

ASSESSING HUMAN SERVICES NEEDS FOR THE TOWN OF GILBERT—

ANTICIPATE. CREATE. HELP PEOPLE...



A COMMUNITY NEEDS ASSESSMENT SPONSORED BY
THE TOWN OF GILBERT, ARIZONA

CONDUCTED AND COMPILED BY:

THE WILLIAMS INSTITUTE FOR ETHICS AND MANAGEMENT



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Assessing Human Services Needs for the Town of Gilbert – Anticipate. Create. Help People...

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GILBERT HUMAN SERVICES 2019 NEEDS ASSESSMENT EXECUTIVE SUMMARY

Between mid-August and late November, 2019, the research team from The Williams Institute for Ethics and Management (TWI) actively engaged with the Gilbert human services community (both recipients and providers of services); residents and community advocates; faith communities; leaders/staff members of Town of Gilbert human services and public safety departments; volunteers; and members of nonprofit boards, commissions and coalitions to conduct a human services needs assessment for the community. Researchers from TWI [a 501(c)3 nonprofit organization] were chosen to conduct this assessment process organized by the Community Resources Division of the Gilbert Town Manager's Office as a follow-up and update to the 2014 Gilbert Human Services Needs Assessment conducted by TWI.

Even before the research project began, the understanding existed that Gilbert is a "community that cares" and that many good works are active throughout Gilbert to ease the challenges faced by a significant number of residents in meeting their basic needs. The actions taken in response to the 2014 needs assessment are commendable and reflective of the commitment Gilbert demonstrates toward its residents. People are fed, clothed, and offered varying degrees of support. Community leaders across nonprofit and for-profit organizations, members of faith communities, and Town of Gilbert employees continue diligently to provide their time and their attention toward residents struggling with a wide variety of difficult situations. However, the depth and breadth of human services needs are not always visible to the greater community and some critical needs remain unmet and underserved. This report is offered as a snapshot of those needs and the services rendered across cities to help address those needs.

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

The Town Council and the Community Resources Division have been commended by residents and community stakeholders throughout the research process for their commitment to the people of Gilbert in their decision to stay in touch with the needs of the town's most vulnerable residents. The specific purpose of the research project was to gather and analyze assessment data to be used in the Town's planning process. This called for the TWI research team to provide recommendations for future decision making, including but not limited to long-term and short-term goals, program and fiscal considerations such as prioritized needed services, and program/resource availability. The scope of work identified nine target population groups for study (in alphabetical order):

- Culturally diverse individuals and families
- Elderly/seniors
- Homeless individuals and families
- Immigrants/refugees
- Individuals and families in crisis
- Individuals in need of mental health and substance abuse treatment
- Low-moderate income individuals and families
- Special needs individuals
- Youth in need of social services

In Section One of this Executive Summary, the five 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 of this summary, capsulized versions of the prioritized recommendations presented in the report are provided along with references to a more detailed discussion of each.

SECTION 1: REPORT SUMMARY

PART I. BACKGROUND RESEARCH AND COMMUNITY DEMOGRAPHICS

This Part I of the report offers the reader a “big picture” perspective of Gilbert and provides the foundation for examining the current needs for human services within the community. The majority of Gilbert residents are experiencing a quality of life envied by many other communities of equal size while facing the challenges of record-breaking rapid growth in recent years. This suburban community has been recognized with multiple awards and has received a number of positive accolades. The assessment began by defining a more in-depth context of the town through a statistical review of the Gilbert demographics that define the people who live there: a mean household income above the average in Arizona, a median age of 33.6 years, higher levels of educational attainment for the majority than the average in Arizona, with a shortage of affordable housing and above-average home prices valued in excess of \$340,000.

For the less visible part of the population made up of approximately one-third of Gilbert residents experiencing struggles and grave challenges, the needs are palpable. The demographics for this segment of the population present a stark contrast to the majority of Gilbert residents doing well: nearly 15,000 residents living below the federal poverty threshold, three schools in the Gilbert Public Schools District with over 50 percent of students qualifying for the federal free/reduced lunch program for children of low income families, over 2,200 residents with less than a 9th grade education and more than 3,600 residents having some high school education with no degree or GED, more than 17,000 residents with disabilities/special needs, an average 5.25 calls to the Police Department each week for suicides or attempted/threatened suicides, 2.9 sexual assault calls and 15.4 domestic violence calls per week, and more than 6 drug-related calls and more than 25 DUI arrests per week. The statistics provide numbers; the following sections of the report tell the stories of the people. Unfortunately, these segments of the Gilbert population are not often reached except through this type of community dialogue (many due to a desire to remain invisible), and most do not respond to resident surveys due to being homeless with no mailing address, focusing on the immediate crises of their lives, experiencing disabilities that require representation by advocates, or having language challenges.

PART II. A FIVE-YEAR UPDATE ON THE 2014 GILBERT NEEDS ASSESSMENT

Part II provides an abbreviated recap of the detailed recommendations offered in the 2014 Gilbert Human Services Needs Assessment final report and a summary table of responses by the town to those recommendations. Town leaders understood that the first step to “anticipating change and creating solutions” is to engage the entire human services community in the dialogue—service recipients, those with unmet needs, nonprofit providers, Town of Gilbert providers of human services, concerned citizens from within the private sector, the faith communities, and the wide cadre of volunteers contributing time and resources to meeting the needs of others. Through careful consideration of the voices of these community spokespersons and the recommendations stemming from the 2014 human services needs assessment, Gilbert leaders and key stakeholders have made significant strides in their accomplishments, demonstrating their commitment to the residents of Gilbert.

PART III. HUMAN SERVICES NEEDS ASSESSMENT METHODOLOGY AND DEFINITIONS

Part III describes the research design and methodology used to get in touch with the needs of the community and to gather both relevant statistical information and the stories of those in critical need of human services through a process of extensive community outreach. Utilizing a multi-method research approach for simultaneously gathering data and validating each arm of the methodology, three experienced Ph.D.-level researchers brought a broad range of experience and expertise to the effort. The multiple prongs of the research study included the following targeted samples: 1) the collection of detailed information from 161 Gilbert human service recipients, service providers and key community stakeholders utilizing in-depth, personally-proctored and electronic survey questionnaires; 2) six focus groups attended by 101 diverse participants who receive or need human services and exchanges conducted at three community gatherings attended by 191 Gilbert residents; 3) five group interviews including 22 recipients and providers of human services; 4) in-depth structured interviews with 12 individuals from the community, paying special attention to information about human services groups with less representation in the research process and any potential emerging group, plus multiple unstructured interviews with key stakeholders in the community; and 5) a human services providers listening group convened for clarification and corroboration of information gathered throughout the process to further support prioritization of strengths, gaps, and recommendations for inclusion in the final report. This listening group attended by 47 individuals from the human services community included representatives from the faith community, public safety, and community advocates.

This section of the report also includes the all-important definitions that underpin the research, including definitions of human services, the human services community, and each of the population groups included in the study. 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 49-68.)

PART IV. GILBERT NEEDS ASSESSMENT DATA AND FINDINGS

Part IV 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. “Community outreach” toward individuals and families within the nine originally-designated population groups of Gilbert residents and potential emergent groups, credible research into their realities, and “community input” from residents sharing their personal stories were a key part of the mandates for the study as outlined in the scope of work.

Any abbreviated summary of this section of the report has the potential of doing damage to the integrity of the research—diminishing the stories and critical needs of neighbors into raw statistics. The richness of the results of the research provide the reader with: an experiential perception that rates the adequacy of 50 specific human services offered to service recipients within the nine population groups; a survey of the quality of human services available to Gilbert residents, including the greatest strengths and largest gaps in human services within Gilbert; 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, Gilbert leaders/officials, service providers and members of faith communities. For these reasons, the only portion of the data and findings that will be shared as a part of this Executive Summary is the rank ordering by the community of where additional resources are needed most critically and the inclusion of an emerging group of critical needs identified through the research process. The raw data gathered from the surveys in response to

this question of most critical needs differentiated the nine population groups according to the criticality of perceived needs, confirmed by qualitative responses to the survey and in the focus groups. Although the nine population groups are listed in rank order from the greatest critical need for more services in terms of urgency (#1) to the least critical need (#9) based on the sample mean for each group, the top two were within two-tenths of a point of each other and marked by an entire percentage point from the group in the third position. In the realm of statistical significance, these two groups must be considered on equal terms within the range of potential statistical error when using a 95 percent confidence level of analysis.

The top two population groups in order of critical need for immediate human services in Gilbert were ranked closely by research participants, often involving threats to safety or health as well as a struggle to meet basic human needs, e.g., food, shelter, clothing, health care, and safety. These top two population groups include individuals in need of mental health and substance abuse treatment and families in crisis. The research design and methodology further provided for a process to identify any emergent population group in need of services, in addition to the nine groups clearly identified in the scope of work. One such group emerged as a significant, separate population group in need of critical attention from within the families in crisis population group and was added as a 10th population group identified in second place for the remainder of the report. These three population groups are commended to the attention of Gilbert leaders as most critical:

1. *Individuals in need of mental health and substance abuse treatment*
2. *Survivors of domestic violence, sexual assault and abuse, and human trafficking*
3. *Families in crisis*
4. Homeless individuals and families
5. Low to moderate income individuals and families
6. Youth in need of social services
7. Special needs individuals
8. Elderly/seniors (over 62 years of age)
9. Immigrants and refugees
10. Culturally diverse individuals and families

The participants in the needs assessment process 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 serve another. (This section of the report is a “must read” for anyone who truly wants to know about a wide variety of needs that exist within Gilbert and can be found on pages 69-100.)

PART V. PRIORITIES AND RECOMMENDATIONS

This section of the report provides the reader with several important pieces of the study, including a prioritized list of recurrent needs common to all population groups, a prioritized list of services needed by each of the 10 population groups (including the new emerging group listed above), prioritized recommendations and best practice strategies to address the gaps, and prioritized suggestions for local and/or regional partnership strategies. In addition, the 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 101-115.)

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

1. *Additional safe, affordable housing options*
2. *Access to mental health, behavioral health, substance abuse, and health care treatment services*
3. *Solutions to local transportation needs*
4. *Continuity of follow-up services with periodic check-ins when not closely connected with a human services agency*

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

1. ***Individuals with mental health and substance abuse treatment needs***
 - a. *Suicide prevention and trauma counseling for all ages*
 - b. *Regular support groups facilitated by a lead counselor to process all types of trauma*
 - c. *Resources/assessments for depression, anxiety, schizophrenia, and bipolar disorders*
 - d. *Programs to target alcohol and substance abuse in Gilbert*
 - e. *Bridging to resources*
 - f. *Life skills and meeting basic needs*
2. ***Survivors of domestic violence, sexual assault/abuse, and human trafficking***
 - a. *Crisis intervention (including housing)*
 - b. *Mental health counseling*
 - c. *Short respite period for healing/coping*
 - d. *Employment*
 - e. *Health services*
 - f. *Custody assistance*
 - g. *Credit repair*
 - h. *Safe transportation*
3. ***Families in crisis***
 - a. *Narrow definition of crisis and available matched resources*
 - b. *Service availability at critical times*
 - c. *Crisis training for personnel called to intervene with vulnerable individuals*
 - d. *Emergency funding for crisis situations to avoid homelessness*
4. ***Homeless individuals and families***
 - a. *Additional support for I-HELP among the Gilbert faith communities*
 - b. *Basic needs services of all kinds, including housing for the most vulnerable*
 - c. *Food available to homeless persons*
 - d. *Additional accessible sites for services to homeless individuals and families*
 - e. *Mental health and substance abuse treatment services to the homeless*
 - f. *Coping strategies*
 - g. *Vocational rehab/job training, e.g., for those with records*
 - h. *Care for long-term seriously mentally ill (SMI)*
 - i. *Access to health care*
5. ***Low to moderate income individuals and families***
 - a. *Affordable housing*

- b. *Legal/housing advocacy, e.g., to avoid homelessness caused by excessive rent increases beyond the ability to pay and to monitor unsafe housing conditions*
 - c. *Transportation*
 - d. *Affordable, safe child care*
 - e. *Access to services*
 - f. *Housing upkeep and repair, e.g., Old Town Gilbert*
 - g. *Healthy food*
 - h. *Family friendly employment*
 - i. *Affordable health and dental care*
- 6. Youth in need of social services**
- a. *Peer-to-peer navigators along with accessible therapists nights and weekends*
 - b. *A “mindfulness space” available on a regular basis*
 - c. *“Safe space” group counseling and support groups*
 - d. *Updated mental health training/awareness*
 - e. *Wellness classes (mental and emotional health, including coping mechanisms)*
 - f. *Financial scholarships to participate in school activities, e.g., high school sports, school food truck activities*
 - g. *Accessible parks and rec programs*
- 7. Special needs individuals**
- a. *Special needs oversight committee*
 - b. *Supportive housing*
 - c. *Trauma informed services for older students*
 - d. *Accessible swimming pool and other therapy resource*
- 8. Elderly/seniors**
- a. *Affordable housing, HUD housing, and low-income housing apartments*
 - b. *Fall prevention services*
 - c. *Transportation assistance for the needs unique to the aging*
 - d. *Affordable health and dental care*
 - e. *Resource advocate*
 - f. *More security patrolling around Page Commons*
 - g. *Isolation and socialization concerns*
 - h. *Light housekeeping assistance*
- 9. Immigrants and refugees**
- a. *Fear*
 - b. *Safe spaces*
 - c. *Legal assistance in their language*
 - d. *Employment*
 - e. *Translation services*
 - f. *Education*
- 10. Culturally diverse individuals**
- a. *Teaching cultural appropriateness*
 - b. *Diversity awareness*
 - c. *Fear*

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 throughout 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 STRATEGIES

Recommendation # 1. Develop a transitional, seamless model for immediate connection with services and resources, in addition to linkage to follow-up at periodic intervals appropriate to individual and family needs. *(See page 107 for more detail.)*

- Establish the Gilbert Advocacy Center currently under study (modeled after the Chandler and Mesa centers) – where police, social workers/counselors, human services providers, prosecuting attorneys, and on-site physicians work together to reduce the trauma of domestic violence, child and adult sexual assault and abuse, and human trafficking. The center would provide on-scene crisis intervention from trained victim services personnel to avoid re-traumatizing victims by allowing them to tell their stories one time.
- Implement a one-stop human services model in the Heritage Center, as led currently by AZCEND, with prioritized services to include:
 - Navigator for connection to services
 - Regular support group with lead counselor as a facilitator to process trauma
 - Bilingual housing resource workshops for topics such as repairs, new painting program, water pooling/drainage, mosquitos, maintenance of old town area, e.g., trash, tumbleweeds by the fences, feral cats, roots from town trees planted, town sweepers missing certain streets. (“We’re not as important as the other neighborhood. No matter what, we’re Gilbert. This neighborhood is Gilbert. I’m 81 years old now, I was born here. I think that we deserve the same as everybody else.”)
 - Dental care for seniors and low-to-moderate income individuals and families
 - Funding for priorities to implement health care opportunities as a priority service (i.e., through Mission of Mercy’s mobile vehicle)

Recommendation # 2. Develop a community-wide coordinated program for treatment and counseling for individuals in need of mental health, behavioral health, substance abuse, and health care treatment services (includes referral options for public safety, providers, schools, faith communities, and families in crisis). *(See pages 107-109 for more detail.)*

- Implement a consortium of services (including referrals, coordinated discharge meetings, and post-treatment follow-up) through town funding of a nonprofit organization or treatment center to develop critical services. Reduce wait list time for immediate services.
- Increase visible treatment options for individuals in need of treatment, counseling, and follow-up services (immediate priority to life/death/health endangerment situations) by providing a menu of service options and publicizing them in the numerous ways listed in Recommendation # 9.
- Expand One Gilbert focus and implementation to address suicides across all age groups in recognition of the statistics provided by the Gilbert Police Department and the *2019 Mercy Gilbert Medical Center Community Health Needs Assessment* establishing that rates of suicide are highest among ages 45-54 in Gilbert.
- Take an active role in working with health care professionals in the larger metropolitan area to explore solutions to meet the critical need for high-quality mental health, behavioral health, substance abuse, and health care treatment options accessible to the human services community in Gilbert. Provide follow-up visits and phone calls within one week of intake to assess the need for continued support.
- Expand the services offered by public safety.
- Target faith community partnerships to assist in addressing Gilbert needs.

- Promote welcoming opportunities for meditation programs specifically for mental health, and disseminate information about existing, safe meditative community programs.
- Promote participation to create additional access sites for entry into I-HELP for families and vulnerable population groups (e.g., seniors and youth).
- Promote recovery programs already occurring within the faith communities.
- Promote family friendly events already occurring within the community

Recommendation # 3. Establish a visible community program to reduce domestic violence, sexual assault and abuse, and human trafficking in Gilbert. *(See pages 109-110 for more detail...)*

- Develop an awareness campaign to inform the Gilbert community and students of the issues/warning signs and resources available to all those impacted by violence – children and adults, witnesses and survivors.
- Increase visible treatment options for individuals in need of treatment, counseling, and follow-up services (immediate priority to life/death/health endangerment situations).
- Provide a safe, child-friendly drop off location to facilitate joint custody arrangements and supervised visitations.
- Explore opportunities for partnerships (perhaps with local medical facilities, police stations, or fire stations) to provide access to “safe spots” for adults or teens experiencing violence in the home, sexual threats within the community, or exploitation by human traffickers.

Recommendation # 4. Create additional opportunities to connect with youth in need of social services. *(See pages 110-111 for more detail.)*

- Create funding options/donations to allow low-income students to participate in school sports and activities.
- Engage youth in free or low-cost, peer-to-peer programs for discussing relevant issues, and enlist them to identify the areas of concern within their environment through each year of schooling.
- Offer low-cost/free weekend and dinnertime opportunities for gatherings with food and activities, e.g., concerts, volleyball, and additional common core tutoring times to assist students with school subjects.
- Create ride share programs and class offerings during after work hours for youth with working parents.

Recommendation # 5. Continue to pursue the development of additional safe, affordable housing and emergency/transitional housing, including a plan to establish a housing advocate to inspect unsafe housing conditions and excessive rent increases that put individuals and families at risk of homelessness. Perhaps the Town could contract with an organization to provide this service (operating as a third party/neutral eye) with oversight and follow-up by Town representatives to demonstrate to residents what has been done to assist with housing concerns. *(See page 111 for more detail.)*

- Identify a plan to assist those who are “cost burdened” and are currently living in an at-risk status for homelessness and other crisis circumstances.
- Provide emergency short-term temporary shelter assistance funding for homeless, low to moderate income individuals and families, and victims of violence.
- Offer a Housing 101 workshop in older neighborhoods locations targeted to residents to provide information and potential resources related to housing assistance that could help residents navigate housing challenges and meet cost-effective solutions for home repairs and maintenance.

Recommendation # 6. Develop short-term and long-term local transportation solutions to alleviate burdens on residents in need. *(See pages 111-112 for more detail.)*

- Create alternatives that bring resources closer to those in need.
 - Encourage the location of accessible resources to alleviate challenges, e.g., a budget-conscious grocery store close to low-income areas and senior living communities to preclude 1.5 hour bus connections each way to purchase groceries at an affordable price.
 - Determine best options for the transportation needs of special populations, e.g., seniors and special needs individuals.
 - Provide transportation vouchers for emergency shuttling to a safe location for those in crisis.

Recommendation # 7. Prepare now for the aging of Gilbert residents to be ready to meet the human services needs of increasing numbers of seniors, projecting future needs and resources over the next five years. *(See page 112 for more detail.)*

- Establish a partnership with Dignity Health and the Area Agency on Aging to offer programs at convenient neighborhood locations for seniors, including Page Commons and the senior center, to receive a fall-risk assessment and attend classes relevant to aging.
- In response to the recommendation made by Mercy-Gilbert Medical Center in their “Community Health Implementation Strategy 2019-2021,” partner to offer the Area Agency on Aging Matter of Balance program to address issues around the fear of falling, learning how to prevent falls, and how to safely get up after a fall.
- Explore the Area Agency on Aging Health Promotion program currently offered at senior centers in Maricopa County to present a balanced approach to both the mental and physical well-being of older adults.
- In response to suicide prevention for the aging, consider offering the Area Agency on Aging (AAA) safeTALK Suicide Alertness for Everyone program to help recognize persons with thoughts of suicide and to connect them with resources that can help them in choosing to live.

Recommendation # 8. Explore opportunities to partner with The Banner Neuro Wellness (BNW), a nonprofit organization serving special needs residents experiencing any neurodegenerative movement disorders requiring support beyond the walls of the neurologist office and rehabilitation center. *(See pages 112-113 for more detail.)*

- Consider scholarship or donation opportunities for low-income special needs residents for services like fitness training, tai chi, yoga, boxing, music therapy, men’s/women’s/care giver support groups, art classes, and educational sessions.

Recommendation # 9. Develop an awareness/communication plan immediately to publicize existing services in Gilbert and those accessible in nearby communities. *(See page 113 for more detail.)*

- Target low-income areas with flyers and newsletters delivered to each individual house discussing opportunities for services and resources in both English and Spanish. Post the same flyers and newsletters in key community locations and in the schools.
- Provide (at least) quarterly updates to faith community leaders to disperse information to their gatherings of congregants.

Recommendation # 10. Develop a volunteer-based plan to build community for all residents and improve communication and awareness within Gilbert. The recommendation to develop a robust volunteer program to assist in meeting the human services needs of the community will rely on the concept of building community for its success. *(See page 113 for more detail.)*

Recommendation # 11. Develop programs to increase and enhance experiences of culturally diverse individuals, immigrants, and refugees. *(See pages 113-114 for more detail.)*

- Improve publication and communication about the ways that Gilbert is engaged in cultural diversity awareness (i.e., partnering with Mesa for MLK day) to demonstrate community appreciation, boost the confidence of young people of various ethnicities, and encourage active participation in town activities and leadership opportunities.
- Engage the Chamber of Commerce in partnership to track and encourage diversity among business owners.
- Offer cultural diversity training in the schools and centers of employment to discuss unconscious stereotyping of ethnicities, misusing and misinterpreting a culture.

Recommendation # 12. Explore new ways in which For Our City could gather together in community to respond proactively to one or more of the needs highlighted in this needs assessment report. *(See page 114.)*

PART I BACKGROUND RESEARCH AND COMMUNITY DEMOGRAPHICS

ASSESSING HUMAN SERVICES NEEDS FOR THE TOWN OF GILBERT— ANTICIPATE. CREATE. HELP PEOPLE.

Purpose. Early in 2019, The Town of Gilbert unveiled its new mission: “Anticipate. Create. Help people.” In the announcement, Gilbert Mayor Jenn Daniels said, “The people are here, the businesses are coming, we are going to be fine tomorrow.” As Gilbert approaches its 100th birthday in 2020, the Town of Gilbert is committed to the preparation needed for an already thriving community to become the City of the Future. Gilbert leaders shared the importance of preparing for the 5-year and the 10-year and the 20-year marks while helping the people and businesses of the community to achieve stability in the present. The new mission is a call for all sectors of the community to anticipate change and create solutions.

Five years ago the Town of Gilbert demonstrated this commitment to assessing the human services needs within the community through the commissioning of a study by a local nonprofit, The Williams Institute for Ethics and Management (TWI), to identify any residents experiencing significant challenges and to create a plan for allocating funds and program resources that would promote an improved future for those individuals and families. By re-examining the human services needs within the Town of Gilbert at this five-year mark following the initial needs assessment, Gilbert leadership is demonstrating a commitment to a standard of continuous improvement as it pursues its mission to be...

THE CITY OF THE FUTURE!

Does this mean that we will soon see the “Town” of Gilbert transition to the “City” of Gilbert? This proactive step forward is designed to identify the scope of the needs that exist in the community today, the human services currently available within Gilbert 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 to present a brief recap of Gilbert history. Who are the people of Gilbert today and how did it become this community?

Gilbert History. As early as 1902, the town laid down its roots when William “Bobby” Gilbert donated a portion of his property to be used as right of way to establish rail siding for a rail line between Phoenix and Florence. As the town grew up around the siding and became known as Gilbert it became an agricultural center in the midst of a prime farming community. Incorporated on July 6, 1920, the Town of Gilbert had grown to a population of 1,971 by 1970. However, records indicated that the Council was closely observing the growth of the surrounding communities of Tempe, Mesa, and Chandler, with the understanding that it was only a matter of time before Gilbert, too, would experience growth as well. And grow it did!

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. According to U.S. Census Bureau figures, the population of Gilbert increased by 182 percent between 1990 and 2011. In 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. In 2012, homebuilders once again viewed 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.

Growth has been one of the key topics associated with the greater Phoenix metropolitan area for many decades. Some of the statistics appearing over the past decade alone include the following:

- Phoenix (the hub of the Greater Phoenix Area) was cited by the U.S. Census Bureau as the fastest growing city in the U.S. between July 2016 and July 2017 and the second-fastest between 2017 and 2018.
- In 2018, Arizona was designated as the fourth-fastest growing state in the U.S., and Phoenix remained the second-fastest growing city.
- In April of 2019, AZ Central reported that for the third year in a row “more people moved to Maricopa County than any other county in the nation, according to the U.S. Census Bureau population estimates released recently.” Maricopa County is the fourth most populous county in the country.
- By May of 2019, Phoenix returned to the fastest-growing city in the country designation according to estimates from the U.S. Census Bureau.

Source: U.S. Census Bureau’s “2017 City/Town Population and Housing Unit Estimates”

GILBERT'S POSITION IN THE EAST VALLEY AND THE GREATER PHOENIX AREA

Gilbert Population Rank and Growth. The U.S. Census Bureau 2018 population estimate for the Town of Gilbert grew to 248,279, now with only 0.5 percent of the civilian employed population 16 and over reported as working in “agriculture, forestry, fishing and hunting, and mining,” contrasted with its early history. As recent studies have shown that the character of an urban place can be almost equally derived from social as well as physical qualities, when more people are introduced to an area a significant potential exists for the nature of that place to change; thus, the need to also consult population density. Today Arizona’s “fastest growing cities” have shifted toward the West Valley, but Gilbert’s growth remains strong among its neighboring communities and well exceeds the size of most of the West Valley communities.

Table 1. Gilbert Population Relative to the U.S., Arizona, and Other Comparative Communities

Community	US Rank	Arizona Population Rank*	2018 Population Estimate**	Growth 2000-2017	Population Density (people/sq mi)	AZ Density Rank
Gilbert	91	7	248,279	106.5%	3,067.2	10
Chandler	84	4	257,165	41.1%	3,665.8	7
Mesa	36	3	508,958	23.2%	3,217.5	8
Scottsdale	85	6	255,310	22.3%	1,182.0	30
Tempe	133	8	192,364	16.4%	4,050.2	4
Avondale	402	13	85,835	125.5%	1,672.0	23
Buckeye	525	17	74,370	601.5%	135.6	90
Glendale	87	5	250,702	11.2%	3,780.2	6
Goodyear	431	14	82,835	306.6%	340.9	74
Peoria	153	9	172,259	51.5%	883.4	49
Surprise	203	10	138,161	314.5%	1,111.3	35

Sources: Biggestuscities.com, 2018, last updated July 2, 2018

*United States Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, December 6, 2018

**United States Census Bureau, 2018 Population Estimates, December 19, 2018

Gilbert Commitment to Residents' Quality of Life in the Face of Growth. The adoption of the new mission statement by Gilbert leaders in 2019 demonstrates the understanding that with growth not all residents are equally able to thrive and that the expectation of further change lies ahead.

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 2019 National Citizen Survey offered to Gilbert residents to complete, 75 percent of the respondents reported Gilbert being “An Excellent Place to Live” and another 23 percent reported it being “A Good Place to Live” (a total of 98 percent of the residents surveyed...the same level reported in the 2010 Resident Survey).

Gilbert Household Economic Overview. The average income per capita within Arizona is \$27,964 and average income per household is \$73,735, as reported in the latest published 2013-2017 American Community Survey 5-Year Estimates. Within the State of Arizona, the number of people living below the poverty line is 17.0 percent. These figures compare nationally at an average U.S. income per capita of \$31,177 and an average U.S. household income of \$81,283, with 14.6 percent living below the poverty line in the U.S.

In contrast, a review of the household economic data available for Gilbert reveals a relatively affluent community when compared to Arizona and the U.S. A low 5.9 percent are reported as living below the poverty line (favorably compared to 6.4 percent five years ago). However, some residents have expressed the concern that several who could not afford the rising costs of living in Gilbert simply found it necessary to move out.

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

City/Town	Income per capita	Median Income per household	Income below poverty threshold	Median Home Value
Gilbert	\$34,250	\$87,566	5.9%	\$340,400
Chandler	\$35,703	\$77,278	9.1%	\$319,100
Mesa	\$26,535	\$52,155	15.8%	\$252,500
Tempe	\$28,602	\$51,829	21.3%	\$292,100

Sources: 2013-2017 American Community Survey 5-Year Estimates and Zillow

In a community looking to “Anticipate, Create, and Help People,” these statistics are translated into the recognition that nearly 15,000 people in Gilbert are currently struggling to achieve an acceptable quality of life based on income (with nearly 7,000 severely challenged by living on less than 50 percent of the poverty level)...numbers that nearly match those five years ago but with the favorable understanding that the population of the Town has grown by more than 25,000 people during those years. For those individuals and families living below the poverty line, connecting with the assistance they need is critical to their ability to attain the most basic quality of life and gain stability—and these statistics generally do not include a number of homeless individuals and families. Not only is this a concern to a “City of the Future,” but an extensive 2013 research study conducted by McKinsey & Company [“How to make a city great” by Bouton et al] reveals that leaders of successful cities...

...find a balance between three areas. They achieve smart growth, which means securing the best growth opportunities while protecting the environment and ensuring that all citizens enjoy prosperity. They do more with less. And they win support for change by delivering results swiftly.

Table 3. Gilbert and Arizona Income Statistics Relative to the U.S.

Geographic Area	Mean Household Income 2014	Median Household Income 2014	Per Capita Income 2014	Mean Household Income 2017	Median Household Income 2017	Per Capita Income 2017	Percent Living Below Poverty Line
U.S.	\$74,596	\$53,482	\$28,555	\$81,283	\$57,652	\$31,177	14.6
Arizona	\$67,557	\$49,928	\$25,537	\$73,735	\$53,510	\$27,964	17.0
Gilbert	\$95,768	\$81,485	\$31,546	\$104,038	\$87,566	\$34,250	5.9

Source: 2013-2017 American Community Survey 5-Year Estimates

Gilbert’s leaders have repeatedly demonstrated their commitment to these three criteria for success. In this affluent community striving to retain a small-town atmosphere while offering a wealth of amenities, clearly a substantial portion of the population enjoys relative prosperity. Five years ago, the

needs assessment found some residents challenged to recover from the latest economic recession. Today Gilbert's economic markers are sound by comparison.

Gilbert Youth Eligible for the National School Lunch Program (NSLP). 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 for 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, through June 30, 130 percent of the poverty level is \$33,475 for a family of four; 185 percent is \$47,638).

Afterschool snacks are provided to children on the same income eligibility basis as school meals. The afterschool snack component of the National School Lunch Program is a federally assisted snack service that fills the afternoon hunger gap for school children. The snack service is administered at the Federal level by USDA's Food and Nutrition Service. At the State level, it is administered by State agencies, which operate the snack service through agreements with local school food authorities (SFAs). SFAs are ultimately responsible for the administration of the snack service.

The NSLP Afterschool Snack Service offers cash reimbursement to help SFAs provide a nutritional boost to children enrolled in afterschool activities. Participating SFAs receive cash subsidies from the USDA for each reimbursable snack they serve (up to one reimbursement per participant per day). In return, they must serve snacks that meet Federal requirements and must offer free or reduced-price snacks to eligible children.

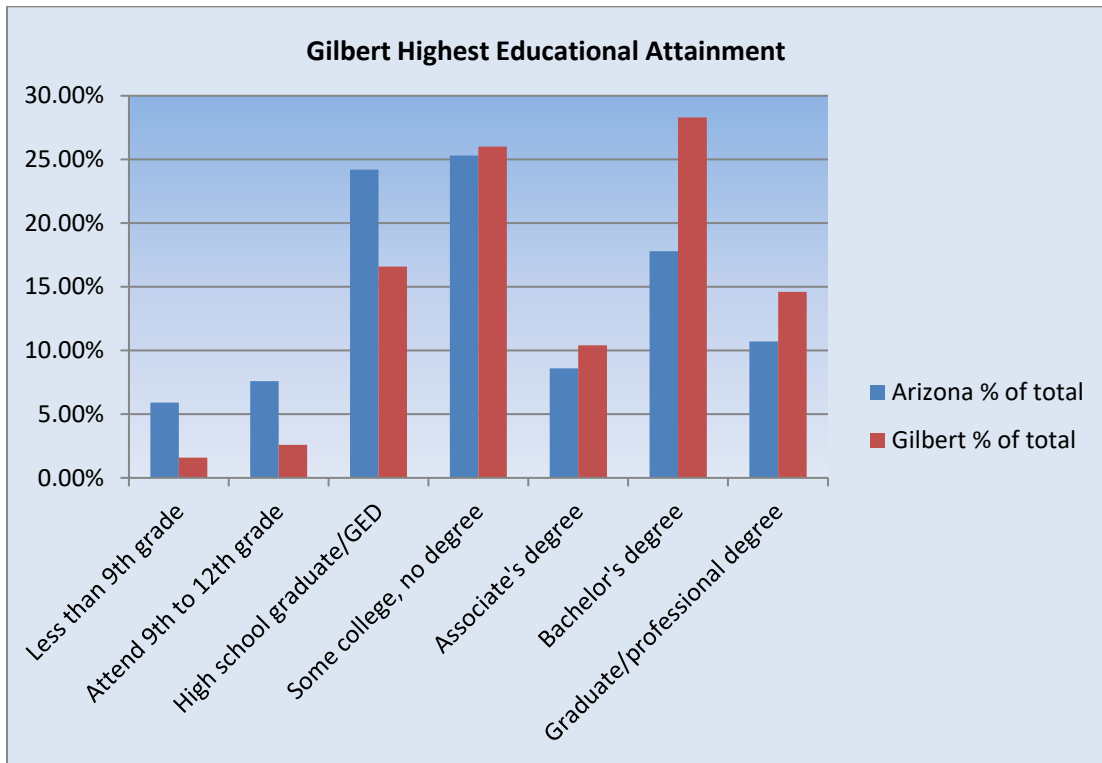
In order for the afterschool care program to be eligible, it must provide organized, regularly scheduled activities in a structured and supervised environment, including an educational or enrichment activity. Examples of eligible activities include homework assistance, tutoring, supervised "drop-in" athletic programs, extended day programs, drama activities, and arts and crafts programs. Organized interscholastic programs or community-level competitive sports are not eligible to participate.

