

TOWN OF GILBERT

Assessment of Gilbert's Homeless and At-Risk Individuals

March 2022



Conducted and compiled by



This work is a joint effort between I&E Consulting, LLC; EarlyWorks, LLC and several individuals including:

I&E Consulting, LLC	Lisa Armijo Zorita, Ph.D. Millan Zorita	Director and Project Lead Translator
EarlyWorks, LLC	Nicole de Beaufort Paige E. Pell	Founder & President Senior Consultant
Media Potion, LLC	Audrey Renfro	Graphic Designer

Special thanks to:

Town of Gilbert	Melanie Dykstra Dawn Prince	Volunteer & Community Resources Manager Assistant Town Manager
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- House of Refuge
- Matthew's Crossing
- The Salvation Army
- MAG (Maricopa Association of Governments)
- Mercy Housing/Page Commons
- One Small Step (DBA The Clothes Cabin)
- Open Arms Care Center

Assessment of Gilbert's Homeless and At-Risk Individuals

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EXECUTIVE SUMMARY

Gilbert's Homeless (Sheltered and Unsheltered) and At-Risk Individuals

Overview

The Town of Gilbert is one of the fastest growing municipalities in Arizona. In comparison to other Arizona cities, the overall number of homeless individuals (and particularly those who are unsheltered) is low. However, Gilbert leaders recognize the importance of focusing energy and resources to prevent homelessness so that it does not become a community concern. Gilbert leaders commissioned this assessment of residents who are homeless - both unsheltered and sheltered - and residents who are at-risk of homelessness to better understand their circumstances and the impact of COVID-19. Upon examining Gilbert's long-term data, the uptick of services to combat those needs has grown. For example, from 2000-2019, 52 homeless people needed and secured housing. Fast forward to 2020, 67 were housed, transitioning out of an unsheltered homelessness status. For the 10/2020-09/2021 date range, the number jumped to 222. Gilbert leaders are wise to address this uptick, albeit small. Examining the reasons behind the "why" can help combat rising numbers. The research team of I&E Consulting, LLC and EarlyWorks, LLC conducted qualitative and quantitative research and analysis from July to March 2022. Data reveals continuously evolving circumstances where individuals move fluidly between unsheltered and sheltered environments. Data and details related to 13 primary findings are contained in the following report.

Findings

<p>1  Defining Gilbert's Homeless and At-Risk Individuals</p>	<p>5  Housing Costs Increasing As Fast As Population Growth, Leaving More Residents At-Risk For Homelessness</p>	<p>9  Priority Needs from Providers' Perspectives</p>
<p>2  A Closer Look at Gilbert's At-Risk Individuals</p>	<p>6  Affordable Housing and Rent as a Top Priority From Both Residents and Service Providers</p>	<p>10  Comparing Provider and Participant Priorities for Housing and Services</p>
<p>3  Gilbert's Strengths for Individuals Who Are Homeless or At-risk of Becoming Homeless in Gilbert</p>	<p>7  Priority Needs Voiced by Homeless and At-Risk Residents</p>	<p>11  Residents Want to Know Their Options</p>
<p>4  Primary Reasons Why Individuals Are Homeless or At-risk of Becoming Homeless in Gilbert</p>	<p>8  Shelter Needs</p>	<p>12  COVID-19 Impact</p>
		<p>13  Prevention Strategies</p>



Data Collection

The assessment collected data related to the state of the unsheltered, sheltered homeless, or at-risk of homelessness individuals in Gilbert, Arizona. Human service providers, the homeless, and those at-risk of homelessness were interviewed, participated in focus groups, and responded to surveys from August to October 2021.

191 entities were contacted

40 homeless or at-risk individuals were interviewed within individual or group interview settings

37 organizations participated in the assessment

26 interviews and focus groups were held with a diverse group of homeless individuals, at-risk individuals, and human service providers in Gilbert

22 Gilbert public institutions and locations were part of in-person outreach

Numerous data entries and data sets as reported in the methodology section

A full list of provider entities is listed in the Acknowledgement Appendix and more exhaustive information and data are available via appendices.

Defining Homelessness

Gilbert residents experiencing any of three statuses, were included in this assessment. It is common for individuals to move fluidly between these statuses.



1. Unsheltered.

This means that someone is living without a roof over their head, in conditions that would not be considered habitable. People living in cars are considered unsheltered.

2. Sheltered Homeless.

This includes individuals who have a lack of stable, permanent housing such as those who are housed in a homeless shelter/program, couch surfing, or staying in a motel.

3. At-Risk of Homelessness.¹

This status is defined by the U.S. Department of Housing and Urban Development, through the McKinney-Vento Act, as individuals and families with children “whose income falls 30 percent below median family income for the area and do not have sufficient resources of support immediately available to prevent them from moving to an emergency shelter or another place.” In Findings 1&2, additional data emerged through qualitative interviews with Gilbert residents who fit this at-risk definition. These illustrate contributing circumstances for at-risk individuals.

¹ <https://www.hudexchange.info/resource/1975/criteria-for-definition-of-at-risk-of-homelessness/>



Measuring Homelessness

Homeless Management Information System

The **Homeless Management Information System (HMIS)** is a local information technology system used by human services agencies that serve unsheltered, sheltered homeless, and at-risk individuals. HMIS provides coordinated responses across valley providers while offering quantitative measures for analysis. Data from HMIS is considered the most statistically reliable quantitative data that exists for those who are homeless and at-risk because it enables the entire human services community to track individuals and families in a uniform way as they receive services. Nonetheless, over time there may be inconsistencies in any data collection and data may be colored by the ability or willingness of the individual client to answer specific questions. Additionally, specific city data does not include the following individuals: 1) Those not yet connected with services, 2) The bulk of students who are a part of the McKinney-Vento program, and 3) All individuals who are currently living in different cities (i.e., a former Gilbert resident now in a Mesa shelter). Note also that HMIS numbers may represent current residents, those who previously had a Gilbert address, or those living with someone in Gilbert (i.e., sleeping on a couch). Moreover, these HMIS counts are unable to definitively identify sheltered versus unsheltered individuals due to the nature of constant fluctuations in resident environments.

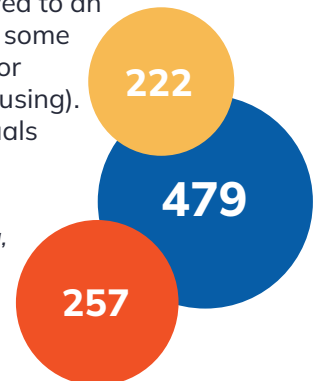
For this assessment, data from 2018-2021 were used. This period includes pre- and COVID-19 era data for a full year in each (i.e., both pre-pandemic (10/01/18-09/30/19) and a year of data during the pandemic (10/01/20-09/30/2021). This allowed for analyses of COVID impacts and for accuracy of a year’s worth of data to mitigate any nuances that fluctuate with the Arizona seasons.

Gilbert’s HMIS Data for Homeless (sheltered or unsheltered) and At-Risk Individuals:

Gilbert’s HMIS data collected during time period	Homeless (sheltered or unsheltered) and at-risk residents
2018-2019	283
2020-2021	479

Out of the **479** most current vulnerable clients served from 10/1/20 to 9/30/21, **222** moved to an “at-risk” state and were housed in some capacity (i.e., rental, owned, with or without subsidized permanent housing). This leaves **257** homeless individuals without **permanent*** housing.

**Lack of permanent housing includes unsheltered, transitional safe housing, the streets, temporary shelters, etc.*



Out of the **479** clients in 2020-2021, **415** were new residents not previously in the HMIS system in 2018-2019.



According to feedback from service providers, HMIS and other documented data do not reflect those that are “hidden,” such as the Gilbert residents who were couch surfing with a family member or friend, or the youth who were not receiving agency services, but were sleeping in cars then attending school. Those numbers also do not account for the residents not yet in the system who were at-risk of becoming homeless.



Point-In-Time Count

The following table depicts counts of homelessness within the East Valley where volunteers count the number of homeless individuals on a single night in their geographic region. While the PIT Count is widely considered to be a severe undercount of the homeless population, the PIT count is critical to effective planning. Communities can utilize the count to work with outreach teams, healthcare and service providers to connect people experiencing homelessness with housing and vital services:

Location	Mesa	Tempe	Chandler	Scottsdale	Gilbert
2020*	338	396	75	102	9
2022	451	384	133	114	15

* The PIT Count was not conducted in 2021 due to COVID-19.

See Appendix D for past year’s PIT count information and city comparisons. More detail and analysis are contained in the report’s methodology section and the remainder of the report paints a more in-depth picture about homelessness and those at-risk for homeless in Gilbert.



While we are experiencing higher levels of homelessness across the region and economies have been strained across the nation due to the pandemic, we are also seeing greater coordination and support to address homelessness. These efforts will help to address this increase by building a stronger, more responsive system.

Hundreds of volunteers made the count possible. We thank local leaders and residents throughout the region for their support of this important effort.

– Maricopa Association of Governments



Who is Experiencing Homelessness and Who is At-Risk?

The research in this study pointed to economic fragility from the global pandemic that has put residents at higher risk of homelessness due to the end of the eviction ban, rising rent prices, job losses, diminished wages, and lack of affordable housing. Analysis of all the data utilized in this study highlighted some specific populations, including:

Working poor.

Residents with jobs whose earnings do not qualify them for services but struggle to make ends meet

Families.

- Single parents
- Families with boys over age 10 who have difficulty finding shelter due to gender separation rules

Individuals with mental health challenges.

Individuals with substance abuse challenges.

Youth without support systems.

- Youth without family stability
- Children aging out of the foster care system
- LGBTQ teens

Survivors of domestic violence.

Individuals with chronic health conditions.

Residents with disabilities.

This population lost access to vital services during the pandemic

Seniors.

- Elder residents on fixed incomes, who find themselves having to choose between paying for medication or food
- Seniors in high-risk situations (i.e., high-risk of falls but fearful to seek help because of COVID-19)

Women in a crisis pregnancy.

Individuals with severe episodes of grief and loss.

Individuals (men and women) experiencing pandemic concerns.

Including job loss coupled with a rise in basic needs expenses

Individuals (men and women) capable of stability but unable to secure basic needs.

(i.e., housing and employment) to dig themselves out of instability





Primary Reasons for Homelessness

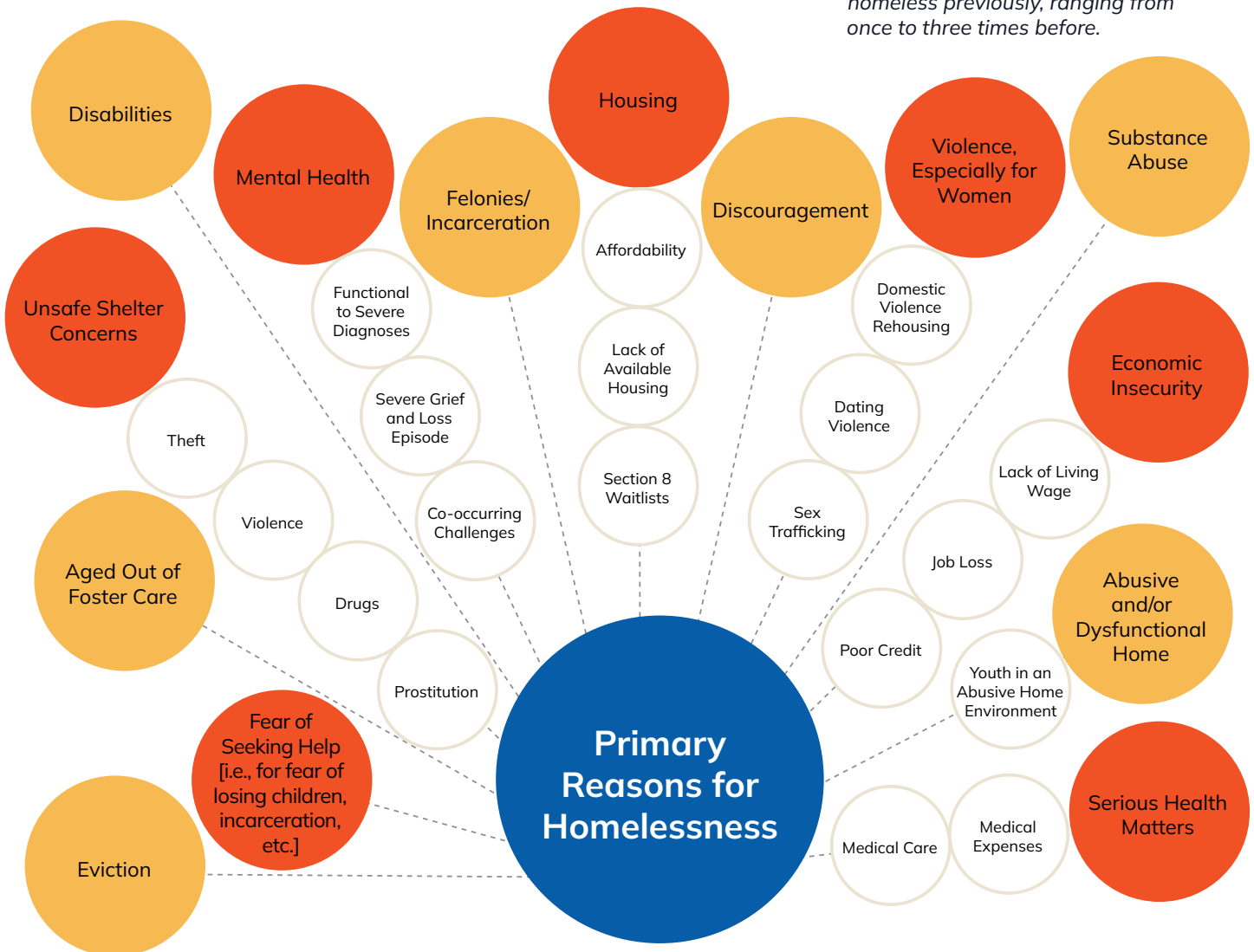
While every person's path is unique, there were recurring themes, as shown in the chart.

Some underlying nuances of these reasons include:

- Five to eight year waiting lists for subsidized housing
- Crisis pregnancy

- **Early, untreated substance abuse.** *In the team's original research with Gilbert residents, substance abuse began at an average of 17 years, with 60 percent reporting their first use under 18 and as young as seven.*

- **Those who are currently housed but were previously homeless.** *Among the 40 vulnerable Gilbert residents who participated in the original research, of those who were identified as at-risk of homelessness (18), 33 percent reported having been homeless previously, ranging from once to three times before.*



More information is found in Findings 5 and 6 in the complete report.



Resources

Gilbert's Existing Infrastructure and Human Services



Pathways Home serves as a regionally supported plan and describes specific actions cities within Maricopa County can utilize to address homelessness within their own communities. Pathways Home was approved in December 2021.

Gilbert utilizes a non-profit funding process to support organizations that provide Gilbert residents in need with shelter beds and other homeless-related services. Nine organizations were funded in 2020-2021. This funding support has increased year-over-year from \$95,700 in 2018 to 2019, to \$127,000 in 2020 to 2021.

In addition, COVID relief funds that were made available in 2020 from federal and state sources were also directed in support of homeless related services, including \$10,635,135 toward homeless prevention rent and utility support, shelters and transitional housing, emergency repair programs, and food, clothes, and transportation assistance.

Regional and local funding support for 2020-2021 efforts are also underway, and Gilbert has made additional efforts to help. The Town's leaders regularly meet with the MAG committees to be a part of the regional approaches for the East Valley.

Gilbert is also one of the first communities taking a deeper dive to determine how COVID-19 has impacted homelessness and at-risk concerns with an assessment such as this. Gilbert leaders continue to anticipate resident needs with data-driven results, and in fact have been recognized with gold certification by "What Works Cities" with national recognition for using data to help inform policy decisions.²

Within the Gilbert Police Department (GPD), a MAG survey conducted in February 2021 highlighted the strengths demonstrated by law enforcement's role in addressing homelessness. The survey also indicates that several training opportunities are made available to law enforcement personnel, albeit on a voluntary basis, demonstrating attention to layered homelessness needs.

² <https://theshow.kjzz.org/content/1709118/6-arizona-cities-recognized-using-data-make-decisions-solve-problems>



Priority Needs Identified by the Data, Residents in Need, and Service Providers

Residents and service providers shared needs, and the research team utilized this input along with the data to analyze for similarities and differences.

The graphic shares the top resources needed for homeless and at-risk individuals, other general concerns, and provider needs.

Top Resources Needed for Homeless & At-Risk Individuals

- Housing**
 - Affordable and Available
 - Small Sober Living Homes
 - Keeping People Housed
 - Rental Assistance/Down Payment
- Shelter Concerns**
 - Theft, Prostitution, Drugs, Violence
 - Improved Screening & Placement
 - Housing for the Whole Family
 - Separate Spaces for Mothers with Children
 - Separate Housing for Single Individuals Without Children, Particularly Seniors
 - Supportive Services Braided with Housing
 - Transitional Programs, Particularly for Single Mothers Coming from Addiction Treatment
- Healthcare/Health**
 - Dental
 - Vision
- Basic Needs**
 - Shoes
 - Food
 - Heat Relief
 - Showers and Laundry
 - Diapers
- Central Resource Hub**
 - Resource Navigation
 - Long-term Advocacy
- Domestic Violence Resources**
- Transportation**
 - Car Repair
- Behavioral/Mental Health Support/In-home Counseling**
 - Self-Esteem Building
- Substance Abuse Treatment**
- Utility & Phone Assistance**
- Youth/Young Adult/Foster Youth Resources**
- Women's Needs**
 - Crisis Pregnancy
 - Counseling
 - Transportation
 - Childcare
 - Workforce Readiness
 - Safety from Violence
 - Personal Items
- Disability Needs**
 - Top 3: Housing, Transportation & Employment
 - Accessibility
 - Community Integration /Inclusivity
 - Education for Independence
- Employment & Education**
- Legal Assistance**
- Healthy Socialization/Family Friendly Community Integration**
- Life Skills Mentoring/Budgeting /Ways to Stretch Money**
- Translators**

Other General Needs/Concerns

- Outreach/Awareness Information/Resource Kit
- Increase of Homelessness
- Race
- Police Collaborations
- Respectful Treatment/ Building Trust/Consistency

Provider Needs

- Clarity and Training Guidelines About What Qualifies People for Shelter
- Simplifying Town Funding Requirements



Highest Priority Needs:

While needs vary from individual to individual, analysis of all the data raised the following eight highest priority needs to the forefront. The delivery, process, and method of these needs vary based on the individual:



- 1 Safe, affordable housing:**
All: Safe, affordable housing ideally linked with long-term support networks (i.e., faith communities, sobriety communities, domestic violence care, young adult support, senior watch, etc.)
Unsheltered: Safe, smaller, livable spaces ideally linked with long-term case management and support. (Both men and women who were Gilbert's unsheltered homeless individuals shied away from larger shelter spaces due to safety concerns, and in general felt safer in Gilbert than outlying cities.)
- 2 Basic needs:**
All: Clothing, food, rent, utilities, and diapers
Unsheltered: Heat relief, laundry facilities, showers, safe place to rest
- 3 Health care:**
All: Navigation of health resources for minor and major health concerns, disability needs, dental care for adults and children
Unsheltered: Health care from managing the elements (heat, wound care, etc.)
- 4 Affordable mental health support:**
Support for pandemic stressors, healthy community connection, trauma informed care
- 5 Long-term, accountable, substance abuse recovery support**
- 6 Employment:**
All: Workforce clothing and supplies along with employers willing to hire homeless/at-risk individuals
Unsheltered: Place to shower
- 7 Resource navigation:**
Central location or mobile support for navigation of resources and advocacy
- 8 Daily living needs:**
All: Affordable and safe childcare, transportation
At-Risk: Relief to sustain daily living including home repairs and home cleaning

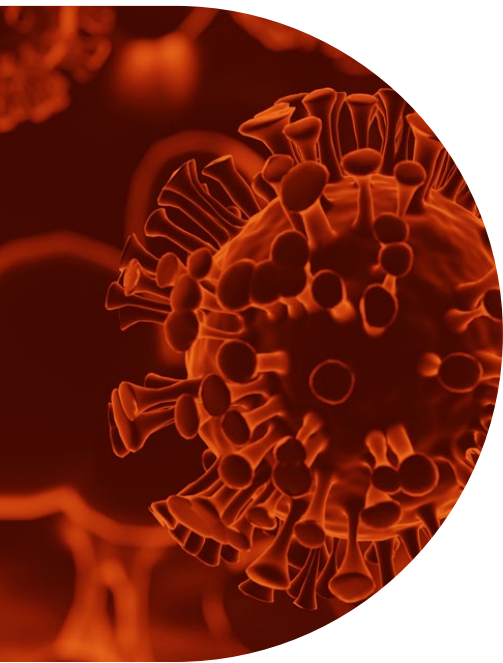
More information is found in Findings 7 through 11 in the complete report.



