
Affordable, Safe Housing for Seniors/Elderly	1.86	10	12	6	0	0
Senior Transportation Assistance	1.63	9	12	10	0	0
Senior Assistance with Delivery of Meals	2.31	4	12	13	0	0
Senior recreation/socialization programs	2.36	5	9	13	1	0
Assistance to Low/Moderate Income— Affordable, Safe Housing (Individuals and Families)	1.69	16	16	6	0	0
Employment Services (Un- and Under-Employed)	1.78	13	13	6	0	0
Transportation Assistance	1.63	16	9	5	0	0
Food Banks	2.13	11	20	17	0	0
Assistance to Citizens with Special Needs— Physical disabilities (blind, deaf, physiological)	2.08	7	10	9	0	0
Developmental Disabilities	2.19	6	11	9	1	0
Mental/Emotional Disorders	1.87	10	14	6	0	0

Citizen Survey of Adequacy of Human Services within the Town of Gilbert
 (based on 71 survey responses from human services providers and community members)
 (red font highlights most critical needs)

Human Services Areas (including appropriate counseling services)	Score of Raters	Seriously inadequate services (1)	Some gaps in services (2)	Adequate Services (3)	Some duplications in services (4)	Multiple redundancies in services (5)
Respondents Providing Ratings						
Assistance to Immigrant Groups—						
Access to Bilingual Services	1.89	7	8	3	1	0
Legal Services	1.93	6	4	5	0	0
Diversity Support—						
Ethnicity	2.00	8	8	8	8	8
Sexual Orientation/Gender Identity	1.85	8	7	5	0	0
Immigration/Naturalization	1.88	9	10	6	6	6
Health Care Services for the Uninsured—						
Assistance to Individuals with AIDS	1.90	3	5	2	0	0
Pregnancy Services	2.23	5	9	7	0	1
Immunization Clinics	2.13	6	9	9	0	0
Assistance to Veterans	1.91	8	8	6	0	0
Public Transportation	1.95	12	18	10	0	0

Statistical note: SPSS 22.0 analysis—Reliability is measured by the internal consistency of the survey instrument. Scale reliabilities were calculated using Cronbach's alpha—a coefficient of reliability (or consistency). Cronbach's alpha is a statistic bounded by 0 to 1. The higher the score, the more reliable the generated scale. The SPSS data analysis output presents a Cronbach's alpha for each of the 9 clusters of multiple human services included in Table 15, reflecting high scale reliability for the instrument (ranging from .814 to .974).

End Notes

- ¹ Southeast Valley editorial staff, “Q&A: Why is Gilbert a town and not a city?” (Gilbert, AZ: The Republic, azcentral.com, July 12, 2011).
- ² U.S. Census Bureau, *U.S. Census Bureau 2012 American Community Survey* (Washington, DC: U.S. Census Bureau, 2008-2012).
- ³ U.S. Census Bureau, *U.S. Census Bureau: State and County QuickFacts* (Washington, DC: U.S. Census Bureau, 2008-2012).
- ⁴ U.S. Census Bureau, *American Fact Finder: Poverty Status in the Past 12 Months: 2010-2012 American Community Survey 3-Year Estimates* (Washington, DC: U.S. Census Bureau, 2010-2012 American Community Survey).
- ⁵ U.S. Census Bureau, *American Fact Finder: Poverty Status in the Past 12 Months: 2010-2012 American Community Survey 3-Year Estimates* (Washington, DC: U.S. Census Bureau, 2010-2012 American Community Survey). Following the Office of Management and Budget’s (OMB) Statistical Policy Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family’s total income is less than that family’s threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated annually for inflation using the Consumer Price Index (CPI-U). The official poverty definition uses money income before taxes and does not include capital gains and noncash benefits (such as public housing, Medicaid and food stamps). The terms “poor,” “poverty population,” and “below the poverty level” have been used interchangeably in Census Bureau reports. In more recent reports, the term “poor” has been avoided for its somewhat subjective connotation. General definition of “low-income workers” is 200% of the federal poverty threshold.
- ⁶ U.S. Census Bureau, *American Fact Finder: Poverty Status in the Past 12 Months: 2010-2012 American Community Survey 3-Year Estimates* (Washington, DC: U.S. Census Bureau, 2010-2012 American Community Survey).
- ⁷ U.S. Census Bureau, *Gilbert Arizona (AZ) Poverty Rate Data – Information about poor and low income residents 2010* (Washington, DC: U.S. Census Bureau, 2010).
- ⁸ U.S. Census Bureau, *Selected Social Characteristics in the United States* (Washington, DC: U.S. Census Bureau, 2008-2012 American Community Survey 5-Year Estimates).
- ⁹ Sapsford, Roger, *Survey Research* (London: Sage, 1999).
- ¹⁰ Aldridge, Alan and Ken Levine, *Surveying the Social World: Principles and Practice in Survey Research* (Buckingham: Open University Press, 2001).
- ¹¹ ABC15.com, “Community Members Meet to Discuss Proposed Gilbert Mental Health Facility” (East Valley Tribune, October 4, 2013).