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. In the midst of this affluent community, the data reported by the School Food Authorities for the month of October, Calendar Year 2018, for School Year 2019, record 3 Gilbert schools with over 50 percent of its students eligible for free/reduced lunches (Harris Elementary School with 75 percent, Oak Tree Elementary School with 53 percent, and Burk Elementary School with 52 percent). Statewide, 56 percent of all students qualify for free or reduced-price meals, while only these three Gilbert schools out of a total of 40 serving over 33,000 students qualify for the program.

An article appearing in the Gilbert Sun News on June 2, 2019, reported that a federal program that feeds hungry, underprivileged students was underway at nine Gilbert Public Schools locations, with the comment that "statistics show the need exists even in a town more associated with affluence than hunger." The article references a 6.6 percent increase in the number of summer meals served in 2018 (105,179 meals to children younger than 18) compared with 2017. This 6.6 percent increase in summer meals served in Gilbert in 2018 compares to a 3 percent increase for Arizona. Another consideration is the fact that none of the schools in the nearby Higley Unified School District qualify for the program because they fall short of the percent of students who qualify for the free or reduced-price lunches. Therefore, Higley does post on its website Gilbert Public School sites students can go to for food.

Gilbert Educational Demographics. Taking this exploration of the Gilbert community a step further, the link between the overall higher levels of prosperity and higher levels of education for a given community (well documented throughout the socioeconomic research) is affirmed in Gilbert.

Figure 1. Gilbert Highest Educational Attainment



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Table 4. Gilbert Education Demographics Relative to Surrounding Communities

City/Town	High School Graduate or Higher, percent of persons age 25 years+	Bachelor's degree or higher, percent of persons age 25 years+
Arizona	86.5%	28.4%
Gilbert	95.9%	42.9%
Chandler	92.4%	42.2%
Mesa	87.7%	26.1%
Tempe	92.2%	43.6%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Gilbert Employment Statistics. It is not surprising that employment data for Gilbert are consistent with the level of education. While Arizona's unemployment rate is 7.1 percent according to the 2013-2017 American Community Survey 5-Year Estimates, the rate of unemployment in the Town of Gilbert for the civilian labor force is 4.7 percent and future job growth is forecast as positive. However, the more than 5,897 residents 25 years and over who have not finished high school or earned an equivalency certificate are severely handicapped in their ability to find local employment that provides a living wage.

Bestplaces.net reports the Cost of Living Index in Gilbert to be 127.2, based on a U.S. average of 100, earning a grade of D- for Cost of Living from Areavibes.com Livability Index while simultaneously earning an A+ for Amenities and Crime statistics. In fact, Gilbert was awarded the #1 Best Place to Live in Arizona for 2019, and Chandler was ranked #2, just one point behind. The severe shortage of affordable housing is the biggest factor in the cost of living difference. The Arizona Cost of Living Index is 112.4. The headline from an Arizona Republic article on March 17, 2019, reads “Critical mass: Arizona is now third-worst in the nation for affordable housing.” In 1996, Maricopa County’s Justice Courts ordered 5,542 evictions. Those same courts processed 22,231 evictions in 2016. The National Low Income Housing Coalition was quoted in an article in the Real Estate Daily News on August 22, 2019, as reporting that for every 100 extremely low-income people in Arizona, there are only 25 places to live that they potentially can afford. Extremely low-income households are defined as those with incomes at or below the poverty line or 30 percent of the area median income (AMI), whichever is greater.

Households who pay more than 30 percent of their gross income are considered to be Rent Overburdened. In Gilbert, a household making less than \$4,250 a month would be considered overburdened when renting an apartment at or above the median rent. In fact, 37.97 percent of householders who rent are overburdened in Gilbert.

The industries attracted to Gilbert and employing the larger share of the Gilbert population are fields that are generally consistent with higher levels of education and, at a minimum, a high school diploma or equivalency. However, the number of residents employed in the construction industry has nearly doubled in the past five years since the last needs assessment report. In addition, the most common job groups reported include Office and Administrative Support and Sales and Related Occupations. Gilbert is definitely no longer a farming community. Accessible and affordable adult education opportunities can provide valuable stepping stones for those who are unemployed.

Table 5. Gilbert Population Employment by Industry

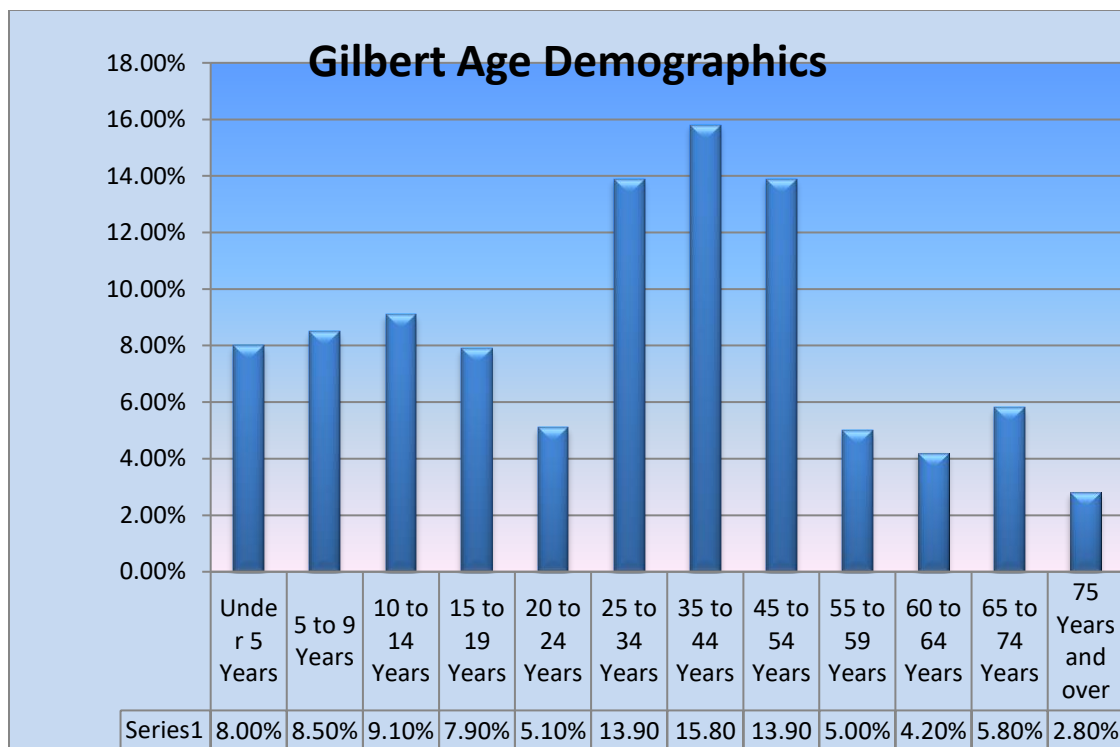
Industry	Arizona % of Population	Gilbert % of Population
Educational services, health, social services	22.0%	23.0%
Professional scientific and management	12.1%	12.2%
Retail trade	12.3%	11.4%
Finance, insurance, real estate	8.2%	11.1%
Manufacturing	7.1%	10.3%
Construction	6.8%	10.3%
Arts, entertainment, and recreation, including accommodation and food services	10.9%	8.5%
Transportation, utilities	5.1%	4.7%
Other services than public administration	4.9%	4.3%
Public administration	5.1%	4.1%
Wholesale trade	2.4%	3.3%
Information	1.8%	2.3%
Agriculture and mining	1.5%	0.5%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Gilbert Age Demographics. The overall vibrancy of the community is enhanced by an examination of the age demographics which present a visual picture of a relatively young community with a median age of 33.6 (See Table 6); interestingly, the median age was 28.8 years five years ago when the initial needs assessment was conducted. A preliminary conclusion could be that the community is relatively stable

and that the current residents have been in place for the past five years. However, the continued growth in the Gilbert population over the past five years brings that conclusion into question. In actuality, it appears that the young families are remaining relatively static while the number of seniors in the community is increasing. In addition, in surrounding communities the median price of a home is nearly \$100,000 less, potentially attracting younger families. The Arizona median age is 37.2 years, nearly identical to five years ago. The *2013-2017 American Community Survey 5-Year Estimates* reports over 20,000 Gilbert residents 65 years of age and over, including more than 1,500 elderly aged 85 and over. The need for services for seniors and the elderly demonstrated today will continue to rise over the next several years and presents a clear signal to consider engaging in focused planning in order to meet those needs.

Figure 2. Gilbert Age Demographics



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

The age demographics of East Valley communities vary in some subtle but characteristic patterns. (See Table 6.)

Table 6. Gilbert Age Demographics Relative to Surrounding Communities

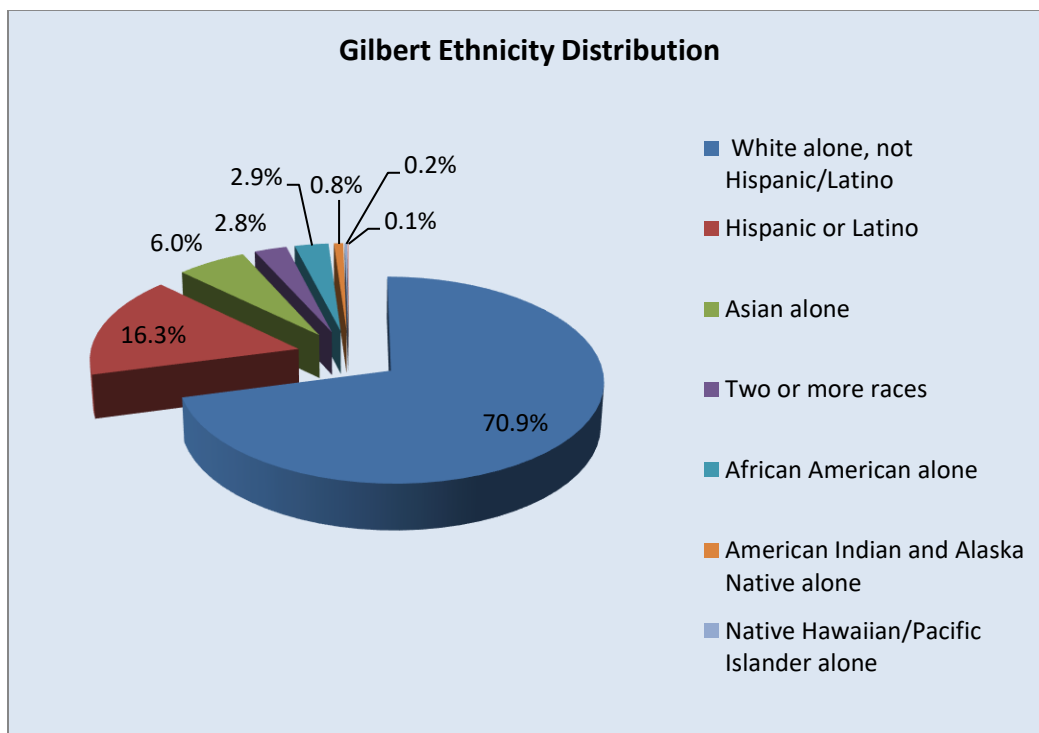
City/Town	Under Age 5	Median Age	65 or Older
Gilbert	8.0%	33.6	8.6%
Chandler	7.0%	35.3	9.7%
Mesa	6.8%	35.9	15.8%
Tempe	4.4%	28.8	9.8%

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

Chandler and Gilbert have trended toward attracting young affluent families with school-age children. Due in large part to the University located in Tempe, it is unique in Arizona in its attraction to millennials—ranking as the #2 best city for millennials in Arizona according to the Phoenix Business Journal, whereas Gilbert is #7 behind Chandler at #5. Although Gilbert continues to have the smallest percentage of senior residents when compared with surrounding cities, that number is steadily rising. Mesa is already experiencing the challenges associated with an aging population approaching the Arizona average of 16.2 percent age 65 and over, remaining nearly identical to five years ago.

Gilbert Ethnicity Distribution. Currently the ethnicity distribution within Gilbert differs significantly from the distribution for Arizona as a whole, with significantly more residents reported as white alone and markedly fewer residents of Hispanic or Latino descent and African American descent as compared to the Arizona population distribution and surrounding communities. (See Figure 3 and Table 7)

Figure 3. Gilbert Ethnicity Distribution



Source: U.S. Census Bureau, 2013-2107 American Community Survey 5-Year Estimates

Table 7. Comparison of Gilbert Ethnicity Relative to Surrounding Communities

Ethnicity	Arizona	Gilbert	Chandler	Mesa	Tempe
Non-Hispanic White alone	55.6%	70.9 %	59.1%	62.6%	57.7%
Hispanic or Latino	30.9%	16.3 %	21.8%	27.4%	22.7%
Asian alone	3.0%	6.0 %	9.6%	2.0%	7.9%
Two or more races	2.2%	2.8 %	3.0%	2.1%	2.8%
African American alone	4.1%	2.9%	5.0%	3.5%	6.2%
American Indian/Alaska Native alone	3.9%	0.8 %	1.2%	2.1%	0.8%
Native Hawaiian/Pacific Islander alone	0.2%	0.2 %	0.2%	0.4%	0.2%
Some other race alone	0.1%	0.1%	0.2%	0.1%	0.4%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

The same U.S. Census Bureau source reports on the primary language spoken in the home. (See Table 8)

Table 8. Primary Language Spoken in the Home of Gilbert Residents

Language Spoken at Home	Gilbert Residents	Arizona Residents
English	86.7%	73.0%
Spanish	6.2%	20.5%
Other Indo-European Languages	2.1%	1.0%
Asian and Pacific Islander Languages	4.0%	2.0%
Other	0.9%	2.5%

Source: U.S. Census Bureau, 2013-2017 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 17,230 residents reflected in Table 9 below as having some disability are likely to not represent the totality of the special needs within Gilbert.

Table 9. U.S. Census Bureau Data for Disability Status of the Civilian Non-institutionalized Population (believed to underrepresent the extent of special needs within Gilbert and Arizona)

Disability Status	Percent of Gilbert Residents	# of Gilbert Residents	Percent of Arizona Residents
Total Non-institutionalized Population with a Disability	7.4%	17,230	12.8%
Under 18 years	3.1%	2,243	3.8%
18 to 64 years	6.2%	8,675	10.4%
65 years and over	31.4%	6,312	34.5%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

The disabilities identified among residents 65 years and over add emphasis to the overlap between the senior and disabilities/special needs population groups under study within this needs assessment

project, as well as the call to project the needs of Gilbert's growing population of residents 65 and over into future planning.

Gilbert and East Valley Mental Health and Substance Abuse Treatment Needs. During the 2014 Gilbert Human Services Needs Assessment research process, human services providers, key stakeholders, and Town officials provided data to substantiate a critical need for mental health and substance abuse treatment services for Gilbert residents. Between 2013 and 2014, emergency rooms recorded a 56 percent increase in youth coming to emergency rooms for substance or alcohol related issues. At that time, the *2012 Mercy Gilbert Medical Center (MGMC) Community Health Needs Assessment*, reported that 20 percent of the deaths among adolescents age 15-19 were due to suicide.

The teen suicides addressed in 2014 were not an isolated issue or a new one. On July 28, 1999, the *Arizona Daily Sun* reported the Arizona suicide rate to be 60 percent higher than the national average. The challenge continues today.

On May 26, 2019, the *East Valley Tribune* headline read, "2 More Young Lives Lost to Suicide." The article offered the profile of the last six victims: "They all were white, middle to upper-middle income kids who excelled academically, but had made a tragic, impulsive decision because of lack of maturity."

On October 14, 2018, the headline in the *East Valley Tribune* read "31 Teen Suicides in 15 Months Fuels Alarm in EV (East Valley)." Deaths were reported in Queen Creek, east Mesa, Chandler, and Gilbert. The article outlined communities coming together to address this critical issue:

The East Valley Behavioral Health Council in Gilbert and For Our City-Chandler have pledged their support. Gilbert Public Schools also is leading the new East Valley Prevention Collaborative, a network of East Valley school districts that will work together on deterring teen suicide.

Noticeably absent is a state-level suicide prevention coordinator. Though that position was created by the State Legislature in the final days of the 2018 session, it has yet to be filled. Suicide is the leading cause of death of Arizonans between the ages of 10 and 14 and the second leading cause of death for those 15-24.

A *Gilbert Sun News* article dated October 21, 2019, announced the launch of a new effort by Gilbert Mayor Jenn Daniels and education consultant Katey McPherson to address what many see as a teen suicide epidemic. The article reported that since July 2017, 38 teens in Gilbert, Chandler, Queen Creek and Mesa have taken their lives. Among the most recent was a 17-year-old Gilbert boy who attended Desert Ridge High School and took his life within days after a friend of his at Skyline High in Mesa took her life. Mayor Daniels said that "the former East Valley Behavioral Health Committee is now the One Gilbert Committee and several other community groups have joined the effort, realizing that mental health is a human issue and not a political issue."

Valuable strides are being made to address concerns expressed throughout the community, primarily as they apply to teens. However, key stakeholders recognize the broad scope and complexity of the issues involved. The problems that become visible through ongoing media coverage cannot absorb all of the available resources needed to address the more "invisible" issues that co-exist in the community, including the need to acknowledge and address the suicides among young to middle-aged adults and seniors, the devastation associated with the opioid crisis, families stressed by diagnoses of bipolar and schizophrenic disorders, the frequent relationship between substance abuse and domestic

violence and sexual assault, and the critical need for resources to address human trafficking—all issues co-existing in Gilbert and the East Valley.

The *2018 America's Health Rankings Annual Report* published by the United Health Foundation provides an overview of suicide by age in Arizona. The headlines often belie the depth of the suicide problem across generations.

Table 10. Arizona and U.S. 2018 Suicides by Age Group

Age Group	U.S. Deaths per 100,000 Population	Arizona Deaths per 100,000 Population
Age 15-24	13.1	15.9
Age 25-34	16.5	22.2
Age 35-44	17.3	19.3
Age 45-54	19.7	27.5
Age 55-64	18.7	26.2
Age 65-74	15.3	22.6
Age 75-84	18.1	26.2
Age 85 and over	19.0	30.7

Source: United Health Foundation, *2018 America's Health Ranking Annual Report*

According to the United Health Foundation, suicide may be prevented through strategies that empower individuals, families and communities, including:

- Improving clinical and community preventive services
- Enhancing treatment and support services
- Bolstering surveillance, research and evaluation of existing programs

Evidence from studies over the past two decades show a strong association between the presence of a firearm in the home and an increased risk of suicide for the gun owner and the gun owner's spouse and children. By age and gender, the highest suicide rate was among males aged 65 and older with 32.3 deaths per 100,000 nationally, followed by males aged 45 to 54 with 29.2 deaths per 100,000. Among females, this age group had the highest rate (10.3 deaths per 100,000), followed by those aged 55 to 64 (9.4 deaths per 100,000).

In the updated *2019 Mercy Gilbert Medical Center (MGMC) Community Health Needs Assessment*, these statistics were further illuminated by defining the broader scope of the problem:

Mental health was ranked as the most important health problem impacting the community by key informants. This was echoed by participants in the focus groups who believe mental health is one of top health issues impacting community residents.

Substance abuse was one of the top concerns for both focus group participants and key informants. Key informants listed alcohol and drug abuse as two of the riskiest health behaviors community members are engaging in. In 2017, the United States Health and Human Services Department declared a public health emergency and announced a plan to combat the opioid crisis. In 2016, 790 Arizonians died from opioid overdoses and trends show an increase of a startling 74% over the past four years.

Suicide was the eighth leading cause of death for Maricopa County residents and MGMC's primary service area in 2016. Suicide rates across Maricopa County have

slightly increased from 2012-2016, with male rates 3 times higher than female suicide rates. In Maricopa County, rates of suicide are highest among age groups 45-54 and 75+, which could indicate a potential health disparity in identification, referral or treatment of suicidal ideation.

Tables 11 and 12 provide a more detailed picture of how these suicide rates apply to Gilbert and a more in-depth perspective on the larger overview when including suicide threats and attempts. It is important to note that in 2018, Gilbert reported two suicide deaths for teens living in Gilbert. However, in the same year, five suicide deaths were reported for ages 21-30, six suicide deaths between ages 31-40, six deaths between 41-50, eight deaths between 51-60, and five suicide deaths for ages 61+ (including one between the ages of 81 and 90.). Clearly, the need for suicide prevention and counseling reaches across age groups.

Table 11. Gilbert Suicides by Age Group 2015 through 2019-YTD

Age Group	2015 Deaths	2016 Deaths	2017 Deaths	2018 Deaths	2019 YTD Deaths	Total Gilbert Deaths 2015-2019
Ages 11-20	5	3	5	2	1	16
Ages 21-30	4	2	1	5	2	14
Ages 31-40	3	3	4	6	3	19
Ages 41-50	7	4	4	6	2	23
Ages 51-60	3	2	5	8	3	21
Ages 61-70	1	3	5	3	3	15
Ages 71-80	2	3	1	1	--	7
Ages 81-90	1	--	1	1	3	6
Ages 91-100	--	--	1	--	--	1
Total	26	20	27	32	17	122

Source: Gilbert Police Department, November 26, 2019. Cases pending medical examiner report are not included.

Table 12. Gilbert 2015 through 2019-YTD Public Safety Calls for Suicide Attempts and Threats

Category	2015	2016	2017	2018	2019 YTD	Total
Suicide attempts	205	207	197	230	178	1,017
Suicide threats	468	480	484	499	400	2,331
Total	673	687	681	729	578	3,348
Average/week	12.9	13.2	13.1	14.0	--	--

Source: Gilbert Police Department, November 26, 2019.

Gilbert human services providers, key stakeholders, and Town officials provided data to further substantiate a critical need for mental health and substance abuse treatment services among Gilbert residents. Statistics obtained from Gilbert police records and discussions with police officers reveal a substantial need for local treatment options for public safety officers to access when facing the challenges of serious mental health issues among Gilbert residents on a daily basis, as well as follow-up options for those demonstrating a need for critical services. This call for additional resources arose repeatedly throughout the Gilbert research process. Table 13 provides an overview of the reality facing Gilbert residents today as reported by Gilbert Fire and Rescue:

Table 13. Gilbert Fire and Rescue Human Services Related Calls

Mental Health Petition Categories	Public Safety Calls 2018	Average Calls Per Week 2018	Public Safety Calls 2019 Year to Date
Anxiety, Stress, Mood Disorder, Behavioral Disorder, Depression	679	13.06	556
Suicidal Calls (thoughts, attempts, death)	273	5.25	184
Substance Abuse	164	3.15	145
Drug Overdose Accidental	87	1.67	69
Drug Overdose Intentional	71	1.37	49
Violent Behavior, Psychosis, Bipolar Disorder, Schizophrenia	56	1.08	43
Withdrawal	33	.63	26

Source: Town of Gilbert Fire and Rescue. November 7, 2019.

Domestic Violence and Sexual Assault in Gilbert. The public safety calls reported in Table 13 highlight another critical area that, until recently, has received less community focus due to the lack of visibility and often private nature of the incidents. However, the Gilbert Police Department and Gilbert Prosecutor's Office have been fully aware of the growing problem of domestic violence and sexual assault in Gilbert as well as surrounding communities over the past several years. In response to this need, in 2015 the Gilbert Police Department established the Family Violence Unit to investigate domestic violence related crimes and provide assistance to victims and families of domestic violence. In March of 2017, the Family Violence Unit became a part of the Criminal Investigation Division within the Police Department to function entirely as a detective type investigative unit in order to address the "highly complex and often highly violent cases of domestic violence." The department uses a "lethality assessment" which can inform judges as they determine bail amounts. Officers privately run through an approximately 30-response questionnaire to analyze the seriousness of a situation and the abuser's level of control. The list of domestic violence related calls is broad, each with its own special definition:

- Sexual assault
- Sexual abuse
- Aggravated assault
- Threatening
- Preventing the use of a telephone in an emergency
- Stalking
- Kidnapping
- Criminal trespassing
- Disorderly conduct
- Endangerment
- Interfering with judicial proceedings
- Custodial interference
- Surreptitious recording/photographing
- Tampering with a witness
- Unlawful imprisonment
- Animal abuse
- Use of electronic communication to harass

- Harassment
- Child/vulnerable adult abuse

Table 14 presents the data reported by the Gilbert Police Department for domestic violence related calls from 2016 through the present.

Table 14. Gilbert Police Department Domestic Violence Related Calls 2016 – Oct 2019

Age of Victims	2016	2017	2018	2019 thru Oct
1-6 days	1	--	--	--
7-364 days	2	4	2	4
Under 5 years	18	10	10	7
5 – 9 years	28	21	11	13
10 – 14 years	27	18	32	15
15 – 19 years	52	44	54	23
20 – 24 years	81	88	94	65
25 – 34 years	249	237	234	154
35 – 44 years	211	198	233	162
45 – 54 years	100	102	93	78
55 – 64 years	32	36	23	27
65 – 74 years	6	11	9	10
75 – 84 years	2	1	5	1
85 and over	--	--	--	1
Total	809	770	800	558
Avg. Calls/Week	15.6	14.8	15.4	--

Source: Gilbert Police Department, November 26, 2019

The Gilbert Police Department data reported for sexual assaults between 2016 and the present are presented in Table 15 below:

Table 15. Gilbert Police Department Sexual Assault Calls 2016 – Oct 2019

Year	Adult	Child	Total	Average/week
2016	41	66	107	2.1
2017	32	72	104	2.0
2018	50	102	152	2.9
2019 thru October	57	54	111	--

Source: Gilbert Police Department, November 26, 2019

On October 23, 2019, the topic of discussion selected for a Gilbert Talks presentation was “Invisible Crisis: Domestic Violence and Sexual Abuse in Gilbert, Let’s Talk About It.” Obviously, knowledge that a crisis exists is no longer “invisible;” however, the depth of the crisis and the seriousness of its impact on human lives within Gilbert remain largely hidden from view with serious consequences. In a book by psychotherapist Susan Weitzman, PhD, she reports, “The myth of domestic violence only afflicting the underprivileged adds to the shame and becomes a type of institutionalized oppression for the upscale. If a culture’s tribal rules deny a phenomenon, then it is truly bound to silence.” In an interview conducted with the author, Dr. Weitzman said, “Higher-income people hide behind what I call a veil of silence. They believe it’s only happening to them. No one can hear you scream on a 3-acre lot.”

These demographics create the backdrop for the types of issues that arise in communities experiencing rapid growth, including those demonstrating a high level of affluence, caring community leaders and residents, and enviable amenities as observed in Gilbert.

Human Trafficking in the East Valley. In Arizona, human trafficking is less about controlling victims for the purpose of engaging in labor services against their will as it is about commercial sex acts, although a recent case in the courts dealt with human smuggling for purposes of adoption. A 2018 survey by Arizona State University’s Office of Sex Trafficking Intervention Research found that 34.6 percent of homeless youth surveyed in Arizona reported sex trafficking exploitation, but much of the exploitation begins online. As in the case of domestic violence related calls, the list of charges associated with human trafficking is broad, also each with its own special definition:

- Causing any minor to engage in prostitution
- Child prostitution
- Child prostitution – use
- Child prostitution – share benefit
- Enticement of persons for purpose of prostitution
- Induce to prostitute
- Keep-reside house prostitution
- Maintain house of prostitution
- Pander – custody for prostitution
- Pander – house of prostitution
- Procure falsely for prostitute
- Prostitution
- Prostitution with a minor < 15 years of age
- Prostitution with a minor 15-17 years of age
- Receive earnings of prostitute
- Sex trafficking person 18 or older: intent
- Sex trafficking person under 18; intent
- Transportation for the purpose of prostitution

Table 16 presents the data reported by the Mesa Police Department, lead investigative agency in the East Valley, for human trafficking arrests between 2014 and 2017 in local cities. During the fall of 2018 the Mesa Police Department partnered with the Tempe, Gilbert, and Chandler Police Departments as well as the Attorney General’s Office, as part of an undercover operation that resulted in the arrest of 24 suspects, ranging in age from 21 to 80 years old. For comparison, the East Valley data presented in Table 16 compare to a relatively low 40 arrests in Phoenix and single-digit arrests in other Phoenix area cities during the same time period:

Table 16. East Valley Arrests for Human Trafficking 2014-2017

East Valley City	2014-2017 Arrests
Apache Junction	7
Chandler	21
Gilbert	26
Mesa	144
Scottsdale	6
Tempe	21
Queen Creek	7
Total	232

Source: Gilbert Police Department, November 26, 2019. Data provided by Mesa Police Department.

In a follow-up to successful undercover operations in 2018, Mesa Police Chief Ramon Batista reported, “Crimes involving children are of the highest priority and I appreciate our partnership with all the agencies involved in the successful removal of these dangerous child predators from our community.” These kinds of ongoing regional effort in which Gilbert plays an active role are most effective in addressing critical community issues and demonstrate the commitment Gilbert is making to anticipate needs, create partnerships, and help people who call Gilbert their home.

The adopting of the new mission statement and the request for this human services needs assessment demonstrate the understanding that Gilbert leaders are not resting on the accomplishments of some segments of the population without considering the experiences of others who are struggling with challenges that seriously diminish their quality of life. The first step in this human services needs assessment was to gather existing data to reveal the statistical identity of the overall population...those who are enjoying a general sense of well-being and those whose needs place them at risk on a daily basis and are in need of assistance. Gilbert has many resources at its disposal and is recognized as one of the most desirable communities in which to live in the Phoenix area. Rapid growth has presented concomitant challenges, but the overall commitment to community and care for residents has not wavered. For that reason, Gilbert is recognized locally and nationally for its many admirable qualities.

Gilbert Accolades. Gilbert has received a number of positive accolades in recent years:

- #1 fastest growing city in Arizona; # 49 in the nation (WalletHub 2018)
- #1 best city for working parents (NerdWallet 2014)
- #1 of 100 largest cities nationally for recovery after recession (*Economic Innovation Group 2018*)
- #1 safest city in Arizona, #6 in the nation (*WalletHub 2018*)
- #3 best suburb to buy a house in Arizona (Niche.com 2019)
- #3 best suburb to raise a family in Arizona (Niche.com 2019)
- #3 most livable city in the U.S. (SmartAsset 2018)
- #4 best suburb to live in Arizona (Niche.com 2019)
- #5 best suburb for young professionals in Arizona (Niche.com 2019)
- #7 suburb with the best public schools (Niche.com 2019)
- #21 happiest place to live (WalletHub 2019)
- #44 best place to retire (*WalletHub 2018*)

This Part I of the Gilbert Human Services Needs Assessment report sets the stage for developing a research study designed to gather input and data from the human services community of recipients, service providers, key stakeholders, and volunteers. Part II reviews the actions taken within Gilbert over the past five years to address the needs identified and the recommendations offered in the 2014 human services needs assessment report. Parts III and IV 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 V sets forth the analysis of strengths, needs and challenges in terms of a series of recommendations for Town Council consideration based on the research study.

PART II A FIVE-YEAR UPDATE: 2014 – 2019 ACTIONS TAKEN

ADDRESSING HUMAN SERVICES NEEDS FOR THE TOWN OF GILBERT

A Review of the 2014 Gilbert Human Services Needs Assessment. An initial starting point for this five-year updated research study of Gilbert human services needs is best served by presenting a brief overview of the research results and recommendations that emerged from the 2014 assessment, along with the diligent efforts within Gilbert to address those needs throughout the ensuing five years.

“Community outreach” toward individuals and families within seven initial 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 2014 RFP. The targeted population groups included in the RFP and two additional groups that emerged throughout the intensive research study were identified in the 2014 final research report as needing various forms and levels of assistance (listed below in the order of priority from greatest need for immediate assistance to least):

1. Individuals and families in crisis
2. Individuals in need of mental health and substance abuse treatment
3. Low/moderate income individuals and families
4. Elderly/seniors
5. Homeless individuals and families
6. Special needs individuals
7. Youth in need of services
8. Immigrants
9. Culturally diverse individuals and families

Recognizing that reducing the critical needs of these groups would contribute to individual and community well-being and stabilization of Gilbert neighborhoods, the Town of Gilbert has been utilizing the findings and recommendations of the 2014 community-wide needs assessment throughout the past five years to determine if/where changes could be implemented to meet the needs identified. Town leaders understood that the first step to “anticipating change and creating solutions” is to engage the entire human services community in the dialogue—service recipients, those with unmet needs, nonprofit providers, Town of Gilbert providers of human services, concerned citizens from within the private sector, the faith communities, and the wide cadre of volunteers contributing time and resources to meeting the needs of others. Through careful consideration of the voices of these community spokespersons and the recommendations stemming from the 2014 human services needs assessment, Gilbert leaders and key stakeholders have made significant strides in their accomplishments, demonstrating their commitment to the residents of Gilbert. One prominent example was to re-examine the priorities and protocols associated with awarding Town of Gilbert general funds through grants to providers of human services for Gilbert residents.