Impact of COVID-19

Human services providers observed that homeless individuals received fewer preventive services from March 2020, continuing through heightened pandemic spikes. Supportive housing, housing assistance related to prevention, assistance to at-risk individuals, assistance to individuals with mental illness, utilities assistance, and assistance to those chronically homeless were noted as seriously affected by the pandemic. Homeless and at-risk residents noted a greater degree of impact from COVID-19. As the pandemic continued, the number of homeless services further declined due to social distancing and lack of workers. Residents also noted impacts in terms of loss of employment, COVID-19 exposures that prohibited resources, closures of public restrooms and facilities, and loneliness that was as one chronic homeless woman stated, "lonelier than being alone." As the pandemic continues and the disease has not been fully controlled, many factors continue to change as people adjust to "the new normal." The full impact on the community is still unknown.

More information is found in Finding 12 in the complete report.





Prevention Strategies

Providers and residents were asked to weigh in on what can be done to prevent homelessness from occurring in the future. Recommendations included rating the need for additional prevention services as well as rating which existing services need strengthening. Providers, homeless and at-risk residents earmarked the following as prevention measures, with more nuanced ratings explained in Finding 13:

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Mental Health • Education & Employment (Including Vocational Training) • Mobile Clinic | <ul style="list-style-type: none"> • Health Services • Rental, Utilities, & Mortgage Help • Substance Abuse Prevention | <ul style="list-style-type: none"> • Legal Services • Law Enforcement Referrals • Advocacy • Community Connection |
|--|---|---|

The method of addressing priority needs also encourages stability and prevention. Offering resources in conjunction with long-term relationships/case navigation/community support that address deeper instabilities will be key. Additionally, meeting the client where they are at – in their home setting, at school drop offs and within school settings, at public places (i.e., libraries, community centers), while utilizing community resources such as food boxes, heat relief, or clothing – is also critical. Since no one wants to be labelled “at-risk,” finding unique ways to offer support to those who are struggling by offering free to low-cost necessities is also key.

In partnership with providers, it is imperative to listen directly to homeless and at-risk residents of Gilbert to highlight specific, priority needs to assist them. Appendix B offers the unique opportunity to listen to these voiced, coded needs which provide insight about why multifaceted, patient, vigorous, individualized solutions are needed. In general, best approaches to meeting these needs gleaned from listening to the Gilbert community include:

- » **Long-term approaches rather than short-term fixes**
- » **Addressing primary reasons for homelessness (Finding 4)**
- » **Addressing basic needs first to prevent more chronic physical and mental conditions**
- » **Once basic needs are met, provide opportunities for higher level needs for the individual to rise to the next level of self-esteem, service, and contribution back to the community**
- » **Provider relationship building of trust with the individual that demonstrates trauma informed support**
- » **Central hub for addressing needs with wrap around support that uses community-based, bottom-up models to draw on the relational and social capital of communities**
- » **Community connection (service, faith, mentorship, or self-esteem building)**

More information is found in Finding 13 in the complete report.



Conclusion and Additional Report Contributions

In addition to the report analysis, several contributions were also provided to assist Gilbert leaders with their at-risk and homeless residents. This includes a glossary of definitions, an inventory that includes 48 available resources for residents at-risk of or experiencing homelessness, provider insight about services, and an extensive community resource from AZ-211/Solari that lists comprehensive contacts that can benefit any Gilbert resident in need. (Due to the size of the file, it was provided as a separate, electronic Excel file for Gilbert's human service community). Also in the appendix, is the full list of providers who participated in this assessment as well as the research tools used for this project.

Housing is a basic human need, one connected to an individual's ability to thrive.

When safe and stable housing is at-risk or inaccessible, a cascading chain of events resulting from unsafe or unstable living conditions can further imperil people, often chronically.

As Gilbert's leaders consider this information and understand their options, it's important to recognize Gilbert has already done a great deal to increase quality of life for all its residents, and its leaders have a long tradition of ensuring its residents are participants in public decision making. The fact that leaders took the initiative to listen to the needs of its most vulnerable residents - even though small in number - underscores the care leaders hold for Gilbert residents. Data driven efforts such as these will provide homeless and at-risk residents with necessary assistance and help to proactively create preventive processes. These proactive, listening, and data driven strategies help ensure that all residents can thrive in Gilbert's flourishing community.



METHODOLOGY

This assessment uncovers data and experiences of homeless, unsheltered residents, and those at-risk for homelessness who currently and previously lived in the Town of Gilbert. The research team collected original data with residents and human service providers from August 2021 through the end of October 2021. Population data, including Census counts, homeless management information system numbers and point-in-time counts, were included -- with a date range from before the pandemic (October 1, 2018) through present. It's important to place Gilbert in the geographic and social context which it occupies: it's the fifth largest municipality in the state, part of the Phoenix metropolitan area, and located within the southern East Valley region of Maricopa County. Panning out more broadly, the research team also reviewed the data and information from Gilbert through the lens of national efforts working to end homelessness. Taken together, this document provides a deep dive into Gilbert's unique situation, but also uplifts broader best practices and information from a wider perspective.

Evaluation of Current Human Services Resources

The research team reviewed available human services resources to determine an inventory of services currently available within Town limits and other services outside the Town limits that are readily available to Gilbert residents. The human services resource data analysis specifically focused on the current use of available services, potential areas of improvement, and an initial assessment of gaps in services.

Tools for Participant Protection

Participants were informed that their participation in surveys, interviews and focus groups was confidential and to be used as information for the Town of Gilbert to understand their experiences and the resources available, as well as service gaps and opportunities.

Language and Accessibility Barriers

Materials were translated into Spanish and the research team made allowances for all language needs (i.e., a family translator present for Vietnamese communications) and accessibility needs (i.e., closed captioning for the hearing impaired). Additionally, the research team interacted with a diverse population of respondents to give Gilbert a broad sense of multiple experiences.

Research, Information Gathering and Community Outreach

People experiencing homelessness and those who are at-risk for homelessness have unique circumstances due to living in a shelter, feeling stigma with public locales and businesses, escaping domestic violence, navigating mental health and other disability concerns. To create trust and ease among respondents, the research team interacted with respondents in places they already frequented. In addition to multiple contacts with 191 entities via email and phone, in-person outreach took place at the following 22 public locations:

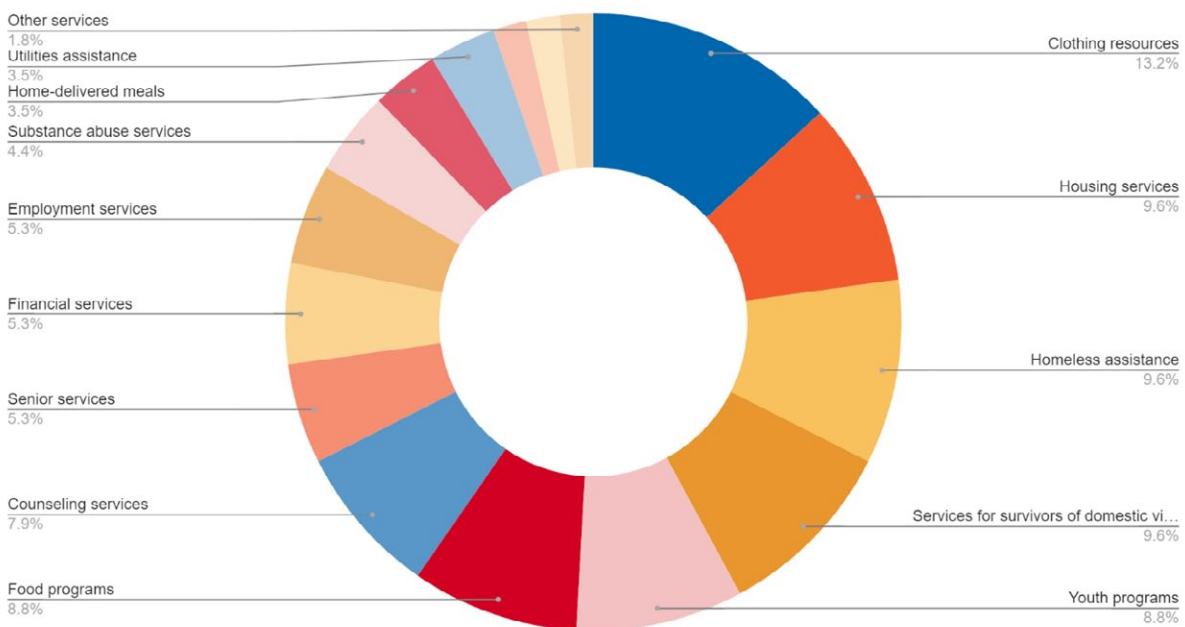
1. Gilbert Public Schools Behavioral Health Fair
(Gilbert representative with research team follow-up)
2. Gilbert's Faith Summit (Gilbert representative follow-up)
3. Senior Center
4. Page Commons



5. Gilbert parks, bus stops, parking lots, street corners and various public spaces
6. Local businesses
7. Gilbert public libraries
8. Three unique food banks/food pantries/care centers including: Matthew’s Crossing, Midwest Food Bank and Open Arms Care Center
9. One Small Step (DBA as The Clothes Cabin)
10. The Salvation Army

The following graph depicts the wide range of services provided by the organizations which participated in this study, many of whom provide more than one type of service:

What services does your organization provide to Gilbert residents who are homeless or at-risk of homelessness?



Surveys

Surveys were constructed based on community data and data was analyzed from the coordinated care systems. The research team developed a survey for individuals experiencing homelessness or lack of shelter. This tool (see Appendix F) was used in person with 40 individuals. The research team also developed a survey (see Appendix F) for service providers assisting people experiencing homelessness. A total of 28 service providers participated in the survey.

Focus Groups and Interviews

Focus groups and interviews were conducted in English, Spanish, and Vietnamese (see Appendix F) and made accessible for anyone with a disability, particularly the hearing and visually impaired.



In appreciation for their time, at-risk and homeless participants received grocery/necessity gift cards and food purchases. Data was designed to elicit a range of views and relevant analytical perspectives within a group context. Special attention was devoted to providing a broad sample of participants that was culturally, demographically, and geographically appropriate. All focus groups and interviews were hand-coded, recorded, and transcribed for statistical analysis.

Analysis of Existing Data/Background Research

HMIS

HMIS is formally defined as a local information technology system used by provider agencies that work together to provide services for those experiencing homelessness. Client-level data is tracked across agencies to help plan and provide services to each client. All clients who entered the HMIS system qualify for the HUD definition of homelessness, however not all clients are on the streets because some may enter into the system having participated in a homeless prevention project or housed through rapid re-housing or permanent supportive housing. HMIS allows all agencies who participate to track each client's progress as they (for example) move from unsheltered to sheltered/at-risk through their Housing Move-In Date. Client data is stored permanently which allows for continuous follow-up for agencies who participate. Data is collected by the human service community whose representatives input their information into HMIS.

Existing data from the Homeless Management Information System (HMIS) was critically important to analyze. HMIS shows homeless and at-risk population data across several variables, from demographics to cause of homelessness. The research team selected the most relevant data for inclusion in this study, based on what is most actionable, while still giving a holistic picture. The team paid particular attention to a full year of data pre-pandemic (10/1/18 to 9/30/19) and a year of data during the pandemic (10/1/20 to 9/30/21) to provide as accurate depiction as possible in an entire calendar year since homelessness across Arizona looks different depending on the season. The team was able to compare nuances and differences in these years to help leaders assess current and future services. The HMIS data included the organizations noted in Appendix A.

Snapshot of Two Providers

House of Refuge

Two providers shared in-depth organizational information where interviews were not possible with their clientele. Mesa-based House of Refuge provides safe, stable housing to families who are experiencing homelessness. They shared data on their population who have been Gilbert residents from January 1, 2020, through August 24, 2021.

Gilbert residents there had an average length of stay (LOS) of 367 days, with a low of 122 and a high of 495. House of Refuge shelters families with residents ranging in age from two to 57 and an average 20. Of 14 residents on whom data was collected, 64 percent reported that they had experienced domestic violence. Of the 18 who responded to this question, 67 percent had previously been staying or living in a family member's room, apartment, or house, 22 percent had been in rented premises, and 11 percent had been living in a "place not meant for habitation".

Child Crisis of Arizona

Child Crisis Arizona (CCAZ) provided information on individuals in group home, emergency shelter, and foster care during calendar year 2020 and from January 1 to July 31, 2021.



One child among the population of 14 in 2021 in a Mesa group home was previously domiciled in Gilbert. The Emergency Shelter downsized the individuals served and relocated from Mesa to Phoenix between 2020 and 2021, again with one child from Gilbert among the total of 54 served in 2021. Approximately 10 percent of the children in foster care provided by CCAZ in Maricopa County continued as Gilbert residents. While this data set is small and the reasons for admission are not tracked, it does highlight another population that is considered at-risk for homelessness later in life.

Additionally, in their new Independent Living for Foster Youth Program, CCAZ reported one resident from Gilbert in this program since July 2021.

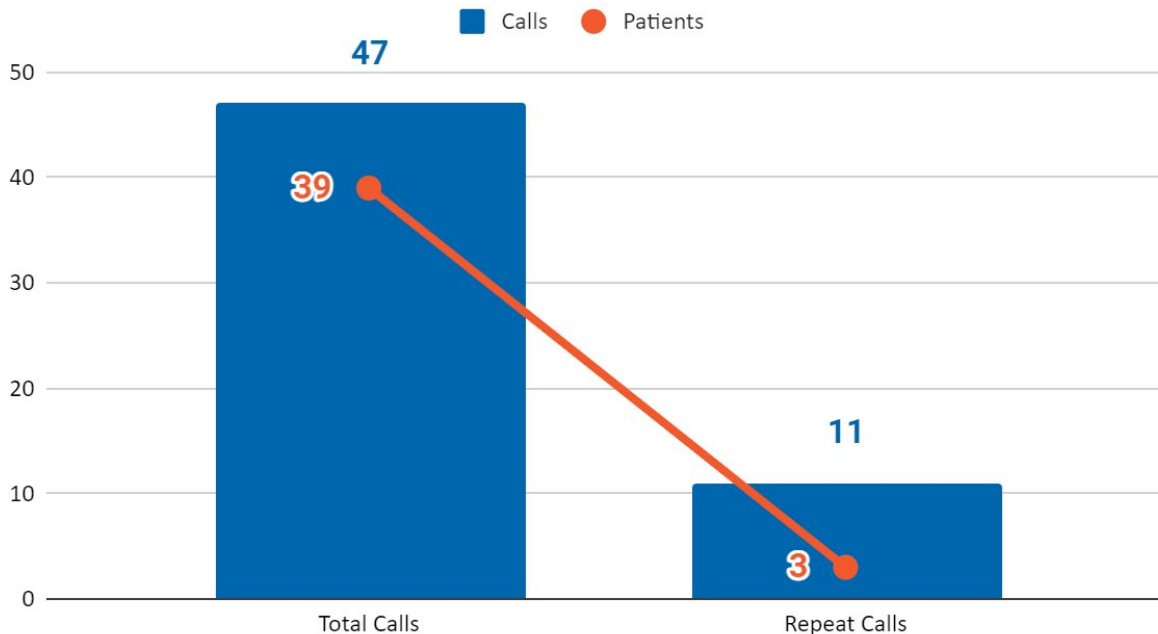
Other Sources

Relevant findings from additional programmatic data are listed below and the complete list of organizations and entities reviewed are listed in Appendix G.

Fire Department

The Town of Gilbert Fire Department provided data on its runs to persons identified as homeless for April 1 to June 30, 2021. Approximately 82 percent of those calls related to physical maladies vs. ~18 percent for Altered Consciousness or other Psychological/Behavioral issues. Thirty-nine individuals were serviced by these calls, with three of them accounting for 11 calls.

Fire Runs: Patients & Calls



Municipal Association of Governments (MAG)

Municipal Association of Governments (MAG) provided the following “Municipal Profile” of Gilbert. Note that at the time this graphic was created, eviction data was current through the end of July 2021. Additional data through October 2021 is included later in this report, in the Eviction section of Finding 4.



Municipal Profile: Gilbert

Gilbert	267,918 Total Population	\$96,857 Median Household Income	5.3% Percent Below Poverty	20,393 Renter-Occupied Housing Units <small>(26% of Occupied Housing Units)</small>
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Source: U.S. Census Bureau, 2020 Decennial Census, American Community Survey (ACS) 2015-2019 5-year estimates

Gilbert Programs and Services that Serve People Experiencing Homelessness

Category	Count
Substance Use	6
Clothing/Hygiene	5
Financial Assistance	2
Other	2
Food	1
Total	16

Source: Homelessness Assets and Needs Data for Unified Planning (HANDUP) 2-1-1 Arizona, Maricopa Regional Continuum of Care Housing Inventory Count

Median rent and sales price have increased.

Median Sales Price **↑ 31%** June 2021: \$490,000
June 2020 - June 2021 June 2020: \$375,000

Source: Information Market

Median Rent **↑ 6%** Q1 2021: \$1,432
Q1 2021 - Q1 2020 Q1 2020: \$1,350

Source: RealData, Inc. (Data only for 50+ unit complexes)

Unsheltered Point-in-Time Count

4 → 2 → 9

2018 PIT Count 2019 PIT Count 2020 PIT Count

Source: Maricopa Regional Continuum of Care Point-in-Time Count

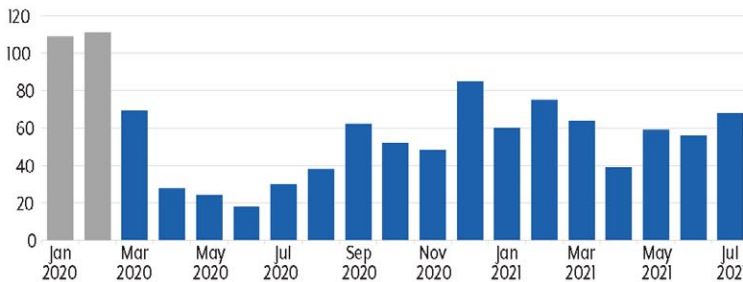
Vulnerable Households in Gilbert *

- ▶ **8,556** households spend more than 30% of their income on housing expenses
- ▶ **3,596** households spend more than 50% of their income on housing expenses

Source: U.S. Census Bureau, ACS 2015-2019, Renter-Occupied Housing Units

*See Vulnerable Households below for comparison of Gilbert, Arizona and United States

Gilbert Evictions, January 2020 - July 2021



Prior to the pandemic, eviction filings in Gilbert were generally over 100 per month. Evictions dropped in March 2020 as the Arizona evictions moratorium went into place. From January 2020 to July 2021, there has been a **38% decrease** in monthly eviction filings.

Source: Maricopa County Justice Courts

Prepared by the Maricopa Association of Governments (MAG) for the City of Tempe. If you have questions about this information, please contact City of Tempe Human Services at 480-350-5400 (M-F 8-5). For questions about the data, contact TJ Reed at treed@azmag.gov.

Additional Data

	Gross rent as a percent of household income	United States	Arizona	Gilbert
Vulnerable Households (Renter Occupied)	Households spending 30% or more of their income on rent	46%	45%	42%
	Households spending 50% or more of their income on rent	23%	22%	18%

Source: U.S. Census Bureau, 2019 American Community Survey (ACS) 5-Year Estimates



Yardi Matrix National Multifamily Report, June 2021

This national report on multifamily rents reinforced news reports and general knowledge that housing prices have increased sharply. The report indicates several factors are driving unprecedented rent growth including but not limited to migration, government stimulus checks driving economic growth, increased household savings, the increase in housing sales, and lack of new supply. The bullet points below are excerpted from this report.

- Multifamily asking rents increased by a whopping 6.3% on a year-over-year basis in June. This is the largest YoY national increase in the history of our data set.
- Rents grew an astonishing \$23 in June to \$1,482—another record-breaking increase. Lifestyle rents are growing at a faster pace than Renter-by-Necessity rents, something we have not seen since 2011 and another sign of a hot market.
- Single-family (Built-to-Rent) rents grew even faster, at an 11% year-over-year pace.
- To be clear, the increases represent growth in what landlords are asking for unleased apartments. Increases are smaller for tenants that are rolling over existing leases.

The Phoenix market was highlighted as an area where migration is pushing up rents; according to their data, the Phoenix metro increase was 17 percent.

Town of Gilbert

Melanie Dykstra, Town of Gilbert, provided an inventory of service providers in Gilbert and Maricopa County. This inventory was updated by the Research Team and incorporated input from the survey respondents and focus group participants. An updated inventory is included as Appendix C.

ASU Study - Unsheltered Perspectives

This study, conducted in January 2019, interviewed 100 individuals experiencing homelessness in Phoenix. While Phoenix and Gilbert are different communities in many ways, the report uncovered similar themes to the research conducted for this report, including concerns about safety, lack of affordable housing and the need for community and social supports. This Gilbert report also showcases unique nuances not previously reported in this study.