An abbreviated recap of the detailed recommendations offered in the 2014 final report and a summary table of responses to those recommendations prepared by the Community Resources Division of the Town Manager’s Office follows:

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 # 2. Engage the services of a skilled Informational Technology Specialist/Web Master and a knowledgeable Community Resource Specialist to utilize the resource directory provided as a part of the research study 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.

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.

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.

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

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.

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.

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

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.

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.

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.

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.

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

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.

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.

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.

The following pages present a summary of the extensive consideration/actions taken in response to the 2014 Gilbert human services needs assessment. The Town Council, community leaders, and key stakeholders are to be commended for their quick and decisive action to move forward to offer assistance to Gilbert residents demonstrating needs.

**Table 17. 2014 Community Needs Assessment Recommendations Status
Updated: November 18, 2019**

Recommendation Number & Status	Recommendation	Status 2015	Status 2019
Recommendation 1 Complete	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.	Funding process reviewed by HRC. Recommendation approved by Council on June 4, 2015 to increase funding to \$417,000.	Funding within annual general plan budget Level funding approved at \$430,000
Recommendation 1A Complete	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."	HRC approved revised funding guidelines at November 2014 meeting. HRC then categorized funding applications into high, medium, low priorities based on Needs Assessment and provided recommendations to Council. HRC ranked applications at their April 1, 2015, meeting. Recommendations considered as part of the Town Council funding level	Have been utilizing priority areas for funding allocations Current needs assessment to determine if areas are still accurate or if other priorities should be targeted and supported with funding
Recommendation 1B Complete	Recommendation to make the Needs Assessment visible and accessible as a link on the Town of Gilbert web site to acknowledge community input.	Posted on the Town's website 9/2014.	Still available and plan to distribute findings from current assessment
Recommendation 1C Complete	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	HRC working group reviewed as part of revised funding guidelines. HRC declined to include in FY 16 process.	Open process for all 501c3 non-profit organizations to apply and indicate how they are meeting the needs and priorities of Gilbert. An annual report is developed and posted that highlights the funding support for each category/prioritization.

Recommendation Number & Status	Recommendation	Status 2015	Status 2019
Recommendation 1C (continued)	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 1D Complete		HRC working group reviewed this as part of revised funding guidelines. Application process inquires about volunteers but is not part of review criteria.	Volunteers information is requested on application and is part of scoring evaluation
Recommendation 1E Complete	Recommendation for funding organizations that offer unique services for a specific population group, with an eye toward avoiding redundancy of funding.	HRC working group reviewed this as part of revised funding guidelines. Added a question in application regarding other organizations that provide same service and for applicant to describe differences in services.	Continue to screen for duplication of service but recognize that similar organizations may be needed to meet all of the need
Recommendation 1F	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.	HRC working group reviewed as part of revised funding guidelines. Questions added regarding funding sources and partnerships.	Have developed the on-line town store as an additional source of revenue. Continue to explore if there are additional resources
Recommendation 1G Complete	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.	HRC working group reviewed this as part of revised funding guidelines. Included in application.	No guarantee of funding, groups are offered technical assistance if not selected
Recommendation 2 Complete	Engage the services of a skilled Informational Technology Specialist/Web Master and a knowledgeable Community Resource Specialist to create a dynamic resource list of human services resources affordable and accessible to Gilbert residents.	Neighborhood Services, Fire, Prosecutor's office and Police drafted a resource guide and final design is underway. Tentative completion scheduled for Summer 2015. To be posted on town website.	Is reviewed annually and updated with additional resources
Recommendation 2A Complete	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.	Will be implemented after resource guide is complete (recommendation #2).	A resource list is featured on the social services tab of Community Resources, manual is listed on home page

Recommendation Number & Status	Recommendation	Status 2015	Status 2019
Recommendation 2B Complete	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.	Once resource guide is complete (recommendation #2), this item will be addressed. HRC is interested in utilizing flyer to create awareness of resource directory as listed in item #2.	Guide is printed for internal staff (Reception, Utilities, PD Volunteers); resource card/flyer available out at events. Manual available on line for access by public to use
Recommendation 2C Revised	Recommendation for televised coverage of services on the Gilbert access channel.	Once resource guide is complete (recommendation #2), this item will be addressed.	Gilbert access channel not deemed an effective tool; however information relative to service offerings are promoted through social media channels
Recommendation 2D Pending	Recommendation for ensuring that all materials are translated into Spanish and other languages, as necessary.	Once resource guide is complete (recommendation #2), this item will be reviewed.	Has not been translated at this time; will review with current needs assessment
Recommendation 3 Complete	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.	Gilbert Wellness and Resource Center will serve as special division for a one-stop resource shop.	Renovation completed 2018 with multiple operators offering services beginning July 2018 at the Heritage Center
Recommendation 3A Complete	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.	Executive Team discussion item on 12/9/14. Item reviewed and clearinghouse could be located in Gilbert Wellness and Resource Center.	AZCEND is the operator at Heritage Center and provides information to the community

Recommendation Number & Status	Recommendation	Status 2015	Status 2019
Recommendation 3B	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.	HRC is interested in utilizing completed Resource Directory (item 2) to increase awareness. HRC wants to advertise completed directory on the Town website, in the water bill and through a paper flyer.	Offered a "meet & greet" of non-profit providers so there was an awareness of services. Program supervisor has provided a presentation of what is available to individual departments, supervisors, and at Faith Summit.
Recommendation 3C Complete	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.	Once resource guide is complete (recommendation #2), this will be reviewed.	Reviewed annually, additional resources are added on line every 6 months
Recommendation 4 Complete	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.	Mayor's Building a Health Gilbert roundtable held with community stakeholders on March 31, 2015. Quarterly taskforce to be formed for the next year to build on input and to further course of action.	Have an established East Valley Behavioral Health Coalition to address mental health issues, etc. Coalition continues to evolve to target needs
Recommendation 4A Complete	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.	Mayor's Building a Health Gilbert roundtable held with community stakeholders on March 31, 2015. Quarterly taskforce to be formed for the next year to build on input and to further course of action. Additionally, the Gilbert Wellness & Resource Center will demonstrate Town's commitment to the underserved needs in the community.	Heritage Center provides an opportunity for information and services. Dignity Health has implemented a homeless initiative. Staff serve on Community Benefits committee to be informed of health needs.
Recommendation 5	Develop awareness programs to make needs known to the greater community, encourage volunteerism and reduce feelings of social stigma.	Executive Team reviewed item on 12/9/14. HRC is interested in utilizing completed Resource Directory (item 2) to increase awareness. HRC wants to advertise completed directory on the Town website, in the water bill and through a paper flyer.	Volunteer opportunities are available on the town website highlighting service to non-profits Continue to explore how to have the community engage in volunteer activities

Recommendation Number & Status	Recommendation	Status 2015	Status 2019
Recommendation 5A Ongoing	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.	Intergov staff developed list of events Council for past 2 years and Council action (i.e. proclamations) that promoted community involvement and awareness.	Council is still active in the community attending a variety of events and several members serve on boards active in the community. All of the council retreats include a service activity
Recommendation 5B Ongoing	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.	Executive Team reviewed item on 12/9/14.	Gilbert Wellness program has encouraged volunteerism by employees and all executive retreats include a service retreat. In addition, Town of Gilbert participates in Adopt A Family, Back to School Drives, etc.
Recommendation 5C Ongoing	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.	Human Relations Commission to discuss in 2015.	There are multiple program operating in Gilbert to assist with critical needs (AZCEND, Matthew’s Crossing, Open Arms)
Recommendation 6 Ongoing	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.	Transportation Master Plan finalized and accepted by Town Council in October 2014.	Update to the transportation plan is scheduled for 2020 with RFP out in late 2019
Recommendation 6A	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.	The adopted plan reflects high priority for both recommendations. Projected estimates for McQueen service are for FY 2017 for implementation due to Valley Metro timeframe.	Gilbert is part of a regional system that determines buses and other forms of transportation. Added extension of Rt 140 along Ray from Cooper to Gilbert Rd 2017
Recommendation 6B Under Regional Review	Recommend expanding the Park-and-Ride facility in the downtown Heritage District.	Property needs to be acquired or shared parking agreement(s) developed for future commuter rail. Currently meets bus park-and-ride needs.	Possible site of future commuter rail

Recommendation Number & Status	Recommendation	Status 2015	Status 2019
Recommendation 6C Under Regional Review	Recommend adding new Park-and-Ride sites at SanTan Village mall and Cooley Station.	Property needs to be acquired or shared parking agreement(s) developed. Cooley Station is needed for future commuter rail.	A development agreement is underway in Cooley Station to provide for a future commuter rail station for the Town. No discussions have occurred with SanTan Village related to a park-and-ride. As part of the FY20 WIGs, a Commuter Rail Station study is being conducted to help further identify locations and design needs for future station planning efforts.
Recommendation 6D Under Review	Recommend adding circulator shuttles and new express bus routes.	Williams Field Road Corridor as a high-capacity transit corridor (light rail or bus rapid transit) study is needed.	In 2018, the Town completed a Transit Framework Study which identified circulator buses as a potential transportation mode for Gilbert. Valley Metro will be conducting a transit feasibility study for the Town of Gilbert in the next fiscal year (FY21) to help further identify transit-related needs.
Recommendation 7 Ongoing	Continue pursuit of the Strategic Initiative for “Economic Development” to bring more jobs and higher wages to Gilbert.	Currently ahead of target in year 3.	In FY19, 935 new jobs were added and 607 jobs retained or expanded.
Recommendation 7A Ongoing	Recommend continued development of high profile employers, including the expansion of the health care base in Gilbert.	In progress and on-going as part of Economic Development Strategic Plan.	Go Daddy, Deloitte, Silent Aire, Expansion of Dignity Health and Banner, Copper Springs behavioral health, Isagenix, Resilient Health AZ have been added to Gilbert
Recommendation 7B	Recommend encouraging Gilbert employers to give hiring preference to residents, as qualified.	Possible connection with Veteran's related recommendations.	

Recommendation Number & Status	Recommendation	Status 2015	Status 2019
Recommendation 7C Complete	Recommend the Town set small business goals to give procurement preferences to qualified small business owners settling in Gilbert.	<p>Council approved local business opportunity policy 2014-07 on 10/1/2014 for one-year pilot program.</p> <p>The Policy originally required that for Informal Purchases between \$10,000 and \$50,000, purchases must be based on three written quotations per Section 2-361 of the Town Procurement code, one of which must be solicited from a local vendor, unless there are no local vendors who can provide the required good or service.</p>	<p>The Policy was modified per Council action on 12/15/16 (Policy Statement 2016-05), to require three written quotations for Informal Purchases between \$10,000 and \$100,000, one of which must be solicited from a local vendor.</p> <p>This modification was the result of Council approval in September, 2016 of increasing the Formal Bid Limit from \$50,000 to \$100,000, which in turn changed the Informal Bid Limit from \$10,000 - \$50,000 to \$10,000 - \$100,000.</p> <p>Since the Policy was enacted, emphasis has been placed on Vendor Outreach events, such as the annual Gilbert Chamber of Commerce Supplier Summit and the annual National Institute for Governmental Purchasing (NIGP) Reverse Trade Show. These events allow purchasing representatives from governmental entities, including the Town of Gilbert, to meet local vendors and to discuss business opportunities with them.</p>
Recommendation 7D Complete	Recommend creating programs for GED and English as a Second Language (ESL) classes.	Possible discussion item for future Mayor's Roundtable on education. Work with Economic Development to determine if this a viable topic.	Friends of the Library (SERL) supports ESL classes financially GPS offers Adult Learning program

Recommendation Number & Status	Recommendation	Status 2015	Status 2019
Recommendation 7E	Recommend expanding the presence of Maricopa Workforce Connection (MWC) to meet the needs of residents, including employment readiness programs for older youth.	Grant funding determines County-wide readiness training initiatives. Council support may assist with the development of a Gilbert-tailored program. Meeting to occur with Town Staff and MWC. Staff to discuss item with Mayor's Youth Advisory Council.	No additional activity to date
Recommendation 8	Partner with local nonprofits to create a coordinated and robust volunteer corps for community engagement to address basic needs of residents.	Item may be discussed at August 2015 non-profit summit. A collaborative effort between the Chamber of Commerce, Small Business Alliance, and For Our City may provide a robust volunteer base. Executive Team reviewed item on 12/9/14.	No additional activity to date, the town continues to rely on our partnership with For Our City
Recommendation 8A	Recommend utilizing the core resources available through "For Our City" as the foundation for a vibrant Gilbert volunteer corps.	Item to be discussed at August 2015 non-profit summit. Executive Team reviewed item on 12/9/14.	For Our City group has been providing financial support to a non-profit annually through a fundraiser. Mayor to give direction to current group on focus efforts of For Our City
Recommendation 8B	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.	Item to be discussed at August 2015 non-profit summit. Executive Team reviewed item on 12/9/14.	No additional activity to date
Recommendation 8C	Recommend reviewing and extending service hours for community-based programs to provide greater accessibility through increased volunteer engagement.	HRC working group reviewed this as part of revised funding guidelines. Declined to include in FY 16 process.	No additional activity to date
Recommendation 9 In Progress	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.	2015 study focused on ramps, sidewalks, and pedestrian pushbuttons in areas near schools.	ADA study complete, implementation in progress
Recommendation 9A In Progress	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.	Pedestrian walkway timing was updated in 2010. Ramp updates begin in FY15.	ADA study complete, implementation in progress

Recommendation Number & Status	Recommendation	Status 2015	Status 2019
Recommendation 10	Provide cross-education and training for Town employees in all departments to make appropriate and respectful human services referrals.	All new Town employees undergo Respectful Treatment training. FY 2016 customer service training goal may include additional training to address this recommendation.	<p>All new Town employees complete the following eLearning modules as part of their orientation: (1) Bullying and Violence in the Workplace; and (2) Harassment Prevention for Employees - State and Local Government Edition.</p> <p>All new leaders in the organization complete the following eLearning modules in orientation: (1) A Manager's Guide to Diversity, Inclusion, and Accommodation; (2) COMPLIANCE EXPERT: Bullying - The Manager's Role; (3) COMPLIANCE EXPERT: Harassment and Retaliation; (4) COMPLIANCE IMPACT: Respectful Workplace "The Bully"; (5) COMPLIANCE IMPACT: Workplace Violence "The Warning Signs"; (6) Harassment Prevention for Managers - State and Local Government Edition; and (7) Understanding Workplace Diversity.</p> <p>In addition, the Town provides the following eLearning modules that employees may take at their discretion: (1) COMPLIANCE IMPACT: Respectful Workplace One Bad Apple; (2) COMPLIANCE IMPACT: Respectful Workplace Reuben's Story; (3) COMPLIANCE SHORT: Preventing Harassment and Promoting Respect; (4) Promoting Respect in the Workplace for Employees; and (5) Promoting Respect in the Workplace for Managers.</p>

Recommendation Number & Status	Recommendation	Status 2015	Status 2019
Recommendation 11	Provide health care guidance and accessibility.	Gilbert Wellness and Resource Center will serve as special division for a one-stop resource shop and additional resources and accessibility.	Heritage Center is open
Recommendation 11A	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.	Gilbert Wellness and Resource Center will serve as special division for a one-stop resource shop and additional resources and accessibility.	Heritage Center is available to other non-profits to use as a space
Recommendation 11B	Recommend parish nursing programs funded through Mercy Gilbert to ensure people know about available resources.	Gilbert Wellness and Resource Center will serve as special division for a one-stop resource shop and additional resources and accessibility.	The Mercy Gilbert Medical Center's parish nurse program now known as the Faith Health Ministry Program continues to connect patients, families, and congregations with health education and resources specific to their needs. This is accomplished through community engagement activities.
Recommendation 11C	Recommend Mercy Gilbert Medical Center's Faith Health Ministry provide a continuum of care strategy in which a nurse conducts home visits to review medication/primary care physician needs.		Although the Mercy Gilbert Medical Center's Faith Health Ministry Program does not provide home visitations at this time, patients may request a visit from their church leader or congregations' members at the hospital or home. Additionally, patients receive education on the medications and post discharge instructions, and receive a follow-up call at home after discharge.
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.		See comments below

Recommendation Number & Status	Recommendation	Status 2015	Status 2019
Recommendation 12A Complete	Recommend enhanced publicity and expanded event planning to develop the annual Gilbert Global Village Festival (11 th 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.	<p>Outreach Included: Estimated attendance: 3500 (estimated attendance a few hundred higher than 2014) Event Flyers- Distributed in local schools, email blasts Social Media postings- Via Facebook with boosts in the multicultural demographics, Twitter and website Banners- Gilbert Road banner, park banners, banners at San Tan Village Partnerships- Multicultural groups/performers/clubs, Business sponsors AZ Republic – 2 ads posted (March and April) Gilbert Sun News- Full page ad- 1st week in April Website Link added to all publications Event Video- sent to local media groups for “press release” type communication</p>	Continue to host the Global Village festival and market it strongly
Recommendation 12B	Recommend awareness and recognition programs in the schools.		Gilbert has started joint council meetings to review issues of importance to the community and school districts
Recommendation 12C	Recommend adult cultural sensitivity and awareness community events.	Town currently hosts Gilbert Global Festival.	Continue to review ability for additional events; also support and participate in regional events such as MLK parade, Veterans Day Parade and Unity Walk
Recommendation 12D	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.	FY 2016 customer service training goal may include additional training to address this recommendation.	Have implemented new personnel rules, recruitment, hiring and interview practices to increase diversity and sensitivity

Recommendation Number & Status	Recommendation	Status 2015	Status 2019
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.		Continue to refine current programs and do outreach to ensure all community members are aware of available resources through Neighbor to Neighbor spotlights on social media, presentations at group events and web presence
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.		Offer programs that support social interaction, fitness, and needed services by contracting with AZCEND for senior programs and meals. Exploring possible new partnerships such as Age Friendly AZ program
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.	Will be considered as part of funding process.	Continue to refine evaluation process
Recommendation 15A Complete	Recommend continuing consideration of past performance in funding decisions.	Funding application inquires about past performance.	Past performance is considered
Recommendation 15B	Recommend considering expanded hours of service in funding decisions.	HRC working group reviewed as part of revised funding guidelines. No action taken.	No action
Recommendation 16	Develop widespread community support for veteran support services.	Human Relations Commission to discuss in 2015. Town staff met with Operation Welcome Home (OWH) to discuss their efforts. The Vietnam Tribute Wall administration facility is planned for completion in November 2017 will provide veteran's resources and information. Stated Maricopa County provides a good model. OWH identified Awareness of PTSD/Mental Health and housing as two major gaps related to veteran support services. Town intern looking at best practices in communities with high level of support for veteran's.	Operation Welcome Home is no longer in progress. However. Gilbert has created an IGA with Mesa to support VASH program (housing vouchers for veterans)

Recommendation Number & Status	Recommendation	Status 2015	Status 2019
Recommendation 16A Under Review	Recommend support for military families experiencing parental deployment absences.	The Vietnam Tribute Wall administration facility is planned for completion in November 2017 and will provide veteran's resources and information.	Will review opportunities for the future with change in Operation Welcome home
Recommendation 16B Under Review	Recommend increased publicity and veteran appreciation through the Town of Gilbert's Operation Welcome Home.	The Vietnam Tribute Wall administration facility is planned for completion in November 2017 will provide veteran's resources and information. Similar programs are being launched in Chandler and Phoenix that may increase awareness in Gilbert.	Will review opportunities for the future with change in Operation Welcome home
Recommendation 17 Under Review	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.		Part of regional conversation on homeless and potential solutions to address issues; may also explore opportunity for poverty simulation with local college
Recommendation 17A	Recommend hosting regular town forums or town halls to give residents the opportunity to voice concerns.	Return of investment for cost and staff time high compared with minimal resident attendance.	Digital podcasts are available, send out highlights from Council meetings, opportunities to voice opinions on matters through surveys, next door, and all social media platforms
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.		Family Resource Center in Heritage Center is beginning programs
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.		

Recommendation Number & Status	Recommendation	Status 2015	Status 2019
Partnership Recommendation 1A Ongoing	Recommend a partnership with the City of Mesa to provide resources for shelter services for homeless individuals and families.		Funding provided to A New Leaf and House of Refuge. Passed a resolution on addressing homelessness as a regional issue.
Partnership Recommendation 1B Complete	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.	Council approved accepting HOME Funds at 11/13/14 meeting.	HOME funds are actively used in Gilbert
Partnership Recommendation 1C	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.		I-Help does have 2-3 participating churches in Gilbert
Partnership Recommendation 1D	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.	Staff followed-up with CASS 12/2014. CASS does not provide designated bed space or transportation services.	All services are coordinated through the HUB. Funding is provided to CASS in support of housing Gilbert residents
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.	Will likely need a partner organization to support implementation and sustainability of the program. Possible tie to Chamber for Good. Possible connection with recommendation 8B if additional staff is hired. Executive Team reviewed item on 12/9/14.	No action to date
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.	Depending on the level of Town involvement, may require additional resources.	No action to date

Recommendation Number & Status	Recommendation	Status 2015	Status 2019
Partnership Recommendation 4 Ongoing	Create a responsibility/position within the Town of Gilbert staff for maintaining an ongoing communication with surrounding communities to share best practices.		Staff member participates on MAG committees, as diversity liaison, on HOME consortium and works with area cities to explore best practices
Partnership Recommendation 5 Ongoing	Develop regional partnerships to provide prevention services to all population groups in collaboration with nonprofits and faith communities.		Work collaboratively with Banner Health, Dignity Health, non-profits and faith communities to create awareness for Gilbert residents on programs available and host activities such as Senior Expo, Health Fairs, etc.
Partnership Recommendation 5A Ongoing	Recommend developing prevention programs for health-related concerns known to increase among challenged population groups.		Serve on Dignity Health Community Benefits committee and assist in development of health care document

PART III HUMAN SERVICES NEEDS ASSESSMENT METHODOLOGY AND DEFINITIONS

GETTING STARTED

On July 11, 2019, the Town of Gilbert contacted The Williams Institute for Ethics and Management (TWI) to discuss the possibility of updating the 2014 Gilbert Human Services Needs Assessment conducted by TWI on behalf of the Town. The specific purpose of the project, as discussed, was to repeat the earlier research study in order to gather and analyze assessment data to measure progress over the past five years and to determine current needs to be used in the Town's planning process. TWI was asked to reassess the status of the nine target population groups identified in the 2014 study and to determine if any new priorities had since emerged. As mentioned earlier in Part II of this report, the nine population groups in the order of priority from greatest need for immediate assistance to least, as identified by the 2014 research study, were:

1. Individuals and families in crisis
2. Individuals in need of mental health and substance abuse treatment
3. Low/moderate income individuals and families
4. Elderly/seniors
5. Homeless individuals and families
6. Special needs individuals
7. Youth in need of services
8. Immigrants
9. Culturally diverse individuals and families

On August 15, 2019, TWI was awarded a professional services agreement to conduct the Town of Gilbert 2019 Human Services Needs Assessment. TWI assigned three doctorate-level researchers to the Gilbert project to bring a broad range of expertise to the effort. Dr. Williams and Dr. Zorita served as project co-directors for research, analysis and synthesis. The assigned project leaders include:

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

Dr. Zorita and Dr. Williams previously conducted city human services needs assessments for Chandler, Gilbert, and Tempe in the East Valley and Surprise in the West Valley.

The Community Resources Division of the Town Manager's Office provided the TWI team with multiple pieces of existing data on the community's demographics and relevant reports on topics within the town from their research database; these data formed the basis for an examination of the current human services available to Gilbert residents who come from the nine identified human services population groups. The information provided set the foundation for the needs assessment data collection, research design, and methodology to better understand the unique characteristics of the Gilbert population. Ultimately, over 50 documents and reports were reviewed and analyzed. The new data collected throughout the needs assessment process and detailed in this report provide Gilbert with a fresh look at human services needs among its citizens, while engaging the entire community in providing input.

RESEARCH DESIGN AND METHODOLOGY

What is a Needs Assessment? The call for a needs assessment can differ in focus, but it can be defined as a process used by an organization to determine the needs and gaps as they relate to a particular set of current conditions and a desired state within the organization. In this current project launched by the Town of Gilbert, the current conditions to be assessed include the availability and delivery of useful human social services and resources to adults, youth, and families in need within the town. The general needs assessment process includes determining the current status of human services within Gilbert by gathering, organizing, and analyzing data to identify existing strengths, gaps, opportunities, and resources to make recommendations for a plan of action to address the needs and close the gaps in the future.

The published secondary research data available within the town (plus state, county, and census data for all cities in the East Valley) provided an understanding of demographic trends and population variables. These secondary data and contact with primary sources of 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 provided for simultaneously gathering data and validating each arm of the research methodology. The data reviewed were pertinent to the nine population groups included in the study but extended beyond to the greater human services community. The research was always open to the identification of other significant emerging groups, with the understanding that any emergent group may or may not relate to a need for being included in future human services town funding. This is an important distinction. This assessment is focused on recipients or potential recipients within the purview of its human services definition. This definition seeks to provide help to stabilize their lives through guidance, counseling, treatment, and the provision of resources to meet basic needs. More *specifically* this assessment included a requirement to review the provision of services through town funding opportunities and community partnerships. Therefore, the background research was important to refine the remainder of the process in the crafting of research tools, survey instruments, focus groups, and structured interview questions. The researchers assigned utilized all the data gathered for the comparison and synthesis of quantitative and qualitative results generated throughout the process.

Survey Instruments. The TWI research team anticipated collecting data from an estimated 100+ surveys to provide statistical reliability of results; in fact, the number of actual survey instruments gathered totaled 161. These survey responses provided a point of comparison and support for the focus group and interview data to create a seamless response to the questions Gilbert seeks to answer. The survey questionnaires were administered to a targeted sample of members of the Gilbert community in both a personally-proctored, controlled environment and through the use of carefully controlled electronic surveys. The personally-proctored surveys were completed in face-to-face interactions with focus group participants (human services recipients and those in need of services); nonprofit human services providers serving Gilbert residents; Town of Gilbert providers of services; police; fire and medical rescue; individuals in targeted community gatherings relevant to this study or any emerging groups; and structured personal one-on-one interviews with service recipients, community leaders, and stakeholders. The face-to-face venue with individuals receiving (or in need of) human services ensured consistency in the instructions given as well as a high response rate in the completion of questionnaires. The TWI experienced team members created an environment in which each respondent was made to feel safe enough to provide candid responses and ensured the protection of individual privacy. All materials were made available in both English and Spanish. Each focus group included the collection of survey data from all participants. TWI team members worked closely with representatives of the Town

of Gilbert to identify multiple previously scheduled or regular gatherings of groups within the community that represent service providers, recipients associated with the target groups, and emerging groups for administering additional proctored surveys. Individuals from five sectors were invited to be a part of the process: the public sector, recipients of human services and those in need of services in Gilbert, the business/education/private community sector, nonprofits/providers, and faith communities.

Electronic surveys were used to reach individuals who were unable to attend either the scheduled focus groups or community gatherings. The targeted survey sample process for reaching community members was designed to gather quantitative and qualitative data from individuals involved with the direct provision of human services in Gilbert. Anonymous surveys allow researchers to gather more candid responses and yield concrete data—which can be adjusted to account for any underrepresented groups in the database. With survey research, respondents tend to provide more open and honest feedback, and the data collected is concrete and easier to analyze.¹ Reliability is a key factor in decision making. Surveys allow the researcher to choose a sample that best represents the larger population under study in order to provide greater confidence that the information gathered is an accurate representation of the larger community.² Surveys are particularly useful in understanding “what, how often, and to what extent” and to gather information from 100+ people, while focus groups and interviews offer meaningful answers to understand “how or why” and to “contextualize survey findings.”³

The administration of surveys by mail or online is not highly successful in gathering detailed data to meet the needs of this type of project. Generally, the expected response rate for mailed or emailed surveys that are not too lengthy and within the range of interest of those surveyed does not exceed 30-40 percent and may be subject to bias and influence. Another caution about self-selected responses to general online surveys is to what extent the sample represents the population being studied, especially if demographic data are not included as a part of the survey. Some of the parameters difficult to discern are whether the online survey over-represents those individuals who are less personally in touch with the topic under study, less stressed by challenges requiring immediate attention, more vested in the outcome of the results, and/or less likely to be affected by limiting factors that can skew the responses, e.g., the time required for responding and the accessibility of the survey to all groups in need of human services.

The viable and in-depth survey instrument crafted by TWI researchers captured information critical to the various areas of focus within the needs assessment process. The resultant data were subjected to appropriate coding and statistical analysis. This instrument created a foundation for addressing potential gaps in human services by matching responses to the specific population groups included in the study as well as identifying any emerging population groups for possible future research. Three versions of the survey instrument were created for the various groups to be addressed: one version for individuals who are recipients or in need of human services, one for providers of services, and an abbreviated version for community members from other sectors. The research team understands the importance of not only gathering data from those who experience need daily but also from the community-at-large in order to discern the *perception or level of awareness* that exists among members of the community in which recipients reside. This perception can play a key role in the development of partnering arrangements and alternative funding sources.

The survey instruments designed by TWI research team members included the following information [See Attachment A for copies of the three research team survey instruments]:

- For non-recipients of human services, the affiliation with a human services agency serving the Gilbert area, if any (either as a volunteer or employee), or with a particular sector of the community
- Descriptive information for recipients of human services pertinent to the nine human services population groups targeted in the needs assessment (and other areas relevant to the human services community) and consistent with the intent of the research project
- A rank ordering of respondent's perception/observation regarding the nine human services population groups funded within Gilbert from "greatest critical need for more services" (#1) to the "least critical need for more services" (#9) (population groups were listed in the survey instrument in alphabetical order as follows):
 - Culturally diverse individuals and families
 - Elderly/seniors
 - Homeless individuals and families
 - Immigrants/refugees
 - Individuals and families in crisis
 - Individuals in need of mental health and substance abuse treatment
 - Low-moderate income individuals and families
 - Special needs individuals
 - Youth in need of social services
- Identification of any social services utilized by the respondent during the past 12 months and/or reasons for not connecting with services needed
- Assessment of the adequacy of an extensive list of human service areas relevant to the population groups included in the study, specifically measuring the respondent's perception and personal experiences with each service she/he was "familiar with." Each service area was rated using the following perception—
 - "Happy with the services" (excellent);
 - "Some great, some not so good" (above average);
 - "Okay" (adequate/average);
 - "Some problems with services" (some gaps); or
 - "No helpful services" (poor).
- 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 the respondent's personal evaluation of quality of life elements within Gilbert on a five-point scale
 - Feeling of safety/the level of crime and delinquency
 - Feeling of community within individual neighborhoods
 - Availability of bilingual services (if known)
 - Sense of support for individuals and families in crisis
- Identification of what known services, if any, are provided by faith-based community organizations, social/civic volunteer groups, and public agencies
- The respondent's perception regarding what is working well
- The respondent's perception of how services might be improved
- The respondent's perception of what partnering or collaboration would be useful

- Demographic data for the respondents in need of or receiving services, including—
 - Gender
 - Age group
 - Ethnicity and languages spoken
 - Current cohabitation status
 - Children/dependents
 - U.S. citizenship
 - Education level
 - Home ownership
 - Faith community connection
 - Current zip code in Gilbert, when applicable
- A separate set of questions for information from human services providers, including—
 - Human services provided by the organization each respondent represents
 - Human services provided by other community organizations
 - Faith-based community organizations
 - Social/civic volunteer groups (e.g., Rotary, Kiwanis, Lions, Soroptimist)
 - Public agencies (e.g., courts, schools)
 - What is working well?
 - How could these services improve?
 - What additional partnering/collaboration would be useful?