AZHC AMA SLFRF Spending Recommendations to Town of Gilbert

In June 2021, the Arizona Housing Coalition and the Arizona Multi-housing Association co-authored a letter to the Executive Staff of the Town of Gilbert, outlining their recommendations for allocating funds to activities related to housing and homelessness. They noted that “Arizona has a deficit of 136,032 affordable homes for extremely low-income renters and 75 percent of extremely low-income renters are severely cost burdened.” Their recommendations are listed below and align with the results obtained from the Research Team’s focus groups and surveys.

Increasing supply of units:

- Capital for acquisition of properties for development as affordable supportive housing, including non-traditional properties such as hotels and commercial buildings.
- Funding for rehab of supportive housing properties.



- Capital for conversion of hotels/motels and other properties into affordable permanent supportive housing.
- Capital for development of affordable housing for supportive housing workforce and service providers.
- Capital for affordable homeownership projects.
- Capital for land acquisition for affordable housing.
- Establishing/funding flexible affordable housing pools.
- Establishing rental owners Incentive Programs to increase availability of units for housing vouchers and subsidy.
- Capital for community-driven capital projects in distressed and marginalized communities (Community directed development projects).

Supporting housing stability and community wellness through:

- Capital for infrastructure and technology supporting virtual delivery of services such as telehealth, virtual education, and career counseling in a supportive housing environment if funding is not available through other sources.
- Establishing/funding flexible services funds Supportive services for new supportive housing participants where service funding is not otherwise available.
- Capacity-building needed to support families transitioning from nursing homes, prisons, and other congregate facilities into supportive housing.
- Development and expansion of supportive services workforce.
- Funding for supportive services to increase housing stability for residents in housing programs.
- Funding for legal aid to prevent eviction or homelessness.

Pathways Home: A Regional Homelessness Action Plan for Local and Tribal Governments

The plan, developed with participation from Gilbert leadership, identifies how the regional strategies adopted by the MAG Regional Council in May 2021 will be implemented, with specific focus on how local and tribal governments should address homelessness regionally. These are the specific actions detailed by the plan:

- Commit to work regionally to reduce homelessness
- Increase safe housing options
- Support diverse partnerships to address homelessness

MAG Regional Homeless Initiative Summary Week Oct. 22, 2021

This document provides a road map and tracking for the various activities that are being undertaken currently. The research team noted that this document speaks to the necessity of establishing a continuum of care between various agencies and entities that interact with those who are homeless or at-risk of becoming homeless. When the length of service for House of Refuge residents (367 days) Hope for Addiction residents (two years) is considered, the need for follow up engagement is highlighted. Not only are strategies needed to connect nonprofits and government entities, but funding resources are also needed to provide services.



FINDINGS: Homelessness in Gilbert

FINDING 1: Defining Gilbert's Homeless and At-Risk Individuals

This next section of the report illustrates the 13 findings gleaned from the above mentioned data as well as this study's original research. A review of the data along with feedback from providers and residents illustrated the following people as the "Who" of Gilbert's Homeless and At-Risk Individuals. These individuals listed below are further illustrated by the graphs that follow and experience one or more of the primary reasons for homelessness (addressed in Finding 4).

This research pointed to economic fragility from the global pandemic that has put residents at higher risk of homelessness due to the end of the eviction ban, rising rent prices, job loss, diminished wages, and lack of affordable housing. Analysis of all the data utilized in this study lifted up the specific populations, including:

Working poor.

Residents with jobs whose earnings do not qualify them for services but struggle to make ends meet

Families.

- Single parents
- Families with boys over age 10 who have difficulty finding shelter due to gender separation rules

Individuals with mental health challenges.

Individuals with substance abuse challenges.

Youth without support systems.

- Youth without family stability
- Children aging out of the foster care system
- LGBTQ teens

Survivors of domestic violence.

Individuals with chronic health conditions.

Residents with disabilities.

This population lost access to vital services during the pandemic

Seniors.

- Elder residents on fixed incomes, who find themselves having to choose between paying for medication or food
- Seniors in high-risk situations (i.e., high-risk of falls but fearful to seek help because of COVID-19)

Women in a crisis pregnancy.

Individuals with severe episodes of grief and loss.

Individuals (men and women) experiencing pandemic concerns.

Including job loss coupled with a rise in basic needs expenses

Individuals (men and women) capable of stability but unable to secure basic needs.

(i.e., housing and employment) to dig themselves out of instability



Here are some of these voices:

I've lived in Gilbert all my life. I grew up in the house right around the corner here. I helped build this community center, so I know (everything) and everybody, this whole facility. Now I'm homeless. My dad was a veteran.

They (Gilbert's homeless) are children or teenagers that get taken out of, finish out of foster care. So, you age out. I think that's another big issue that I've been seeing over the years. Children are aging out, they have nowhere to go so they end up on the streets.

Local younger couples who come from really rich homes. When they get in a fight with their parents, they're going to spend a few days on the street, they just get high either by themselves or with a buddy or a girlfriend. And now, they're on the streets for a couple days getting high until their parents let them back in the house.

Single men who are struggling with any of the following: disabilities, mental health, family dysfunction, addiction, job loss, or severe traumatic life event.

I also have great concerns for the LBGTO community, which a lot of those teens are homeless.

Most of the seniors that we're seeing [25 percent are Gilbert residents, others have migrated here] that come in have no more income than just their social security for a number of reasons, mainly because they've outlived their resources and the other is they've lost a spouse.

Homeless Management Information System (HMIS) Data

Homeless Management Information System (HMIS) data was obtained for the periods 10/1/18 to 9/30/19 and 10/1/20 to 9/30/21. Three objectives drove the selection of these time periods:

1. To incorporate the most recent data available prior to synthesizing the in-person research (10/1/20 to 9/30/21).
2. To include a full year of data, which balances any seasonality inherent in the data.
3. To include a full year of comparative data that was prior to the onset of the COVID-19 pandemic (10/1/18 to 9/30/19).

The graphs in this section are created from these two data sets and represent the total **unique** number of homeless current and former Gilbert residents (sheltered or unsheltered) who were receiving services from the following organizations during these time periods.



Assessment of Gilbert's Homeless and At-Risk Individuals

FINDING 1: Defining Gilbert's Homeless and At-Risk Individuals

HMIS Data Provider Name	2018-19 Sites/ Programs	2018-2019 Client Count	2020-21 Sites/ Programs	2020-2021 Client Count
Arizona Behavioral Health Corporation	7	27	9	26
Arizona Housing Inc.	1	1	1	1
AZCEND	2	11	1	2
Central Arizona Shelter Services	2	18	5	34
Community Bridges	16	42	22	111
Catholic Charities Community Services	2	2	1	1
Child Crisis Association	0	0	1	1
Chicanos Por La Causa	0	0		1
City of Chandler	0	0	2	18
City of Glendale	0	0	1	1
City of Mesa	0	0	1	6
City of Phoenix Human Services Department	1	1	1	2
City of Tempe Human Services Department	3	6		22
Circle The City	1	1	2	4
Elaine Health Navigation	0	0	1	1
Family Housing Hub	2	16	3	69
Family Promise	1	7	1	3
Homeward Bound	1	2	0	0
Homeless ID Project	1	16	1	23
House of Refuge	1	43	1	38
HOM Inc	1	1	1	2
Human Services Campus	1	29	4	53
Homeless Youth Connection	1	3	2	8
Lodestar Day Resource Center	1	3	4	15
A New Leaf	4	21	4	15
LaFrontera – Empact	0	0	1	1
La Mesa Ministries	0	0	1	4
Lutheran Social Services of the Southwest	1	3	1	4
Maggie's Place	2	7	1	6
Mesa United Way	0	0	1	8
Native American Connections	2	2	5	6
National Community Health Partners	0	0	1	12
Phoenix Rescue Mission	1	1	6	10
Single Adult Coordinated Entry	11	68	14	59



HMIS Data Provider Name	2018-19 Sites/ Programs	2018-2019 Client Count	2020-21 Sites/ Programs	2020-2021 Client Count
The Salvation Army Phoenix Social Services	1	10	2	6
Southwest Behavioral Health	3	3	0	0
St. Joseph the Worker	0	0	1	1
Save The Family	7	34	8	164
St. Vincent de Paul	3	15	2	15
Tempe Community Action Agency	1	6	1	2
UMOM New Day Centers	6	20	8	61
US Vets	5	7	6	10
CLOSED – Miscellaneous	12	78	1	1
Total Services		504		827
Total UNIQUE Clients Served		283		479
Unique Clients Who are Housed		unknown		222
Unique Clients without Permanent Housing		unknown		257

Since clients can be enrolled in more than one program, the total number of services is greater than the unique number of clients served.

When viewing this client data, key analysis demonstrates:

1. Out of the 479 vulnerable clients served from 10/1/20 to 9/30/21, 222 moved to an “at-risk” state and were housed in some capacity (i.e., rental, owned, with or without subsidized permanent housing). This leaves 257 homeless individuals without permanent housing. Lack of permanent housing includes unsheltered, transitional safe housing, the streets, temporary shelters, etc.
2. The following two services account for high percentages in the chart’s most recent 10/1/20 to 9/30/21 data:
 - Family services 29% (Taken from just three specific family agencies of Save the Family 164, Family Housing Hub 69, and Maggie’s Place 6 – 239 total. This percentage does not include agencies who also serve families (and individuals) in their total client counts (i.e., St. Vincent de Paul, UMOM, etc.).
 - Clients with substance abuse challenges 13.4% (Taken from just one agency Community Bridges 111. This percentage does not include Gilbert residents who were ineligible for substance abuse services, nor does it include clients served by programs that are not specifically recovery centers.) Note that the number of clients served by Community Bridges more than doubled from 2018-2019, providing clear data about the rise in substance abuse within the pandemic period.)
3. The number of clients increased 69% from 283 in 2018-19 to 479 in 2020-21. The percentage of services increased 64%.
4. Detailed demographics for unique clients served are provided within our HMIS graphics section that follows.

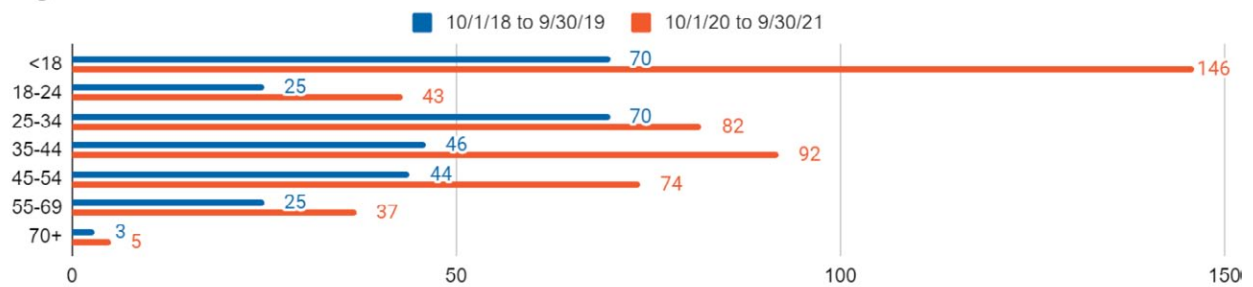


Gilbert's PIT Data for Unsheltered Homeless Individuals:	
February 2020	9
February 2022	15

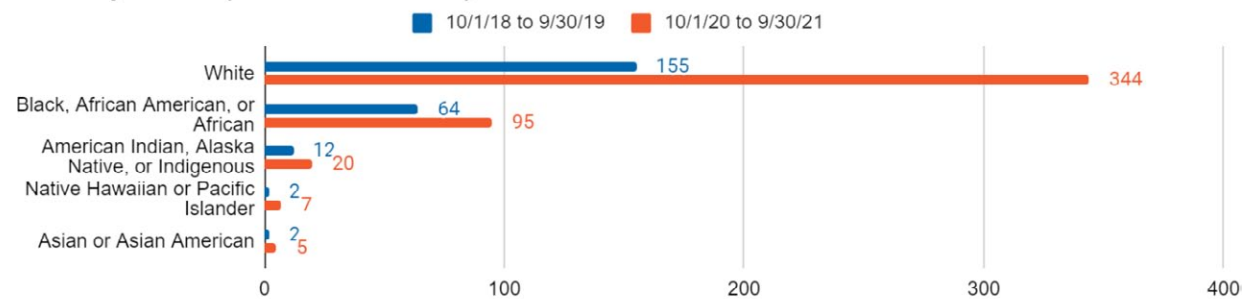
Preliminary data also demonstrates an increase in all other Maricopa County cities.

Following are graphs generated from the HMIS system that describes Gilbert residents who agencies entered as homeless. Note that not every graph will total the unique client count (283 or 479); there are inconsistencies in data collection practices over time as well as the ability or willingness of the individual client to answer specific questions.

Age at Effective Date

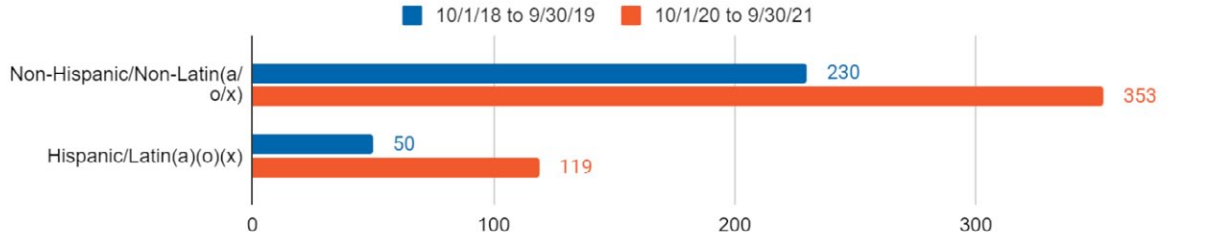


Primary Race (Adults & Minors)

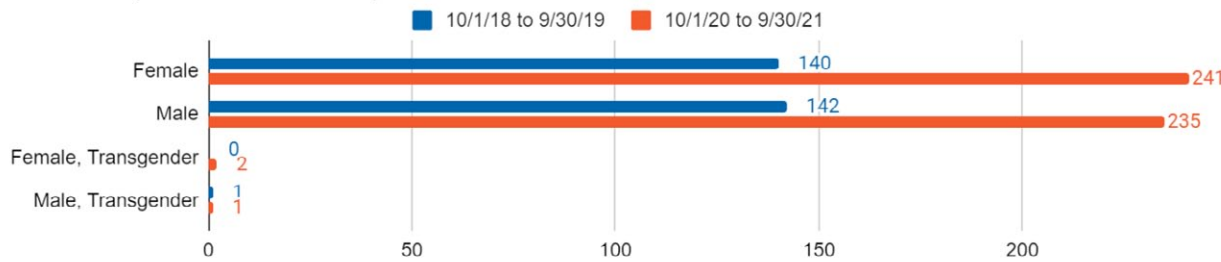




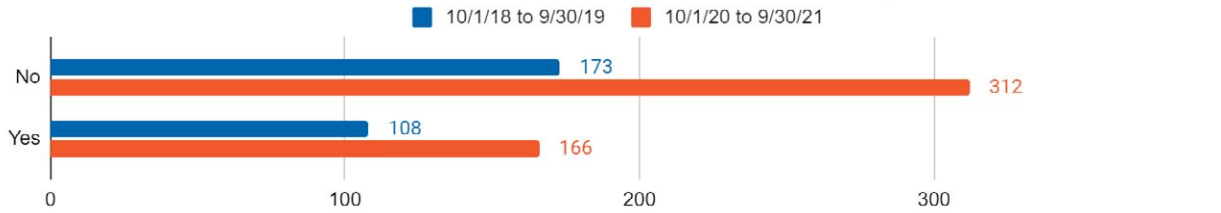
Ethnicity (Adults & Minors)



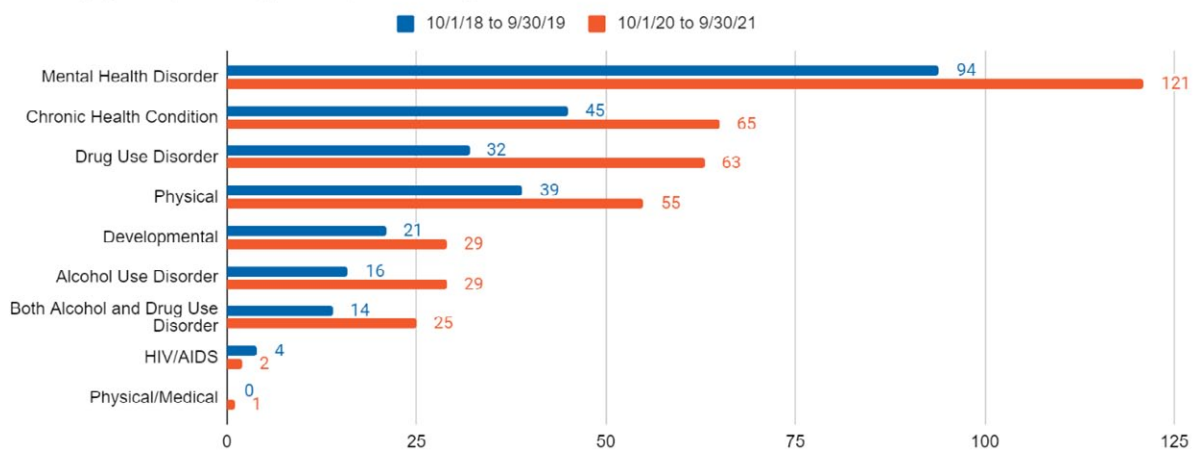
Gender (Adults & Minors)



Does the client have a disabling condition? (Adults & Minors)



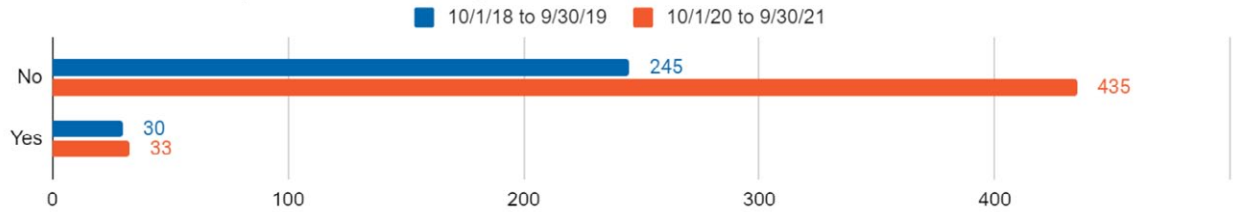
Disability (multiple diagnosis per client)



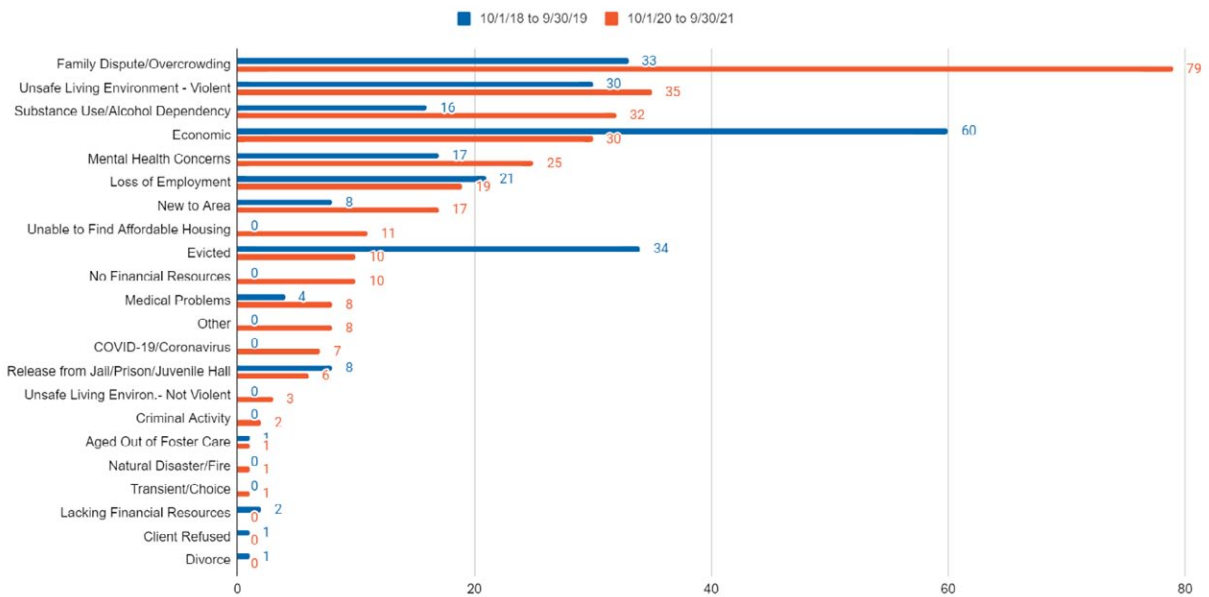
Over two-thirds of clients who reported having a disability reported that at least one of their disabilities was considered “long-term” (67 percent in 2018-19 and 68 percent in 2019-2020).



Veteran Status (Adults & Minors)



Homelessness Primary Reason (Adults & Minors)



Our original research uncovered eight additional primary reasons leading to homelessness including:

1. Disabilities (i.e., shelter won't accept service dog and lack of accessibility friendly housing)
2. Fear of Seeking Help (i.e., for fear of losing children, incarceration, etc.)
3. Severe Grief and Loss Episode (i.e., death of a loved one)
4. Violence, particularly for women, including dating violence and sex trafficking
5. Lack of available housing (i.e., no space for transitional homes after shelter stay or drug treatment, long wait lists for housing vouchers, etc.)
6. Discouragement
7. Youth in abusive home environments
8. Unsafe shelter conditions (i.e., theft, violence, and prostitution)

The HMIS data demonstrates two additional reasons not stated by study participants, with the third reason (Client Refused) potentially playing a role in the reasons above:

1. New to the Area (25 individuals)
2. Criminal Activity (2 individuals)
3. Client Refused (1)



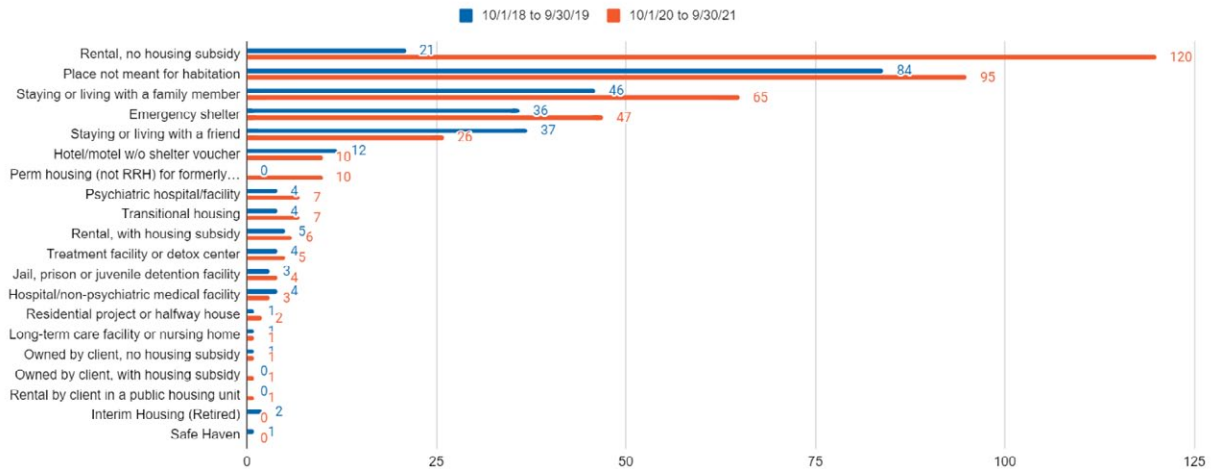
Assessment of Gilbert's Homeless and At-Risk Individuals

FINDING 1: Defining Gilbert's Homeless and At-Risk Individuals

In 2018-19, 32 adults and minors in the HMIS system were at-risk at the time of data collection. In 2020-2021, that number was 115.

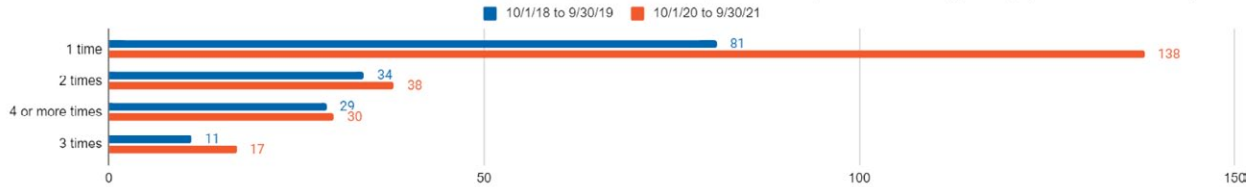
Clients were queried as to where they were living prior to project entry; the majority were in rental housing (without a subsidy), a place not meant for habitation, with family or friends or in an emergency shelter.

Residence Prior to Project Entry (Adults & Minors)



In the original research conducted by the research team, 37.5 percent of participants responded “yes” when asked if they had been homeless four or more times in the last three years. The charts below illustrate various measures of chronic homelessness within the HMIS cohort.

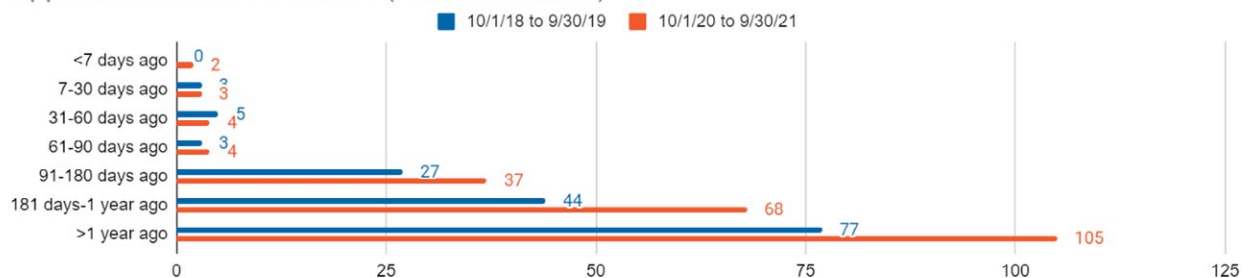
Number of times the client has been on the streets, in ES, or SH in the past three years including today (Adults & Minors)



Chronically Homeless (Adults & Minors)



Approximate Date Homeless (Adults & Minors)





Assessment of Gilbert's Homeless and At-Risk Individuals

FINDING 1: Defining Gilbert's Homeless and At-Risk Individuals

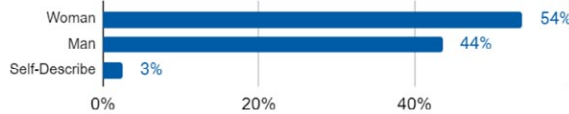
A final category of relevant data captured by HMIS is about clients receiving non-cash benefits. In 2018-2019, 50 percent of the clients were receiving at least one type of non-cash benefit. In 2020-2021, that percentage had fallen to 31 percent.

Response types have been edited for space as needed without fidelity loss. For clarity, responses of "null", "client did not know", etc. have been removed.

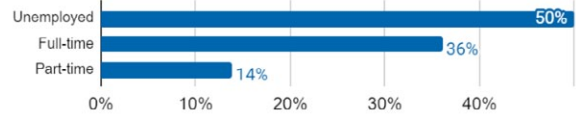
Original Research Survey Participant Demographics

For comparison purposes, the demographics of the 40 individuals who are currently homeless or at-risk of homelessness who took part in our survey are provided below.

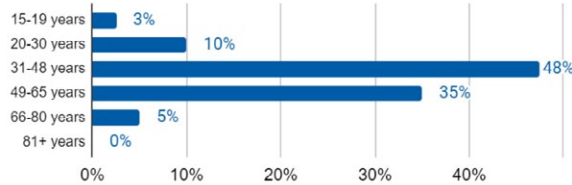
GENDER



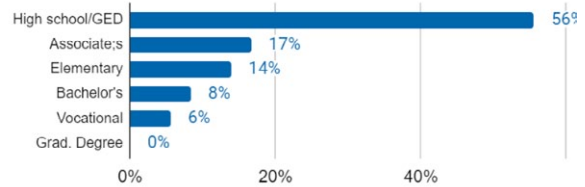
EMPLOYMENT



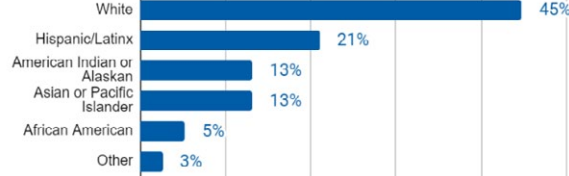
AGE



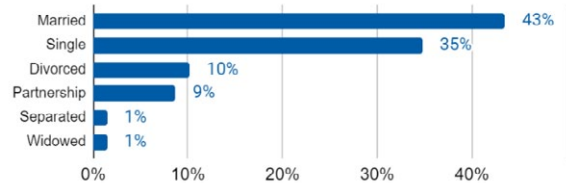
HIGHEST EDUCATION LEVEL ATTAINED



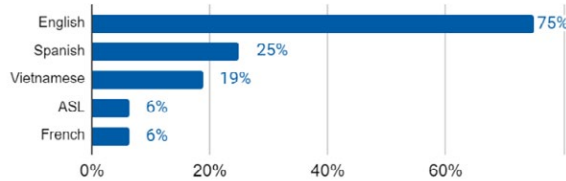
ETHNICITY



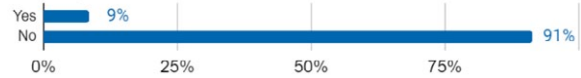
MARITAL STATUS



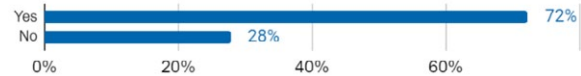
LANGUAGES



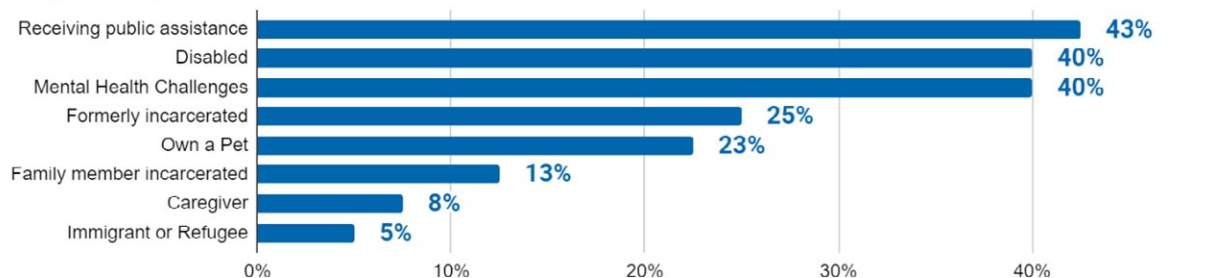
LGBTQ+



MEMBER OF FAITH COMMUNITY



Are you...? Do you...?





A few nuances to note in the above demographics for the 40 at-risk and homeless participant surveys include:

- The age of the survey respondents was distributed, with almost half falling between 31 and 48 years of age.
- 7.5 percent youth live in foster care; 7.5 percent veterans
- Respondents identified belonging to a faith community (75 percent of those who responded to the question).
- Over 50 percent of the survey respondents had completed high school or achieved their GED while another 25 percent reported completing an associate’s or bachelor’s degree. However, 14 percent reported completing only elementary education.
- When asked for employment statuses, respondents indicated the following:
 - 45 percent unemployed
 - 32 percent full-time employment
 - 12.5 percent part-time employment

Respondents who indicated they were employed either part- or full-time, had an average hourly salary of \$13.80 and an average yearly salary of \$19,900 (with a range of \$200 to \$39,000). This contrasts to Gilbert’s average household income of \$96,857 (as reported by Maricopa Association of Governments [MAG]).

- Respondents tended to be long-term (8+ years) residents of Gilbert, living in a multitude of neighborhoods.

• Baseline	• Pecos Road	• Val Vista & Guadalupe
• Chandler Heights	• Pecos & Higley	• W. Amoroso
• Central	• South Gilbert	• Warner
• Downtown	• Val Vista & Elliot	
- Affordable housing, rental assistance, utilities assistance (managing heat and providing water) topped the list of residents’ needs; in particular, in-person assistance to navigate available resources.
- Respondents who reported experiencing chronic homelessness (four or more times over three years) also reported experiencing a serious health crisis, to have witnessed violence towards others, to have had a crime of violence committed against them, to have been arrested, and to have survived domestic abuse.
- COVID-19 effects reported by respondents included employment (i.e., job loss or reduced hours), health (physical and mental health), and well-being with consequences including death of loved ones, feelings of isolation and loneliness, and lack of access to service providers due to office closures and/or curfews.



Housing status

Of the 40 participants, 55 percent were currently unsheltered and sheltered homeless. The remaining 45 percent were at-risk of becoming homeless.

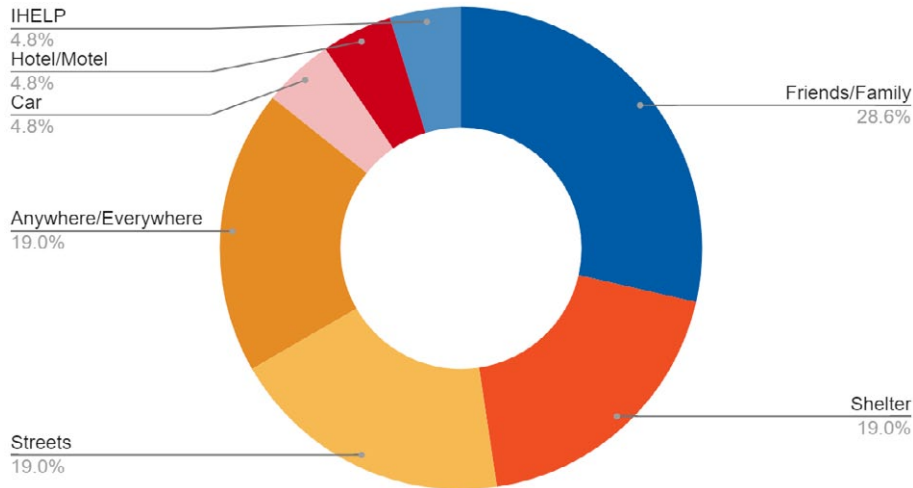
Thirty-nine percent of at-risk individuals reported being homeless previously, ranging from once up to three times before. In total, the participants stated the following (current and prior) housing experiences:

- 15 percent currently lived in a shelter
- 18 percent of those who lived in a shelter have done so for less than two weeks
- 10 percent of those who lived in a shelter have done so for more than a year
- 37.5 percent of those who experienced homelessness have been homeless more than four times in the past three years.
- 17.5 percent resided in public housing

When asked where they have stayed when experiencing homelessness, answers included:

- Car
- Streets
- Shelter
- IHELP
- Hotel/motel
- Couch surfing
- With family
- With friends
- With friends of friends

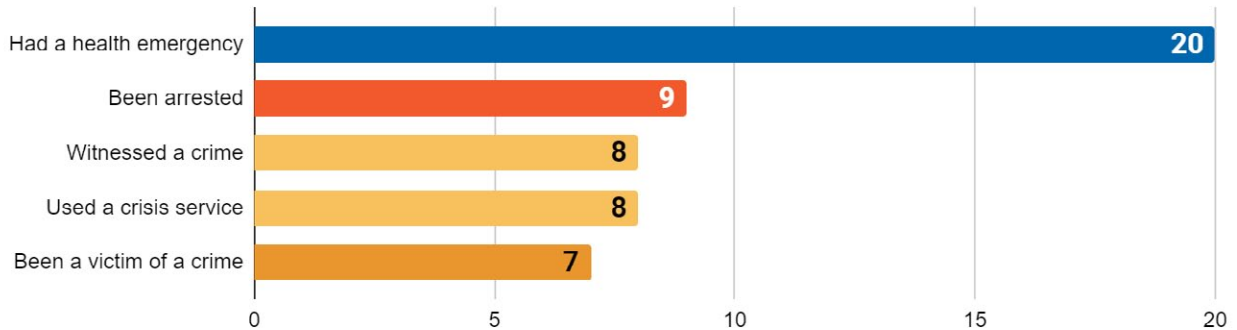
Where have you stayed during homelessness?





From the entire respondent group, the graph below illustrates that these people are exposed to additional trauma which adds a layer of complexity to their precarious situations.

In the last year, how many times have you...



Between mental health, addiction, and abuse, I know some people who have dealt with it while being in a relationship where they were being abused. They may not have had addiction, but that [other] person might have. Or just have never lived in a situation where they [weren't] physically abused. But I know women that have gone from their parents abusing them to their husbands who abuse them. They never really go through life learning anything other than that abuse, that that's a big component. Victims of domestic violence are often pushed into the problem of home insecurity. Then the trauma continues.

A Closer Look at HMIS Data for Families With School-Age Children Experiencing Homelessness

Per state reporting guidelines, neither Gilbert Public Schools (GPS) nor Higley Unified School District (HUSD) were able to provide demographic data, however the McKinney-Vento coordinators indicated there were 180 GPS students and 78 HUSD students who qualified for the program. These students are living in transitional housing/shelter or a doubled-up housing situation.

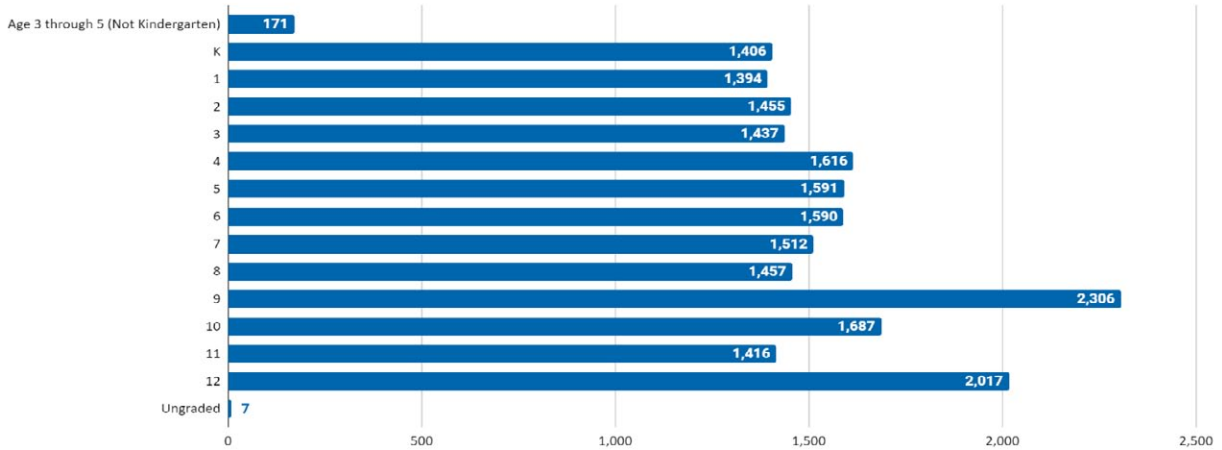
“We have families from the schools that are unsheltered. They’re literally living out of their car, and it’s so hard that we don’t have a place to send them that’s close by.”



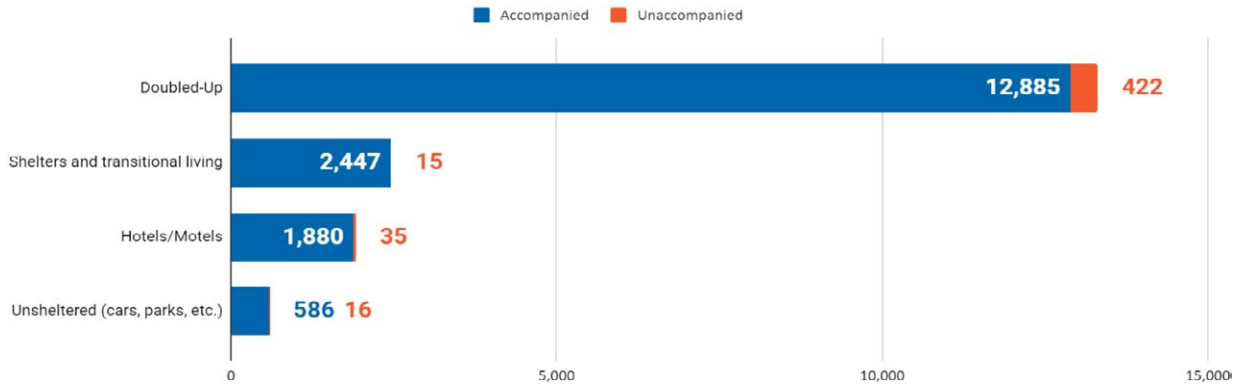
Assessment of Gilbert's Homeless and At-Risk Individuals

FINDING 1: Defining Gilbert's Homeless and At-Risk Individuals

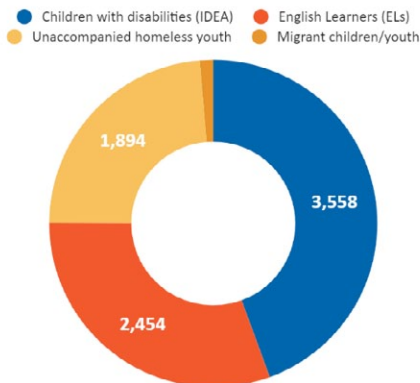
ARIZONA: Number of homeless children/youth enrolled in public school at any time during the regular school year
By Grade Level



ARIZONA: Primary Nighttime Residence of Homeless Children



ARIZONA: Subgroups of Homeless Students Enrolled



Of the Arizona students who are homeless, over 8,000 have an additional factor that complicates their situation; a disability, learning English, unaccompanied or migrant youth.