The 161 survey respondents represented the following research areas (including significant overlap among population groups):

- 51 Human services recipients or in need of services, including the following subcategories:
 - 60.8% Low-Moderate income participants
 - 58.8% Living alone
 - 66.7% Seniors (over 62 years of age; 79.4% of seniors surveyed are living alone)
 - 29.4% Youth
 - 17.6% Identifying as being in need of housing assistance
 - 15.7% Individuals with special needs/disabilities
 - 9.8% Reporting a history of substance abuse
 - 9.7% Homeless individuals
 - At various points in time living on the streets and doubled up with other individuals
 - 7.8% Veterans
 - 7.8% Survivors of sexual assault
 - 5.9% Survivors of domestic violence
 - 7.8% Formerly incarcerated
 - 5.9% Family members of someone incarcerated
 - 5.9% Immigrants/refugees

- The 161 respondents to the targeted research sample identified with the following community sectors:
 - 31.7% Recipients of human services or in need of services
 - 21.7% Employees of nonprofit providers
 - 6.2% Nonprofit volunteers
 - 23.6% Representatives of local faith communities
 - 13.0% Representatives of the public sector, e.g., Town employees, Council or Commission members
 - 3.7% Representatives of the private/business/education sector within the Gilbert community

The demographics extracted from the 51 surveys of recipients of human services or in need of services are detailed below. (Ten respondents did not self-identify themselves as in need of services but voluntarily participated in groups for recipients of services. Therefore, their demographics are included below as well.):

Gender	Female	47 (77.0%)
	Male	14 (23.0%)
Age (including the 10 youth reported above)		
	15-19 years	15 (24.5%)
	20-24 years	0
	25-34 years	4 (6.6%)
	35-44 years	2 (3.3%)
	45-54 years	4 (6.6%)
	55-61 years	7 (11.5%)
	62-69 years	4 (6.6%)
	70-79 years	15 (24.6%)
	80-89 years	8 (13.1%)
	90 years and above	0
	Missing/Blank	2 (1.6%)
Ethnicity		
	American Indian or Alaskan	0
	Asian or Pacific Islander	1 (1.6%)
	Black or African American	3 (4.9%)
	Hispanic/Latina(o)	11 (18.0%)
	White	42 (68.9%)
	Other	2 (3.3%)
	Multiple	0
	Blank	2 (3.3%)
Marital Status		
	Single (never married, including youth)	17 (27.9%)
	Married	7 (11.5%)
	Separated	2 (3.3%)
	Unmarried living in partnership	2 (3.3%)
	Widowed	16 (26.2%)
	Divorced	15 (24.6%)
	Identify with the LGBTQQ community	2 (3.3%)

Education

Grade Level	Recipients of Services
Elementary school	4 (6.6%)
High school graduate/GED	22 (36.1%)
Vocational training	6 (9.8%)
Associate degree	4 (6.6%)
Bachelor's degree	7 (11.5%)
Graduate degree	4 (6.7%)
Youth still in high school	13 (21.3%)
Blank	1 (1.6%)

Member of a Faith Community

Yes	38 (62.3%)
No	16 (26.2%)
Blank	7 (11.5%)

Focus Groups and Group Gatherings. TWI conducted six focus groups attended by 101 participants:

- 1 group of Spanish speakers, immigrants, seniors, low income individuals and families at the Heritage Center (6 participants)
- 1 Mayor's youth group (14 participants)
- 1 Senior group at Page Commons (32 participants)
- 1 Save the Family group of culturally diverse individuals, sexual assault survivors, formerly homeless, low-moderate income families, special needs individuals, parents of youth with special needs, individuals in recovery from substance abuse, individuals in treatment for mental health issues, and domestic violence survivors (6 participants)
- 1 Hope for Addiction group at Sovereign Grace Church (6 participants) (individuals in recovery, low to moderate income individuals and families, and formerly incarcerated individuals)
- 1 Gilbert High School Peer Leaders group of youth, including special needs youth (37 participants)

In addition, TWI attended three Gilbert community gatherings to obtain additional information regarding community issues and needs:

- The Mayor's Faith Summit (61 participants)
- A Lights of Hope event at the First United Church of Christ (50 participants)
- Gilbert Talks: Invisible Crisis – Domestic Violence & Sexual Abuse in Gilbert (80 participants)

Focus group research was one of the primary chosen methodologies for this project due to its suitability for gathering comprehensive information and data from a range of diverse individuals in the most efficient manner. Focus group interviews give the interviewees greater control of the discussion as they bounce ideas off each other, rather than simply with a single interviewer, thus 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 nine population groups within the human services community. Research reveals that one hour spent with people in a focus group generates about 70 percent of the original information to be gained from 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.

When crafting a method of a study's design, it is important to choose a methodology of data collection that will bring about the greatest likelihood of answering the questions of Gilbert leaders. This project is steeped in grounded theory which is an inductive research method to generate conclusions, using qualitative and quantitative data.² Following a grounded theory approach, the TWI research team continued an ongoing analysis between interviews, focus groups, and surveys to help ensure that all necessary information was captured. To further promote theoretical sampling, analysis occurred following the focus groups to utilize pertinent topic areas that emerged.³ As researchers, the TWI team simultaneously collected and analyzed data.

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

Insight into whose voice should be included in this project was seen as critical for success. Based on past experience of this research team, identifying, organizing and scheduling participants require careful planning. Getting busy people to attend group gatherings can be difficult, and arranging for appropriate venues with adequate facilities and the right people in attendance often requires a significant amount of time and effort. The results of the focus groups are only as valuable as the appropriate mix of the people involved. If participants are too heterogeneous, the differences between participant perspectives can make a considerable impact on their contributions; but if a group is too homogeneous, diverse opinions and experiences may not be revealed. Selecting participants to be involved in the focus groups is not a random sample but rather more about a careful selection of participants based on reliability, trustworthiness, and their ability to provide solid, usable information. If the focus group sample was strictly random, the process could end up with a bad sample where the people involved would either not be knowledgeable or with a group of people who was not a cross representation of the groups the researchers were seeking knowledge about.

Participants were ultimately selected for their knowledge about their circumstances and their ability to speak about them. This is deemed as a "primary selection" of participants.⁴ The sample of participants should be "information rich."⁵ To this end, a variety of voices and viewpoints were sought in numerous ways, including flyer posting and distribution at public locations, contacting key agencies, schools, community centers and public providers involved in human services, and exploring data bases of entities who serve recipients. Administrators, but more importantly front-line workers, were contacted who work directly with those whose input was sought. Additionally, the TWI team connected with those not receiving services to provide additional feedback.

As a goal, two types of sampling of focus group participants were targeted. First “intensity sampling” (which may include extreme cases but less of an emphasis on this type) was used to select participants who are experiential experts and are authorities about their circumstance.⁶ “Maximum variety sampling” was also used where participants from a variety of backgrounds were solicited to observe commonalities in their experiences.⁷ A spreadsheet was maintained with each person and group representing each of the nine categories of funded recipients. This spreadsheet also included emergent groups and recorded information for each focus group participant. In this way, researchers could attempt to connect with the individuals from whom a viewpoint was missing. However, most importantly, the goal was for the focus groups to be made up of participants who would be “acute observers and who are well informed...a small number of such individuals brought together as a discussion and resource group is more valuable many times over than any representative sample”.⁸

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

Over 700 individuals and multiple organizations were contacted, including faith communities (individual outreach), commission/board members, town government and human services staff, schools, human services providers, businesses, medical facilities, food banks, college community, police, fire, recovery groups, thrift stores, housing complexes, neighborhood associations, libraries, family resource centers, Page Commons, foundations, call centers, prevention centers, education and workforce centers, Gilbert coalitions and commissions, and media outlets. Invitations were issued utilizing flyers, email, phone calls, and media. Direct visits were also made to multiple community locations to encourage participation. [Copies of the primary focus group invitation/schedule and participation flyers/documents are 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 the TWI team with client contact information; 2) identify alternative opportunities to connect with clients; or 3) link TWI researchers with direct service workers who could assist with inviting clients to participate.

Potential barriers to participation were eased by selecting the best possible focus group locations for each population group to attend. TWI consultants created every opportunity possible for people to participate, including varied weekday, evening and weekend options for focus groups. Food, child care assistance, schedule adjustments, and location of convenient meeting spaces (i.e., hosting a group at a local park) were made to offset any barriers that would prohibit attendance at both focus groups and

group interviews. Opportunities for individual interviews were also provided for anyone unable to attend a regular focus group or who preferred an individual session for privacy or security concerns.

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

Group Interviews. The TWI research team also participated in five group interviews with recipients and providers of human services of human services, engaging in dialogue and strategizing for improvement as well as administering in-depth proctored survey questionnaires. Twenty-two (22) individuals participated in these group interviews, offering insight and qualitative data to better understand the complexities and challenges of the provision of human services to those in need in Gilbert:

- 1 library interview with a culturally diverse parent and two youth (3 participants)
- 1 interview with homeless individuals in a local park (3 participants)
- 1 family interview at the Heritage Center, including youth and culturally diverse individuals (4 participants)
- 1 Vineyard food pantry interview (4 Gilbert residents)
- 1 interview with foster care and adoptive parents group at Redemption Church (8 participants)

These discussions not only provided an opportunity for gathering survey data but also allowed the research team to engage in dialogue with recipients and providers of human services to gain additional information and perspectives.

Structured Interviews. As review of the background research and focus group data proceeded, key individuals and topics for providing additional information and insight were identified. Sometimes that identification came in the form of the research revealing key stakeholders in the community who have either an enhanced “big picture” perspective or specific detailed information to complete missing pieces. Sometimes the interviews can provide data expressed by a particularly insightful focus group participant pertinent to people in special circumstances or about a possible emerging group.

The TWI research team conducted individual structured interviews with 12 individuals from the community, paying special attention to information about human services groups with less representation in the research process and any other emerging groups. Targeting personal interviews to gathering relevant additional information adds depth to the report. The mix of stakeholder, recipient, and provider interviews was designed to best support the needs assessment research:

- Trinity Donovan, CEO of AZCEND
- Gilbert Chief of Police Michael Soelberg
- Gilbert Fire Chief Jim Jobusch, Bob Badgett and Rob Duggan, Assistant Fire Chiefs
- Melanie Dykstra, Program Manager, Community Resources Office, Office of the Gilbert Town Manager
- Kasey Swihart, Gilbert Public Schools McKinney-Vento Homeless Liaison
- Joyce McClaren, Board Chair, Winged Hope Family Advocacy Foundation
- Edwin Lamoreaux, Faith community representative
- A neighborhood advocate in the Gilbert Historic District

- Two (2) special needs interviews

All data gathered through these interviews were integrated anonymously into the interview results reported in this section, unless permission was granted for attribution. These interviews provided valuable insight into both community trends and the perspectives of the multiple Gilbert stakeholders who provide human services to those in need. 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, their composition, and the prioritization of the recommendations to be made to the Council.

Unstructured Interviews. As the TWI research team became involved in visiting community gatherings, ultimately conversations would turn to the Human Services Needs Assessment underway. As a result, frequently new information and ideas would be offered that were relevant to the research study. Those informal conversations are referred to as unstructured interviews by the research team members. Some of the more pertinent of these discussions included:

- Jill Humphreys, Gilbert Public Schools Governing Board
- Duane Roen, Vice Provost, Polytechnic Campus, Arizona State University
- Elizabeth “Libby” Pierce, Nurse Practitioner for Dignity Health Medical Group working with marginalized populations
- A community member involved with the Banner Neuro Wellness Center
- An apartment manager in a low-income housing community
- A Heritage Center employee

Human Services Providers Listening Group. A final data gathering event was conducted as a part of the research design. This listening group with human services providers along with some provider representatives from the faith, private, and educational sectors was convened for clarification and corroboration of information gathered throughout the research process and to further support prioritization of strengths, gaps, and recommendations. In addition, it provided an opportunity for dialogue with key community members to help ensure additional credibility of the findings. These types of 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. Within this forum attended by 47 individuals from the community, the research team reviewed preliminary findings for further discussion. The input is referenced again in the Priorities and Recommendations section of this report.

HUMAN SERVICES POPULATION DEFINITIONS

Human Services. Due to the diversity and overlap of the population groups addressed by this human services needs assessment, the first question to answer is “What specifically is meant by the term ‘human services’?” For the answer to this question, TWI research team members turned to humanservicesedu.org, a respected provider of up-to-date information of relevance to the human services profession:

Human Services are designed to help people navigate through crisis or chronic situations where the persons feel they need external help and guidance to move forward with their life and rediscover their personal power and self-sufficiency. Sometimes the situation the person needs help with is *external*, such as the loss of a job or income, the need for food or housing, or for help getting out of a dangerous situation. For other

people the difficulty they are facing is an *internal* challenge such as depression, a physical ailment or disability, or other mental or physical health crisis.

So then, the definition of Human Services is a service that is provided to people in order to help them stabilize their life and find self-sufficiency through guidance, counseling, treatment and the providing for basic needs. It is an interdisciplinary practice of servicing your fellow human beings, whether individuals or groups such as families or communities, in order to alleviate stress and change to help them function at their highest capacity. There are many professions which fall under the umbrella of the human services field. The field of human services is one that is focused on helping one's fellow human beings to overcome adversity through strength-based approaches that empower the recipients to make positive life choices that allow them to reach their full potential.

Gilbert Human Services Community. For the purposes of this needs assessment project, a working definition of “the Gilbert human services community” was created to define the scope of the research sample and findings and to ensure that everyone utilizing the report in the future would be consistent in understanding the segment of the population the research team addressed as a part of this study. The target sample for the research was taken from the larger “Gilbert human services community” population, using statistical terminology. The human services community is defined as “human services stakeholders and providers *within* Gilbert, human services providers *accessible* and *available* 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 is detailed in Part I of this report, along with the Census data, national/state/county reports, and other secondary research data pertaining to the specific nine population groups included in this study. The “Gilbert human services community” is a subset of the entire general population of Gilbert but is an integral part, as designated by the word “community.”

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

Culturally Diverse Individuals and Families. A separate group that emerged as a part of the 2014 human services needs assessment, this group includes individuals who have experienced both overt and subtle forms of discrimination within the community. The formal definition for the purpose of this report is “individuals of ethnicities other than Anglo and/or individuals identifying with a non-traditional sexual orientation who seek an equality of representation and respect within the community.” Responses to the needs of this group may include large community events focusing on cultural diversity, but a more subtle and critical harm is the day-to-day use of language and symbols that stereotype or denigrate culturally diverse community members, often out of a lack of understanding and awareness.

Elderly/Seniors Over 62 Years of Age. For the purposes of this report, the research team chose to define seniors as “over 62 years of age” which coincides with the average retirement age in the U.S. of 63, according to U.S. Census Bureau data. This demographic group is growing, demonstrating specific needs today and promising to need resources increasingly in the future.

Like the rest of the nation, Maricopa County's population is aging. The median age for Gilbert is similar to surrounding communities, and in the *2013-2017 American Community Survey 5-Year Estimates*, 31.4 percent of those 65 and over were experiencing a disability, while 22.4 percent of grandparents in Gilbert were responsible for grandchildren [Note: The Census Bureau describes "responsible grandparents" as having primary responsibility for the children, even though the child's parents may also be present in the household. No further explanation of the relationship is provided.]

The older population in the U.S. (persons 65 years and older) reached 50.9 million in 2017. A *Profile of Older Americans: 2018* published by the Administration on Aging indicates that nationally:

- The number of older Americans increased by 13.1 million or 34 percent since 2007. By 2060, there will be about 94.7 million older persons.
- The 85+ population is projected to more than double from 6.5 million in 2017 to 14.4 million in 2040 (a 123 percent increase). The need for caregiving increases with age. In January-June 2018, the percentage of older adults age 85 and over needing help with personal care (20 percent) was more than twice the percentage for adults ages 75–84 (9 percent) and five times the percentage for adults ages 65–74 (4 percent).
- About 28 percent of non-institutionalized older persons live alone.
- Nearly half of older women (44 percent) age 75+ live alone.
- Persons reaching age 65 have an average life expectancy of an additional 19.5 years (20.6 years for females and 18.1 years for males).
- The median income of older persons in 2017 was \$32,654 for males and \$19,180 for females.

The complexity of these demographic data co-existing with statistics related to poverty and special needs creates a challenge for communities defining how best to meet the needs of seniors. In addition, according to Substance Abuse and Mental Health Services, nearly 30 percent of people between the ages of 57 and 85 use at least five different prescription medications. Seniors are more likely to take multiple medications prescribed by more than one doctor. Although they often experience more negative consequences, prescription drug addiction often goes unrecognized or ignored among seniors as it is mistaken for other health problems.

Seniors likewise can often suffer from a lack of adequate nutrition. In Arizona, according to United Health Foundation's Health Rankings, in the past five years food insecurity increased 39 percent from 12.8 percent to 17.8 percent of adults aged 60 and above, yet in the past three years SNAP reach decreased 34 percent from 67.0 to 44.1 participants per 100 adults aged 60 and over in poverty. In the past three years in Arizona, suicide among seniors increased 15 percent from 21.2 to 24.4 deaths per 100,000 adults 65 and over.

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

[Section 330 of the Public Health Service Act] A homeless individual is defined in section 330(h)(5)(A) as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, an individual who is a resident in transitional housing, and/or an individual who resides in permanent supportive housing or other housing programs that are targeted to homeless populations." Under section 330(h) a

health center may continue to provide services for up to 12 months to formerly homeless individuals whom the health center has previously served but are no longer homeless as a result of becoming a resident in permanent housing and may also serve children and youth at risk of homelessness, homeless veterans, and veterans at risk of homelessness.

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

[(HRSA/Bureau of Primary Health Care, Program Assistance Letter 99-12, Health Care for the Homeless Principles of Practice)] To be considered homeless an individual may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; and/or be “doubled up,” a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, individuals who are released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. Recognition of the instability of an individual’s living arrangements is critical to the definition of homelessness.

But the lengthy definition used by programs funded by the U.S. Department of Housing and Urban Development (HUD), while limited in some ways (e.g., not recognizing the category of “doubled up”), clearly recognizes the door to homelessness in those threatened with eviction and the dangers of contributing to cyclical generational homelessness in unaccompanied youth and homeless families with children and youth. Over the past several years this definition has been gradually expanded to include a deeper understanding of the challenges of the chronically homeless and of individuals or families fleeing from 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.

The United States Interagency Council on Homelessness (USICH) coordinates the federal response to homelessness by partnering with 19 federal agencies, state and local governments, advocates, service providers, and people experiencing homelessness to achieve the goals outlined in the first federal strategic plan on homelessness, *Home, Together: The Federal Strategic Plan to Prevent and End Homelessness*. The strategic plan adopted for Fiscal Years 2018-2022 acknowledges that...

The causes of homelessness are complex, and the solutions are going to take all of us working together, doing our parts, strengthening our communities. Thriving communities need enough housing that is affordable and equitably available to people across a full range of incomes—from young adults just starting out to seniors who want to spend their remaining years feeling secure. Quality educational and career opportunities, child care, health care, substance abuse and mental health services, and aging services can help individuals and families build strong social networks, pursue economic mobility, and strengthen their overall well-being. These services and other federal, state, and local programs must be well-coordinated among themselves, and with the business, philanthropic, and faith communities that can supplement and enhance them.

The delivery of treatment and services to persons experiencing homelessness is included in the activities of the Department of Health and Human Services in five programs specifically targeted to homeless individuals and in fourteen non-targeted, or mainstream, service delivery programs.

The Town of Gilbert recognizes both the human social responsibility and the challenges of addressing a gradual increase in the homeless population in Gilbert. The annual Point In Time Count for 2019 in Maricopa County provides a snapshot of homelessness in the Phoenix Metropolitan Area. All communities participate in the unsheltered homeless count conducted during the last week of January. Numbers for all communities in Table 18 are a direct census of individuals interviewed by volunteers, law enforcement, and outreach workers.

Table 18. 2019 Unsheltered Street Count by Municipality

Community	2019	2018	2017	2016	2015	2014
Gilbert	2	4	2	1	1	0
Chandler	54	54	27	14	31	18
Mesa	206	144	130	95	155	55
Scottsdale	76	67	50	67	--	39
Tempe	373	276	202	88	24	97

Source: Maricopa Association of Governments, Point In Time Homelessness Count Analysis 2018 and 2019

A forward-looking perspective examining the communities surrounding Gilbert offers a caution related to the dramatic growth in numbers over the past five years. Although Gilbert has a far less serious problem than other communities in the area, the visibility of the relatively few homeless individuals and families and a resultant concern among residents had a direct impact on the results of this needs assessment which will be discussed in further detail in Part IV.

The results for 2019, on first glance, could allow for a bit of complacency for Gilbert due to the relatively low number of homeless individuals recorded. However, a caution is to recognize that in the heading for Table 18 extrapolated from the Maricopa Association of Governments (MAG) data, Maricopa County acknowledges that these figures represent an “unsheltered *street* count” that does not take into account all of the nuances of the homeless definitions referenced above and is always considered to be a significantly underreported number of actual homeless in these communities. One such nuance is the report that in Maricopa County the most recent homeless count registered 377 unaccompanied youth on the streets or in housing programs on a given day. Gilbert schools reports that 130 students are included in their McKinney-Vento program, with a small number bouncing from family to family or living in hotels or various shelters. At the other end of the spectrum, on August 7, 2019, in a report on ABC 15 News, Lisa Glow, the CEO of Arizona Central Shelter Services (CASS), reported that one out of three individuals who walk into their shelters are senior citizens. “No senior should be homeless and they certainly shouldn't be sleeping on a mat on the floor,” said Glow. She added that many of these seniors are experiencing homelessness for the first time in their lives. “It is a crisis and we're calling it the ‘silver tsunami’ of homelessness and it's across the nation.”

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

On July 24, 2019, in another ABC 15 News interview with CASS CEO Lisa Glow, she stated that in 2015 Maricopa County leaders pledged to end homelessness, but four years later and in the middle of a booming Arizona economy, the situation is worse now than it has ever been. She continued saying that Arizona is facing the worst affordable housing crisis of our time. Arizona has the second-highest eviction rate in the country, and Maricopa County has experienced a 149 percent increase in the number of unsheltered homeless individuals living on the streets while at the same time losing shelter beds.

In the “Homeless in Arizona: Annual Report 2018,” Director of the Arizona Department of Economic Security (DES) Michael Traylor reiterated that the “causes and factors that lead to homelessness are complex; however, there are consistent, identifiable, and contributing factors for both individuals and families in urban and rural communities. Conditions such as physical and behavioral health issues, domestic violence, and substance abuse contribute to homelessness. Diverse strategies, approaches, and coordination are necessary to assist individuals experiencing homelessness to regain their independence.” The DES Annual Report 2018 reported that over the last three years, veteran homelessness has been on a steady decline while the number of chronically homeless individuals and families has steadily increased.

Immigrants and Refugees. 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.

Individuals and 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 community members, faith communities, 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 generally contributing to family crisis includes:

- Mental health issues of a family member resulting in a dangerous situation
- Domestic violence/emotional abuse
- Sexual assault and incest
- Child abuse and neglect
- Abductions and human trafficking
- Threat of suicide
- Elder abuse
- Alcohol/substance abuse
- Runaway children
- Arrest of an individual providing a family's sole means of support
- Loss of family home to foreclosure
- Homelessness
- Loss of home to fire or financial distress
- Postpartum depression leading to an inability to cope
- Emotional/mental distress
- Crisis pregnancy

This population group will be addressed in greater detail in Part IV of this report as specific situations within the larger designation were identified as rising to a more critical level of attention leading to the research level of a stand-alone emergent group.

Individuals in Need of Mental Health and Substance Abuse Treatment. The importance of addressing these concerns prior to and as an integral part of any individualized holistic approach to meeting human services needs is critical to an individual's success. The critical importance of the foundational needs expressed by this group is voiced by nearly every segment of the community with which the TWI research team interacted—the individuals receiving services or in need of services, nonprofit and town providers of human services, representatives of the education and public sectors, and faith communities. Fundamental to these individuals is not only appropriate referrals, but follow-up and stabilization after services are rendered. This group will be addressed again in Part V under "Priorities and Recommendations."

The broader category of mental health, behavioral health, substance abuse, and general health care treatment needs are far-reaching and know no specific demographic:

- Mental health diagnoses including, among others, anxiety, depression, Post Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), schizophrenia, bipolar disorders, and borderline personality disorders
- A wide range of alcohol and substance abuse, including prescription drug dependence following injury or associated with challenges of aging
- Suicide attempts and completed suicides reported to be relatively equal across all ages and demographics
- Behavioral responses to bullying and social media harassment
- Trauma associated with human trafficking

- Lack of medical resources to meet general health care needs among low-income, uninsured individuals and families

Low to Moderate Income Individuals and Families. Any discussion of need within the human services community hinges on an understanding of the 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 income levels and 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 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 administrative purposes, such as determining financial eligibility for certain federal programs. When using the poverty guidelines to determine eligibility, some programs use a percentage multiple of the guidelines, such as 125 percent, 150 percent, or 185 percent. The federal government urges potential participants to ask the appropriate managing agency for the most accurate guidelines. 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 2019 appear in Table 19.

**Table 19. 2019 Calculation of Low Income Worker Guidelines
(calculation based on 200 percent of the 2019 Federal Poverty Thresholds)**

Persons in family/household	Total Income 48 Contiguous States and DC
1	\$24,980
2	33,280
3	42,660
4	51,500
5	60,340
6	69,180
7	78,020
8	86,860
For each additional person, add	8,840

Source: *Federal Register*, 84 FR 1167, March 11, 2019, pp. 8729--8730

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 19 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. They tend to use the middle quintile, while the Pew Research Center defined it as between 67% and 200% of the median household income figure.

Special Needs Individuals. 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. This understanding led to the inclusivity of a wide range of special needs individuals residing in the community. Therefore, the research team chose not to focus on specific diagnoses or labels.

The working definition of “disabilities/special needs individuals” reflected in this report includes “persons experiencing chronic physical, mental, behavioral, 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 in Need of Social Services. Although youth, as a population group, would appear to be self-explanatory, the research for this needs assessment sought to draw out responses from the human services community that differentiated between services to various segments of the youth population, always with an eye toward youth falling within the definition of human services, i.e., services that are provided to people in order to help them stabilize their life and find self-sufficiency through guidance, counseling, treatment and providing for basic needs—

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

The needs assessment research for this population group focused primarily on the adequacy, appropriateness, affordability and accessibility of services available to those youth falling within the definition of human services.

Survivors of Domestic Violence, Sexual Assault, and Human Trafficking. Another separate population group that emerged from research related to the Families in Crisis group is comprised of individuals and families experiencing domestic violence, sexual assault, and human trafficking. This serious stand-alone group is in need of immediate attention in Gilbert. The U.S. Department of Justice on its web site defines domestic violence as “a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.” This is used as the definition for the purposes of this report. Not only can those impacted by domestic violence come from all socioeconomic backgrounds, they can be of any race, age, sexual orientation, religion, or gender. The nature of their intimate relationship can be married, living together, or dating. However, the definition of “victims” extends beyond those who are abused and those who have ultimately lost their lives. The Justice Department reports that domestic violence affects family members, friends, coworkers, other witnesses, and the community at large. Children who witness domestic violence are not only seriously and immediately affected by the crime, but the impact of their trauma can reach into the next generation of victims and abusers.

Relevant statistics indicate that the rate of intimate partner homicides in Arizona is 45 percent higher than the national average, according to the Governor’s Office of Youth, Faith and Family. The Arizona Coalition to End Sexual and Domestic Violence reports that every three days in Arizona, someone dies in a domestic violence related incident. According to data released from the Violence Policy Center in September, 2019, Arizona ranks 7th in the country in the number of women murdered by men. In 2017, eight percent of the victims were under the age of 18 years old, and eight percent were 65 years and older.

The same is true for those experiencing other forms of sexual violence, e.g., sexual assault, sex trafficking, and stalking. Human services made available to each of these segments of the population are seen as far-reaching with an eye toward healing and empowerment. For this reason, after taking the time to listen to the experiences and needs of this population group, the TWI research team chose to use the nomenclature for this population group in the report of research findings to be “survivors of violence” rather than victims. For these other categories, the definitions chosen for the purposes of this report include:

- Sexual Assault. In Arizona, sexual assault occurs when a person intentionally or knowingly engages in sexual intercourse or oral sexual conduct without the other person’s consent. If the sexual act does not involve one of those forms, then it falls under a different category of crime known as “sexual abuse.”
- Human Trafficking. A form of modern-day slavery in which traffickers use force, fraud, or coercion to control victims for the purpose of engaging in commercial sex acts or labor services against their will.

PART IV GILBERT NEEDS ASSESSMENT DATA AND FINDINGS

HUMAN SERVICES COMMUNITY INPUT

After reviewing Part II of this Gilbert Human Services Needs Assessment report to fully understand the outstanding commitment and actions taken by Gilbert leadership over the past five years to alleviate the critical needs of those residents most challenged by life struggles, this Part IV is considered the most important section for those interested in a more in-depth understanding of Gilbert as a rapidly-growing, vibrant community that cares about *all* of its residents—no matter which segments of the population apply to the reader. In requesting this updated needs assessment, the Town of Gilbert expressed a desire to listen to the input of the greater community. “Community outreach” toward individuals and families within nine specific population groups of Gilbert residents, credible research into their realities, and “community input” from residents sharing their personal stories were key parts of the mandate for the study. Although this study focuses exclusively on the human services community (an integral segment of the Gilbert population that conservatively represents approximately one-third of town residents—identified by low to moderate income; special needs; elderly/seniors; individuals involved in public safety calls for mental health issues, substance abuse, multiple forms of violence, and suicide; and youth in need of social services), the needs are sometimes less visible to the community-at-large. The TWI research team worked diligently to convey the input of members of the Gilbert human services community, and the research that supports their challenges as accurately as possible in this report.

The research data and findings are the second best part of any study right behind the purpose for conducting the research in the first place—they convey the conclusions to be drawn from 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 2019 Gilbert Human Services Needs Assessment project in a way that organizes and summarizes the results into conclusions that can be drawn to represent the current realities of the larger 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 the completion of survey questionnaires by the various community sectors with an emphasis on those in need of human services and those who work to identify and provide services to them. (See Part III of this report in the section entitled “Research Design and Methodology.”) In accordance with the research design, surveys were not only gathered from

*Due to significant overlaps between the nine 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: senior residents (65+) = 9.4% of the population (5.9% below the poverty threshold); youth under age 18 below the federal poverty threshold = 6.2% and ages 18-64 residents below the federal poverty threshold = 5.7%; youth in three Gilbert schools qualifying for free/reduced lunches; residents under 18 with disabilities = 3.1% and 18 to 64 = 6.2%; plus residents in crisis, based solely on public safety calls related to suicide, mental health issues, domestic violence, sexual assault/abuse, and substance abuse. This calculation is deemed to be a *conservative* estimate, because it does not include any numbers for services to the homeless or services to families in crisis.

individuals in need and providers but also a targeted sample from the larger human services community (population), which consists of “human services stakeholders and providers *within* Gilbert, human services providers *accessible* and *available* 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 total of 161 surveys were completed and analyzed, including surveys from representatives of the public sector, the nonprofit sector of human services providers, the private/business/education sector, and faith communities.

A research sample must be selected from the target population. Special care was taken to represent each of the nine population groups that served as the focus for this study (presented here in alphabetical order): culturally diverse individuals and families, elderly/seniors, homeless individuals and families, immigrants/refugees, individuals and families in crisis, individuals in need of mental health and substance abuse treatment, low to moderate income individuals and families, special needs individuals, and youth in need of social services. 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. TWI researchers were successful in obtaining 161 survey responses, a sample size sufficient for suitable statistical analysis. The analysis of the quantitative and qualitative survey responses is detailed below.

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 within the town, as perceived and experienced by human services recipients and providers. Priority was given to gathering data from providers geographically located within the town, but where specific services were minimal or unavailable within Gilbert, discussions were also conducted with those in nearby communities. Specific inquiries regarding adequacy of services throughout all aspects of the research were focused on responding to the requirement to identify any gaps in human services accessible/available to Gilbert residents.

Of the 161 survey questionnaires submitted, 127 respondents completed the section of the survey requesting an evaluation of the adequacy/accessibility of specific human services offered to service recipients within Gilbert. Several points to be considered in analyzing the data found in Tables 20 and 21 include:

- The mean (average) score calculated from the ratings provided for each service area by the respondents is recorded in the column corresponding to the score. These scores provide a response mean for each area of service on a scale of 1 to 5 where survey respondents were presented with a Happy-Face Likert Scale in which—
 - 1 represents “No helpful services” (seriously inadequate)
 - 2 represents “Some problems with services” (inadequate/below average/some gaps)
 - 3 represents “Okay” (adequate/average)
 - 4 represents “Some great, Some not as good” (above average)
 - 5 represents “Happy with services” (excellent)
- Respondents were asked to “provide an answer for each line of the survey (for each service) that you are familiar with.” Thus, they were asked to not rate the adequacy of a service that they did not 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 the area of greatest need for additional services to the lesser need). Note that respondents were asked to choose between definitive responses corresponding to whole numbers. Therefore, “No helpful services” relates statistically to a score most closely rounded to “1” and so forth.

“No helpful services” (1.00 – 1.49)

None rated seriously inadequate

However, recognition of a lack of awareness among some providers, volunteers, and town employees is a concern, because human services providers, volunteers, and front line responders to residents in need are frequently the first point of contact for referrals.

**“Some Problems with Services” (1.50 – 2.49)
(Below average/Some gaps)**

None rated inadequate/below average/some gaps

The next level of ranking of adequacy for human services in Gilbert is the category that represents “some gaps in services.” The results of the survey instrument in this case are inconsistent with the qualitative responses expressed by community members within the same group settings. As the section on “Participant Focus Group and Interview Results” will demonstrate, gaps were shared and concerns were expressed by significant numbers of participants in the research process. However, committing those concerns to paper appeared to be more difficult.

**“Okay Services” (2.50 – 3.49)
(Adequate/Average)**

Intuitively, one would expect that gaps exist in *all* areas of human services due to the limitations of funding and resources in the face of extensive needs. Therefore, to have the human services community rate nearly all areas as “adequate” is both an endorsement of a town striving to create outstanding value for those served through shared vision, superior service, and sustainable practices, and at the same time a conundrum. The following list of services achieved an adequate mid-rank by rounding the statistical results upward from 2.50. These services are the ones most likely to need further consideration (listed in order of their ranked scores between 2.50-2.74 below):

- Legal assistance (2.50)
- Re-entry services for those previously incarcerated (2.53)
- Affordable, safe housing for individuals and families (2.57)
- Transportation (2.58)
- Mental health counseling (2.60)
- Mobile clinics (2.69)
- Health care services for those with no insurance (2.71)

**“Some Great; Some Not As Good” (3.50-4.49)
(Above Average)**

Two services are ranked above average—food banks (3.74) and assistance to seniors (3.60), both representing a community responding to visible needs in significant ways.

Table 20 provides an overview of the survey results related to the adequacy of basic human service areas accessible to Gilbert residents. Table 21 specifically addresses the adequacy of services to homeless individuals and families.

Table 20. Sample Mean Ratings of the Adequacy of Basic Human Services to Gilbert Individuals and Families



Human Services Areas Serving Gilbert Individuals/Families (including appropriate counseling services)					
	Happy with services	Some great; Some not as good	Okay	Some problems with services	No helpful services
Assistance to Citizens with Disabilities— Physical disabilities (blind, deaf, physiological)			3.35		
Developmental disabilities			3.38		
Mental/emotional disorders			2.87		
Assistance to the Working Poor— Affordable, safe housing (individuals & families)			2.57		
Employment services (un- and under-employed)			2.83		
Health care services for those with no insurance			2.71		
Youth social services			3.23		
Affordable child care			3.03		
Utilities assistance			3.40		
Transportation assistance			2.87		
Clothing assistance			3.41		
Re-entry services for previously incarcerated			2.53		
Assistance to immigrant/refugee groups			2.91		
Food banks		3.74			
Assistance to Seniors— Affordable elder care (long-term, day/respice)		3.60			
Affordable, safe housing for seniors/elderly			3.14		
Senior transportation assistance			3.15		
Senior assistance with delivery of meals			3.10		
Senior assistance with delivery of meals			3.39		
Assistance to Survivors of Domestic Violence			3.28		
Assistance to Survivors of Sexual Violence			3.24		
Assistance to Survivors of Hate Crimes			3.00		
Assistance to Veterans			3.34		
Assistance to Families in Crisis— Child abuse/CPS investigation/removal of child			3.20		
Foster care			2.97		
Emergency housing			3.14		
Treatment for substance abuse			2.76		
Treatment for substance abuse			2.91		
Assistance for Elder abuse			2.94		
Other:					

Table 21. Sample Mean Ratings of the Adequacy of Services to Gilbert Homeless Individuals and Families

Human Services Areas Serving Homeless Individuals and Families (including appropriate counseling services)					
	Happy with services	Some great; Some not as good	Okay	Some problems with services	No helpful services
Assistance to Homeless Individuals			2.83		
Assistance to Homeless Families			2.80		
Homeless Prevention Services					
Counseling/Advocacy			2.77		
Legal Assistance			2.50		
Mortgage Assistance			2.72		
Rental Assistance			2.90		
Utilities Assistance			3.40		
Homeless Street Outreach					
Law Enforcement			3.46		
Mobile Clinics			2.69		
Homeless Supportive Services					
Alcohol & Drug Abuse			2.82		
Child Care			2.79		
Education			3.06		
Employment			3.09		
Healthcare			2.89		
Housing			2.51		
Life Skills			2.79		
Mental Health Counseling			2.60		
Transportation			2.58		
Veterans services			3.21		
Families of veterans			3.18		

Greatest Strengths and Largest Gaps in Human Services from Gilbert Survey Participants. The TWI research team also offered survey respondents the opportunity to share their qualitative perceptions of the greatest strengths and largest gaps in human services for 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 also asked to share their perceptions on greatest strengths and challenges *by population group*. This research approach gave all participants openings in their community outreach experience to express both comprehensive community-wide assessments and specific views within each of the nine designated population groups under study in this research project. Following is a summary of the strengths and gaps expressed by survey respondents independently choosing and expressing their own individualized assessments:

- Top Six Greatest Survey Strengths (the top two matching the *2019 Gilbert Resident Survey*)
 - A beautiful, clean community of caring residents
 - Public safety
 - Services offered through the Heritage Center, AZCEND, and the CAP
 - Assistance to seniors
 - Proactive community leaders concerned for the well-being of residents
 - Increased collaboration and community partnering to provide critical human services

- Largest Survey Gaps in Services (affordable housing and transportation were also reflected as areas for improvement in the *2019 Gilbert Resident Survey*)
 - Affordable housing for seniors, low-income residents, and young adults
 - Mental health, behavioral health, substance abuse, and health care treatment services
 - Assistance to families in crisis
 - Transportation
 - Services for homeless individuals and families
 - Services for low-income seniors

These data regarding strengths and gaps gathered from survey respondents are synthesized with focus group results in the section of this report entitled “Participant Focus Group and Interview Results” to provide a comprehensive response.

Survey of Ranked Order of Population Groups in Terms of the Greatest Critical Need for More Services.

Effective allocation of community resources is a significant area of concern within the Scope of Work for this needs assessment project. The previous section presented the results of the rating by survey respondents of the adequacy of human services available/accessible to Gilbert residents. The next area of inquiry examines where additional resources are needed most critically. Survey respondents were asked to rank order the nine population groups identified for focus in the needs assessment project, reflecting their perceptions/experiences from greatest need for more services in terms of urgency (#1) to the least critical need (#9). Respondents were instructed to use only whole numbers (1 through 9) in the ranking process with no duplication of numbers. Of the 161 survey questionnaires submitted, a total of 138 respondents completed this question accurately and completely for the purposes of statistical analysis. The 138 respondents completing the rank ordering of the nine population groups are identified with the following demographic characteristics; some overlap is indicative of respondents identifying with more than one sector:

- 33 individuals receiving or in need of human services
- 34 nonprofit human services providers
- 36 faith community representatives
- 21 Town of Gilbert public sector providers and administrators
- 6 concerned citizens from the private/business/education sector
- 2 representatives of the faith community
- 9 nonprofit volunteers

An important aspect of the understanding of the responses to this question that continued to unfold throughout the research findings is the significance of asking respondents to base their ranking on the most *critical* need for more services. Representatives from the human services community responded to this question on the basis of their perceptions and experiences regarding which of the population groups are in the most urgent and immediate need. A deeper understanding of the types of urgent services needed is available throughout other sections of this report providing the results of focus groups, structured and group interviews, and the community forum. During these discussions, representatives of the human services community were assured that they were not being asked to advocate for “robbing” one of the population groups of their resources in order to “pay” more resources to another group.

The raw data gathered from the surveys in response to this question of most critical needs differentiated the nine population groups according to the criticality of perceived needs, confirmed by qualitative responses to the survey and in the focus groups. Although the nine population groups are

listed in rank order in Table 22 from the greatest critical need for more services in terms of urgency (#1) to the least critical need (#9) based on the sample mean for each group, the top two were within two-tenths of a point of each other and marked by an entire percentage point from the group in the third position. In the realm of statistical significance, these two groups must be considered on equal terms within the range of potential statistical error when using a 95 percent confidence level of analysis. When taking the sample mode into consideration, additional insight into the rank ordering by survey respondents is revealed. The mode is the rank assigned by the respondents that occurred most frequently in the set of data. Therefore, the “Mental health and substance abuse treatment” group and the “Families in crisis” group most frequently were ranked as #1 by survey respondents for being in the most critical need of immediate/urgent human services. Obviously, one of the challenges of using the sample mean in isolation from a consideration of the mode is that a mean of 4.5 could be the result of a 50-50 split between half of the respondents rating a group as a #1 and half as a #9. Here the mode clarifies that the bulk of the survey respondents believe the first two groups listed have the greatest need (#1). Although the “Homeless individuals and families” group reveals a sample mode of #2, by considering the combination of the sample mean and the sample mode it is less clearly associated with the first rank-ordered groups, possibly due in part to the low number of homeless individuals in Gilbert. In addition, the qualitative responses to the open-ended survey questions and the qualitative data gathered in focus groups confirm that the first two groups represent those individuals and families whose needs are most immediate and urgent, often involving threats to safety or health as well as struggling to meet basic human needs, e.g., food, shelter, clothing, health care, and safety.

The remaining population groups break away significantly from the previous two. The sample means in this tier round to a rank of #4 and above, placing them at a separate level of ranking. In addition, when consulting the sample mode again, these population groups were ranked as less critical. Consulting the qualitative data from surveys and focus groups reveals that, although survey respondents were aware in the cautionary note assigned to the question that the likelihood is high that *ALL* groups would benefit from more services, they differentiated between those needs that they perceived as being more immediately threatening to life and health. Anyone reviewing these data, therefore, will come to understand that when life or health is threatened in any of the lower-tier population groups, their needs are immediately escalated to be a part of one of the first two groups. The rank order will be revisited at various points throughout this report as each population group is explored in greater depth.

Table 22. Survey Rank Ordering of Critical Human Services Identified by Gilbert Residents

Population Group	Sample Size (N)	Sample Mean	Sample Mode
1. Individuals in need of mental health and substance abuse treatment	138	3.0	1
2. Families in crisis	138	3.2	1
3. Homeless individuals and families	138	4.3	2
4. Low-moderate income individuals and families	138	4.8	6
5. Youth in need of social services	138	5.0	5
6. Special needs individuals	138	5.3	5
7. Elderly/seniors	138	5.4	9
8. Immigrants/refugees	138	6.8	9
9. Culturally diverse individuals and families	138	7.0	9

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 nine 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.

Pertinent to results presented throughout this report, a comparison of the 2019 rankings and the 2014 rankings is useful as well.

Table 23. Comparison of 2019 and 2014 Survey Rank Ordering of Critical Human Services by Gilbert Residents

Population Group	2019 Mean	2014 Mean	2014 Rank
1. Individuals in need of mental health and substance abuse treatment (emergent group from 2014)	3.0	--	--
2. Families in crisis	3.2	2.9	1
3. Homeless individuals and families	4.3	3.9	4
4. Low-moderate income individuals and families	4.8	3.2	2
5. Youth in need of social services	5.0	4.7	6
6. Special needs individuals	5.3	4.5	5
7. Elderly/seniors	5.4	3.8	3
8. Immigrants/refugees	6.8	5.4	7
9. Culturally diverse individuals and families (emergent group from 2014)	7.0	--	--

Quality of Life in Gilbert. The TWI research team included a brief section in the needs assessment survey questionnaire related to four elements that contribute to the quality of life in Gilbert to determine how the human services community, as a subset of the greater Gilbert population, rated these elements. Using a five-point scale, the 161 survey respondents were provided instructions that asked them to consider each element as it contributes to their quality of life in Gilbert from their own perspectives and experiences.

Feeling of Safety/Level of Crime and Delinquency. (139 responses) 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 safety/level of crime and delinquency to be “above average” (a mean score of 4.31). In this nationally recognized safe community, 83.5 percent of survey respondents rated the level as “above average” to “exceptional quality.”

Feeling of Community within Individual Neighborhoods. (136 responses) “Building community” is a concept frequently omitted from survey questionnaires, substituting instead the level of services and accessibility to services and basic needs as “markers” for the concept. However, individuals in any locale generally have much to say about the “sense of community” or the “lack of community” where they live. In this survey, the Gilbert human services community rated “feeling of community within individual neighborhoods” as rounding to “above average” (mean of 3.77). 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.

Availability of Bilingual Services. (63 responses) A contributing element to quality of life in a community is the question of support for diversity. 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 rated this contributor to the quality of life in Gilbert as “average” (a mean score of 2.86).

Sense of Support for Individuals and Families in Crisis. (108 responses) Concerns about the level of public safety calls associated with suicide, mental health issues, domestic violence, and substance abuse relate directly to ratings about support for residents who found themselves in crisis situations and circumstances. The Gilbert human services community survey rated the level of support for this group as “average” (mean of 3.13). Slightly more than 25.9 percent of survey respondents considered the lack of support for this population group (“below average” and “low quality”) to contribute to a negative quality of life, while 30.6 percent considered the “above average” and “exceptional quality” to contribute to a positive quality of life. These results are reflective of dichotomous community experiences for Gilbert residents. A more in-depth discussion of these expressed concerns can be found throughout the section of this report entitled “Participant Focus Group and Interview Results.”

PARTICIPANT FOCUS GROUP AND INTERVIEW RESULTS

Six focus groups (including 101 participants) were conducted in order to reach the desired sample from the nine population groups under study within the human services community. 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 nine population groups was covered in the earlier section on “Research Design and Methodology.”

Focus groups were facilitated by a trained and experienced PhD-level facilitator, and the results of the discussions were fully recorded. Each focus group was 1½-2 hours in length. The recordings and documentation for each focus group were studied in depth and transcribed by a PhD-level researcher experienced in focus group coding and analysis. The TWI research team engages in a “hands-on” approach to coding and analysis in order to become immersed in the voices and experiences of the research participants. Responses to each of the individual focus group questions and additional probing questions that emerged in discussions were categorized and recorded to assure no response was overlooked. Data were analyzed utilizing standard qualitative coding techniques. The results and findings extracted from the focus group process are presented in this section of the report to synthesize the data related to strengths and gaps in support of the development of priorities and recommendations.

Greatest Strengths and Challenges. Focus group participants were generally asked to identify their perspectives/experiences regarding: 1) the greatest strength of human services offered to each population group; 2) the greatest challenge each group experiences; 3) any other population group(s) in need of services; 4) how well challenges are being met and/or what is missing; and 5) how the delivery of human services in Gilbert might be improved. Their responses to these general questions and their perspectives on the needs within the community were recorded by focus group, coded to provide categories (themes) useful for prioritization of resource allocation, synthesized with survey results, 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 nine population groups will be presented in their rank order, as defined from the research participants' surveys. Data results presented in lists will be in a generally prioritized order from greatest need for critical services to least critical. In addition, survey responses aligned with or related to the focus group results are integrated as appropriate. Moreover, the three group gatherings and five group interviews including 213 participants, and the 12 structured interviews with community leaders and service recipients also helped to illustrate the results.

Recurrent Universal Themes Across All Population Groups within the Community. Participants were

asked to provide responses to the question related to strengths and challenges, and these data were synthesized with survey responses to the same questions. The strengths identified as common to all groups are considered universal, including the most frequent reference from participants that Gilbert is a clean, safe, quiet community of people who care and do not give up on challenging circumstances. This sense of caring is reflected, first, in the efforts conducted over the past five years in response to the 2014 Gilbert Human Services Needs Assessment and, second, in the efforts of the town to continue to develop a wide array of services, notably at the Heritage Center. The wisdom and care demonstrated by the Council and town leaders in establishing this central location for human services in Gilbert have been pivotal in conveying to residents a vision for the future as Gilbert continues to grow.

Greatest Strengths Across Groups

- *Clean, quiet, safe community
- *Public safety (Police, Fire and Rescue)
- *Heritage Center, AZCEND, CAP, and Senior Center
- *Proactive community leaders/Town support and small town atmosphere
- *Save the Family connection and follow-up
- *Faith-based organizations
- *Increased collaboration among community providers/partners/members
- *Quality schools

Greatest Challenges Across Groups

- *Safe, affordable housing
- *Mental health (including healing from trauma), behavioral health, substance abuse, and health care treatment services
- *Transportation
- *Continuity of follow-up services with periodic check-ins

“Collaborative efforts, like the Heritage Center where you have multiple programs under one roof. It's easy to make a direct connection to help people because they aren't getting sent around or given ‘a list of people to call’.”

—Gilbert service provider

Other common strengths include an appreciation of the core of human services providers and faith-based organizations eager to assist those in need, especially in light of the fact that Gilbert has grown so quickly and that new services continually need to be established to meet growing needs. Save the Family was recognized for its consistency in follow-up with clients, even after clients leave their services. Quality schools were also cited as foundational to a strong community.

Although a basic core of common challenges was universal to all groups, the nature of the themes varied by population group to some extent. For example, the overarching theme of “additional safe, affordable housing options” took on a slightly different perspective for each group:

- For low/moderate income individuals and families—finding affordable and accessible housing includes options to be able to remain in Gilbert in light of housing consuming more than 50

percent of household income for some, especially for individuals and families “one paycheck away” from losing their home if a health or economic crisis arises.

- For homeless individuals and families—safe, affordable housing includes a variety of options for short-term emergency shelters, transitional housing (e.g., while struggling to regain stability after escaping from domestic violence), age-appropriate shelters for vulnerable youth and seniors, and long-term shelters for those individuals with serious mental health issues. The youth population group also includes young people for whom safe, affordable housing could be shelters for homeless teens to protect them from victimization, as well as group homes for youth in special circumstances, e.g., abusive homes, homes with extensive substance abuse issues, and those with mental health concerns.
- For individuals with disabilities/special needs—the search for housing includes living arrangements that accommodate the individual needs of those who are physically or developmentally disabled, offer safe environments that provide a level of assistance to live without fear and anxiety, and provide options for inpatient mental health care.
- For seniors—housing decisions include the search for options such as low-income housing that precludes choosing between medicine/health care and housing, affordable long-term care/assisted living, the need to downsize to live on a retirement income insufficient to meet the rising cost of independent housing, and finding a home that feels safe after losing a spouse and becoming isolated.
- For survivors of domestic violence, sexual assault, and hate crimes—adequate housing includes more shelter space for families where they can feel safe and the children and parents are not separated.

“The Heritage Center is a really positive thing that's come out of the last needs assessment. Really, looking at when people are in crisis, to have to go to multiple places is overwhelming. It's already overwhelming enough to be in crisis. To have a variety of services all in one location – you may not have even realized you needed this other service, but now you can get it in a convenient place, a welcoming place, a beautiful place on the inside. It looks great. I mean on the outside it's a repurposed building, so it doesn't look bad, but it's very welcoming inside.”

—Trinity Donovan, CEO, AZCEND

This is one example of the depth and complexity surrounding the issues faced within the nine population groups under study. Collaborations such as the one between Chicanos Por La Causa and United Healthcare offer a model for safe, affordable, emergency, transitional/added services housing for individuals and families.

“What we're really missing is that bridging piece to get to the next step. We handle the crisis and then they're in limbo. They don't know what to do next. We don't have the time and resources to go extensively into those things. Whether it's a veteran, the homeless, your next door neighbor, there's a lot of domestic violence, sex abuse, drug abuse problems that really don't have an end game, because we can't give it to them.”

—Gilbert Police representative

Three additional universal challenges repeated often in surveys and focus groups are: 1) Mental health, behavioral health, substance abuse, and health care treatment services; 2) Improvements to local transportation; and 3) Continuity of follow-up with clients to sign up for appropriate services and after services begin. The first relates to meeting the critical needs of residents in Gilbert by providing counseling and treatment

services for issues that are at the core of the most serious community issues to be addressed. The second is the significant need for improvements to local transportation by those needing to access services and employment. Gilbert leaders are fully aware of the need to find a solution to this service gap and are exploring options. However, how to fund such a system poses a substantial problem. Another challenge for all population groups is the need for consistent follow-up with clients referred by public safety officers and key stakeholders in order to be certain that individuals and families are connected with the services they need and that connections are not dropped.

To anchor these partnerships, a community-based human services delivery system complete with a clear understanding of the organization and primary point of contact for each type of service available/accessible to Gilbert

“I think it's important if someone's going to help you that they make sure you get the help you need and there is an end result.”

—Gilbert senior resident

residents is needed. This model would include an accessible referral system for those in need of services. Follow-up would also be incorporated to ensure that critical connections have been made along with a plan to communicate gaps to be filled by appropriate organizations. Individuals from all relevant partners should be incorporated in after-care, discharge, and planning meetings, including schools, faith communities, family members/guardians, and providers so that crisis-management uses a community-based approach rather than one requiring working in silos. Opportunities for community partnering and specific donations should also be communicated to the larger community to serve as a mechanism for community building.

“I think the town could probably do a better job on making that publicly known, that there are places, a list of all the names. I don't know if they can breed compassion for that into city workers, but just to be a compassionate community in that area.”

—Service provider, also in recovery

In nearly every group and in multiple surveys, mention was made of a need for communication and awareness regarding what services already exist and what services are critically needed in the community, especially in the case of meeting the complex need for a multiplicity of human services often required by a

single individual or family. A recurrent theme that surfaced in both discussions and interviews was the concern that often Gilbert residents need to rely on finding resources in the surrounding communities to meet their needs. This situation is not uncommon for a community exhibiting rapid growth. However, this only elevates the importance of planning aimed at increasing awareness of available and accessible services, not only among individuals and families in need of services but also for the sources within the town that these individuals turn to in times of crisis. The Heritage Center, listed by many as a valuable community asset, is one of the obvious sources of information and may be the resource instrumental in communicating the services available or accessible to Gilbert residents, as well as directing people to volunteer opportunities in the community for individuals and organizations to assist in filling unmet needs.

Emergent Group. The research design and methodology provided for a process to identify any emergent population group in need of services, in addition to the nine groups clearly included in the study. One such major challenge emerged as a significant, separate population group entitled to its own separate designation as a tenth group to be added throughout the remainder of this report. This group includes “Survivors of domestic violence, sexual assault, and human trafficking,” involving both adults and

children/minors. This group clearly demonstrated a level of concern and a need for specific attention to needs. This emergent stand-alone group being carved out of the larger Families in Crisis group has been elevated to second place among the total of 10 population groups now associated with this assessment, and will be addressed separately in the second position of the 10 population groups in this study.

Although only one stand-alone emergent group was identified for specific inclusion in future planning, a large range of other groups in need

were identified throughout the course of the research. These groups deserve to be reviewed in the delivery of human services to determine if any might eventually appear as a stand-alone group as well:

- Foster youth and foster families
- Individuals re-entering the community with felonies (specifically for job resources and transition needs)
- LGBTQ+ community
- Seriously mentally ill (SMI) individuals
- Single women (with and without children)
- Veterans

During each focus group, the gathered participants shared a little about “what your life is like right now.” As the strengths and challenges for each of the nine population groups under study and the emergent group 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. The population groups are ordered in accordance with the order of the population groups as identified by the priority rankings of research participants.

RANKING OF HUMAN SERVICES BY CRITICALITY OF NEED IN GILBERT

The top two population groups in order of critical need for immediate human services in Gilbert were ranked closely by research participants, often involving threats to safety or health as well as a struggle to meet basic human needs, e.g., food, shelter, clothing, health care, and safety. These top two population groups include individuals in need of mental health and substance abuse treatment and families in crisis. However, the separately identified emergent group in need of critical attention from within the Families in Crisis population group has now been added as a 10th population group identified in second place for the remainder of this report. These three population groups are commended to the attention of Gilbert leaders as most critical.

“The Town of Gilbert and the court system have made domestic violence a huge priority to deal with this issue. They have detectives specifically assigned to domestic violence cases. They have a program where they’re collecting data, so they can be predictive in who’s at the greatest risk for a repeat occurrence of the domestic violence. I think leadership at that level, using the resources in this room to follow up is a huge step. It’s bringing it into the light and has been extremely successful. I’m really anxious to see what their predictive data shows. Are we able to get to potential victims before they’re the actual victims?”

—Gilbert Human Services Provider

Table 24. 2019 Final Rank Ordering of Critical Human Services Identified by Gilbert Residents

2019 Gilbert Population Groups in Need of Services
1. Individuals in need of mental health and substance abuse treatment
2. Survivors of domestic violence, sexual assault/abuse, and human trafficking
3. Families in crisis
4. Homeless individuals and families
5. Low-moderate income individuals and families
6. Youth in need of social services
7. Special needs individuals
8. Elderly/seniors over 62 years of age
9. Immigrants/refugees
10. Culturally diverse individuals and families

Individuals with Mental Health and Substance Abuse Treatment Needs. The importance of addressing these concerns including behavioral health and general health care needs, prior to and as an integral part of any individualized holistic approach to meeting human services needs, is critical to every individual's success. The critical importance of the foundational needs related to this group is voiced by nearly every segment of the community with which the TWI researchers interacted — the individuals receiving services or in need of services, nonprofit and town providers of human services, representatives of the education and public sectors, and faith communities. Fundamental to these individuals are not only appropriate referrals, but follow-up and stabilization after services are rendered. This group will be addressed again in Part V under "Priorities and Recommendations."

The stories are unique but all with the same critical need for treatment and/or counseling services:

- "As people age, sometimes they get to the point where they don't know how to do certain things. They're restricted because of physical limitations, and it goes over to their mental side where they just kind of give up."
- "I think instead of showing us a video on suicide, because the video kind of seems almost patronizing, for me at least. I think it would be nicer if we could actually find someone who's, you know, like a trained professional who's been in the field long enough and to actually bring them in and they talk to the classrooms. People who have survived their suicide attempts and, yeah, I'm getting through the depression, you know. Or people that have lost people to suicide, you know. If we could actually bring those people in and hear their experiences, I think it'd be a lot more meaningful."

Greatest Strengths for Mental Health and Substance Abuse Treatment

- *Increasing number of organizations and counselors and community focus
- *Faith communities and the programs within them
- *Mentoring/peer support (if available)
- *12 Step Programs
- *Quality Recovery Programs
- *Mayor's Program for Continuum of Care

Greatest Challenges for Mental Health and Substance Abuse Treatment

- *Suicide prevention and accessible trauma counseling for all ages, i.e., in Gilbert without a wait list
- *Regular support groups facilitated by a lead counselor to process all types of trauma
- *Resources/assessments for depression, anxiety, schizophrenia, and bipolar disorders
- *Programs to target alcohol and substance abuse in Gilbert
- *Bridging to resources during and after treatment
- *Life skills and meeting basic needs

- “Part of it, you get into your forties and fifties and become empty nesters. Surprisingly, I think there are more divorces after the kids move out, and that creates some trauma as far as stress and financial problems—finding your place in a new world. The same thing with seniors. Limited income coming in. Costs going up. A lot of times where we’ve seen some murders or suicides is one has a fatal illness and the other doesn’t want to see them die a slow death of cancer; so they decide to take their life. Sometimes we know that they were in agreement, sometimes we don’t know, and sometimes we know they weren’t, but I’ve had cases where one will kill the other and then kill themselves. They want to be together. They don’t want to suffer anymore.”
 - “One person who uses drugs lives in someone’s front yard. There is active drug use in the alleys. Our neighbor found needles in their back yard. We called the cops and the police know. We have alleys that need to be taken care of because that is where the activity is happening. People don’t want to leave their houses though – there are three generations that have lived in that house!”
 - “If there were more youth-run mental health services, like talking to someone else your age who is going through similar struggles, because it’s not always like hereditary or genetic mental health issues, sometimes it’s a lot of school influence or other people’s influence on you. And it’s really hard to go to an adult to ask for help, because they’re just going to say the same things you’ve heard a million times. But to hear that it’ll get better from someone you know, or someone who’s gone through similar stuff. And instead of being run through a school I wish it was a community-based thing; sometimes it’s hard to talk to you from your school.”
 - “These personnel, the police, it is not their fault but if someone is having hallucinations, delusions and mental issues (or a physical issue that’s causing a mental issue), any number of those things, or is inebriated in public, or needs help because they’re on drugs and have mental health issues, it’s hard for them to know how they need to deal, to cooperate with a crisis response network. But the crisis response network won’t come out if a third party person calls. And generally they want a police escort because of the safety factors. I’ve had to be the intermediary for these at times.”
- “We don’t see any real pattern. It is anybody here. It can be anybody’s neighbor. That’s the part that we’re finding...our police force is carrying NARCAN® now (for emergency treatment of known or suspected opioid overdose), and I honestly thought it would just rot in their cars. It’s not, they’re using it regularly. It can be anybody. There is no demographic that you can point out and say, ‘We should target them.’”**

—Faith community representative
- “I was abused as a child sexually, so I continue to suffer from childhood trauma. My mom blamed me and punished me. I grew up with that.”

The challenges are great, but the commitment and intent to address the challenges in Gilbert are also great. Over the past several years, key leaders and multiple organizations have worked diligently to raise awareness of the issues in order to seek out critical resources. After two failed attempts to convince community members of the need for a treatment facility in Gilbert (highlighted in the 2014 Gilbert Human Services Needs Assessment), in June of 2018 an announcement was made that agreements had been reached and behavioral-health service provider Springstone would be building its second Arizona mental health and addiction treatment center in Gilbert, Copper Springs East; the center is due to open in early 2020. Some of the community-based organizations that were highlighted as offering meaningful resources included programs offered by faith communities (e.g., Celebrate Recovery at Sun Valley Church and Hope for Addiction in partnership with local churches), quality recovery

programs (e.g., Partners in Recovery and the Marc Center, when available), and the Mayor's program established by former Mayor John Lewis and championed by current Mayor Jenn Daniels to develop and implement crisis care team training for faith groups. Participants in the Mayor's Faith Summit repeatedly voiced the need for training and leaders to organize the tremendous untapped resource of the faith communities in Gilbert.

One stark example that has captured the attention of nearly everyone in Gilbert is the well-publicized series of articles covering 40 teen suicides in the East Valley in the space of 2.75 years. The numbers and individual stories are heart-wrenching, but they are only one segment of a much larger picture. As presented earlier in this report, the number of young and middle-age adults and seniors linked to suicide or attempted suicide is larger than the number of teen suicides publicized. A substantial portion of the problem continues to be invisible to residents, because the stories of many others have not appeared in the headlines. Since the 2014 report, former Mayor Lewis, current Mayor Daniels, and Gilbert Council members have demonstrated a strong commitment to making the town aware of the challenges that exist among residents and calling for leaders, providers, and concerned citizens to work together to address the needs of neighbors. Opening the dialogue was a critical first step, demonstrating the courage to discuss the challenges alongside the many outstanding accomplishments in Gilbert. By taking that step, the leadership called on the compassion and generosity that characterizes Gilbert residents to create avenues for help and support.

The overlapping complexities between mental health, behavioral health, substance abuse, physical health, suicide, bullying, domestic violence, sexual assault/abuse, sex trafficking, financial need, and homelessness will be revisited as a part of nearly all population group narratives, yet are beyond the experience and ideation of the vast majority of residents in an affluent community like Gilbert. The most positive result from the research process, however, is the offer TWI researchers heard again and again in the willingness of leaders and volunteers to reach out and to help those neighbors who are struggling. Coming to grips with the breadth and depth of the issues is foundational to mobilizing volunteers and setting recovery plans in motion.

[For more voices of individuals with mental health and substance abuse treatment needs, they may be heard in Attachment D.]

Survivors of Domestic Violence, Sexual Assault/Abuse, and Human Trafficking. Although domestic and sexual violence are crimes that are consistently under-reported due to fear, lack of information about available services, no guarantee of security, and the uncertainties associated with future ramifications, the number of *reported* cases in Gilbert for each of these types of violence is cause for concern. The data gathered from the Gilbert Police Department (in partnership with the Mesa Police Department as the lead in the East Valley human trafficking investigations) were reported in detail in Part III of this report. The issues within this category of need, like

Greatest Strengths for Survivors of Violence

- *Save The Family
- *Police department support
- *Court system focused on DV, sexual assault and abuse
- *Trauma informed care
- *Mental health support, when available
- *Traumatic Brain Injury Resources (Barrow)
- *AA/recovery supports

Greatest Challenges for Survivors of Violence

- *Crisis intervention (including housing)
- *Mental health counseling
- *Short respite period for healing/coping
- *Employment and affordable child care
- *Health services
- *Custody assistance
- *Credit repair
- *Safe transportation

those associated with mental health and substance abuse, are often “invisible” to others in the community as the individuals involved do everything possible to keep them hidden away from public view until they have escalated to a point for the police to become involved. Unfortunately, affluent, well-educated communities experiencing rapid growth are not immune to their damage. Based on the raw numbers of calls to police and the repeated points raised in groups and interviews, this segment that previously has been included in the Families in Crisis population group emerged as an area in need of focused attention. It is impossible to determine how many cases are unreported but at a special community forum on October 23, 2019, focused on this problem (Gilbert Talks! Invisible Crisis: Domestic Violence and Sexual Abuse in Gilbert, Let’s Talk About It.), Sgt. Tim Brown reported that evidence indicates that an average of 8-11 incidents of violence have occurred in the home before the first call is made to the police. The Gilbert Police Department received an average of 15.4 calls per week for “domestic violence related calls” during the past year (July 2018 - June 2019), and the ages of the victims range from less than week old to 85 and over. (See Tables 14 and 15 on page 25 for more detail on Gilbert domestic violence and sexual assault calls.) However, one of the concerns reported within the community was the reluctance of violence survivors to name their situation as domestic violence. They cannot be assisted by domestic violence shelters and access domestic violence resources unless they acknowledge their circumstance.

The situation is sometimes made even more dangerous and difficult by others in close relationship trying to protect the reputation of those involved, ranging from family members to faith communities. The TWI researchers repeatedly were told of a desire to keep the problem hidden, but these offenses are clearly *criminal* offenses that cannot be ignored or replaced by counseling. From a Gilbert police perspective:

“Acknowledging the needs within the community can be difficult, and we can’t rely just on faith and civic groups to meet those needs. It can be a struggle to build energy and synergy around initiatives and programs. Sometimes it takes elected officials to champion or fund a particular program or need, for instance, the Mayor’s task force and Council Member Cook’s dedication to ending domestic violence in Gilbert.”

—Gilbert Fire and Rescue Perspective

“A lot of people will do their counseling, even though they know the problem. We want to make sure that they know that things also need to be reported. It’s okay to do counseling and try working it out, whatever they see is the best fit, but we need to make sure that when a crime has occurred or the fear of a crime is about to happen, they’re making those phone calls to us so that we can help them intercede. Historically, through all faith communities, I’ve had cases and I’ve seen cases where we’re investigating, and we get people from the church saying, ‘No. You need to leave. We’ll take care of this.’ I’m like, ‘No. We’re not leaving.’ It’s pretty intolerable for most everybody, as it should be....That’s part of the education component that needs to be tackled. It doesn’t matter who you are, what position you have, or what power you do or don’t have. It’s not right and there are resources available. There are people you can call and if you’re afraid of gossip, go to somebody else totally out of your normal network. At least ask the question.”