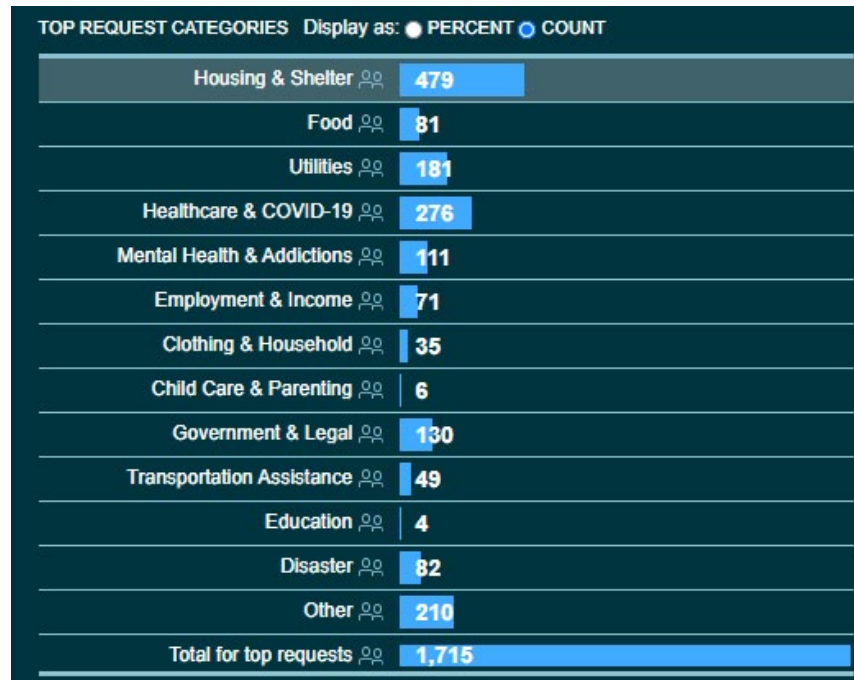


Assessment of Gilbert's Homeless and At-Risk Individuals

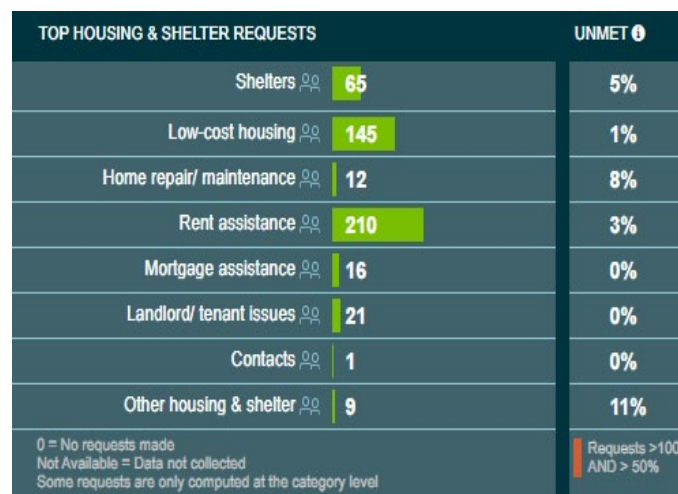
FINDING 1: Defining Gilbert's Homeless and At-Risk Individuals

AZ211 data from October 1, 2020, to September 30, 2021, filtered to include only data from the Gilbert Unified School District, indicates that almost 500 requests for assistance with Housing & Shelter were received.

HMIS only collects this public school data for Gilbert. This data does not include all school districts who have schools within Town limits. All Gilbert school districts were invited to participate in this study. Additionally, several charter schools were also invited to give feedback.



Top requests included Rental Assistance, Low-cost Housing and Shelter.



Data such as these support findings in other Arizona cities, such as Tempe and Surprise,² for the need to incorporate various sectors such as schools, libraries, and community centers along with faith communities and non-profit providers to address resources with hard-to-reach community members.

² 2019 City of Surprise Human Service Community Needs Assessment and 2018 City of Tempe Human Service Community Needs Assessment



FINDING 2: A Closer Look at Some of Gilbert's At-Risk Population Groups

To paint as accurate of a picture as possible, the research team conducted qualitative interviews and focus groups with providers, homeless, and at-risk individuals to supplement existing quantitative numbers and analyses. The team also used a quantitative survey with these individuals to ensure proper sampling and report on who the research team spoke with. Finding 2 illustrates some of the results of this qualitative research.

In Gilbert, the flux between Gilbert's homeless and at-risk participants was apparent as 33 percent of at-risk study participants were formerly homeless. This seems consistent with the clients included in HMIS data, of whom 11 percent (2018-19) to 24 percent (2020-21) were not homeless. Below are more detailed findings about some of these groups:

Working Poor and Those Experiencing Economic Fragility

The qualitative data from the research team's interviews flagged people with serious medical conditions, single parents, individuals migrating from places with a higher cost of living, and low-income senior citizens as more at-risk. Economic fragility caused by the global pandemic has also put residents at higher risk of homelessness due to the end of the eviction ban, rising rent prices, job loss, diminished wages, and lack of affordable housing. There are also groups such as the working poor who do not qualify for services but struggle to make ends meet.

Senior Citizens

Senior citizens face a severe shortage of affordable options and often have to choose between paying for medication or food. The following are voices of Gilbert providers and clients illustrating some of these challenges:

- *Seniors who are living alone and the difficulties of aging in place. They become at high risk of homelessness. If they have a fall, if they're hospitalized, if they end up having to sell their house to pay their medical bills, they have nowhere to go at that point, and then they become homeless and ill and injured. So, I would just add that in there as well.*
- *Most of the seniors that we're seeing [25 percent are Gilbert residents; others have migrated here] that come in have no more income than just their social security because they've outlived their resources and the other reason is they've lost a spouse. So, this has made this whole market and the whole concept of affordable housing very, very tight because so many more ... People in their 70s, 80s, and 90s never expected 34 years ago to live as long as they have and do not have the resources. We have a five to eight-year waitlist for people that have applied to come in for housing at Page Commons.*
- *It's incredible to me that the housing crisis for low-income seniors is as bad as it is. I mean, a lot of people are living in shelters that never expected to have to do that because there's just no other solution. We do get people out of shelters that have been on the waitlist.*

Children Aging Out of the Foster System

- *Child Crisis Arizona, we have shelter services to age 18. But we see a lot of children or youth that are aging out, so once they hit that age 18, there's really nowhere for them to go. And I know technically they're considered adults, but I think we would all agree an 18-year-old isn't quite equipped to be making those types of decisions. And we know from the statistics that a large percentage of them then fall into the homeless population as we traditionally look at it, so I would love to see more resources dedicated to the foster care and youth that are aging out.*



“Homelessness is a complex, life-threatening problem. It can be solved — but only if systems are designed to continually reduce and end it.” - Community Solutions

Homelessness can be caused by a variety of factors, often very few of which individuals can control. Stigma about housing exists and individuals are often seen as choosing to become homeless. Focus group participants were quick to point out that this is generally not the case.

Residents With Disabilities

- *There's just ... I mean, most people with special needs that are low-income end up living in shelters because they can't take care of themselves completely. And their income is usually nothing, so they're dependent on public welfare. So, I just couldn't handle it. I just ... My heart just broke.*
- *People lose their homes and start couch surfing, sleep in their cars, the shelters. And those are not conducive to people with disabilities. There's no attendant care. There's, I think, only one shelter in the valley that's accessible, physically accessible. Then, the other issue is for those who have a service animal. Then there's issues with people accepting service animals, which they're supposed to do, but it gets to be a fight to keep their service animal with them ... disability is three main categories. One is the physical disability. Two is cognitive, including mental health. And three is sensory, which would be hearing and vision. And being all inclusive, we serve everybody across disabilities. Disabilities are grossly under-reported. The numbers are 1 in 5 [people with disabilities] and with Baby Boomers, it's gone closer to one and four.*
- *Whether it's the young mother with a stroller or young father caring for an aging parent. You don't just wake up on a Friday morning and say, let's see, I have three appointments today, and on my way home I'm going to get myself a disability by getting into a car accident. You don't plan for it. You know? Car accidents, different things happen, and it's part of the life cycle, so just build your society and your community to accommodate everybody because otherwise we lose out.*



FINDING 3: Gilbert's Strengths for Individuals Who Are Homeless or At-Risk of Becoming Homeless in Gilbert

The many needs illustrated in this study do not undercut the many stellar services that already support and help Gilbert's homeless and at-risk residents. Dignity Health has innovative programming with dental care for youth and a holistic service approach for serving adults (see more about this under Finding 13 about Preventative Services). Another provider spoke about the value of palliative care: "One of the resources that is incredible is that hospices require palliative care to be part of what the hospice serves. Palliative care is mandated by the state."

While COVID has increased needs, organizations have stepped up to meet these needs. As Merilee Baptiste from Midwest Food Bank reported:

"There's a growing need here in Gilbert and it's only increased over the last four years that we've been here. We started off with 35 agencies that we served back in 2017, maybe \$5 million in food. Then 2019 before the pandemic, we had maybe 250 agencies and about \$17 million of food that was distributed. The pandemic certainly accelerated the need all over Arizona, not just Gilbert, but all over, and a lot of it was just due to lack of resources and a lot of people losing their jobs that were unexpected, but we served about 300 agencies last year and \$66 million of food."

Additionally, the following organizations were referenced by at-risk and homeless participants as providing stellar human services:

Gilbert's greatest strengths for those experiencing homelessness:

- Churches
- One Small Step (DBA The Clothes Cabin)
- Desert Gateway Baptist/Beacon Group
- Food providers including Matthew's Crossing, Open Arms Food Pantry, and food delivery
- The Salvation Army
- Senior center

Gilbert's greatest strengths for those at-risk of experiencing homelessness:

- Friends of the Needy (food)
- Page Commons
- In-house counseling agency (counselor came to their home)
- Gilbert's strong Christian community
- Hope for Addiction

*If it wasn't for Hope for Addiction, she took me into her home,
I'd be dead or still on the streets.*



One Small Step! Hands down, the absolute the best of the best service! I love the people here, the cleanliness, the orderliness, even the people who are coming in, there’s a sense of respect and appreciation from the homeless people or just the people getting some help for their families. It’s a positive experience every single time!

Gilbert’s Current Efforts to Address Homelessness

Gilbert leaders are already taking a proactive approach to addressing homelessness. Gilbert utilizes a non-profit funding process to support organizations that provide Gilbert residents in need with shelter beds and other homeless-related services. Nine organizations were funded in 2020-2021 with \$127,00 general fund dollars. This funding support has increased over the past years from \$95,700 in 2018-2019 and \$108,200 in 2019-2020.

In addition, COVID relief funds that were made available in 2020 (CDBG, AZCARES, Treasury) were also directed in support of homeless related services:

- Homeless Prevention - Rent and Utility Support \$8,793,661
- Shelters & transitional Housing \$781,269
- Homeless Prevention - Emergency Repair Program \$334,557
- Homeless Services (Food, Clothes, Transportation) \$725,648

The other programs listed, IGA, Housing Vouchers, HOME funds and PIT count have been in place for quite a few years.

Regional and local funding support for 2020-2021 efforts are also underway (IGA with Mesa-VASH program, Housing Vouchers, HOME Funds, Quarterly PD meetings, Reviewing of Fire Data, PIT Count, and New Services 2021-2022). Additionally, Gilbert has additional efforts to fund a Case Navigator and staff is exploring I-HELP programs. Gilbert leaders regularly meet with MAG committees to be a part of the regional approaches for the East Valley.

Gilbert is also one of the first communities taking a deeper dive to determine how COVID-19 has impacted homelessness and at-risk concerns with an assessment such as this. Gilbert leaders continue to anticipate resident needs with data-driven results, and in fact have been recognized with gold certification by “What Works Cities” with national recognition for using data to help inform policy decisions (<https://theshow.kjzz.org/content/1709118/6-arizona-cities-recognized-using-data-make-decisions-solve-problems>).

Within the Gilbert Police Department (GPD), a MAG survey conducted in February 2021, highlights strengths demonstrated by law enforcement’s role in addressing homelessness including:

- Meeting the emergency needs of people experiencing homelessness (i.e., de-escalation)
- Connecting people directly with services, shelter, and housing
- Referring people to local government staff for assistance
- Supporting homeless initiatives from other departments within my local government
- Referring people to external nonprofit partners for assistance
- Contracting outreach services with external service providers
- Coordinating with other local government staff and external partners for assistance



The survey also indicates that several training opportunities are made available to law enforcement personnel, albeit on a voluntary basis, demonstrating attention to layered homelessness needs.

They include:

- Trauma-informed care
- Homeless assistance programs and resources
- Client intervention techniques
- Mental health

FINDING 4: Primary Reasons Why Individuals Are Homeless or At-Risk of Becoming Homeless in Gilbert

Our data and analysis paints a more in-depth picture about homelessness and those at-risk for homeless in Gilbert. With these varied reasons, there is rarely just one reason – circumstances build upon each other whether they began as the impetus for homelessness or were piled on while homelessness was endured. Support networks championing long-term stability are key, as 33 percent of this study's at-risk individuals were previously homeless. HMIS stores data permanently. Upon examining Gilbert's long-term data, the uptick of needs and services to combat those needs has grown. For example, from 2000-2019, 52 homeless people needed and secured housing. Fast forward to 2020, 67 were housed and for the 10/2020 – 09/2021 date range, the number jumped to 222. Gilbert leaders are wise to address this uptick, albeit small. Examining the reasons behind the "why" can help combat rising numbers.

We need to examine the underlying causes of homelessness or at-risk homelessness and not make assumptions. A lot of people assume that someone chooses to be homeless. That's not the reality, but looking at those underlying causes of homelessness, which can be family conflict and violence, it can be human trafficking, labor trafficking. The economic situation in the country and community impacts homelessness. Then (there is) the lack of available resources (to limit the amount of time spent homeless.)

A number of times in the last couple of months staff have come to me and said they're just being kicked out because this property is being remodeled. After the remodel, they're jacking the price up two, three, \$400 after the rental. Even with the subsidies they're not able to fully cover that, so then you are back to the streets.

The top things that we see is mental health and probably from the conversation you had here, you probably see a little bit of that popping out, that a lot of people are struggling with getting the proper medication to deal with mental health. The longer somebody is on the street, the mental health becomes a greater factor in what's happening.



Drugs is the biggest one. From the street to people who are unsheltered, on the street, or sheltered, the drug problem, even marijuana is really causing a lot of problems. Marijuana is so available now...You're seeing a lot more of that now, there's the blues, the Fentanyl, or the meth. But it's all interconnected. If you're getting high on marijuana, you're around the people who are getting high on blues so, only a matter of time that those folks are also doing the blues or doing the meth. The blues, that's what people in the prisons and on the street are calling fentanyl; it's heroin, it's opium.

So, you're kind of stuck between that rock and hard place of, "Do I get a job making less so I can get more resources? Or do I get a job making more, but I can't afford to have a home?" and I think that having this community has allowed me to where I can be a single mom and know that I can make money I need. Yeah, anything less than \$20 an hour is not livable.

People who leave their homes, their parents, or family to enter the shelter service are already, a lot of them, are victims of abuse, of some type of trauma or some type of addiction, and for them to enter the services and then after earning their services and trying to find help to be subjected to those same pressures, those same abusive power dynamics, and pressures, it's tough for a lot of them.

I just had a rough childhood. I was molested when I was younger and just a lot of traumatic things happened to me. I started smoking weed when I was 10. I was married for seven years. I got a divorce from my ex-wife. And after I got divorced, she took everything from me. And then I've been on the street ever since, four years ago on the street. That's what started my drug addiction one year ago. I need help with drugs now. Lots of drug addicts, all the addiction is what keeps most people on the street, just using all the time.

When I was 18, I was in a domestic violence situation. I was in an abusive relationship. And I had just come out of some traumatic things. I was a runaway from home at 16, and my dad had died. So, I had found my community of people in this world of like meth, crime, gangs, and whatever.



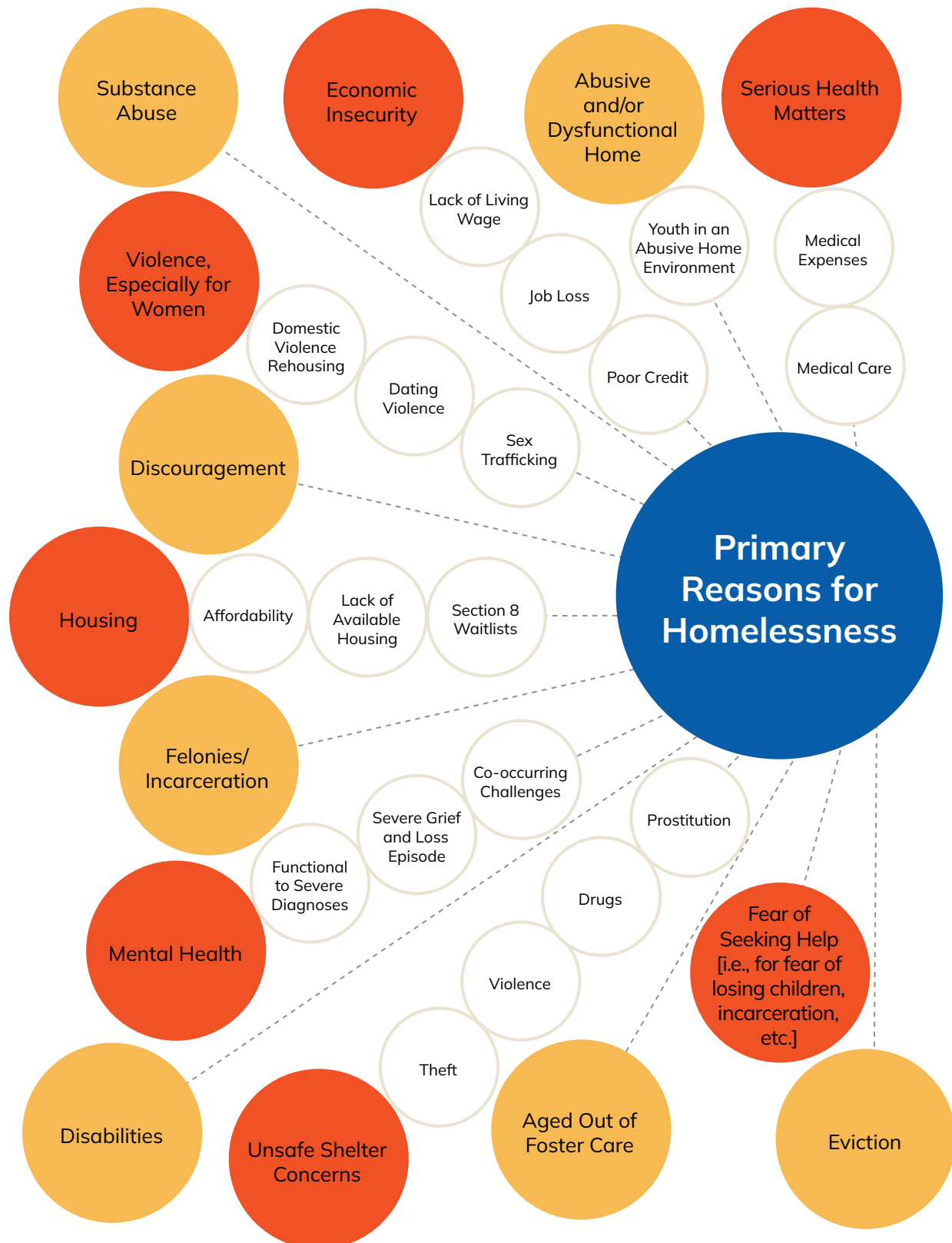
So, I found my community in the wrong place. I think all of us, we want to find acceptance. We're looking, we're just inept to look for that. And so that's kind of where I found it at that time. And I got pregnant and then I was homeless. And so, we were living in the car, we would stay at the Motel Six, we would stay at different friends, whatever. And it was just really a hard time. And then I was pregnant, but I had no clue, I didn't know how to sign up for AHCCCS to get a doctor. So, I hadn't even seen a doctor for my pregnancy until I was incarcerated and then I was six months pregnant. And I hadn't even been to the doctor one time, had no clue if it was a girl, if the baby was healthy, I just knew my stomach was growing and I was pregnant. And so, I was really grateful and really lucky to become incarcerated, even though obviously that's the worst place you can be. But I was able to deliver a healthy baby. And then I was able to find out about the program that I ultimately got court ordered to. And that's where my life and my sobriety journey and my healing journey really began. And that was 12 years ago.