These offenses are not confined to particular demographics, and Gilbert is no exception. Cases of domestic violence, sexual assault, sexual abuse, and more touch every social class. Victims range in age from babies to seniors, including individuals from the public and private sectors and faith communities.

The demographics are varied. In addition, the TWI team was reminded that the individuals who are the aggressors are also in need of intervention.

During the focus groups and interviews and through the surveys, domestic violence survivors were quick to share their gratitude for the quality professionals who have linked them with critical resources: Save The Family, Gilbert Police Department's response, the Gilbert court system, and A New Leaf, to name those most often cited. The process of healing requires a brief respite period to gather strength and to regain a sense of self. This was a gap in dialogue with survivors who had to completely transplant their lives without respite time for coping and transitional counseling after feeling traumatized.

"My headspace is not ready to go and get a job just yet, because I have not even had a chance to decompress from everything that I went through prior to getting here. So it's like I have to do things. I can't do things when people want me to do them. I have to do when my body says...it's time. Unrealistic expectations on a person who is still in the process of healing. That's not fair. Time to just gather yourself."

—Domestic violence and sexual assault survivor

Emergency shelter during this critical period also becomes an immediate and urgent need. Then the financial realities set in. Sometimes a transition from a relatively affluent home to financial struggle is unfamiliar and the budgeting is overwhelming. Safety becomes a haunting objective; child care is paramount. Mental health counseling is critical for both the adult and the children. One resource for limiting difficult communications can be found in an app called "Our Family Wizard." This app (although somewhat expensive at \$130/year) can assist survivors with minimizing trauma as it assists in facilitating communications between separated and divorced parties by monitoring, documenting, recording, and flagging inappropriate communications.

"The victims are addressed but The abuser also has his own issues...and this is another need for mental health treatment."

—Domestic Violence Counselor

As noted earlier in this report, the different criminal offenses associated with domestic violence, sexual assault/abuse, or stalking carry different definitions, but they most often are in the context of individuals who know one another through some family relationship, social or work connection, or dating. In human trafficking, this is generally not the case. By definition, those engaged in organizing this kind of activity also desire to remain invisible. (See Table 16 on page 27 for more detail on East Valley human trafficking.)

A Gilbert high school teacher shared her story of witnessing of an event "out in the open" at a neighboring park on the Gilbert/Chandler border. A girl was sleeping in the park and could not be awakened; she appeared to be high. While attempting to get assistance, a car drove up and forced her inside, presumably someone unrelated to her. In previous communications with the

"Human Trafficking is a growing concern, not only for Gilbert, but for the entire East Valley. We have seen an increase in human trafficking cases and the majority of this activity is occurring online and through phone apps. We need to increase our proactive enforcement efforts to combat prostitution and sexual exploitation. We also need to increase our education efforts to help combat this trend and ensure we have services available to those who need assistance after being victimized by these criminals."

—Gilbert Police Department

young woman to try to help her moments before the abduction, she had stated that she had no family close by.

[For more voices of survivors of domestic violence, sexual assault and abuse, and human trafficking, they may be heard in Attachment D.]

Families in Crisis. Although this population group was identified in second place by survey respondents in the rank ordering of groups most in need of additional services, the coding and analysis of qualitative data revealed that a significant stand-alone segment of this group was highlighted to become a separate emergent group of higher order importance – the group including “Survivors of domestic violence, sexual assault/abuse, and human trafficking.” The challenges that remain in the Families in Crisis population group are those primarily associated with the provision of basic needs, frequently on an immediate basis, e.g., emergency housing, employment, medical treatment, and food. These types of emergency care, referrals to immediate services, respite, treatment, and follow-up are the results of families experiencing severe disruptions due to stressful situations or conditions that arise unexpectedly and must be dealt with quickly. The variety of stressors that can launch a family into crisis are many and often unpredictable – sudden loss of a job or the loss of a home to fire or foreclosure, the death of a spouse leaving an elderly individual without resources or clarity, escalating emotions and the inability to manage family dynamics, and repossession of the only family car needed to get to and from work a few of the situations faced by families in crisis.

The very definition of crisis indicates that no ready solution or program exists to meet immediate needs; existing rules and limitations to services can eliminate those individuals and families with the most critical, often short-term, needs leaving first responders and providers of human services with few or no options at their disposal. Crisis also does not always happen between 9:00 AM and 5:00 PM. Public safety officers expressed their inability to meet immediate needs during non-business hours: “The problem with PD and Fire, we're on the scene at midnight, 2 o'clock in the morning, and we're about to lose contact – whether it's a suspect that's going to jail, somebody else in the hospital or we're just dealing with a family in crisis. They get lost in that transition, so we have got to have something at that moment to be able to say, ‘Look, we're going to have somebody follow-up with

Greatest Strengths for Families in Crisis

- *Police department support
- *Fire and Rescue

Greatest Challenges for Families in Crisis

- *Narrow definition of crisis and available matched resources
- *Service availability at critical times, including trauma support
- *Crisis training for personnel called to intervene with vulnerable individuals
- *Emergency funding for crisis situations to avoid homelessness

“If programs can offer services with a lower barrier as a preventative measure for those families that are on the cusp...I think if as a town we can push those kinds of services that are low or no barrier to help prevent that next level of crisis, and then also work to remove the stigma, because it's very difficult ... particularly if you're a working family, newly experiencing struggle ... to ask for help or even know that that help is there for you. There is a belief system that those kinds of things are only there for some and that they can't reach out -- and then the hole gets deeper and deeper.”

—Hope for Addiction provider and recovery advocate

you.’ How do we provide that detail or that step for the officers on the scene?” One suggestion has been to provide for counseling services in the police and fire departments during the off hours.

As reported earlier and throughout this report, the overlap between these ten population groups is significant, and this is particularly observable between Families in Crisis and the next section on Homeless Individuals and Families. While homeless families are indeed families in crisis, the more frequent case among many of those families in crisis who are not homeless is how close they are to becoming homeless—and in this case, the definition of a “family” must extend to include those single seniors who may live alone but are experiencing crisis. These situations highlight the importance of prevention as it relates to families in crisis at risk of homelessness.

[For more voices of families in crisis, they may be heard in Attachment D.]

Homeless Individuals and Families. Even though the annual Point In Time Count for 2019 in Maricopa County reports that Gilbert has a far lesser concentration of homeless individuals and families than other cities in the Phoenix area, the Gilbert human services community understands that the true number in the Gilbert homeless population group is larger than the report states. It clearly includes individuals and families living in temporary shelters, sleeping in their cars and “doubling up” by moving from one friend to another willing to offer them shelter, as defined earlier in this report. The complexities and scope are much larger than visibly meet the eye, and the faces and stories of those who are homeless vary extensively, but indeed the Gilbert homeless population is truly smaller than surrounding communities.

However, due to the nature of a caring community, survey respondents still placed this population group in fourth place in their rank ordering of population groups according to critical need. Medical care, access to mental health treatment, shelters located in or near the Gilbert community, and opportunities for stable employment are among the basic needs expressed by the homeless in Gilbert.

While Gilbert works with multiple agencies throughout the area to provide services for homeless individuals and families in need of assistance,

Greatest Strengths for the Homeless

- *Homeless liaison support within the schools
- *Faith community support (St. Anne’s, Family Promise at First United Methodist Church)
- *I-HELP serving the East Valley

Greatest Challenges for the Homeless

- *Additional support for I-HELP among the Gilbert faith communities
- *Basic needs services of all kinds, including housing for the most vulnerable
- *Food available to homeless persons
- *Additional accessible sites for services to homeless individuals and families
- *Mental health and substance abuse treatment services accessible to the homeless
- *Coping strategies
- *Vocational rehab/job training, e.g., for those with records
- *Care for long-term seriously mentally ill (SMI)
- *Access to health care

“We serve 25 homeless individuals every single night through I-HELP. They come in and we serve Chandler and Gilbert....We serve anybody in the East Valley that’s experiencing homelessness. It works really well, we partner with 17 host sites that open up their houses of worship for the evening for shelter, and then we have partners that provide meals and medical care, dental care, all kinds of things as well. Is there anything that can help facilitate that process to make it even more effective? Just we need more space in Gilbert. I mean, a lot of the churches that do participate, they have limited space, so we’re limited to 25 people right now.”

—Gilbert provider

representatives know that these distant areas are often undesirable and unsafe locations to transplant residents. The I-HELP program is widely acclaimed for its success in the East Valley but participation by more faith communities is needed.

Comments from a number of key stakeholders and homeless individuals in Gilbert present the different perspectives on their experiences of homelessness and needing basic support services. The experiences of homeless individuals and families are as diverse as the breadth and depth of human circumstances, and no single

“We're seeing more homeless. We actually had two homeless die this summer from heat exhaustion – one in July and one in August. Our numbers are low compared to our surrounding communities, and part of that is because we don't have the services. It's getting worse.”

—Gilbert Police Chief Michael Soelberg

The entry process for them to get into shelter is challenging. There are two sites available in the entire East Valley. One's open one day a week, the other one's open half day a week. So...that is not just Gilbert but anyone in the East Valley that is experiencing homelessness. It is really difficult...particularly for families who are really challenged by trying to get into the system to access shelter services.”

—Gilbert service provider

“cause” is sufficient to explain the plight of a single homeless individual. Experiences that precede homelessness include: domestic violence and sexual assault; growing up in the poverty of homelessness; health issues; the loss of a job; physical, mental, emotional, and sexual abuse early in life; substance abuse and mental health concerns; and inability to cope with one or more crises, such as suicide/death of a loved one or a

shocking divorce.

Kasey Swihart, Homeless Liaison for Gilbert schools, reported that 130 students are included in their McKinney-Vento program, with a small number bouncing from family to family or living in hotels or various shelters. The definition of “homeless children and youths” in the McKinney-Vento Homeless Assistance Act is:

- Individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and
- Includes—
 - (i) children and youths 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 adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;
 - (ii) children and youths 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 (within the meaning of section 103(a)(2)(C));
 - (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 - (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for

the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

“I work at United Food Bank. The food that we get, called TFAP, through the government is canned or dry and often needs to be reheated, which homeless people just do not have access to those things. We are constantly having a challenge feeding the homeless through pop top items that are ready to eat. Those items are expensive and we don't get them from the USDA. That's a challenge.”

—Chariti J. Stern, MSW, Director of Agency and Program Services, United Food Bank

The behavioral health team members within the schools assist with wrap-around services and provide families with support, if necessary; but frequently they do not have in-town resources to provide support, particularly opportunities for family shelters and counseling without wait lists that are closer to home (i.e., not 20 miles away). If the Department of Child Services is not involved, there are few options for homeless children and families experiencing severe traumas or needing health care.

In keeping with the previous section on Families in Crisis, homelessness can be sudden, the resources are few, and accessibility is a significant issue. The nuances that present themselves in locating, qualifying, and fitting into the availability of immediate help and support are reported as

“I am a felon and I was recently looking for a new place to rent. I couldn't find access to places. Why? Because 99% of the places won't accept convicted felons, and it makes it extremely difficult....The places that I was accepted are in low income places. People get out of incarceration and they have a criminal record and they're bettering their life, like my situation. And then they can't find ... they're struggling. They're trying to find housing. I have a great job and everything, but because of mistakes I made in my past, I can't find a place to live in most neighborhoods, almost all of them.”

—Formerly incarcerated individual

observably daunting even to those who work in the human services community. Services to the homeless include not only meeting immediate basic needs but preparing those who have a high potential for transitioning out of homelessness with necessary resources, e.g., vocational rehabilitation and job training for those formerly incarcerated (especially in the case of those with felonies), access to health care, clothing resources, transportation options, and job opportunities.

[For more voices of the homeless, they may be heard in Attachment D.]

Low to Moderate Income Individuals and Families. The individuals and families who are identified with this population group nationwide frequently share a common characteristic of being “cost-burdened.” HUD defines this concept as those family units paying more for rent/mortgage than they can afford, i.e., in excess of 30 percent of their household income. The *2013-2017 American Community Survey 5-Year Estimates* published by the U.S. Census Bureau report 20.7 percent of housing units with a mortgage in Gilbert to have “selected monthly home owner costs as a percentage of household income” greater than 30.0 percent. Another 43.4 percent of occupied rental units have “gross rent as a percentage of household income” greater than 30.0 percent.

These individuals and families face long waiting lists for housing assistance and may be on the very edge of becoming a family in crisis or homeless—perhaps just one paycheck or job layoff or medical bill away. They may already have reached that point. As mentioned in the previous two sections, they need more and better job opportunities. Therefore, this group is often seen as at risk. These are often individuals with urgent or immediate unmet basic human needs. They are often invisible until the crisis occurs and too often do not ask for help early enough to avoid the crisis. However, the existence of food banks in addition to food programs for children in the schools, The Community Action Program (CAP), programs to assist with rent and utility payments, and support from faith communities for emergency needs have all provided positive support and often a baseline safety net.

Greatest Strengths for Low/Moderate Income

- *New Heritage Center managed by AZCEND
- *CAP office
- *Utilities assistance
- *Food banks
- *Gilbert Youth and Adult Resources counseling
- *Faith communities
- *Community rec center sliding scales
- *Vocational rehab through DES

Greatest Challenges for Low/Moderate Income

- *Affordable housing
- *Legal/housing advocacy
- *Transportation, including car repairs
- *Child care
- *Access to services, including health and dental care
- *Housing upkeep and repair (Old Town Gilbert)
- *Healthy food access
- *Family friendly employment

Many of the basic needs for low to moderate income individuals and families are often directly related to their inability to find affordable housing; the need for legal/housing advocacy was mentioned by not only those in need of services but by human service providers and members of the faith community as well. The observation of rent increases that overburden renters was a repeated concern, and some of those affected are lifelong Gilbert residents. One participant related a story that puts a face on the problem: “My neighbor came to me. People are purchasing rentals, then renovating them and upping the rent. This neighbor is 80 years old and doesn’t want to leave Gilbert where they raised their family, but they no longer can afford the rent. There are long wait lists for senior housing — you have to wait for someone to die and within the financial bracket that you are eligible for. That’s how it affects people who can’t afford it. Gilbert is missing the boat on this aspect.”

Transportation and affordable, quality child care are two other areas that were reported to put a significant strain on budgets that cannot be stretched from pay period to pay period. Housing maintenance and repair, dental and medical expenses for those without insurance, the high cost of Arizona auto insurance and maintaining a car, and finding jobs that offer a livable wage are all contributors to “living on the edge” and the accompanying family stress.

“Maricopa County Headstart has a child care partnership right now, where moms can get free all day childcare for ages zero to five. There's a long wait list, though. The main office is on Country Club and Baseline. Childcare is so expensive.”

—Sexual assault survivor and advocate

[For more voices supporting low-moderate income individuals and families, they may be heard in Attachment D.]

Youth in Need of Social Services. Gilbert has always been a community that cares about young families and their children. The wide variety of stressors that affect families can be compounded by concerns for

Greatest Strengths for Youth in Need of Social Services

- *Program and resource availability, especially in the schools, e.g., (Brain Change to Mind (BC2M) model at Higley High School, on-site mindfulness group, Young Lives, financial application class, student-driven anti-defamation league training
- *Boys & Girls Club
- *Youth advocates (teachers and connectors)
- *Quality schools
- *Advisory groups, e.g., the Mayor’s Youth Council
- *Connections to life skills and mentoring
- *Maricopa Head Start

Greatest Challenges for Youth in Need of Social Services

- *Peer-to-peer navigators along with accessible therapists nights and weekends
- *A “mindfulness space” available on a regular basis
- *Safe space” group counseling and support groups
- *Updated mental health training/awareness
- *Wellness classes (mental and emotional health, including coping mechanisms)
- *Financial scholarships to participate in school activities, e.g., high school sports, school food truck events,
- *Accessible parks and rec programs
- *Meaningful family/parent involvement

youth in the families. The youth shared ideas for supportive services to relieve stress, e.g., opportunities to access peer navigators and therapists (with an advocate) on nights and weekends; learn healthy coping mechanisms – what to do when we’re having these feelings; build confidence in who you are; understand the damage things cause to your body; offer training on the seriousness of food disorders; create a teen community space to “hang out” with friends; teen weekend classes and gathering opportunities to build a sense of community; and assurances of safety measures in the event of a school threat or active danger.

One student shared a new program introduced at Higley High School, Brain Change to Mind (BC2M), which is a nonprofit organization dedicated to encouraging dialogue about mental health, and to raising awareness, understanding, and empathy: “It’s a really an awesome club. It basically trained us how to better deal with situations, and it’s consistent throughout the year. It’s basically a platform; there’s even an app for it. It reduces the stigma surrounding mental illness.” Although an on-site mindfulness group has been implemented at schools like Gilbert High, another suggestion offered was a “mindfulness

space” modeled after Chandler High School “where you can see a certified therapist, and you go in there if you’re feeling anxious or something, and you just take that moment out of the classroom setting to re-center, rather than going to the nurse’s office and sitting there for 15 minutes and she gives me crackers and says, ‘Okay, you’re good.’ It’s a whole different aspect of having therapy.” Stresses come in various shapes for youth as they do for adults, from substance abuse to what to do with free time:

- “You can literally buy drugs on Snapchat. Even people that I know are trying to sell their old JUULs and trying to make a profit off of it and encouraging it with other kids – I think is a really big problem.”
- “Alcohol abuse is a big joke; I’ve seen a lot of recently. I think, ‘Do we need to make it harder to get?’ It’s so easy to walk in and walk out with a bottle. Some of my friends, they can just go into their pantry, grab a bottle of wine, go back to the room...and yeah.”
- “We are high-schoolers, but we’re not the ones getting these products ourselves. We’re not making them or getting them. The generations above us – those 19-year-olds, 20-year-olds, 30-year-olds. It’s those generations that matter too. So the solution can’t just be proposed to the demographic of us teenagers, younger teenagers. It has to be proposed to all generations. It has to be everywhere.”

- “So if you were a kid and the only meals you got were breakfast and lunch, how do you get dinner in Gilbert?”
- “My mom has tried finding therapists in the area. A lot of them aren't accepting appointments, so it's really difficult, and it becomes really expensive. So, it's not super accessible for people that may really need it. So having something, a resource like that at a school would be very helpful.”
- “We seem to be child focused in that we have a lot of parks, we have a lot of those things. But how do you get there if you have working parent? Classes are, you know, 10 to 11:30, so if you cared about your kid and you had to work, your kid couldn't go to the class? You can't have a five o'clock class? The community is conducive to one parent staying at home and one parent working.”

One significant challenge is motivating youth to take advantage of the resources present. Students frequently show up only when they expect people who are “like them” will attend. Finding the informal student leaders drawn from “all walks of student life” is key to reaching out to others to get involved.

[For more voices supporting youth in need of social services, they may be heard in Attachment D.]

Special Needs Individuals. In many communities, this segment of the population is frequently overlooked, becoming “invisible” to the greater community. However, the increasing existence of some

Greatest Strengths for Special Needs Individuals

- *Faith community support and services
- *Early school testing and preschool trauma informed care
- *Banner Neuro Wellness
- *Caregiver support groups

Greatest Challenges for Special Needs Individuals

- *Special needs oversight committee
- *Supportive housing
- *Trauma informed services for older students
- *Accessible swimming pool
- *Accessible transportation and in-store accessibility to shop for basic needs (due to inoperable mobile scooters)

quality services in Gilbert is another sign of a community that cares — and observes. At the Mayor’s Faith Summit, the faith communities participating expressed an eagerness to offer meaningful services. As an example, Sovereign Grace Church is starting a care giver group in January 2020 for families of individuals with mental health and other special needs. The Banner Neuro Wellness (BNW) serves patients experiencing any neurodegenerative movement disorders, such as Parkinson’s disease, multiple sclerosis, and ataxia, requiring support beyond the walls of the neurologist office and rehabilitation center. Although it is a membership organization at \$45 per month, all services are

included in the membership, including fitness training, tai chi, yoga, boxing, music therapy, men’s/women’s/care giver support groups, art classes, and educational sessions.

However, the challenges for special needs individuals are significant. Many of the specialized services are located outside of Gilbert, and caregivers are stressed with the task of finding appropriate services. Assuming that services can be located, the task of taking lengthy time periods off work and the need to make appropriate transportation arrangements can be stressful. Transportation that meets the specialized needs of this population group frequently intensifies the geographic challenge. Opportunities for independent living and respite care are in short supply presenting a real worry to aging parents of disabled individuals and to individuals with no family members to care for their needs. An additional consideration is the recognition that each situation is often unique as it relates to the level of disabilities and special needs, the ages of those in need of services, and the specific family/caregiver circumstances involved.

“One basic example of trauma informed services is swim lessons we drive to in Mesa, because there’s a trauma informed instruction. We’ve done TBR (Trust Based Relationships) as a family, and so it’s nice when Swim Kids USA asked that – so if Gilbert had businesses like that, it would be nice. If we were to take kids to a class here, we would want them to feel safe so that if they acted out they wouldn’t be shamed or punished for that. To protect them we would need to be asked how to handle their behavior. That’s the gap; Gilbert doesn’t have that for kids.”

—Gilbert Special Needs Parents

One provider shared that according to statute, every different region is supposed to have what is called an independent oversight committee that is made up of volunteers. “They visit some of the group homes that care, developmentally disabled homes, behavioral health group homes, to kind of bring some accountability. The East Valley has nothing like that. There is no oversight into some of these homes providing care for autistic children, those with disabilities, etc. Maybe some of them would include trauma as well.”

“We have a preschool age special needs daughter; she’s four. She has an amazing preschool. We went through the city of Gilbert to get her tested for an IEP. They even provided her bus transportation to go to a high needs preschool; it’s part of a special program at Boulder Creek Elementary School - children with high needs, extreme behavioral issues. One teacher, two aides, two kids. They are trained - I feel - in trauma, trauma informed care, because they know these children are not bad kids, they are not acting out. So many of them lack the ability to just sit and listen.”

—Gilbert Special Needs Parent

Disability needs are especially difficult when coupled with age. One disabled senior noted: “That’s my thing is a swimming pool. I want a salt water, beach entry pool so that the seniors can get into the pool without steps, without elevator lifts. Be able to walk into the water.” Disabled seniors indicated challenges with lack of support systems and upkeep of everyday household duties. People across ages noted struggles with affording health care, treatment, and therapies.

Transition assistance is frequently missing for young people with special needs or disabilities making the difficult shift from high school to adult life, to work and everything beyond. Physical accessibility also presents an ongoing challenge to this population group, including ill-advised decisions about where ramps are placed, how frequently benches are spaced in public places, and how easily wheelchairs can navigate a space. Support for keeping handicap spots available for the truly handicapped would also make independence much more attainable.

[For more voices of special needs individuals, they may be heard in Attachment D.]

Elderly and Seniors (over 62 years of age). Seniors improved from third place in 2014 to eighth place in the final rank order of population groups in immediate need of services in 2019. By all indicators, this is due primarily to the positive work already being done through providers in the community toward lessening challenges for the seniors in Gilbert. Survey respondents repeatedly identified programs, faith communities, dedicated volunteers, and specific people serving as senior advocates on their behalf (like Glenn Whitaker, Resident Services Coordinator at Page Commons) as valuable strengths for senior Gilbert residents. Home-delivered and congregant meals and food bank programs available to meet dietary needs are critical to healthy living for many seniors, and the ability to gather with others for meaningful conversations is an invaluable asset. However, seniors mentioned taking expensive Ubers or two-hour bus rides to the grocery store to get necessities. Home-delivered meals appear to be under-utilized, and senior center meals were reported by some as being subpar. Utilities assistance is also one of the greatest strengths cited by residents as well as appreciation for the public safety officers who offer their assistance.

Greatest Strengths for Seniors

- *Page Commons
- *Senior advocates
- *Faith communities
- *Senior center
- *About Care and connections with volunteers
- *Area Agency on Aging
- *Food banks and Meals on Wheels

Greatest Challenges for Seniors

- *Affordable housing, HUD housing, and low-income housing apartments
- *Fall prevention services
- *Transportation assistance
- *Affordable health and dental care
- *Resource advocate
- *More security patrolling around Page Commons
- *Isolation and socialization concerns
- *Home upkeep, including light housekeeping assistance and significant home repairs for aging homes

One of the major challenges for this population group in light of the increasing number of seniors and the special needs associated with aging is the shortage of affordable low-income housing options available for the nearly 30,000 Gilbert residents 60 and over for whom poverty status has been determined. This statistic highlights the need for a critical emergency response to seniors choosing between housing and health care. These low-income seniors have nowhere to turn in the event of a medical crisis. Several have been faced with rents increasing beyond their ability to pay, forcing long-time Gilbert residents with the need to consider leaving Gilbert to find more affordable housing. Others are not receiving necessary medical treatment,

because the co-pays are unaffordable. Although the above list of strengths and gaps for seniors is relatively prioritized, planners and decision makers would need to prioritize the list and determine where multiple services might be offered.

Another critical challenge affects all seniors with no tie to income or demographics. Discussions with Gilbert Fire and Rescue administrators revealed that, by far, their most frequent calls are related to a senior who has fallen, and the numbers have been escalating.

Table 25. Gilbert Fire and Rescue Senior Fall Calls by Alarm Type and Year

Type of Fall	2017	2018	Average Calls Per Week 2018	2019 YTD
Lift B – Minor incident, generally the incident only requires lifting the patient from one place and assisting to another place	152	316	6.08	467
Fall B – Minor fall, minor injuries, if any	366	824	15.85	1,597
Fall – Medical emergency, with more severe injuries from the fall	1,059	2,453	47.17	3,765
Total	1,577	3,593	91.08	5,849

Source: Gilbert Fire and Rescue, November 7, 2019

According to the National Council on Aging, falls are the leading cause of fatal injury and the most common cause of nonfatal trauma-related hospital admissions among older adults. Falls are a leading cause of lost independence and ability, and seniors are often unable to recover fully from the trauma causing their overall health to decline and their care needs to increase significantly. In addition, the time and resources expended by hospitals and fire and rescue public safety officers all figure into the high cost of falls – both in dollars and the loss of a desirable quality of life. 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. Assessments and interventions are recommended by Mercy-Gilbert Medical Center in their “Community Health Implementation Strategy 2019-2021” utilizing Area Agency on Aging Matter of Balance, an 8-week (2 ½ hours per week) course to address issues around the fear of falling, learning how to prevent falls, and how to safely get up after a fall. In addition, the Area Agency on Aging Geri-Fit Strength Training workout helps to prevent falls and improves balance.

Other Area Agency on Aging programs include their Health Promotion program at senior centers in Maricopa County offering a balanced approach to both the mental and physical well-being of older adults. In addressing the earlier segment of this report that reported suicide as a concern among seniors experiencing depression, their safeTALK Suicide Alertness for Everyone program offers a half-day training in suicide alertness to help recognize persons with thoughts of suicide and to connect them with resources that can help them in choosing to live. Their ElderVention program is designed to help older adults achieve and maintain a healthy emotional life. The Senior Adult Independent Living (SAIL) program provides case managed services to adults 60+ with physical disabilities. Resources exist awaiting connections to be made. Neighbors, volunteers, and faith community members are willing to help but likewise are often not aware of where to go for assistance.

“Page Commons is the only affordable housing unit available, and there is a 2-3 year waiting list.”

“We need help, because I’m struggling with going around in circles with doctors. I live alone. In this case, it’s straightening out the doctors because I would go from one doctor, and they’d send me back to that one, and then that one would send me to that one, and that one would send me to that one.”

“More security patrolling the perimeters at all hours”

—Gilbert seniors

[For more voices of seniors, they may be heard in Attachment D.]

Immigrants and Refugees. Survey respondents were relatively consistent in ranking the last two population groups similarly, partially because little is known by most residents about their existence in Gilbert. In fact, obtaining participation by immigrants and refugees in focus groups and gathering relevant information from human service providers about their needs were relatively difficult throughout the research process. The consensus seemed to be that few refugees exist in Gilbert at this time, and immigrants are cautious about sharing information and drawing attention to their lives in the community. The one common strength associated with this population group was the support by Gilbert faith communities.

Greatest Strength for Immigrants and Refugees

*Faith communities

Greatest Challenges for Immigrants and Refugees

*Fear

*Safe spaces

*Legal assistance in their language

*Employment

*Translation services

*Education

Access to services and resources requires open communication and trust, both of which seem to be in short supply. Finding and communicating the safe spaces for sharing information and building

“It is hard for me to work because I have little kids and I’m undocumented. I would do any type of work that allows me to bring my small children that I am caring for.”

—Gilbert Immigrant Parent

relationships is, as one provider expressed it, worth investing some time in community building. Perhaps offering legal assistance and advertising it in their languages or identifying opportunities for employment and translation services would raise the level

of trust to introduce other resources. The likelihood is that help is needed, and in many cases available, but fear is the primary barrier.

One provider described presenting workshops but the safety component was missing initially and attendance was small. Eventually, through persistence, they were able to build safety into their relationships, and the families requested more opportunities to learn what programs are available to them, “where they don’t have to be in fear of being deported or detained, and their families are safe and can be helped.” This provider primarily offers resources for domestic violence and sexual assault, but they are also feeling threatened by their status.

[For more voices of immigrants and refugees, they may be heard in Attachment D.]

Culturally Diverse Individuals. In Part I of this report, the definition of the demographics of Gilbert revealed that 70.9 percent of residents fall into the category of “white alone/not Hispanic or Latino.” The tendency is to think in terms of that being a large percentage, but the reality is that Gilbert is approaching nearly a third of its residents being from other cultures. In December of 2018, Channel 12 News presented a story on “All eyes will be on Arizona for how to handle majority-minority shift.” In that story, they reported that Arizona’s minority population will become the majority by 2030 – 15 years before the U.S.

Greatest Strength for Culturally Diverse Individuals

*Faith communities (e.g., Two Rivers Church)

*Cultural identity

Greatest Challenges for Culturally Diverse Individuals

*Teaching cultural appropriateness

*Diversity awareness

*Fear

will experience that change – and only 10 years away. “Arizona will need to evolve in legislation, voting, education, economics, and immigration to support its changing demographics.” As Gilbert begins to plan for the future of its aging population, at the same time it will need to consider how its changing demographics can best be served. However, that planning does not fall entirely on those who are currently governing the town, but also on those who are currently a part of the minority.

Currently the strengths of the individuals in this population group are found in a number of faith communities and in their desire to preserve their cultural identity. However, miscommunication and misunderstanding frequently characterizes the perception of the community. One example is the celebration of the Gilbert Global Village Festival presented by Dignity Health (scheduled for April 4, 2020), including a parade of nations. Some questioned why “global village” and not “Martin Luther King Day.” The mission is to create opportunities for individuals and communities to celebrate, share, and sustain the arts and the rich cultural traditions of countries from around the world and the community’s diverse cultures and heritage. This huge community event attracts in excess of 4000 people. The planning and cost of sponsoring an event of this level is sizable. Therefore, communities have begun to share the economic cost of these types of events by co-sponsoring them, e.g., the Veterans’ Day Parade and MLK Day celebration are held in partnership with Mesa. Occasionally minority leaders in Gilbert will bring up the desire to “do our own,” but it becomes a financial struggle and a competition between Gilbert, Chandler, and Mesa, with smaller attendance and little participation from minorities in the planning of the events. The decision to co-sponsor East Valley events was to relieve the financial and planning struggle and ultimately to create bigger events.

“Some of the feedback I get from some of Gilbert minority leaders is, ‘I wish you guys could do more with minority groups,’ and I said, ‘Well, so do I, but I need you to participate....to make sure we’re making a connection.’”

—Gilbert Chief of Police Michael Soelberg

However, various forms of cultural disrespect can result from a lack of diversity awareness. One example is from a Gilbert parent: “When my son was in first grade, he came home and told me how the kids in his class were rubbing his hair because they had never felt anything like that before (he is African American). When I spoke to his teacher about how that was inappropriate, she said, ‘But it’s so neat!’ So that’s what happens when there’s not diversity and things are said in ignorance.” Simple strategies can help to build diversity. These include showcasing culturally diverse authors within the public libraries, culturally diverse décor in public places, facilitating student-wide support for diversity awareness educational groups already established within the schools, cultural diversity in educational materials (e.g., Booker T. Washington’s *Up From Slavery*, promoting cultural diversity for minority-owned businesses).

“Being Hispanic, I’m treated as lesser, not smart. I only speak English. It’s not like I haven’t grown up in America my whole life, but I’m not treated as an American citizen by people, especially in this state.”

—Survivor of sexual assault

The greatest challenge facing some culturally diverse individuals is fear: “There is a fear. My neighbors are afraid of the police...they are black people. They won’t say anything about anything that goes on at their property, even with vandalism. They are always afraid, don’t want to cause problems.” Not all fears are well-founded. However, engaging in dialogue together is always a productive step toward community.

[For more voices of culturally diverse individuals, they may be heard in Attachment D.]

Interview Validation and Support. The TWI research team utilized group and structured, unstructured, and informal interviews to probe for in-depth support and validation of the data gathered through the survey and focus group process. The transcripts were analyzed and information shared was synthesized to further corroborate the research results contributed by service recipients and providers and to fit the data into the bigger picture of the Gilbert human services community.

Input from the Human Services Provider Listening Group. This forum was attended by 47 individuals from the human services community. The research team reviewed preliminary findings for further discussion.