Moving to new places. For me, we moved from Arizona to Ohio [and later moved back to Arizona]. I didn't have family. I didn't have friends. Depression.

One of the root causes, or the biggest reason for homelessness, is the profound, catastrophic loss of family, the disconnect of family. Just about everyone we talked to who is chronically homeless, it has to do with something that tragically or something somewhere somehow happened with the family. Be it domestic violence, be it a death, be it a drug and alcohol abuse, anything. And it's not a housing issue, it's a community issue, loss of family. Somehow, we have to reconnect them so they can find a family again, to get back on their feet.

I was raised by a mother with mental health issues. And I think that if she wouldn't have known that it was okay, she had seven children, but I think if she would have known it was okay to get help and that her children would be safe, she would have gotten the help.

The following graphic depicts the primary reasons for homelessness:



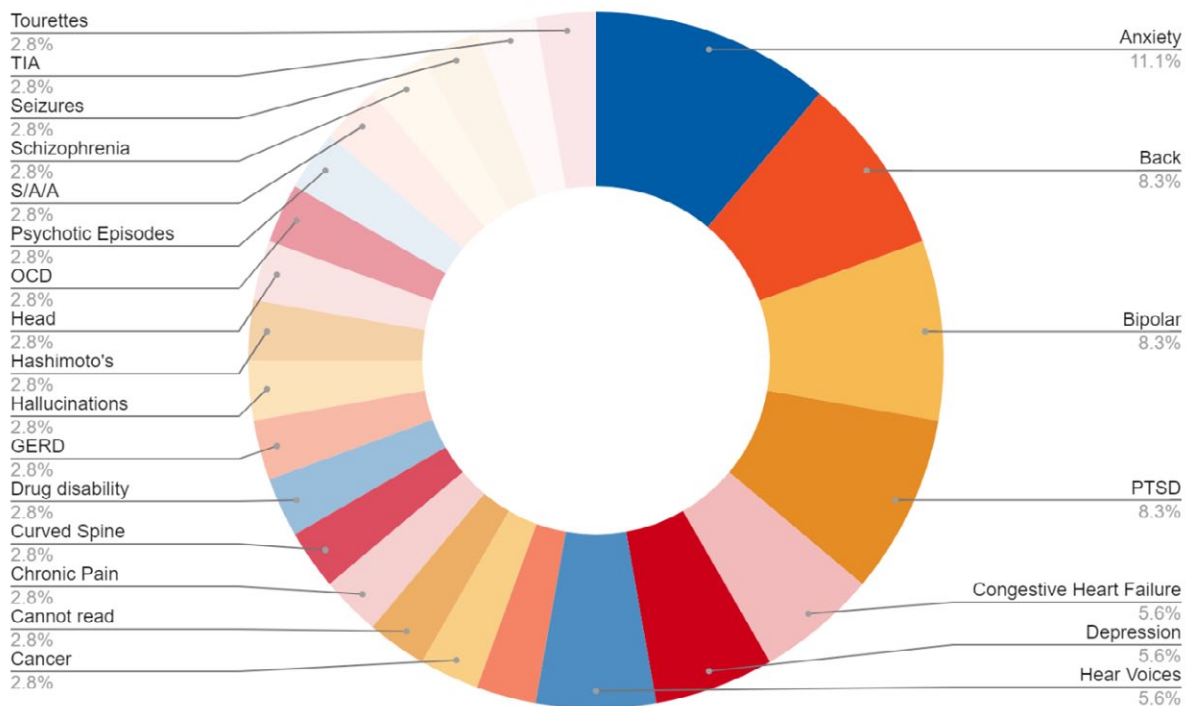


Some of the underlying nuances of these reasons include:

- Five to eight year waiting lists for subsidized housing
- Crisis pregnancy
- Untreated substance abuse at an early age. *In the team's original research with Gilbert residents, substance abuse began at an average of 17 years, with 60 percent reporting their first use under 18 and as young as seven.*
- Those who are currently housed but were previously homeless - *Among the 40 vulnerable Gilbert residents who participated in the original research, of those who were identified as at-risk of homelessness (18), 33 percent reported having been homeless previously, ranging from once before up to three times before.*

The following data takes a deeper examination of these circumstances that create challenges for those already homeless or that put individuals at-risk:

Health (Mental and Physical Health)



Anxiety, bipolar disorder, PTSD, and depression are consistently reported by this group of respondents. The research team was told by respondents that many are struggling with getting the proper medication to deal with these mental health challenges. The following statement from one Gilbert at-risk resident illustrates a behavioral health priority:



There’s not even one facility that I know, or one place where you can go to and sit there and talk about your problems or issues or your past problems, not even a counselor. Not even place where you can go at ten o’clock at night and say, “Hey I’m going to kill myself. I need help.” “Oh, you got to dial 1-800.” Behavioral health services for all ages!

Lack of Health Care or Dealing With a Serious Health Matter

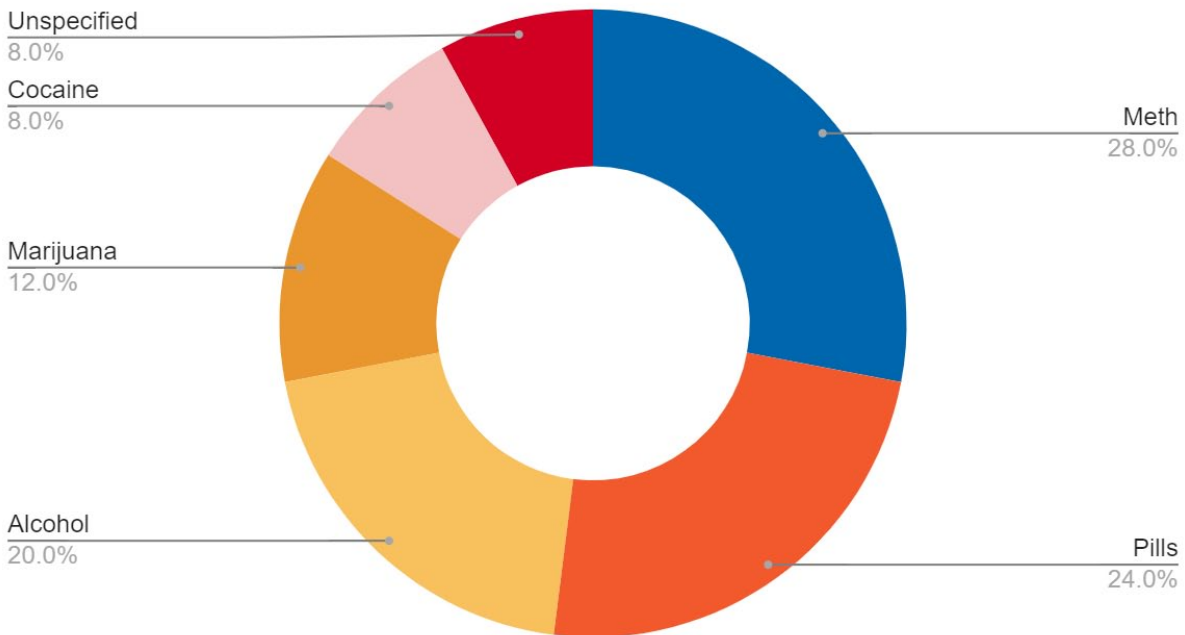
An unexpected illness or an emergency room visit can wreak financial ruin on an individual without health insurance. Individuals without coverage often postpone medical care and treatment leading them to experience more chronic illness and exacerbated conditions. Being homeless and in shelters create their own challenges:

- *I need medical help. The wires in my brain went out. The vibration from fighting. I got into street fights. Now I have a ringing in my head. Hurts like hell. On the streets I was beaten up with a baseball bat. Four or five guys are coming after me. I drink now everyday just to get by, everyday alcoholic. I don’t have family support.*
- *Medicare has become much harder on spending their money on different things that the residents might need, especially medications, if it’s an expensive medication.*
- *A lot of people end up draining their resources so that they can get prescriptions that Medicare won’t cover.*
- *One at-risk Gilbert resident who cares for her two elderly parents while her husband works full time states, “I have cancer. I have been waiting for approval of my disability paperwork for 1.5 years. I have enough paper from the doctors, the nurses, but they say, they are short staffed, and they don’t have enough people working.”*

Substance Abuse

Forty percent of respondents reported a history of substance abuse, with methamphetamines and pills (of many varieties) noted by more than half of the respondents (some reporting more than one).

Substances abused

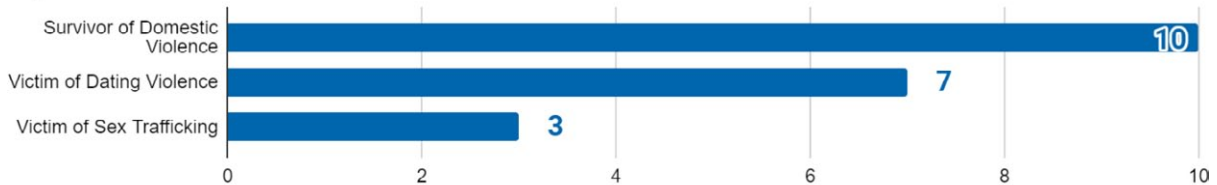




- *I had two kids with him. Depression led me to drinking. And I was drinking, and we were hanging around with his family, which are all enablers, and they all were alcoholics and didn't care. We were broke and that's how I got in trouble.*
- *Drug addiction is a massive issue where we are seeing more and more people with fentanyl addiction mixing with some of these strains of marijuana that's coming out.*
- *We just recently had a death in our area of a homeless gentleman who for all intents and purposes was a very healthy muscular individual, a young guy, under 40, and he took some fentanyl that was laced with whatever it was, and it killed him. And that's what we're seeing. It has to do with mental health and drug addiction and that seems to be the greatest contributing factor.*

Domestic Violence

Are you a...



From the respondents who reported a violent history, multiple instances of violence were common. Female participants in this study reported a rate of 52 percent of a history of domestic violence, dating violence and sex trafficking, with some providers reporting a rate as high as 80 percent:

- *Domestic violence, that is something that we're seeing a lot. Right now, out of the residents that we have from Gilbert, 80 percent of them have domestic violence, and they're a single household income. Sometimes domestic violence led to their homelessness, which is obviously financial instability. A lot of them are in the process of being evicted before they get to us. So, they're not always homeless at the time. They could be staying in a shelter, or they can be staying with family, but they're both being evicted from those places.*
- *Domestic violence ... Oftentimes a dual-income dual-parent household can afford the home that they're in, but if a mother or father is forced to move out of that for the safety of themselves and their children, oftentimes a single income can't afford the same neighborhood or anything at all.*
- *People who leave their homes, their parents, or family to enter the shelter service are already, a lot of them, are victims of abuse, of some type of trauma or some type of addiction, and for them to enter the services and then after earning their services and trying to find help to be subjected to those same pressures, those same abusive power dynamics, and pressures, it's tough for a lot of them. While a lot of them, when you talk about that other 50 percent-ish who are unsheltered homeless, a lot of that is because of that. They just can't be a part of that. They're not, it's tough.*

Severe Grief and Loss

- *My story is pretty significant in the fact that I lost a very close person to me, my stepson. And had a baby all in a year. So, all these things happened in a year, kind of lost my mind, got into drugs and alcohol, and was basically at the end of all possibility in life when I went into a sober living. When I left that sober living it was really sudden, and so I had nowhere to go.*
- *My mother passed away last year. I haven't dealt with that yet. Now my father, he's 81 years old and he's going blind. My sister, she's in the third stage of cancer. She's doing her chemo*



and she's not going to live because they found a tumor inside her. And they're going to have to open her up and that's going to spread cancer and she's not going to survive very long.

Co-occurring Challenges

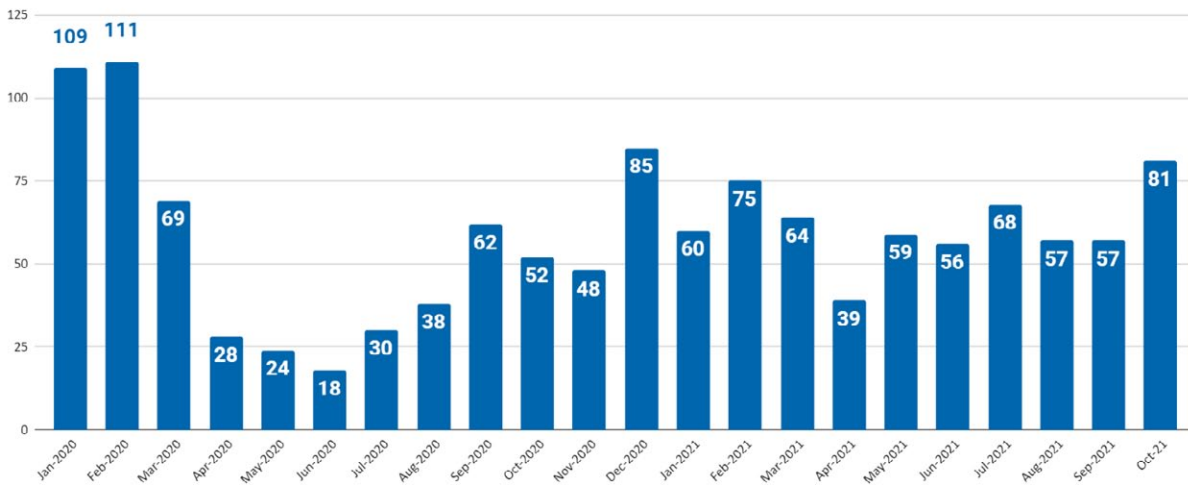
- *The population that we serve here at the shelter, they are already a very vulnerable population. And what I mean by that is that there might be a mental health diagnosis, a physical health diagnosis, domestic violence is all about power and control. So, whoever the abuser can take power and control of, they're going to do [it]. And a lot of times it's people at those vulnerabilities. And so that's just something that we keep an eye on and we, when we get them here, we want to make sure that we do our best to guide them, to get mental health intervention, or to get physical health intervention, to make sure they're taking their medication.*

Eviction and Rentals

Gilbert has 26,635 rental units. This number includes 17,000 single family homes and 9,635 multi-family units. Eviction filings have decreased, but survey and focus group respondents are concerned that the ban on eviction lifted in October 2021 will change these numbers.

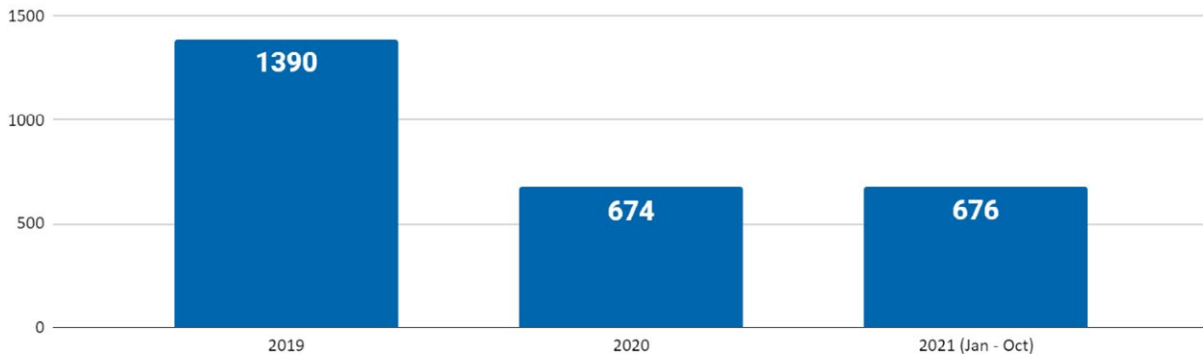
Gilbert Eviction Filings by Month, January 2020 to October 2021

2021 Is considered Preliminary



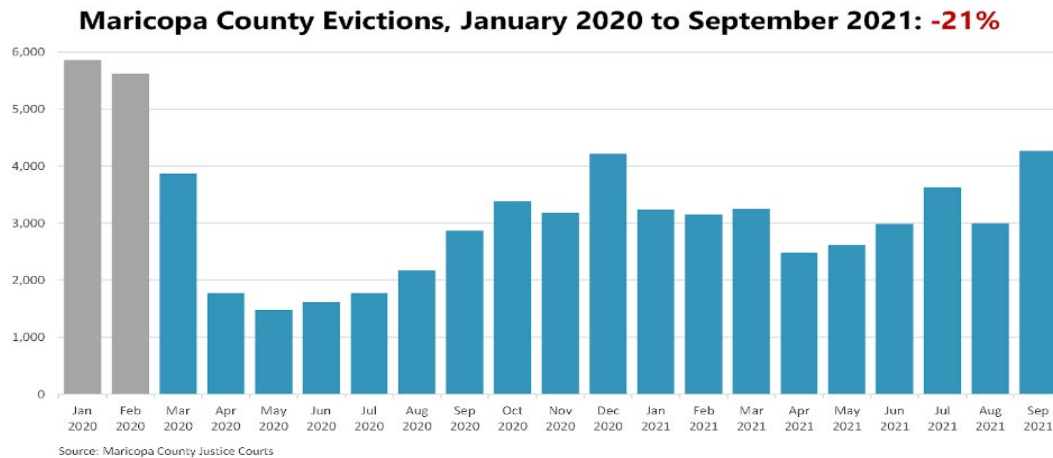
Gilbert Eviction Filings by Year

2021 Is considered Preliminary





Source: Maricopa Association of Governments



- *We're just terrified ... When this eviction moratorium runs out October 3rd, there's going to be a world of hurt with the evictions and landlords wanting to take them to court, and the court proceedings take less time than if they were able to finally get emergency rental assistance money to pay the back pay. It's tough because you know that people are behind. Many of them don't have employment yet where they can pay these higher rents? and so they're going to be homeless. Now, as a community, it's going to be more costly for us to kick people out, keep them alive, and try to find a new place for them to move into. The economics of it is going to be much higher, going that route, than to keep people in their apartments where they're currently at.*

Economic Instability

- *I lost my job. I was paying rent. I was living in a carport, and they had to move out because they raised their rent. So, this is where I ended up right here. People can fall on hard times, and then it gets hard to get back out of that situation. Because I was almost in a spot where if things had gone worse, I could have been homeless for a while. And once you don't have a shower, you can't shave. It's harder to get cleaned up, to get back into it. It's like a vicious circle downwards*

Fear

- *In the midst of addiction, especially when you have children, you're afraid if you try to reach out for help, they're going to take your children. But if you have children, and you're a single parent, you can get community help without losing your children. Because I think a lot of single moms, they want to get help, but they have a fear of losing their kids.*

Felonies/Incarceration

- *Felonies interfere with home security as well. [With the ability to obtain a job and to live in stable, safe housing].*
- *People like me need jobs. I'm a convicted felon for selling pot. Now I can't get a job because I'm a convicted felon. I'm struggling right now.*
- *My brother got out of prison for DUI. He stays there to help my dad out. The cars were no good. So, my brother forked over his pandemic checks to get a car for the family. And then he works 10 hours a day to help pay for the rent and stuff like that.*



FINDING 5: Housing Costs Increasing as Fast as Population Growth, Leaving More Residents At-Risk for Homelessness

Gilbert increased in population by 28.5 percent between 2010 and 2020. New residents arrived from all over the region (12.1 percent) and state (1.1 percent), and nearly five percent came from another state. According to the U.S. Census data published on the Town of Gilbert website, Gilbert had a total population of roughly 270,000 people among 81,235 households in 2020 and a median household income of \$96,857 which is higher than the state’s median income of \$62,055 and Maricopa County’s median income of \$71,799. Respondents to the Research Team’s survey who were employed reported significantly lower income, ranging from \$2000/year to \$39,000/year and averaging \$19,900/year.

In Gilbert, 4.6 percent of households experience poverty versus 13.5 percent for Arizona and 13.8 percent for Maricopa County. Within the context of rapid growth and prosperity, Gilbert has experienced private development of new housing, adding 24.5 percent more units, from 74,907 in 2010 to 93,230 in 2020.

Several factors contribute to homelessness and lack of shelter. One key factor is affordability, and Arizona ranks second worst in the nation (49th out of 50) for providing affordable rental homes to low-income households according to Save the Family, a resource on Gilbert’s website for housing.

When residents look for affordable housing options in Gilbert, the town’s website offers five rental options and several links to expanded resources beyond the town’s borders. The Town of Gilbert website also shares that Gilbert does not have a public housing authority, therefore the Housing Choice Voucher program is operated by Maricopa County. As noted on the website, “Those wishing to apply for rental units in Gilbert, landlords interested in participating in the housing choice program, and those that have a voucher already can visit” three separate sites that may be able to help them. While the housing choice voucher program is available through Maricopa County, it is up to each landlord to opt in to participate.

The median rent for an apartment in Gilbert is more than \$1,600 per month (as reported in the 2020 Decennial Census <https://alex.gilbertaz.gov/stories/census/>). In contrast, Maricopa County’s average rent is \$1127 and Arizona’s median rent is \$1052 (<https://www.census.gov/quickfacts/fact/table/maricopacountyarizona/POP010220>). The cost of rent varies depending on several factors, including location, size, and quality. Rent in Gilbert, similar to cities in Arizona and across the US (<https://www.cnbc.com/2021/11/01/rents-are-bouncing-back-what-to-do-if-you-expect-a-big-increase-.html>), has increased from year to year from 20 percent to 50 percent.



The graph above illustrates how the average rent in Gilbert compares to the gross monthly income reported by the survey participants who are employed full time.



FINDING 6: Affordable Housing and Rent as a Top Priority From Both Residents and Service Providers

Amidst the many strengths, needs became apparent and affordable housing rose to the top. Human service providers and at-risk and homeless residents asserted that there aren't enough affordable housing options in Gilbert. While the research team interacted with 38 service providers in this study, providers noticed that residents at-risk often exist in the economic zone between the federal poverty line and the income needed to have a decent quality of life.

For at-risk families, many do not qualify for programs. One service provider shares:

"We still try to offer them any resources we have, even if they don't qualify under the McKinney program (program for students experiencing homelessness) at the time, whether it's even just to help with school supplies or food from the food closet, we get weekly meal bags delivered from Matthew's food crossing, stuff like that, if we have clothing. So even if a student isn't eligible for McKinney, we still try to get them all those resources that we have available."

Bestplaces.net reports the cost-of-living Index in Gilbert to be 116.3, based on a U.S. average of 100, 16 percent higher than the rest of the U.S., but relatively less expensive than Scottsdale which is 133.2. The severe shortage of affordable housing is the biggest factor in the cost-of-living difference within Gilbert. In April 2021, the median list price of homes in Gilbert was \$496K, trending up from 23.7 percent year over year. This trend continues as more recent housing prices in June 2021 show prices valued more than \$525,000.

Households who pay more than 30 percent of their gross income in rent are rent overburdened. Across Arizona, affordable housing is a key concern. According to the National Low Income Housing Coalition in Arizona (<https://nlihc.org>), the shortage of rental homes that are affordable and available for extremely low-income renters is 136,032. MAG data confirms that the rent has increased 20 percent in Gilbert in the last year. Also noteworthy is the fact that 19 percent of disabled persons are extremely low-income renter households, along with 28 percent who are seniors.

Arizona in general is known to be 49th out of 50 states in its ability to provide affordable rental homes to low-income households, according to Save the Family. Gilbert, with its high median income, has housing prices to match. Research participants spoke of the importance of affordable housing options:

- *The town of Gilbert, they need to have some affordable housing. They have none. They've got tons of apartments. I can't even afford them [as a provider of services].*
- *Affordable housing is really something that has been an eye-opener for me because there are people who have jobs, but they still aren't making enough to have a home or to rent and that can be tough. So, I think affordable housing would be certainly helpful within Gilbert amongst other areas.*



- *Right now, as we know, COVID, I think just exacerbated what was already existing with our housing crisis. Affordable housing just doesn't exist down here in the lower east valley. A lot of these people who can either get a voucher or can overcome by getting a job and things like that, they still can't get enough to get into housing.*
- *One senior homeless woman noted: I need just a one-bedroom apartment. I'd go there if I could be off the streets. I go to the gym to take my showers which I'm very happy about. You can't beat \$10 a month, but sometimes they close on a holiday early, for example. I just need to clean and go to work. I know I can do it. I just need a little place. I'm not going to live in my storage to take a chance of losing it. And I wouldn't do that anyways, but I just need a bathroom - I'll take it!*

One focus group participant shared that their rent almost doubled, which rendered their living situation unaffordable, leading to a broken lease, which came with another bill they couldn't pay.

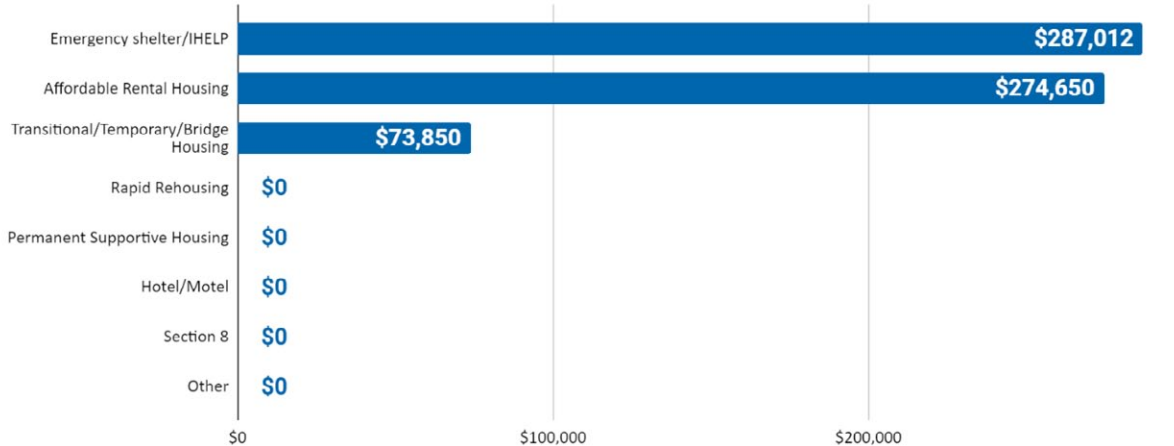
- *The rents are going up completely, that's why I'm homeless now. They raised mine and my ex's rent from \$1,400 to \$2,600. And then we ended up having to pay \$3,000 just to break our lease to leave. Because we couldn't afford that. So, I don't know where he went, but we split and I'm here. "How is this legal", and they're like, "It's legal." And I'm like, "I don't know. It's more than double of what I was paying."*

Compounding the lack of affordable housing, there are insufficient public housing options. Respondents report waiting more than three years on Housing Voucher waitlists.

- *Anybody who needs some type of subsidized housing, which is the lion's share of our folks, the housing authorities don't take new applications. They're already backlogged. So, if you can't get a new application submitted, you're already on the losing end of it. For those people who are on a waiting list of a housing authority, those waits are literally anywhere from a year to four years long, if they even have their application in. What we're hearing more and more from our staff is the subsidies that are available don't cover the full rent because they've gone up so high, so for example, a fair market unit might be valued at 1,200 a month. The subsidy doesn't cover the full amount of the rent because they've gone up, so even with their 30 percent, the subsidy for the other 70 that caps at a figure that's still lower than what rent is going for. And a number of times in the last couple of months staff have come to me and said they're just being kicked out because this property is being remodeled. After the remodel, they're jacking the price up two, three, \$400 after the rental. Even with the subsidies they're not able to fully cover that, so then you are back to the streets.*



Expenditures for Services - FY2019-2020: Housing Services



The graph above, created from Gilbert-specific data from the MAG Survey of Municipal Expenditures on Homelessness, indicates that most of the expenditure is currently being allocated to Emergency Shelter/IHELP and Affordable Rental Housing/Housing Choice Vouchers, with a much smaller amount to Transitional/Temporary/Bridge Housing. This report can inform other opportunities for funding based on feedback from providers and individuals who are homeless or at-risk.

One service provider noted that the increase in housing costs is pushing more residents out of their homes.

- *Prices are increasing dramatically, and people are just being pushed out of the housing space and they’re really struggling to find [something] anywhere else. And programs are really struggling to keep up with the increases in rent because they have certain rules around [which aren’t] reasonable.*

Another service provider shared that intake and referral calls are on the rise.

- *I can tell you honestly that our information referral person who works full-time in that position, she’s been getting about 320, 330 calls a month, and every month about a third of those are housing related issues. They’re either looking for a place, help with a deposit, or there are landlord issues about not making accommodations.*

Survivors of domestic violence also face a housing crisis.

- *Affordable housing is a huge issue for many individuals on a regular basis. Because I mean, when you look at domestic violence, the number one reason why people leave a lot of times is financial, and the number one reason why they go back is because of financial [reasons]. And so, when a one- or two-bedroom unit is costing \$15 [sic] to \$1,600 a month, I mean, that is a lot of money to pay for rent. And I mean, I live in Gilbert, and I see the big fancy apartment complexes that are going up across the city. And I mean, it’s not affordable housing. And so, when you have a victim of domestic violence, a lot of times they’re not going to leave the situation because they can’t afford rent.*



FINDING 7: Priority Needs Voiced by Homeless and At-Risk Residents

First, there are immediate needs and we’ve got to look at what’s your most immediate needs. Health, hygiene, and safety. For the homeless population, sometimes they have to travel five miles in one direction to get a shower, 10 miles in another direction to get food. They have to go to the bathroom. How far do you have to go for that? So, accessibility and availability to me is really important to ensure that they have the hygiene and safety needs that they have, because they’re at risk for injury and crime when you’re on the streets as well. And then for those health needs too, being able to have navigation associated with wherever they go, if someone’s there to say, what else do you need? How can we help you? Obviously, if they’re homeless, they have chronic conditions. You know, how does that get managed? And where are the availability to create that medical home perspective for that homeless person so that they can have that control of those manage ... of those chronic conditions. - Kathleen Dowler, Dignity Health

While needs vary from individual to individual, analysis of all the data raised the following eight highest priority needs to the forefront. The delivery, process and method of these needs vary based on the individual:

- 1 Safe, affordable housing:**
All: Safe, affordable housing ideally linked with long-term support networks (i.e., faith communities, sobriety communities, domestic violence care, young adult support, senior watch, etc.)
Unsheltered: Safe, smaller, livable spaces ideally linked with long-term case management and support. (Both men and women who were Gilbert’s unsheltered homeless individuals shied away from larger shelter spaces due to safety concerns, and in general felt safer in Gilbert than outlying cities.)
- 2 Basic needs:**
All: Clothing, food, rent, utilities, and diapers
Unsheltered: Heat relief, laundry facilities, showers, safe place to rest
- 3 Health care:**
All: Navigation of health resources for minor and major health concerns, disability needs, dental care for adults and children
Unsheltered: Health care from managing the elements (heat, wound care, etc.)
- 4 Affordable mental health support:**
 Support for pandemic stressors, healthy community connection, trauma informed care
- 5 Long-term, accountable, substance abuse recovery support**
- 6 Employment:**
All: Workforce clothing and supplies along with employers willing to hire homeless/at-risk individuals
Unsheltered: Place to shower
- 7 Resource navigation:**
 Central location or mobile support for navigation of resources and advocacy
- 8 Daily living needs:**
All: Affordable and safe childcare, transportation
At-risk: Relief to sustain daily living including home repairs and home cleaning



For both Gilbert's at-risk and homeless individuals, offering these resources in conjunction with long-term relationships/case navigation/community support that address deeper instabilities was key. This was evident throughout the data: 1) Repeat fire/police calls, 2) Seniors in Page Commons who had a point person to assist them when challenges arose with (for example) paying for medicine or when residents started displaying signs of instability, 3) Young adults who were sleeping in their cars at schools who did not have a community resource located within Gilbert, 4) Domestic violence survivors who utilized in-home counseling, continued case management after leaving violent circumstances, and who benefited from navigation of resources, 5) Single mothers in recovery who had in-home accountability and mentorship for two years within Hope for Addiction recovery homes, 6) Gilbert at-risk family from One Small Step whose mother had a cancer diagnosis, who was a caretaker to her non-English speaking parents, and who had difficulty with affording diapers and navigating cancer support, 7) Multiple unsheltered homeless individuals served by The Salvation Army who suffered from addiction but did not qualify for treatment or housing.

For unsheltered homeless, providers remarked about the need for long-term follow-up, building trust, and the challenge of finding clients within their everchanging circumstances. No matter the situation, the key take away was the need for long-term support that allowed individuals and families to gain measures of stability to stop at-risk cycles. Additionally, meeting the client where they are at – in their home setting, at school drop offs and within school settings, at public places (i.e., libraries, community centers), while utilizing community resources such as food boxes, heat relief, or clothing - is also critical. Since no one wants to be labelled "at-risk," finding unique ways to offer support to those who are struggling by offering free to low-cost necessities is also key. Finally, community connection whether it be through service, faith, mentorship, or healthy, self-esteem building outlets were also top priorities for both at-risk and homeless individuals.

In partnership with providers, it is imperative to listen directly to homeless and at-risk residents of Gilbert to highlight specific, priority needs to assist them. Appendix B offers the unique opportunity to listen to these voiced, coded needs which provide insight about why multifaceted, patient, vigorous, individualized solutions are needed. In general, best approaches to meeting these needs gleaned from listening to the Gilbert community include:

- » **Long-term approaches rather than short-term fixes**
- » **Addressing primary reasons for homelessness (Finding 4)**
- » **Addressing basic needs first to prevent more chronic physical and mental conditions**
- » **Once basic needs are met, provide opportunities for higher level needs for the individual to rise to the next level of self-esteem, service, and contribution back to the community**
- » **Provider relationship building of trust with the individual that demonstrates trauma informed support**
- » **Central hub for addressing needs with wrap around support that uses community-based, bottom-up models to draw on the relational and social capital of communities**
- » **Community Connection (service, faith, mentorship, or self-esteem building)**



The following chart depicts an exhaustive list of prioritized needs, as voiced by homeless and at-risk residents and providers:

Priority Needs

Top Resources Needed for Homeless & At-Risk Individuals

-  **Housing**
 - Affordable and Available
 - Small Sober Living Homes
 - Keeping People Housed
 - Rental Assistance/Down Payment
-  **Shelter Concerns**
 - Theft, Prostitution, Drugs, Violence
 - Improved Screening & Placement
 - Housing for the Whole Family
 - Separate Spaces for Mothers with Children
 - Separate Housing for Single Individuals Without Children, Particularly Seniors
 - Supportive Services Braided with Housing
 - Transitional Programs, Particularly for Single Mothers Coming from Addiction Treatment
-  **Healthcare/Health**
 - Dental
 - Vision
-  **Basic Needs**
 - Shoes
 - Food
 - Heat Relief
 - Showers and Laundry
 - Diapers
-  **Central Resource Hub**
 - Resource Navigation
 - Long-term Advocacy
-  **Domestic Violence Resources**
-  **Transportation**
 - Car Repair
-  **Behavioral/Mental Health Support /In-home Counseling**
 - Self-Esteem Building
-  **Substance Abuse Treatment**
-  **Utility & Phone Assistance**

-  **Youth/Young Adult/Foster Youth Resources**
-  **Women's Needs**
 - Crisis Pregnancy
 - Counseling
 - Transportation
 - Childcare
 - Workforce Readiness
 - Safety from Violence
 - Personal Items
-  **Disability Needs**
 - Top 3: Housing, Transportation & Employment
 - Accessibility
 - Community Integration/Inclusivity
 - Education for Independence
-  **Employment & Education**
-  **Legal Assistance**
-  **Healthy Socialization/Family Friendly Community Integration**
-  **Life Skills Mentoring/Budgeting/Ways to Stretch Money**
-  **Translators**

Other General Needs/Concerns

- ✓ Outreach/Awareness Information/Resource Kit
- ✓ Increase of Homelessness
- ✓ Race
- ✓ Police Collaborations
- ✓ Respectful Treatment/Building Trust/Consistency

Provider Needs

- ✓ Clarity and Training Guidelines About What Qualifies People for Shelter
- ✓ Simplifying Town Funding Requirements



FINDING 8: Shelter Needs

Study participants spoke about the varied challenges with the shelter environment. Lack of shelter space was cited as a top challenge. Additionally, individuals chose the streets to shelter environments when theft, violence, prostitution, and drugs were present.

Address Shelter Capacity

As one homeless man stated:

- *Shelter services were full even before COVID. They have been consistently full. About half the people I know who are homeless are unsheltered; a lot of people I talk to on the street who are unsheltered, avoid the shelters deliberately. And I'm at that point right now, even though they're full, it's just most of them are rampant with drugs, prostitution, violence, theft, and it's almost easier or more of a relief to be homeless and unsheltered than to attend and use a lot of the services now that have their own challenges when trying to at least get off the streets.*

Ensure Accountability to Maintain a Drug Free Environment in Shelters

- *I've been into four different shelters, Phoenix Rescue Mission, East Valley Men's Shelter, CASS twice for the term, IHELP twice, IHELP Chandler, with the exception of the Phoenix Rescue Mission, which had a breathalyzer, and they had a very controlled environment. The rest of the services are very lax when it comes to the enforcement of trying to keep drugs and alcohol out of the programs.*

Address IHELP Concerns

IHELP initiatives demonstrate great success and service for both the community and the people they serve. However, it is imperative to implement lessons learned from rooted IHELP programs as the Gilbert Faith community works to implement IHELP programs. From other Arizona IHELP city programs, respondents indicated significant concerns about their safety and providers and participants recommended stronger oversight of the facility by professionals.

As one homeless man states:

- *IHELP has to do with ... it's a participant managed and run. How do you call homeless people [who] manage and to oversee it when they're staying at the different churches through the community? So, if you have the homeless, they call them leads or the homeless. You find drugs, theft, a lot of people coming out of the street, a lot of people come from gangs or come out of jails and find themselves in the shelter services, and they just continue to perpetuate that same dynamic, that same behavior or same controls. I loved the people that I helped; [they] were great and sweethearts but the system wasn't designed and set up to help people get employment and maintain employment and be successful in transitioning into housing with meaningful employment. Because you have to be there – at 4:30 you check in, then you're sheltered, or you're shuttled to one of the churches. And then you stay the night there, which is very nice, the churches are very hospitable, very accommodating, but there's also a bunch of things that shouldn't be happening within those churches or between the participants from drugs and physical relationships on the same spot.*
- *Because a lot of these individuals come from environments or past whether that's from their home environment that was traumatic or abusive or prison system, which has been abusive or street gangs. And a lot of times they're homeless because they've tried to walk away from it, they try to make a break and so, they're trying to say, hey, listen, I'm not going to run with a gang, I'm not going to hustle for them or I'm out of prison now, I don't want to connecting [sic] my prison buddies so, I'm willing to go to a shelter service, go to a homeless shelter, which isn't always easy, it's humbling and it's challenging.*



Employment Assistance for Those Using Shelters

- *The missing link with resources for IHELP? It's being able to find and maintain employment to help you transition. They offer good housing services and [in] trying to place you. They have several people who are working with housing services to place you in housing, but the time you spend there, which is three to four months, because of the restrictions of time and trying to get to and from, especially those of us who have to use the bus to the different churches that can be scattered throughout the entire East Valley. I know when I was able to find employment within the program, I was able to get employment, it was very nice being able to go to libraries and be able to go to interviews. But once I had employment because of transportation, I would have to leave the shelter service and seek other shelter services or along the street. So, it was good for me to get it but I think ideally a shelter service not only can help you find employment and help you provide housing, but also allow you to work and save up money to transition into that housing with a bit of savings.*

Providers and residents alike mentioned various nuances when it comes to housing in Gilbert. Some mentioned sober living homes. As Hope for Addiction, the provider for women in recovery notes: "The value of Sober Living Homes is multi-faceted. (The women who complete our two-year program) are successful members of our community, supporting Gilbert businesses and no longer are a burden in the areas of legal issues and resources. Additionally, they are serving and connected in their church in Gilbert. The value also extends to help Gilbert residents who struggle with addiction. These women are courageous and willing to share their story and successes to help others." Places like Hope for Addiction help Gilbert neighbors with addiction challenges but have difficulty securing housing due to limited inventory, inflated prices, and the distance requirement that does not allow a group home to be within 1200 feet of each other.