Participant Reflections 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 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 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—

- ★ A town that cares – “The town really does care about its citizens. They’re doing this needs assessment. They want to *know* what the needs are and how they can better serve our community. I’m just amazed at how much they care!”
- ★ A giving community! “We’re in such a giving community and there are so many volunteers, especially with faith-based organizations. They want to volunteer, they just don’t know how to help; it’s connecting that piece. That’s where For Our City also comes in play. Where being able to identify the need, ‘Okay, these are the needs of the community,’ but then the faith-based organizations might be able to provide some of the resources. Rather if they’re in kind through a Mom’s group or to be able to do a drive for socks, from everything to volunteering to cleaning something up. I think it’s connecting that.”
- ★ “Everyone is awesome, wonderful!”
- ★ Faith communities – “You can come into our church and whatever needs you have, you’re going to walk away from there with information. We’re going to lead you right to where you need to go. I don’t care what it is. We do it all the time. There are a lot of churches like it. I love that!”

“What is the greatest strength that Gilbert has to offer? The residents. I am always amazed when we go to the public and ask, or when the town asks. Our population wants to help.”

—Assistant Fire Chief Bob Badget

- ★ A town that listens! – “Thank you for your diligence and listening to us and educating us. Please give my most sincere appreciation to the Town of Gilbert for maintaining a safe, beautiful, amazing city for all residents. With utmost respect.”
- ★ “Clean and safe! Family friendly.”
- ★ “Quality Schools”
- ★ “Small town atmosphere”
- ★ Amazing employees – “All the town employees are amazing. They're always right here. They're great! I can't tell you enough. I moved from Phoenix, so big difference.”
- ★ The Heritage Center and AZCEND – “Remarkable to have erected this center on the basis of feedback from the community!”
- ★ The CAP office
- ★ Good Chamber of Commerce

On May 22, 2018, in a TED Talk, Mayor Jenn Daniels summed up her talk about image in a way that could apply to her vision of Gilbert as the City of the Future:

I have flaws. I'm not perfect...If I really want to lead, in any capacity, I have to let people get to know the real me...flaws and all. Not everyone will accept me, and that's okay, but I won't let the fear of criticism limit me, make me small, or prevent me from serving the people in the town that I love.

By design, we are so much more than anyone sees.

PART V PRIORITIES AND RECOMMENDATIONS

Many challenges typically accompany growth—not the least of which is the need to accept a new character and to approach decision making in a way that serves the best interests of the town and its residents. Many challenges also accompany the depth and complexity of a recession, in the past for some but leaving the mark of slow recovery for others. The call for this update to the 2014 human services needs assessment is the latest move by town leaders determined to assess the needs of the community and committed to the understanding that creating strategic partnerships to meet those needs continues to be the best solution to change—while never losing sight of honoring the people and the character of the tradition that marks Gilbert as a community that cares.

Specific areas of concentration have emerged in the research and needs assessment process to assist Gilbert as it continues to grow. While Gilbert has offered a distinctive sense of welcome that attracts large numbers of diverse individuals and families new to the community, the demographics that define Gilbert call for planning tailored to both those who are new and those who have called Gilbert “home” for many years. Town leaders 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 the specific topic of the need for human services that touches the lives of more than one-third of Gilbert residents. The Town Council, town and nonprofit service providers, and Gilbert residents understand the importance of effective delivery of human services with an eye toward the identification of emerging needs and potential gaps in services.

The recommendations and priorities in this section of the report will address specifically—

- Prioritization for the delivery of human services, as determined in written and spoken dialogue with the human services community,
- Identified gaps/improvements related to the delivery of human services to Gilbert residents in need,
- Prioritized recommendations and 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, two additional brief sections on “Asking the Tough Questions” and “Recommendations for Further Research” are included. The TWI research team stands ready to assist 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 research team developed the following list with an eye toward ranking the recommendations in order of their far-reaching criticality and effectiveness, as expressed by participants engaged in the research process, the team recognizes that timing and feasibility can have a significant impact on the order of performance.

PRIORITIZATION FOR DELIVERY OF HUMAN SERVICES TO GILBERT RESIDENTS

Part I of this report provides strong evidence of Gilbert’s success in building a vibrant community. The request to conduct this needs assessment study is a major step toward identifying and prioritizing

human services needs that fit the current demographics of Gilbert residents. The definition of these dynamics means that town leaders need to look to the future and determine how to address the growing human services needs in the community. Gilbert leaders will be challenged with decisions related to how they can best address the needs of individuals and families within the identified population groups which, in turn, impact all Gilbert residents.

Rank Ordering of Population Groups in Terms of Greatest Critical Need. To recap the results presented in Part IV, 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 (recipients and providers as well as members from the community-at-large) rank ordered nine population groups included in the original scope of work, from the greatest need for more services in terms of urgency to the least critical 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. Participants were assured that they would not be advocating “robbing” resources from one of the population groups in order to “pay” more resources to another group. In fact, no one engaged in the process of identifying the greatest needs in the community believes that *any* human services area is currently over-funded.

The raw data gathered from the surveys in response to this question ranking the criticality of needs clearly divided the nine population groups into a prioritized definition of the need for services, confirmed by qualitative responses to the survey and in the focus groups. (See Part IV, in the section entitled “Survey of Rank Ordered Population Groups in Terms of the Greatest Critical Need for More Services” for a statistical description of the determination of the survey rank order.) The ranking that follows is drawn from the rank ordering of assessment participants—recognizing that all nine groups have needs:

- Individuals in need of mental health and substance abuse treatment
- Families in crisis
- Homeless individuals and families
- Low to moderate Income Individuals and Families
- Youth in need of social services
- Special needs individuals
- Elderly/seniors
- Immigrants/refugees
- Culturally diverse individuals

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.” An important point of understanding is that the nine population groups identified for focus in this needs assessment project demonstrate significant overlap and cross the line between the rankings based on the urgency of their needs, e.g., domestic violence survivors may be immediately homeless due to low 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 nine population groups if emerging groups were identified through the research process. One group emerged as demonstrating separate needs that the community *strongly* recognized as significant for focused

attention (with repeated references in qualitative survey responses, multiple focus groups, and interviews)—Survivors of domestic violence, sexual assault/abuse, and human trafficking. Based on data analysis, the level of repetitiveness demonstrated a need to insert this emerging group into the survey ranked order as a separate group ranked #2 in the increased number of 10 population groups under study.

IDENTIFIED GAPS/IMPROVEMENTS RELATED TO THE DELIVERY OF HUMAN SERVICES TO GILBERT RESIDENTS

Prioritized List of Recurrent Universal Themes Across All Population Groups. The survey and focus group data were studied in depth and transcribed by two PhD-level researchers experienced in data synthesis and analysis. 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 in Gilbert, including a number of themes recurrent across all population groups, as described more fully in Part IV of this report under the section entitled, “Recurrent Universal Themes Across All Population Groups within the Community.” Identified universal gaps are considered critical within each of the population groups below and are considered a first priority in each case. These identified themes common to surveys, focus groups, and interviews include (in order of prioritization):

- Additional safe, affordable housing options
- Access to mental health, behavioral health, substance abuse, and health care treatment services
- Solutions to local transportation needs
- Continuity of follow-up services with periodic check-ins when not closely connected with a human services agency

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

Prioritized List of Greatest Challenges by Population Groups. In Part IV, the ordering of the nine population groups on the basis of the greatest need for more services in terms of urgency was reported in detail. The combined data from all sources clearly called for the addition of a tenth critical emerging group that was ultimately inserted into the #2 priority position of the ten groups defined by the research. Survey and focus group data were then used to create a prioritization of the most critical needs *within* each of these population groups. Therefore, to support recommendations in the next section of this report, the prioritized list of services needed within each of the above groups is presented below:

- 1. Individuals with mental health and substance abuse treatment needs**
 - a. Suicide prevention and trauma counseling for all ages
 - b. Regular support groups facilitated by a lead counselor to process all types of trauma
 - c. Resources/assessments for depression, anxiety, schizophrenia, and bipolar disorders
 - d. Programs to target alcohol and substance abuse in Gilbert
 - e. Bridging to resources
 - f. Life skills and meeting basic needs
- 2. Survivors of domestic violence, sexual assault/abuse, and human trafficking**
 - a. Crisis intervention (including housing)
 - b. Mental health counseling
 - c. Short respite period for healing/coping
 - d. Employment

- e. Health services
 - f. Custody assistance
 - g. Credit repair
 - h. Safe transportation
- 3. Families in crisis**
- a. Narrow definition of crisis and available matched resources
 - b. Service availability at critical times
 - c. Crisis training for personnel called to intervene with vulnerable individuals
 - d. Emergency funding for crisis situations to avoid homelessness
- 4. Homeless individuals and families**
- a. Additional support for I-HELP among the Gilbert faith communities
 - b. Basic needs services of all kinds, including housing for the most vulnerable
 - c. Food available to homeless persons
 - d. Additional accessible sites for services to homeless individuals and families
 - e. Mental health and substance abuse treatment services to the homeless
 - f. Coping strategies
 - g. Vocational rehab/job training, e.g., for those with records
 - h. Care for long-term seriously mentally ill (SMI)
 - i. Access to health care
- 5. Low to moderate income individuals and families**
- a. Affordable housing
 - b. Legal/housing advocacy, e.g., to avoid homelessness caused by excessive rent increases beyond the ability to pay and to monitor unsafe housing conditions
 - c. Transportation
 - d. Affordable, safe child care
 - e. Access to services
 - f. Housing upkeep and repair, e.g., Old Town Gilbert
 - g. Healthy food
 - h. Family friendly employment
 - i. Affordable health and dental care
- 6. Youth in need of social services**
- a. Peer-to-peer navigators along with accessible therapists nights and weekends
 - b. A “mindfulness space” available on a regular basis
 - c. “Safe space” group counseling and support groups
 - d. Updated mental health training/awareness
 - e. Wellness classes (mental and emotional health, including coping mechanisms)
 - f. Financial scholarships to participate in school activities, e.g., high school sports, school food truck activities
 - g. Accessible parks and rec programs
- 7. Special needs individuals**
- a. Special needs oversight committee
 - b. Supportive housing
 - c. Trauma informed services for older students
 - d. Accessible swimming pool and other therapy resources
- 8. Elderly/seniors**
- a. Affordable housing, HUD housing, and low-income housing apartments
 - b. Fall prevention services
 - c. Transportation assistance for the needs unique to the aging

- d. Affordable health and dental care
 - e. Resource advocate
 - f. More security patrolling around Page Commons
 - g. Isolation and socialization concerns
 - h. Light housekeeping assistance
- 9. Immigrants and refugees**
- a. Fear
 - b. Safe spaces
 - c. Legal assistance in their language
 - d. Employment
 - e. Translation services
 - f. Education
- 10. Culturally diverse individuals**
- a. Teaching cultural appropriateness
 - b. Diversity awareness
 - c. Fear

PRIORITIZED RECOMMENDATIONS AND STRATEGIES TO ADDRESS GAPS

Recommendation # 1. Develop a transitional, seamless model for immediate connection with services and resources, in addition to linkage to follow-up at periodic intervals appropriate to individual and family needs.

- a. Establish the Gilbert Advocacy Center currently under study (modeled after the Chandler and Mesa centers) – where police, social workers/counselors, human services providers, prosecuting attorneys, and on-site physicians work together to reduce the trauma of domestic violence, child and adult sexual assault and abuse, and human trafficking. The center would provide on-scene crisis intervention from trained victim services personnel to avoid re-traumatizing victims by allowing them to tell their stories one time.
- b. Implement a one-stop human services model in the Heritage Center, as led currently by AZCEND, with prioritized services to include:
 - i. Navigator for connection to services
 - ii. Regular support group with lead counselor as a facilitator to process trauma
 - iii. Bilingual housing resource workshops for topics such as repairs, new painting program, water pooling/drainage, mosquitos, maintenance of old town area, e.g., trash, tumbleweeds by the fences, feral cats, roots from town trees planted, town sweepers missing certain streets. (“We're not as important as the other neighborhood. No matter what, we're Gilbert. This neighborhood is Gilbert. I'm 81 years old now, I was born here. I think that we deserve the same as everybody else.”)
 - iv. Dental care for seniors and low-to-moderate income individuals and families
 - v. Funding for priorities to implement health care opportunities as a priority service (i.e., through Mission of Mercy’s mobile vehicle)

Recommendation # 2. Develop a community-wide coordinated program for treatment and counseling for individuals in need of mental health, behavioral health, substance abuse, and health care treatment services (includes referral options for public safety, providers, schools, faith communities, and families in crisis).

- a. Implement a consortium of services (including referrals, coordinated discharge meetings, and post-treatment follow-up) through town funding of a nonprofit organization or treatment center to develop critical services. Reduce wait list time for immediate services.
- b. Increase visible treatment options for individuals in need of treatment, counseling, and follow-up services (immediate priority to life/death/health endangerment situations) by providing a menu of service options and publicizing them in the numerous ways listed in Recommendation # 9.
 - i. Follow up on a suggestion from Jill Humphreys, Gilbert Public Schools Governing Board member, to partner in reviewing the upcoming plan for utilization of available space in the public schools. Explore options to house counselors addressing mental health, behavioral health, substance abuse, and health care needs for individuals and families, including suicide ideation and prevention, domestic violence and sexual trauma, and human trafficking exploitation (with visible signage for school families). Build upon the trust the schools have established in the community for safe, confidential discussions and referrals.
- c. Expand One Gilbert focus and implementation to address suicides across all age groups in recognition of the statistics provided by the Gilbert Police Department and the *2019 Mercy Gilbert Medical Center Community Health Needs Assessment* establishing that

rates of suicide are highest among ages 45-54 in Gilbert. Dr. Katey McPherson, a consultant contracted by the town, reports that awareness, access to care, and earlier screening and detection are needed. Partnerships with Dignity Health, Banner Health, and the Phoenix Children's Hospital will assist in identifying gaps. Coordination is critical.

**Table 26. Gilbert Suicides by Age Group 2015 through 2019-YTD
(corresponding to U.S. Census age groups)**

Age Group	2015 Deaths	2016 Deaths	2017 Deaths	2018 Deaths	2019 YTD Deaths	Total Gilbert Deaths 2015-2019
Ages 15 and below*	3	2	3	1	--	9
Ages 16-24*	4	2	2	3	2	13
Ages 25-34	4	1	2	5	2	14
Ages 35-44	6	4	3	4	3	20
Ages 45-54	4	3	7	9	2	25
Ages 55-64	1	2	4	6	4	17
Ages 65-74	2	4	4	3	1	14
Ages 75-84	1	2	1	1	3	8
Ages 85+	1	--	1	--	--	2
Total	26	20	27	32	17	122

Source: Gilbert Police Department, November 26, 2019. Cases pending medical examiner report are not included.

* Gilbert teen deaths between ages 11-20 are reported as follows: 2015 (5); 2016 (3); 2017 (5); 2018 (2); and 2019 YTD (1), totaling 16 deaths.

- d. Take an active role in working with health care professionals in the larger metropolitan area to explore solutions to meet the critical need for high-quality mental health, behavioral health, substance abuse, and health care treatment options accessible to the human services community in Gilbert. Provide follow-up visits and phone calls within one week of intake to assess the need for continued support.
- e. Expand the services offered by public safety to provide complete nursing assessments; medication reconciliation; referrals to medical partners; communication with primary care physicians, dietary counseling, pain management, caregiver support, and home safety evaluations, similar to the best practices model implemented in Tempe.
- f. Target faith community partnerships to assist in addressing Gilbert needs:
 - i. Promote welcoming opportunities for meditation programs specifically for mental health, and disseminate information about existing, safe meditative community programs.
 - ii. Promote participation to create additional access sites for entry into I-HELP for families and vulnerable population groups (e.g., seniors and youth).
 - iii. Promote recovery programs already occurring within the faith communities.
 - iv. Promote family friendly events already occurring within the community (e.g., arts, food, divorce care for kids, recovery events).
 - v. Introduce Focus on Prevention, a program that initiates parent discussions and education about warning signs.
- g. Explore partnerships with resources like Hope for Addiction and Celebrate Recovery to offer the opportunity for people to share their stories on a regular basis at all schools. Explore best practice models such as the student-led program Aztec Strong Club, a peer

support group at Corona del Sol High School where the suicide rate dropped significantly (www.teenlifeline.org).

- h. Create a proactive priority to engage Arizona State University Polytechnic Campus, at the suggestion of Vice Provost Duane Roen, to develop collaboration and a community partnership to increase opportunities for student internships with human services providers, schools, and first responders.
- i. Target support for individuals through referrals to an ambassador, trained peer, sponsor, mentor, or a leader of a faith-based program to partner with the individual to call relevant services (i.e., teen line, texting line for all ages). A connection is especially important with the elimination of the AZ211 resource.
- j. Identify organizations to train ambassadors prior to partnering with people in need. Identify options for staff and volunteer training for human services sectors to include a menu based on clients served:
 - i. Train leaders to go into the junior high schools during lunch time, after-school clubs, or free hours where monthly topics are addressed to discuss “real-life experiences” that are important to students, from bullying to drug use to alcohol.
 - ii. Motivational interviewing and effective communication strategies with clients (i.e., listen between the words, nonverbal communication, open-ended questions, opportunities for venting)
 - iii. Trauma-informed care training (Arizona Trauma Institute)
 - iv. Resource training on where to direct people, what resources are most helpful, and how to use the referrals in the resource manual
 - v. Mental Health First Aid Training
 - vi. Domestic violence awareness and screening to support victims and potential victims of human trafficking (Sojourner)
- k. Explore best practices models for reducing stigmatization, such as the public service announcements utilized in the Dysart Unified School District in Surprise. Share viable models with all sectors of the Gilbert community that could make a significant impact.
- l. Promote the State of Arizona Warm Line access number (via the Crisis Response Network) to reach someone to talk to in a confidential manner (e.g., seniors to combat loneliness, individuals seeking emotional support for addiction, loss, other mental health topics) – 602-347-1000. A 15-minute phone call will arrange for a call back (24 hours a day, every hour, if needed). The caller will be connected with a more urgent crisis phone number if critical support is needed – 602-222-9444.
- m. Work with the Gilbert Public Schools team to encourage the strengthening of consequences for substance abuse violations among students, e.g., removal from a sports team, mandatory counseling and follow-up with family to regain privileges.
- n. Create partnerships with local substance abuse facilities and organizations, including referrals to free 12-step programs (including Emotions Anonymous), to develop additional sources of accessible treatment and strategies for addressing all forms of substance abuse and drug use within Gilbert.

Recommendation # 3. Establish a visible community program to reduce domestic violence, sexual assault and abuse, and human trafficking in Gilbert.

- a. Develop an awareness campaign to inform the Gilbert community and students of the issues/warning signs and resources available to all those impacted by violence – children and adults, witnesses and survivors.

- b. Increase visible treatment options for individuals in need of treatment, counseling, and follow-up services (immediate priority to life/death/health endangerment situations). See recommendation 2.b. above.
- c. Provide a safe, child-friendly drop off location to facilitate joint custody arrangements and supervised visitations.
- d. Explore opportunities for partnerships (perhaps with local medical facilities, police stations, or fire stations) to provide access to “safe spots” for adults or teens experiencing violence in the home, sexual threats within the community, or exploitation by human traffickers.
- e. Fund a 30-day respite time and counseling for survivors of abuse in addition to the 120 days in shelter to provide trauma recovery prior to program participation, including wrap-around trauma services and care.
 - i. Recognize and restructure funding criteria for benchmarks of success for survivors of violence to extend beyond finding a shelter and completing a program to a meaningful definition of success as it relates to recovery from trauma.
- f. Recognize Save the Family in funding decisions as a resource consistently providing quality programs and relationships to Gilbert residents.

Recommendation # 4. Create additional opportunities to connect with youth in need of social services.

- a. Create funding options/donations to allow low-income students to participate in school sports and activities.
- b. Engage youth in free or low-cost, peer-to-peer programs for discussing relevant issues, and enlist them to identify the areas of concern within their environment through each year of schooling, e.g., utilizing the model of the “Tiger Crew” in which upperclassmen are involved with mentoring and partnering with incoming freshmen at Gilbert High School.
 - i. Communicate via Snapchat, Instagram, Twitter, Facebook, flyers at school, emails to parents, and first-hour teacher announcements, promoted by student informal leaders who are selected by the teachers as peers whom other students will follow.
- c. Offer low-cost/free weekend and dinnertime opportunities for gatherings with food and activities, e.g., concerts, volleyball, and additional common core tutoring times to assist students with school subjects.
- d. Create ride share programs and class offerings during after work hours for youth with working parents.
- e. Create a link with already existing clubs (e.g., vocational clubs, honors club, music groups) where college students and representatives from the ASU Polytechnic Campus and Chandler-Gilbert Community College mentor youth about topics of interest in a group setting.
- f. Encourage the Gilbert Public Schools team to include life skills classes as a required part of the curriculum to graduate, offered either during school time or during school break, e.g., how to write a check or job application, information on health and balance, eating and nutrition, student loan debt, technology, healthy social media pitfalls and responses, how to make basic meals, financial literacy, and entrepreneurship (American Leadership Academy requires the last two to graduate). As an alternative, basic life skills segments could be incorporated into existing classes, e.g., budgeting within math classes.

Recommendation # 5. Continue to pursue the development of additional safe, affordable housing and emergency/transitional housing, including a plan to establish a housing advocate to inspect unsafe housing conditions and excessive rent increases that put individuals and families at risk of homelessness. Perhaps the Town could contract with an organization to provide this service (operating as a third party/neutral eye) with oversight and follow-up by Town representatives to demonstrate to residents what has been done to assist with housing concerns.

- a. Partner with a non-profit provider or organization to develop a plan to assist those who are “cost burdened” and are currently living in an at-risk status for homelessness and other crisis circumstances, such as job and vehicle loss, children’s education disruption, and exacerbation of health conditions. Strategic planning is critical to alleviate the daily burdens for these individuals and families.
- b. Provide emergency short-term temporary shelter assistance funding for homeless, low to moderate income individuals and families, and victims of violence.
 - i. Identify extended stay placements for individuals and families getting evicted with priority for families with children.
 - i. Permanent supportive housing subsidies for those with high level, complex needs who are not able to maintain housing
 - ii. Housing and resource options that specifically consider families, women, seriously mentally ill individuals, the “chronic” homeless, and survivors of domestic violence, sexual assault, and human trafficking
 - iii. Call for a careful analysis of the possibility for developing low-cost options (such as additional specialized I-HELP programs) for the most vulnerable.
- c. Offer a Housing 101 workshop in older neighborhoods locations targeted to residents to provide information and potential resources related to housing assistance that could help residents navigate housing challenges and meet cost-effective solutions for home repairs and maintenance. Workshops should be widely publicized with flyers and other means of communication, assessing times when large groups of neighbors in need can attend. Provide clear information of resources available, outcomes, technical assistance to assist neighbors in need with the application process, and follow-up for fair housing funding to ensure that the people in need benefit directly from fair housing initiatives.
- d. Explore the Save The Family model of ARM (Affordable Rental Movement) for housing which offers a reduced, income-based rental rate for working families, expanding this program to other population groups (including those with disability funding).
- e. Develop housing advocacy options for low-income individuals and families, specifically an advocate for exorbitant rent increases and an eviction court navigator.
- f. Explore long-term wrap around supports that allow an individual or family to stabilize themselves with counsel and guidance using the Hope for Addiction model (supported by Gilbert faith communities).

Recommendation # 6. Develop short-term and long-term local transportation solutions to alleviate burdens on residents in need.

- a. Create alternatives that bring resources closer to those in need.
 - i. Encourage the location of accessible resources to alleviate challenges, e.g., a budget-conscious grocery store close to low-income areas and senior living communities to preclude 1.5 hour bus connections each way to purchase groceries at an affordable price.

- ii. Determine best options for the transportation needs of special populations, e.g., seniors and special needs individuals
- iii. Provide transportation vouchers for emergency shuttling to a safe location for those in crisis.
- iv. Explore options for volunteer drivers to assist with transportation needs for particular population groups, e.g., best practices from other communities such as Tempe Neighbors Helping Neighbors and Chandler/Sun Lakes Neighbors Who Care programs.

Recommendation # 7. Prepare now for the aging of Gilbert residents to be ready to meet the human services needs of increasing numbers of seniors, projecting future needs and resources over the next five years.

- a. Establish a partnership with Dignity Health and the Area Agency on Aging to offer programs at convenient neighborhood locations for seniors, including Page Commons and the senior center, to receive a fall-risk assessment and attend classes relevant to aging.
- b. In response to the recommendation made by Mercy-Gilbert Medical Center in their “Community Health Implementation Strategy 2019-2021,” partner to offer the Area Agency on Aging Matter of Balance program, an 8-week (2 ½ hours per week) course to address issues around the fear of falling, learning how to prevent falls, and how to safely get up after a fall. In addition, the Area Agency on Aging Geri-Fit Strength Training workout helps to prevent falls and improves balance.
- c. Explore the Area Agency on Aging Health Promotion program currently offered at senior centers in Maricopa County to present a balanced approach to both the mental and physical well-being of older adults.
- d. In response to suicide prevention for the aging, consider offering the Area Agency on Aging (AAA) safeTALK Suicide Alertness for Everyone program, a half-day training in suicide alertness to help recognize persons with thoughts of suicide and to connect them with resources that can help them in choosing to live.
- e. Consider introducing the Agency’s ElderVention program designed to help older adults achieve and maintain a healthy emotional life and the Senior Adult Independent Living (SAIL) program providing case managed services to adults 60+ with physical disabilities.
- f. Provide information regarding the Warm Line to combat senior loneliness (see Recommendation # 2.i. above).
- g. To address feelings of safety as requested by seniors, provide a self-defense class and training about how, when, and why to contact the police. If seniors are still reluctant to make calls for help, establish a phone tree to train 2-4 residents at Page Commons and other neighborhood communities who are interested to be available 24/7 to assist with phone calls regarding suspicious behaviors, to create a written record for non-emergency issues and to call 911 for emergency needs.

Recommendation # 8. Explore opportunities to partner with The Banner Neuro Wellness (BNW), a nonprofit organization serving special needs residents experiencing any neurodegenerative movement disorders requiring support beyond the walls of the neurologist office and rehabilitation center.

- a. Consider scholarship or donation opportunities for low-income special needs residents for services like fitness training, tai chi, yoga, boxing, music therapy, men’s/women’s/care giver support groups, art classes, and educational sessions.
- b. Create avenues for evaluating/identifying health concerns due to anxiety, fear, stress, and prescription drugs.

Recommendation # 9. Develop an awareness/communication plan immediately to publicize existing services in Gilbert and those accessible in nearby communities.

- a. Target low-income areas with flyers and newsletters delivered to each individual house discussing opportunities for services and resources in both English and Spanish. Post the same flyers and newsletters in key community locations and in the schools.
- b. Provide (at least) quarterly updates to faith community leaders to disperse information to their gatherings of congregants.
- c. Engage the various sectors in Gilbert to identify the most effective opportunities for disseminating information: school partnerships to offer community resource navigation workshops within the schools, principal announcements, Parks and Recreation publications, information racks located in local faith communities, distributions at local businesses and community events, school video newsletters, distribution through key gatekeepers within each neighborhood, and HOA newsletters.
- d. Create a mechanism for ongoing communication among human service providers (nonprofit providers, town providers, schools, and faith communities), town staff, and the community-at-large to raise awareness of the existence of and quality of services offered within Gilbert and nearby communities.
- e. Promote the services offered by AZCEND everywhere possible, including the local paper.
- f. Continue the use of social media platforms and online information to highlight the Mayor's task force and other collaborations, identifying and promoting the most relevant resources.
- g. Explore options for targeted gatherings that encompass resource information sharing, celebration of community diversity (including special needs, cultures, generations, veterans), and health education (mental, emotional, behavioral, and physical) through partnerships with the Gilbert Public Schools and local health partners.

Recommendation # 10. Develop a volunteer-based plan to build community for all residents and improve communication and awareness within Gilbert. *Building* community has to do with improving the ease and success of building good relationships within the town. 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.

- a. Consider the possibility of utilizing justserve.org coupled with Gilbert's For Our City as two primary mechanisms for sharing and tracking long- and short-term volunteer opportunities and engagement.
- b. Explore best practices models in surrounding cities, e.g., Tempe's Neighbors Helping Neighbors and Chandler's Neighbors Who Care in Sun Lakes (available for such services as grocery shopping, doctor's appointments, errands, yard work, putting up holiday lights)

Recommendation # 11. Develop programs to increase and enhance experiences of culturally diverse individuals, immigrants, and refugees.

- a. Improve publication and communication about the ways that Gilbert is engaged in cultural diversity awareness (i.e., partnering with Mesa for MLK day) to demonstrate community

- appreciation, boost the confidence of young people of various ethnicities, and encourage active participation in town activities and leadership opportunities.
- b. Engage the Chamber of Commerce in partnership to track and encourage diversity among business owners.
 - c. Offer cultural diversity training in the schools and centers of employment to discuss unconscious stereotyping of ethnicities, misusing and misinterpreting a culture.
 - d. Explore opportunities to introduce culturally diverse décor and depictions created by culturally diverse artists in schools and community centers. For major ethnic holidays and historical discussions, work with the library system to showcase authors and literature that is culturally appropriate and diverse. Create conscious opportunities to highlight culturally diverse individuals who have contributed to society (e.g., Booker T. Washington's *Up from Slavery*).

Recommendation # 12. Explore new ways in which For Our City could gather together in community to respond proactively to one or more of the needs highlighted in this needs assessment report.

ASKING THE TOUGH QUESTIONS

The TWI consultants have worked closely together for over a decade to address human services needs in the Phoenix metropolitan area. Prior to this needs assessment project, Dr. Williams and Dr. Zorita have conducted human services needs assessments for the City of Chandler, the Town of Gilbert, the City of Tempe, and the City of Surprise, and they offer clients “consulting to inspire and enhance your mission.” Part of their mandate is “asking the tough questions” that clients need to address. For this project, these questions are posed in order to serve the human services needs of Gilbert—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 any similar strategic planning process include—

1. Is Gilbert 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? The overwhelming engagement in the community to support the 2014 needs assessment project provides an unequivocal “yes” to a call for action for Gilbert community partners.
2. With the knowledge and understanding that careful study and consideration must be given to all Council decisions to safeguard effectiveness and costs, where/how is the fine line drawn between the lengthy process of *studying* an issue and the time-critical need to take *action*, to put “boots on the ground,” in order to make a difference in the lives of more than one-third of Gilbert residents?
3. Is Gilbert willing to accept and implement the far-reaching, all-inclusive definitions of population groups in need (as defined by respected national agencies and research centers) and to utilize these definitions in counting individuals and families in need to set criteria to ensure its residents receive critical support?

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

RECOMMENDATIONS FOR FURTHER RESEARCH

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

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

Research Initiative. As the time spent in Gilbert revealed, this is a community that has been in a consistent mode of change for decades. Therefore, staying abreast of the needs, challenges/gaps, accessible services, and strategic partnership opportunities is critical to building community and success for all the residents of Gilbert. Therefore, an update to this needs assessment and process is recommended to be undertaken at five-year intervals, assessing what has been done in response to the needs identified within this report, how successful the strategies have been in meeting those needs, and how to move forward in the next five years—never allowing change to overtake the tradition of the character of Gilbert.

ATTACHMENT A

**GILBERT HUMAN SERVICES
NEEDS ASSESSMENT
2019 HUMAN SERVICES SURVEY INSTRUMENTS**



**Town of Gilbert Human Services Community Needs Assessment
2019 Human Services Survey for Participants**

1. Please complete this question only if you volunteer in or are employed by a human services agency, providing the following information:

Volunteer Employed: Agency _____ Location _____
 Title or Position: _____

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

- Youth (under 18 years of age) Age: _____
- Foster Child: Yes No If yes, how long _____
- Parent of Youth (under 18 years of age) Single Parent Age(s) of children: _____
- Senior (over 62 years of age)
- Veteran: Years of military service _____
- Low/Moderate Income (See chart below for the definition of low/moderate income)

Persons in family/household	Total Household Income
1	Less than \$24,980 per year
2	Less than \$33,820
3	Less than \$42,660
4	Less than \$51,500
5	Less than \$60,340
6	Less than \$69,180
7	Less than \$78,020
8	Less than \$86,860

- Victim of Domestic Violence (Defined as “experiencing a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner; domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person”)
- Homeless (Defined as “lacking a fixed, regular and adequate night-time residence and living in a shelter, temporary institutional residence or a public or private place not designed for a regular sleeping accommodation, e.g., living on the streets, sleeping in a car, doubling up with an acquaintance, or alternating between a motel room and one of these options”)
- Living on streets Sleeping in car Doubling up with acquaintance Occasional motel room
- Living in a household that includes more than one family. How many in the home? _____
- Do you live in public housing? Yes No

Please proceed to the next page of questions.

- Victim of Dating Violence, Sexual Assault, Stalking, or Sex Trafficking
- Immigrant: Country of Origin _____ Years in U.S. _____
- Refugee: Country of Origin _____ Years in U.S. _____
- Identify with a particular culturally diverse group Cultural background _____
- Special Needs (Defined as “experiencing chronic physical, mental, emotional or developmental problems that result in definite and severe functional limitations”)

Description of your special need: _____

Are you in need of housing assistance? Yes No Emergency housing? Yes No

Do you live alone? Yes No

Caregiver Description of care provided _____

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

Employed Full-time Employed Part-time Unemployed

Receiving public assistance Formerly incarcerated Family member incarcerated

Self or other # of prison stays _____ Time spent in jail _____ Crime _____

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

3. In your opinion, please ***rank in order*** the group with the greatest critical need for more services as #1 being most critical to #9 being least critical for more services for the following groups within Gilbert. (Although likely that ALL would benefit from more services, it is **EXTREMELY IMPORTANT** that you number these groups from 1 to 9 using each number only one time.)

Please use 1, 2, 3, 4, 5, 6, 7, 8, and 9 with no duplication of numbers.

- _____ Culturally diverse individuals and families
- _____ Elderly/seniors
- _____ Homeless individuals and families
- _____ Immigrants/refugees
- _____ Individuals and families in crisis
- _____ Individuals in need of mental health and substance abuse treatment
- _____ Low/moderate income individuals and families
- _____ Special needs individuals
- _____ Youth in need of social services

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

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

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

- Housing services
- Homeless assistance
- Senior services
- Home delivered meals
- Financial services
- Counseling services
- Youth programs
- Veterans/Military resources
- ADA/accessibility or special needs services
- Utilities assistance


Please proceed to the next page of questions.

- Substance abuse services
- Food programs
- Services for survivors of domestic violence, sexual assault, stalking, sex trafficking
- Other _____

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


- I did not need any services
- I am unaware of programs available
- I could not locate the program
- I lack necessary documentation
- I did not qualify for a program
- I have transportation challenges
- I experienced a language barrier
- My physical limitations make access difficult
- I am a non-resident
- I lack family support

5. Please check (✓) the box that best describes your rating of each service listed to help the following groups in need in Gilbert. Please provide an answer for each line of the survey that you are familiar with. You may leave a row blank if you have no opinion.

Human Services Areas Serving Homeless Individuals and Families (including appropriate counseling services)					
	Happy with services	Some great; Some not as good	Okay	Some problems with services	No helpful services
Assistance to Homeless Individuals					
Assistance to Homeless Families					
Homeless Prevention Services					
Counseling/Advocacy					
Legal Assistance					
Mortgage Assistance					
Rental Assistance					
Utilities Assistance					
Homeless Street Outreach					
Law Enforcement					
Mobile Clinics					
Homeless Supportive Services					
Alcohol & Drug Abuse					
Child Care					
Education					
Employment					
Healthcare					
Housing					
Life Skills					
Mental Health Counseling					
Transportation					
Veterans services					
Families of veterans					

Which of the above support services, if any, are lacking for individuals with HIV/AIDS? _____

Please proceed to the next page of questions.

Human Services Areas Serving Gilbert Individuals/Families (including appropriate counseling services)					
	Happy with services	Some great; Some not as good	Okay	Some problems with services	No helpful services
Assistance to Citizens with Disabilities— Physical disabilities (blind, deaf, physiological)					
Developmental disabilities					
Mental/emotional disorders					
Assistance to the Working Poor— Affordable, safe housing (individuals & families)					
Employment services (un- and under-employed)					
Health care services for those with no insurance					
Youth social services					
Affordable child care					
Utilities assistance					
Transportation assistance					
Clothing assistance					
Re-entry services for previously incarcerated					
Assistance to immigrant/refugee groups					
Food banks					
Assistance to Seniors—					
Affordable elder care (long-term, day/respice)					
Affordable, safe housing for seniors/elderly					
Senior transportation assistance					
Senior assistance with delivery of meals					
Assistance to Survivors of Domestic Violence					
Assistance to Survivors of Sexual Violence					
Assistance to Survivors of Hate Crimes					
Assistance to Veterans					
Assistance to Families in Crisis—					
Child abuse/CPS investigation/removal of child					
Foster care					
Emergency housing					
Treatment for substance abuse					
Assistance for Elder abuse					
Other:					

6. What do you consider to be Gilbert's ***greatest strength*** in services offered to its residents?

7. What do you consider to be Gilbert's ***largest gap*** in services provided to its residents?

Please proceed to the next page of questions.

8. How would you rate the following qualities of life in Gilbert? Circle one of the five numbers to rate each quality.

Feeling of Safety/Level of Crime and Delinquency

1	2	3	4	5
Unsafe		Average		Exceptional Safety

Feeling of Community within Individual Neighborhoods

1	2	3	4	5
No Community		Average		Exceptional Community

Availability of Bilingual Services (Answer this question if known)

1	2	3	4	5
Poor		Average		Exceptional

Sense of Support for Individuals and Families in Crisis

1	2	3	4	5
Poor		Average		Exceptional

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

9. **Gender:** Female Male Transgender
10. **Age:** 15 to 19 years 20 to 24 years 25 to 34 years
 35 to 44 years 45 to 54 years 55 to 61 years
 62 to 69 years 70 to 79 years 80 to 89 years
 90 years and above
11. **Ethnicity:** American Indian or Alaskan (Tribe _____)
 Asian or Pacific Islander African American
 Hispanic/Latina(o) White Other
- Languages spoken:** _____
12. **Current Status:** Single (never married) Married Separated
 Unmarried living in partnership Widowed Divorced
 Identification with the LGBTQQ community
13. **Children/Dependents:** Number of children living with you (under 18 years of age) _____
Number of other dependents _____ Relationship _____
14. **Education:** (Please check **highest grade completed**)
 Elementary school High school graduate/GED Vocational Training
 Associate degree Bachelor's degree Graduate degree
15. **Do you own your own home?** Yes No
16. **Faith Connection:** **Do you belong to a faith community?** Yes No
If yes, please provide the name? _____
What, if any, services have you received from your faith community?

17. **Where do you live in Gilbert geographically?** _____
Zip Code, if applicable _____

Thank you!



**Town of Gilbert Human Services Community Needs Assessment
2019 Human Services Survey for Community Members**

1. Please indicate the community sector you most closely represent:

- Public sector Education sector Private sector
 Faith community Nonprofit/provider sector

2. In your opinion, please ***rank in order*** the group with the greatest critical need for more services as #1 being most critical to #9 being least critical for more services for the following groups within Gilbert. (Although likely that ALL would benefit from more services, it is EXTREMELY IMPORTANT that you number these groups from 1 to 9 using each number only one time.)

Please use 1, 2, 3, 4, 5, 6, 7, 8, and 9 with no duplication of numbers.

- _____ Culturally diverse individuals and families
- _____ Elderly/seniors
- _____ Homeless individuals and families
- _____ Immigrants/refugees
- _____ Individuals and families in crisis
- _____ Individuals in need of mental health and substance abuse treatment
- _____ Low/moderate income individuals and families
- _____ Special needs individuals
- _____ Youth in need of social services

3. Please check (✓) the box that best describes your rating of each service listed to help the following groups in need in Gilbert. Please provide an answer for each line of the survey that you are familiar with. You may leave a row blank if you have no opinion.

Human Services Areas (including appropriate counseling services)					
	Happy with services	Some great; Some not as good	Okay	Some problems with services	No helpful services
Assistance to homeless individuals					
Assistance to homeless families					
Alcohol & drug abuse counseling/treatment					
Assistance to citizens with disabilities— Physical disabilities (blind, deaf, psychological)					
Developmental disabilities					
Mental/emotional disorders					
Assistance to immigrants/refugee groups					
Assistance to seniors					
Assistance to survivors of domestic violence					
Assistance to survivors of sexual violence					
Assistance to survivors of hate crimes					
Assistance to veterans					
Assistance to families in crisis					
Assistance to individuals with HIV/AIDS					
Other:					

Please proceed to the next page of questions.

4. What do you consider to be Gilbert's greatest strength in services offered to its residents?

5. What do you consider to be Gilbert's largest gap in services provided to its residents?

6. How would you rate the following qualities of life in Gilbert? Circle one of the five numbers to rate each quality.

Feeling of Safety/Level of Crime and Delinquency

1	2	3	4	5
Unsafe		Average		Exceptional Safety

Feeling of Community within Individual Neighborhoods

1	2	3	4	5
No Community		Average		Exceptional Community

Availability of Bilingual Services (Answer this question if known)

1	2	3	4	5
Poor		Average		Exceptional

Sense of Support for Individuals and Families in Crisis

1	2	3	4	5
Poor		Average		Exceptional

7. What human services are provided, if any, by the following groups in Gilbert?

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

Type(s) of service: _____

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

_____ Type(s) of service: _____

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

Type(s) of service: _____

Other _____ Organization: _____

8. What is working well? _____

How could these services improve? _____

What partnering/collaboration would be useful? _____

Thank you!



**Town of Gilbert Human Services Community Needs Assessment
2019 Human Services Survey for Providers**

1. Please complete this question only if you volunteer in or are employed by a human services agency, providing the following information:

Volunteer Employed: Agency _____ Location _____
 Title or Position: _____

2. In your opinion, please ***rank in order*** the group with the greatest critical need for more services as #1 being most critical to #9 being least critical for more services for the following groups within Gilbert. (Although likely that ALL would benefit from more services, it is EXTREMELY IMPORTANT that you number these groups from 1 to 9 using each number only one time.)


Please use 1, 2, 3, 4, 5, 6, 7, 8, and 9 with no duplication of numbers.

- _____ Culturally diverse individuals and families
- _____ Elderly/seniors
- _____ Homeless individuals and families
- _____ Immigrants/refugees
- _____ Individuals and families in crisis
- _____ Individuals in need of mental health and substance abuse treatment
- _____ Low/moderate income individuals and families
- _____ Special needs individuals
- _____ Youth in need of social services

3. Please check (✓) the box that best describes your rating of each service listed to help the following groups in need in Gilbert. Please provide an answer for each line of the survey that you are familiar with. You may leave a row blank if you have no opinion.

Human Services Areas (including appropriate counseling services)					
	Happy with services	Some great; Some not as good	Okay	Some problems with services	No helpful services
Assistance to Homeless Individuals					
Assistance to Homeless Families					
Homeless Prevention Services					
Counseling/Advocacy					
Legal Assistance					
Mortgage Assistance					
Rental Assistance					
Utilities Assistance					
Homeless Street Outreach					
Law Enforcement					
Mobile Clinics					

Please proceed to the next page of questions.

Human Services Areas (including appropriate counseling services)					
Homeless Supportive Services					
Alcohol & Drug Abuse					
Child Care					
Education					
Employment					
Healthcare					
Housing					
Life Skills					
Mental Health Counseling					
Transportation					
Veterans services					
Families of veterans					
Serving Gilbert Individuals/Families in Need					
Assistance to Citizens with Disabilities—					
Physical disabilities (blind, deaf, physiological)					
Developmental disabilities					
Mental/emotional disorders					
Assistance to the Working Poor—					
Affordable, safe housing (individuals & families)					
Employment services (un- and under-employed)					
Health care services for those with no insurance					
Youth services					
Affordable child care					
Utilities assistance					
Transportation assistance					
Clothing assistance					
Re-entry services for previously incarcerated					
Assistance to immigrant/refugee groups					
Food banks					
Assistance to Seniors—					
Affordable elder care (long-term, day/respite)					
Affordable, safe housing for seniors/elderly					
Senior transportation assistance					
Senior assistance with delivery of meals					
Assistance to Survivors of Domestic Violence					
Assistance to Survivors of Sexual Violence					
Assistance to Survivors of Hate Crimes					
Assistance to Veterans					
Assistance to Families in Crisis—					
Child abuse/CPS investigation/removal of child					
Foster care					
Emergency housing					
Treatment for substance abuse					
Assistance for Elder abuse					
Other:					

Which of the above support services, if any, are lacking for individuals with HIV/AIDS? _____

4. What do you consider to be Gilbert's *greatest strength* in services offered to its residents?

Please proceed to the next page of questions

5. What do you consider to be Gilbert's largest gap in services provided to its residents?

6. How would you rate the following qualities of life in Gilbert? Circle one of the five numbers to rate each quality.

Feeling of Safety/Level of Crime and Delinquency

1	2	3	4	5
Unsafe		Average		Exceptional Safety

Feeling of Community within Individual Neighborhoods

1	2	3	4	5
No Community		Average		Exceptional Community

Availability of Bilingual Services (Answer this question if known)

1	2	3	4	5
Poor		Average		Exceptional

Sense of Support for Individuals and Families in Crisis

1	2	3	4	5
Poor		Average		Exceptional

7. What human services does your organization provide to Gilbert residents?

- Housing services
- Homeless assistance
- Senior services
- Home delivered meals
- Financial services
- Substance abuse services
- Clothing resources
- Services for survivors of domestic violence, sexual assault, stalking and sex trafficking, hate crimes
- Other _____
- Counseling services
- Youth programs
- Veterans/Military resources
- ADA/accessibility services
- Utilities assistance
- Food programs
- Employment services

8. What human services are provided, if any, by the following groups in Gilbert?

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

Type(s) of service: _____

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

_____ Type(s) of service: _____

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

Type(s) of service: _____

Other _____ Organization: _____

Type(s) of service: _____

Which of these groups provide meaningful services that make a real difference and how? _____

9. What is working well? _____

How could these services improve? _____

Is quality or accessibility of certain services an issue? If so, which? _____

What partnering/collaboration would be useful? _____

10. What key players do you consider to be most supportive of human services in Gilbert (e.g., from community-based organizations, faith-based organizations, private sector, public sector, educational institutions, etc.)? List all those you have found most useful in Gilbert.

11. What prevention/intervention strategies are being used in Gilbert? _____

Thank you!

ATTACHMENT B

**GILBERT HUMAN SERVICES
FOCUS GROUP AND FORUM INVITATIONS**



Gilbert Community Needs Assessment

**Have you received human services in Gilbert?
Can you speak about resources that are needed for you or your Gilbert neighbors?**

Be a voice in your community

ATTEND a DISCUSSION GROUP to SHARE YOUR IDEAS

<p style="text-align: center;">Any Social Service Issue Wednesday, Sept 18 3:30-5:00pm Southeast Regional Library SERL-Alcott Conf Rm 775 Greenfield Rd, Gilbert 85234</p>	<p style="text-align: center;">Any Social Service Issue Wednesday, Sept 18 5:30-7pm Heritage Center – Multipurpose Room 132 W. Bruce Ave, Gilbert 85233</p>
<p style="text-align: center;">Homelessness Monday, Sept 18 9:30-11:00am ABC Center – ABC Hall ABC Dr., Gilbert</p>	<p style="text-align: center;">Seniors/Aging Thursday, Sept xx 9-10:30am ABC Center – Dining Area ABC St., Gilbert</p>
<p style="text-align: center;">Disabilities/Special Needs Wednesday, Sept 20 2:00-3:30pm ABC apartment – Lobby ABC Blvd., Gilbert</p>	<p style="text-align: center;">Any Social Service Issue <i>(Spanish & English)</i> Sunday, Oct xx 1:00-2:30pm ABC church– Conference Rm ABC Drive, Gilbert</p>
<p style="text-align: center;">Youth & Families Wednesday, Sept 20 4:30-6:00pm (RSVP for childcare by 9/18 to) ABC Elem School Family Resource Ctr, Rm 20 ABC street, Gilbert</p>	<p style="text-align: center;">Domestic Violence Contact: 602-517-9688 GilbertHSNA@gmail.com</p>



\$10 Gift Cards (*Gas/Grocery/Retail Store*) for Participants – Must Pre-Register
ADA accommodations available – must request one week in advance
For more information about Gilbert's Community Needs Assessment visit:
www.gilbertaz.gov/residents/community-resources



Gilbert Community Needs Assessment

YOUR INPUT AND IDEAS ARE NEEDED!

The Town of Gilbert has launched a Community Needs Assessment for Gilbert's human services, being administered by The Williams Institute for Ethics and Management. **The community is invited to take part in this important process.**

The needs assessed include: ***cultural diversity, disabilities/special needs, domestic violence, families & individuals in crisis, homelessness, immigration, low to moderate income individuals and families, mental health, seniors/aging, substance abuse, and youth.***

WAYS YOU CAN PARTICIPATE:

- 1 GROUP DISCUSSIONS FOR RECIPIENTS OF SERVICES**
All who have received or who are interested in receiving human services are welcome to participate in small, 1.5 hour discussions. Several dates are available along with Spanish speaking options. **A \$10 gas/grocery/retail card is available for participants who pre-register.**
- 2 GROUP INTERVIEWS**
Does your community group have a scheduled meeting where participants would like to give feedback? Participate in a 15-30 minute **group interview.**
- 3 SURVEYS**
Complete a **survey** in a community group guided by the assessment team or email ethicstwi@aol.com for an individual opportunity for an online survey
- 4 COMMUNITY LEADER & PROVIDER FORUM**
Give feedback about gaps, trends, & new ideas at a **Community Forum on Wednesday, October 23 2-4pm, Southeast Regional Library, Shakespeare Assembly Rm, 775 N. Greenfield Road.** Preliminary assessment results will be shared to assist in building solutions. RSVP to: <http://gilbert-needs-assessment-community-forum.eventbrite.com>

FOR MORE DETAILS:

www.gilbertaz.gov/residents/community-resources

* ADA accommodations are available upon request at least one week in advance



REGISTER FOR A DISCUSSION GROUP, GROUP INTERVIEW or QUESTIONS?
GilbertHSNA@gmail.com | 602-517-9688

ATTACHMENT C

GILBERT HUMAN SERVICES 2019 NEEDS ASSESSMENT FOCUS GROUP QUESTIONS



Gilbert Human Services Needs Assessment Discussion Group Questions

1. Please introduce yourself and tell me a few sentences about what your life is like right now.
2. What are the most important needs you see in the community?
3. To assist Gilbert residents in finding needed services, let's take a moment to brainstorm a list of all available human services resources you know about or are using.
4. I'm going to name a few people within the community, and I would like you to tell me: 1) The greatest strength of the services offered; 2) The greatest challenge this group experiences; 3) Do you believe these challenges are being met or is something missing?; 4) How available are needed services (from nonprofits, for profits and/or faith communities within Gilbert or nearby in surrounding communities?)
 - _____ Culturally diverse individuals and families
 - _____ Elderly/seniors
 - _____ Homeless individuals and families
 - _____ Immigrants/refugees
 - _____ Individuals and families in crisis
 - _____ People in need of mental health & substance abuse treatment
 - _____ Low/moderate income individuals and families
 - _____ Special needs individuals
 - _____ Youth in need of social services
5. Are there other population groups in Gilbert besides those mentioned that need services? If so, who and why?
6. What services have you personally found (either through referral or personal use) to be most helpful and why (what was special about these organizations)? Any that are least helpful and why?

7. Let's talk about housing:
 - a. What are the most common housing problems?
 - b. Are there any people/households more affected than others by housing problems?
 - c. What housing problems are linked with instability and an increased risk of homelessness?
 - d. What specific types of housing are needed?

8. Are there any other 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?

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

10. Do you have any overall suggestions about how help (or assistance) can be improved for Gilbert residents who are in need?

11. 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? Which of the recommendations stated here today are most important for Gilbert residents?

12. Do you know about any prevention or intervention strategies used in the community to address human service concerns? Are these practices demonstrating any clear outcomes?

13. How is information shared for any services we have talked about? Do you have any suggestions about how information can be shared?

14. 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?

ATTACHMENT D

**MORE VOICES OF THOSE IN NEED
OF HUMAN SERVICES
WITHIN GILBERT**

MORE VOICES OF THOSE IN NEED...

VOICES OF INDIVIDUALS WITH MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT NEEDS

- *“Part of the issue is they say they want counseling, and then we get everything set up and they don't come to the appointment. Again, it's just being trauma-informed and recognizing that trauma has a lot of impact on individuals. We can't try to prescribe something, because nobody's going to act the same way, everybody's going to be different in how they respond to that trauma.”*
- *“I've been at Save The Family for...this is my third year, and it's helped tremendously. Still being able to live somewhere nice and still paying bills and everything. I work full-time and don't qualify for any of their help, but that doesn't mean that I'm making it. I'm still struggling. So this is a big help, and I'm thankful for this program, for sure. There's no way I can afford to live anywhere that I would feel safe, and it would be twice as much as what I'm paying now.”*
- *“I got into the program and then really found some stability and began to rebuild my health, my emotional wellness.”*
- *“Well, I think again, having people around you that when you're in that darkness, they're not afraid to enter that darkness with you. That's a key component, which is why the church is so important. When my ex died, I was literally in the dark because I could not function, and I'm a strong person and I could not function. And I had one of my friends from this church who literally...I was sitting in the dark, I could not move, and she came and didn't even talk. She sat with me in the dark, and that helped me just being there, being present. And so if we as church members can just enter into that darkness and enter into that pain, we don't have to have all the answers, but just be present. That's really important for helping people.”*
- *“We see it coming from two spectrums. You're an initial user that is not used to doing something and take too much the first time. That's usually our younger folks. They get into a crowd or they're poly-drug using, so sometimes they'll overdose on their first or second attempt. Then we get the long-term people that are upping their abuse. When we do our investigations, we've had several at the hospital lately where people are just dumping dead bodies at the hospital that have overdosed at a home or something like that. I think we've had four or five this year.”*
- *“SMI folks don't have the resources for housing, because they need additional care as well. They can't be independent. So I think that is a huge problem. Housing seems to be a really key component for all areas actually.*
- *“That is why people relapse is because they don't have the support during transition and that's where the local church can get involved and be able to provide them with that transition support, from the practical things like budgeting and going to find a job. Looking for housing that they can afford. Dealing with life when it's beating you up, helping them with coping skills and things like that. That's where the church can come in and bridge the gap for all of those needs.”*
- *“By the time they commit suicide, they are in such a dark spot. The trauma happens over time.”*

MORE VOICES OF THOSE IN NEED...

VOICES OF SURVIVORS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND ABUSE, AND HUMAN TRAFFICKING

- *“They're living out of their cars, they're driving across state lines to get away from their perpetrator, their abuser. Especially for sexual violence, if it is somebody in their household, which two out of three times it is, they know their abuser, and it's in that family circle. They don't have safe spaces, and shelters are very few and far between. Unfortunately, a lot of them come with stipulations.”*
- *“There is so much, and counseling helps, it helps. But then you're right back to it. You've got that hour, 50 minutes, and you're right back to it. Nothing actually takes it away to help you breathe.”*
- *“He is very, very abusive in every way possible, physically, mentally, emotionally. He cheated on me. He never worked; I work two jobs. He came here to go school. We were in Texas. I left my family and came here. Things just got worse, not being around family. He poured a hot pot of rum and soup on my head, and that's when I left with my son. I went to the grocery store and called the only person I knew in the city, and she told me to fill my shopping cart and come home and take forever unloading it so that she could get there and help me get my son out. So that's how I left. It's been a fight ever since.”*
- *“When you get divorced, your credit, your everything, is sliced in half, nothing in the courts...I was in a domestic violence situation. My ex-husband is military, and it was like that PTSD thing really exploded.”*
- *“What do the police say domestic violence calls look like in Gilbert? How is that perhaps the underbelly that not all people realize in the families in crisis.”*
- *“There's still that stigma and I think, not that Gilbert is different from other communities, but when it has a high median income, people want to keep, I guess, the perception that their family is doing okay. It may make it harder to talk about it...Just to keep up with the Joneses and not get out of line. Not to say that it's easier for people who are lower income to talk about suicide.”*
- *“Finding volunteers is a challenge, because many times volunteers are victims of violence themselves who want to give back, but they have not finished their own recovery process and are not ready.”*
- *“There is a ‘level of denial’ in Gilbert. The leaders have publicized Gilbert as a ‘safest city’ and community members are unaware of the level of violence in their community. One notable key advocate is Councilmember Eddie Cook who has been a voice for domestic violence and would be open to opening a center in Gilbert.” – Winged Hope*

MORE VOICES OF THOSE IN NEED...

VOICES OF FAMILIES IN CRISIS

- *“You guys, we all have housing here, right? But have, we all made a home, right? Kids need a home like, I mean dinner and to sit at the table and to talk about your day.”*
- *“Have conversations. It’s an important thing to know, like who your child is, what is going on in their lives.”*
- *“Single moms...so that they can keep their kids with them as they rebuild their lives. It's very challenging for them to try to find a job, rebuild, can't afford a place to live. And life is coming at them. They're trying to be moms and everything is super overwhelming. And so how do they have support for all of those things that they need?”*
- *“They're a few dollars over income, or they don't meet one piece of a criterion. It is really challenging. Somebody might seem like they make enough money, but if they're paying 60% of their income in rent, and they have a car break down, they're in crisis just like anyone else.”*
- *“I was one car repair away from not being able to pay this month’s rent and then the next month I was just upside down. I mean, yeah, you guys know. And so the school liaison, I told them that I was being evicted and going over to stay with some friends and putting all my stuff in storage.”*
- *“What about if your family is in crisis just because they're in crisis? No one whooped your butt. You're not old. You're not disabled. You just had a bad month, you just lost your job. There are people in society that that happens to. I wasn't in the military, so if something happened to me, there is no support system for me. None.”*
- *“We are trying to equip the churches to come alongside these families when they're facing a crisis, because people don't ... unless you're touched by this, you don't realize how difficult it is to navigate the system. There's a lack of resources; there's a lack of continuum of care and focus on these families. Quite frankly, I've gone to a lot of support groups, and the families don't feel welcome in our faith community.”*

MORE VOICES OF THOSE IN NEED...

VOICES OF HOMELESS INDIVIDUALS AND FAMILIES

- *"I was overwhelmed, I was like, "Okay, I'm in a hotel and I'm literally a week away from not having anywhere to go."*
- *"I remember one time my car broke down and then I couldn't pay the rent and then I got evicted and then we were homeless. And so it's just this cycle of like, I would be doing well and then something bad would happen and my whole world would fall apart, because I didn't have support. I didn't have resources. My family's all up north. So I started volunteering."*
- *"There aren't a lot of things for the homeless. Where do you go to sleep? Where do you go? Chandler has a route for their homeless. They have certain churches that the homeless go and get showers and food and a night to stay, and they rotate them somehow. Gilbert has nothing."*
- *"I was so hungry, I couldn't help myself. I grabbed one of those hot chickens. The package fell apart, and it scalded my hands. I went to grab another one, and the security guard grabbed me, cussed me out and told me, 'Don't you ever come back here again!' Look, I was starving!"*
- *"Showing up for those people for Christmas, for their Christmas dinner, for the Thanksgiving dinner. But if you're broke, I believe that you want to eat in March as well as in November. People who don't have a lot of money want to eat on a regular basis year-round."*

MORE VOICES OF THOSE IN NEED...

VOICES OF LOW TO MODERATE INDIVIDUALS AND FAMILIES

- *“Sports..it’s really expensive in the schools to do sports but important to build confidence.”*
- *“We are fortunate to have WIC and Dignity Health. Dignity health is doing free flu immunizations open to the entire public.”*
- *“There's not a lot of housing for single women.”*
- *“People are renting substandard housing, because it's the only thing that's affordable. People are desperate for housing, and they'll take almost anything regardless. It can be a bigger problem down the line.”*
- *“I think a huge challenge in Maricopa County is the number of evictions. We are seeing a huge problem also with landlords who are slum lording. They're also doing a lot with leases, where they don't cover any of the maintenance and problems in those units. There are families who are paying the rent, but they're living in substandard quality.”*
- *“Some of the houses are falling apart because of lack of maintenance. The services that are provided are just for emergency services. For plumbing and whatever, air conditioning and heating. But the livability of the house is what's lacking. Year after year it's starting to deteriorate.”*
- *“I believe that we have a responsibility...that making money is great for our community but what makes the community is the people. Would it be the worst thing in the universe that instead of making you know, \$155,000 a year, you made 147 and some of your money went to something that benefited a person or a community that didn't look like you.”*
- *“My health insurance is \$683 a month for me and my child...and we are healthy! So it's insane. So to take him to get a wellness checkup is \$250 just to affirm that he's okay. Where's the clinic? I'd much rather go and pay 20 bucks to a clinic. Where's that at? We don't have a clinic.”*
- *“I don't have enough food to feed my family. It is expensive.”*

MORE VOICES OF THOSE IN NEED...

VOICES OF YOUTH IN NEED OF SOCIAL SERVICES

- *“We have a therapy dog that comes once a month or so, and during finals week, the dog's there in the library, and during lunch, you can go pet it and sit with it. It's a cheesy concept, but it does help. The dog's adorable, everyone at school loves it, and so that always helps me relieve stress.”*
- *“When we were in junior high, at South Valley Junior High, one of our classmates actually passed away from an illness. And I remember going to school the next day, and we had constant administration, and teachers, and everyone, wanting to check in on us and asking teachers if they saw anyone who was feeling especially sad to send them out of class, and if they had to walk out of class it was acceptable. So, I think if we had something where it was more like that on a day-to-day basis, not necessarily just in the time of tragedy, like that was more of the norm.”*
- *“I was last year an ambassador for Teenline, which I know almost everyone in the Gilbert school district, on the back of your ID you have that. But it can be really scary to pick up a phone and call someone and try to talk to them, especially when you're in need in that moment of crisis. Because when you're in crisis, you don't want to go to someone and talk about your problems, because then you feel like a burden.”*
- *“I struggle with especially talking to adults about my problems, because I feel like sometimes they'll ridicule us because we are younger. They didn't have all the pressures. They did have pressures, don't get me wrong, but they don't have the influence of social media in our lives, and things like that, that have really taken a toll on us. And I think it just, it's hard sometimes because when an adult is like, ‘Oh, like you're just being dramatic.’ Things like that, it just makes the situation worse.”*
- *“There's not a sense of community, somewhere where everyone can go besides a church group or a club sport.”*
- *“We basically just give up. You don't really care about school anymore. You don't care about your sport anymore. You don't want to go to work anymore. You just don't want to do anything.”*
- *“There was a 17-year-old girl who had been JUULing for four years, and she started coughing up blood, and her mom was like, ‘I had no clue she ever did this.’ And she was doing it for four years. And so it's just like being unaware at this point.”*

MORE VOICES OF THOSE IN NEED...

VOICES OF SPECIAL NEEDS INDIVIDUALS

- *“What helped me is a lot of tenacity and resilience and definitely the foundation of having a home, that's really been the starting place. That's what's got me in trouble before is when I can't pay for housing. And I don't have family that I can turn to, I don't have those natural supports. So now that I have the support, I could just pick up again and keep on going.”*
- *“I'm starting to get stronger and I'm getting better. I got a cochlea implant a few months ago and for those of you that don't know, I was going deaf, I was 80% deaf. And so it has changed my whole life, to the point that sometimes I have to take it off because the world is really loud. The birds sing and my daughter laughs, and I can go to a meeting and hear every word that all of you guys say, which is empowerment and beautiful and brave.”*
- *“I've been going to a center for 27 years. I'm disabled now. I've been approved by Phoenix to get on those, the buses - Power transit, but they're not going to pick me up here just to go around the corner. So I have to depend on somebody or I don't go to the corner.”*

MORE VOICES OF THOSE IN NEED...

VOICES OF ELDERLY/SENIORS OVER 62 YEARS OF AGE

- *“We often don't think of older adults as being in crisis. We think about them more in a maintaining their independence, but we're seeing such an incredible increase in older adults who are right on the verge of becoming homeless right now. In fact, in the last five years, it's the senior population that has had the greatest growth in Maricopa County in homelessness. But before that stage even, we're seeing so many. We talked about this a little bit before, in terms of the need for affordable housing. But seniors don't typically go to the normal crisis, to the CAP office or to the normal type of crisis places to get help, so it's kind of a hidden population to keep in mind.”*
- *“Community is essential!”*
- *“I have to take three buses to go to the less expensive grocery store I can afford.”*
- *“Volunteers. Our home delivered meal program is in desperate need of volunteers. Right now, we have a great core group of just people who are willing to help. Then those darn volunteers want to go on vacation.”*

MORE VOICES OF THOSE IN NEED...

VOICES OF IMMIGRANTS AND REFUGEES

- *“(Kids in Gilbert) are so incredibly privileged, and they don't see that because it's expected. This is their world. There needs to be more of an awareness of everybody doesn't live like that. Even from a textbook perspective or something to where like you get the median income in Gilbert is 85 grand where the median income in the United States is like 40, you know, so that kind of comparison. I think that Gilbert could do a better job at saying, ‘Hey, you know, there are other people.’”*

MORE VOICES OF THOSE IN NEED...

VOICES OF CULTURALLY DIVERSE INDIVIDUALS

- *“When I was in like fourth grade for like MLK Day, they like separated us to like show how being...like how segregation was, and I think we should celebrate it but not like that. Like more like tell us about MLK. Learn about him that day. Yeah. That they wanted to show us what segregation was like and how much better it was today versus back then. They separated based on color. Better to have something maybe just as simple as like a PowerPoint, like MLK, how he grew up, things he did like in life, accomplishments, just things like that.”*
- *“We are not inclusive. When you say we don't have diversity and the retort is, ‘Yes we do. We have you.’ I am not the spokesperson for all the black people united. I don't want to be the only. And I think from a majority perspective, you don't understand what it's like to be the only. But when you're the only, you're only-ness, you can really feel your only-ness all the time.”*
- *“My son goes to a high achieving school, but even if he was in just a regular school...he doesn't know about the immigrant crisis, or that we are a border state. With the exception of what we see on TV, he doesn't know the impact of the world at all. To have such a bubble right here on the border of Mesa and Chandler, other than our landscapers, where are the Joses?”*
- *“Like the chamber, when you say, ‘Hey, how many minority owned businesses do you have?’ How many? ‘Oh, well, we have no idea.’ You mean to tell me I pay you \$400 a year and you can't add a check box to an application. But it's easy to say, ‘Oh, we don't know. We have lots, tons.’”*
- *“If you understand book knowledge, but you fall short in world's knowledge, what use are you?”*

END NOTES

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