Other residents mentioned the need for housing for the whole family, separate spaces for women with children, housing for single women, safe emergency shelter option not drug-ridden, supportive services braided with housing, and keeping people housed once secured:

- *"If a mother has a son 10 or 12 years old, he is not allowed to stay with her in a shelter. I volunteer for a church, and we get moms, in the last six months at least three, who have been looking for housing who have a 14-year-old, 15-year-old, 16-year-old son. And it's so sad because I have yet to find a program that would accept both of them."*
- *"When I was in the (DV) shelter, there was a single mother there, that had a little girl with her... she had to bring her child into that environment. She didn't really know these other ladies, and some had problems and the child really needed a little more shelter, because of those things."*
- *"We know that providing housing is a solution to ending homelessness, but also to promote housing stability, you need to include a level of support services, especially when it comes to vulnerable populations like youth, veterans, chronic, et cetera. And so, there's been a number of things going on, including conversations with AHCCCS, because AHCCCS has received some additional funding from the federal government that can be used to potentially combine with housing and provide support services. So, these are potential partnership opportunities. But also, again, going back to stimulus funding, American Rescue Plan Act are looking at traditional funding that Gilbert might already receive. Like, CDBG or ESG, trying to develop some kind of support services programs that would be braided with housing."*
- *Additionally, proper screening and placement for housing/shelters was also a priority:*
- *The biggest gap is the lack of emergency shelter and the inefficient nature of the screening process for shelter placement.*



- *It happened to me. I was offered housing a couple of years ago [he is still homeless now]. I did everything, jumped [sic] all the hoops and everything and got down to the last thing, and went down to Phoenix and signed the paperwork so I can move into the apartment the following day. Then since I was on probation, I wasn't allowed to move into that apartment, the department management does not allow anybody on parole or probation to move into the apartment. The thing was, they knew about that day one when I signed the paper, and I don't understand why they let me make me go through all that and then come back and say, you can't move in here, when they knew about this since day one! I took me six months to do all that paperwork!*
- *One of the biggest problems with the screening process is the inconsistency of what qualifies people for shelter placement. More beds and more funding for emergency housing needs would be great. Best practice is all about coming from a trauma informed lens, having the flexibility to meet people where they are and bring lifesaving solutions to the table.*
- *Better training and clarity on guidelines could make a difference for what qualifies people for shelter.*



FINDING 9: Priority Needs From Providers' Perspectives

Summary of provider survey responses (28 responses)

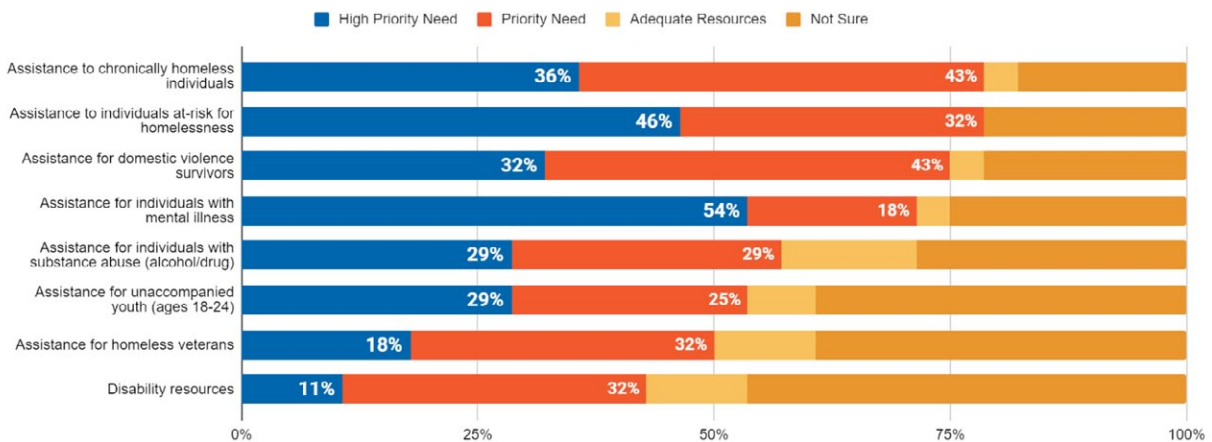
- Providers identify needing assistance for additional resources to assist individuals with mental illness, those at-risk of experiencing homelessness, those experiencing chronic homelessness, those experiencing domestic violence, youth (18-24) not living with family, and individuals with substance abuse challenges. Within Gilbert, veteran assistance ranked toward the bottom of the list, and no one identified assistance for individuals with HIV/AIDS as an urgent need.
- To prevent homelessness, providers want to see Gilbert prioritize rental assistance, utilities assistance, advocacy, mortgage assistance, mobile clinics, legal assistance, and law enforcement both as a boots-on-the-ground connector to resources and to help stop rampant drug use.
- Top-ranked supportive services needed include affordable and safe housing (92 percent identify as high priority or priority), mental health services, and services for alcohol and drug abuse. Health care and transportation were considered equally important. Life skills and education rounded out the list of priorities. Veteran services and those for veteran families were considered less of a priority.
- Affordable and safe housing was held up by service providers as extremely necessary for the working poor in Gilbert (90 percent indicated it as a high priority or priority need).
- Reporting requests:

The funding that's available through Gilbert is much more limited in some ways than other cities. And there's also an extraordinary amount of reporting required. And all those things are surmountable, but it does take more time which takes away from doing the actual things that we're needing to do here in the community. So, if there was a way to have some looser requirements for reporting as for the funding need, that would be helpful.

(This provider requested less frequent reporting requirements, aligned with other cities in the region.)

Rate the current need for ADDITIONAL resources in Gilbert for those who are homeless or at-risk of homelessness.

Provider Respondents



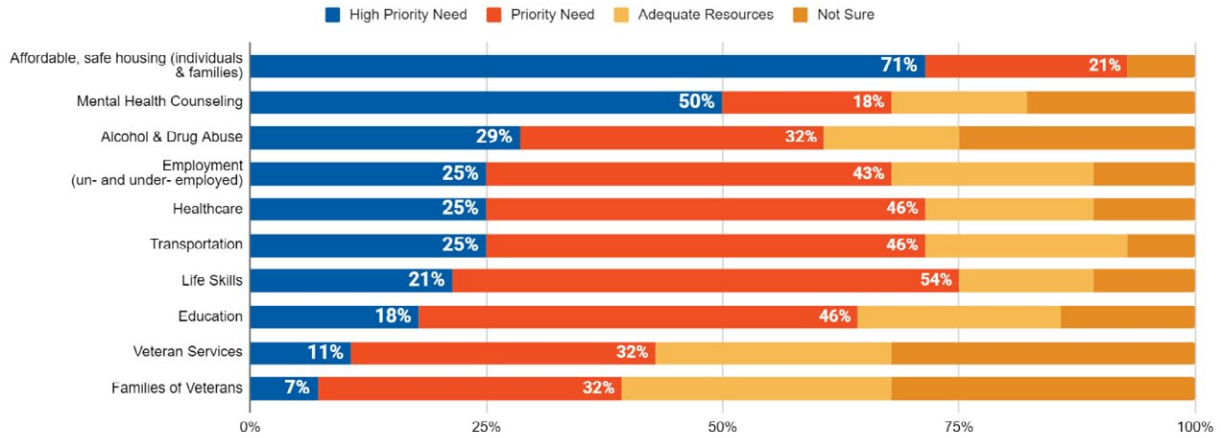


Assessment of Gilbert's Homeless and At-Risk Individuals

FINDING 9: Priority Needs From Providers' Perspectives

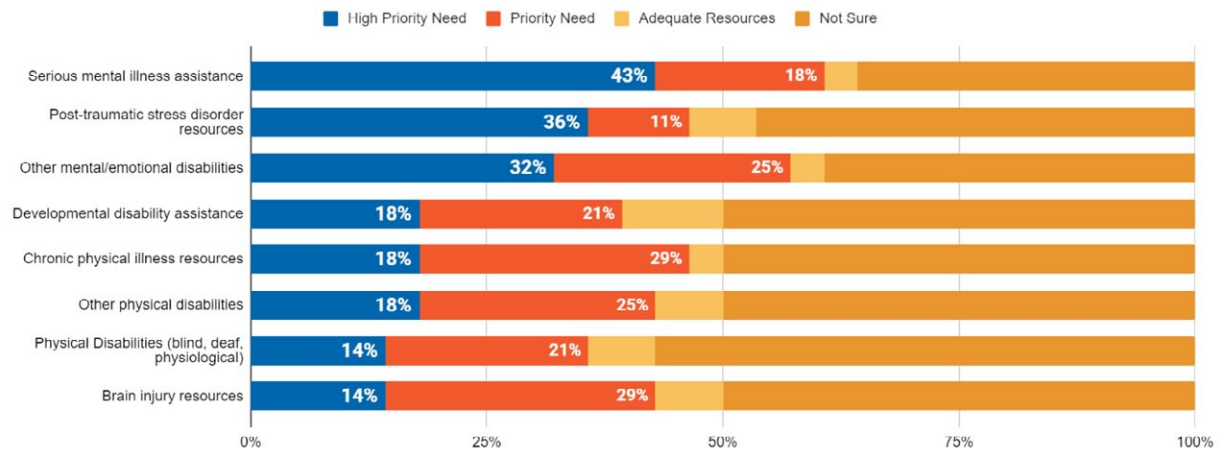
Rate the current need for additional SUPPORTIVE SERVICES in Gilbert for those who are homeless or at-risk of homelessness.

Provider Responses



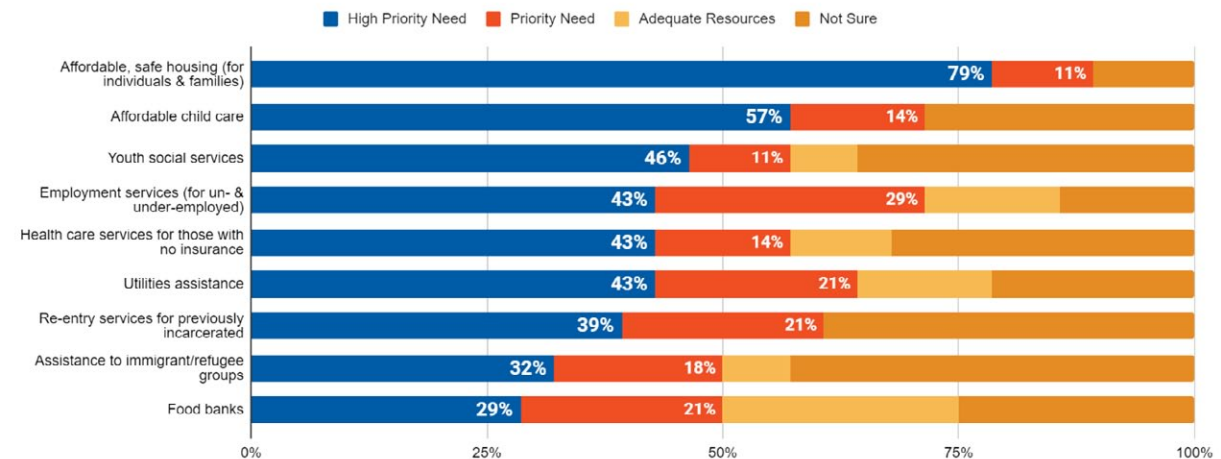
Rate the current need for additional services to INDIVIDUALS WITH DISABILITIES in Gilbert for those who are homeless or at-risk of homelessness.

Provider Responses



Rate the current need for additional services to the WORKING POOR in Gilbert for those who are homeless or at-risk of homelessness.

Provider Responses



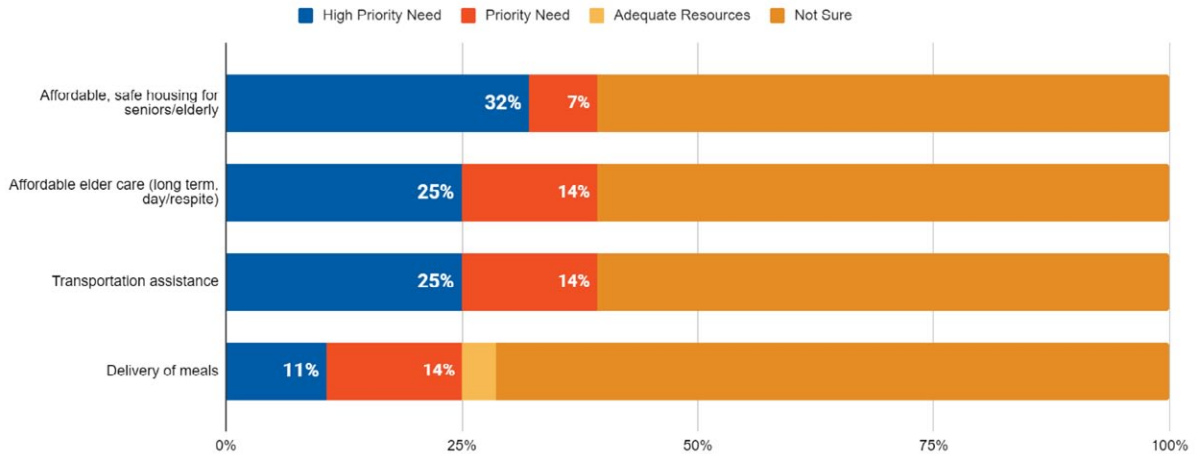


Assessment of Gilbert's Homeless and At-Risk Individuals

FINDING 9: Priority Needs From Providers' Perspectives

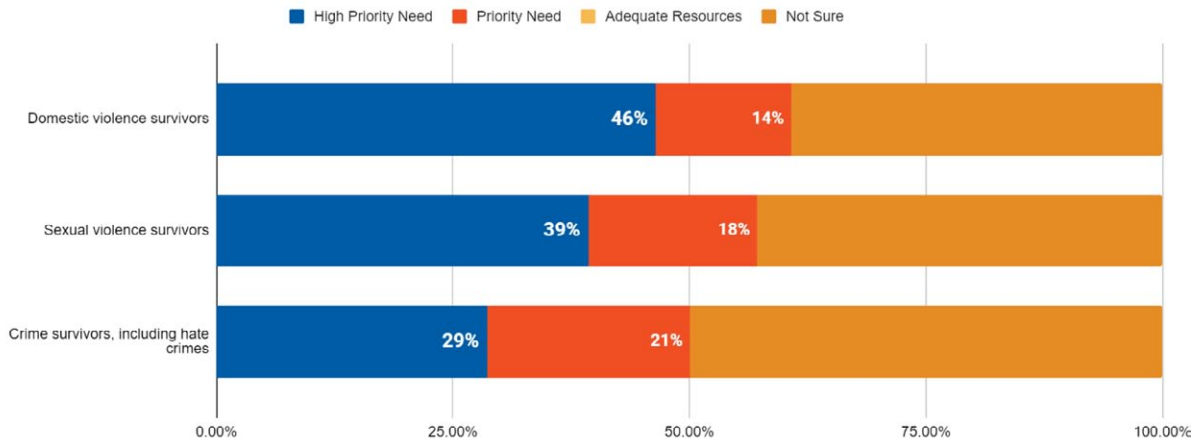
Rate the current need for additional services providing assistance to SENIORS in Gilbert for those who are homeless or at-risk of homelessness.

Provider Responses



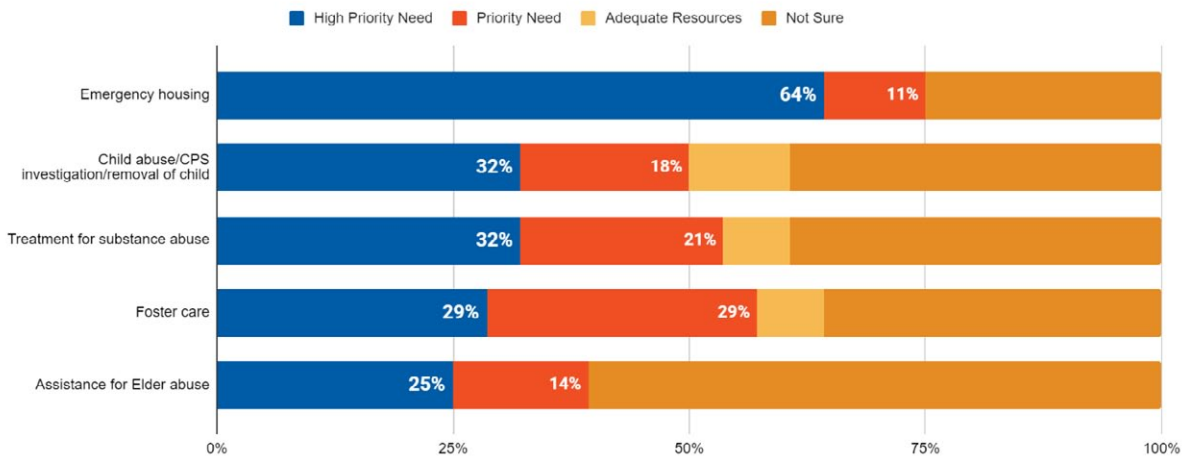
Rate the current need for additional services providing assistance to SURVIVORS in Gilbert for those who are homeless or at-risk of homelessness.

Provider Responses



Rate the current need for additional services providing assistance to FAMILIES IN CRISIS in Gilbert for those who are homeless or at-risk of homelessness.

Provider Responses





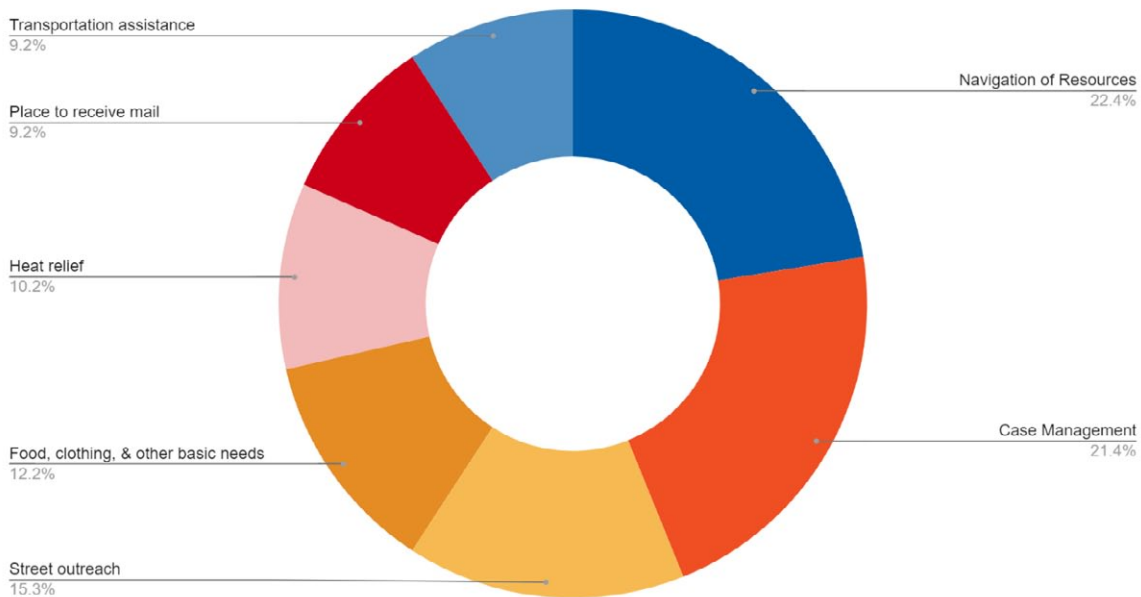
FINDING 10: Comparing Provider and Participant Priorities for Housing and Services

This section displays graphics where providers and residents were asked similar questions regarding the priorities for housing and services. Areas of alignment and disparity are noted for each.

Providers indicate resource navigation is a top need, while residents indicate food/clothing/basic needs as a highest priority.

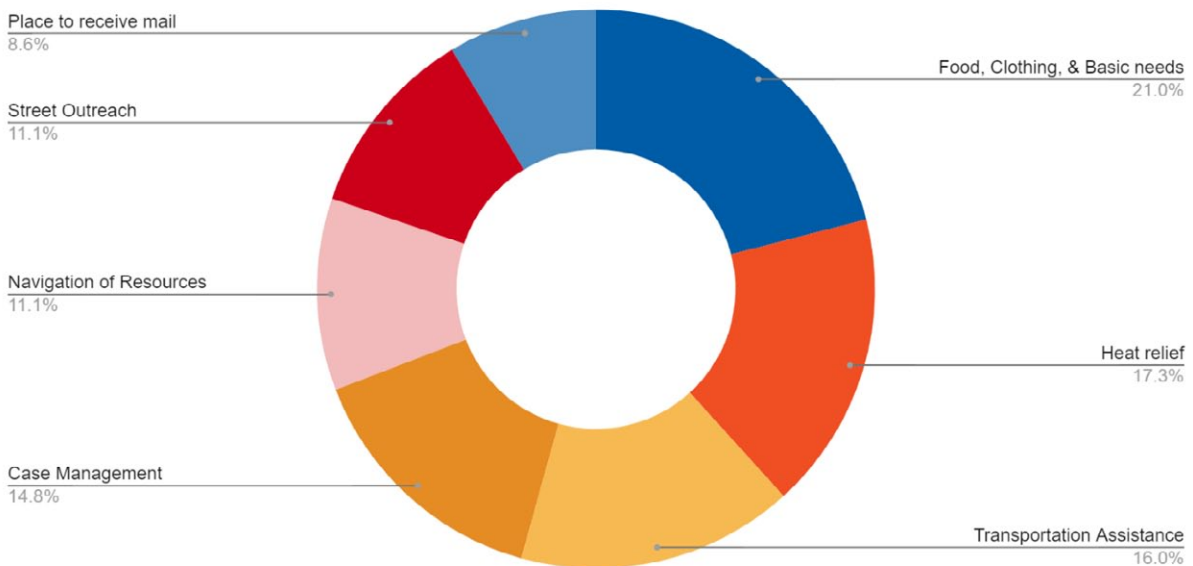
Among these services to ADDRESS HOMELESSNESS, which services need strengthening?

Provider Respondents



For these services to ADDRESS homelessness, which services need strengthening?

Homeless/At-Risk Respondents

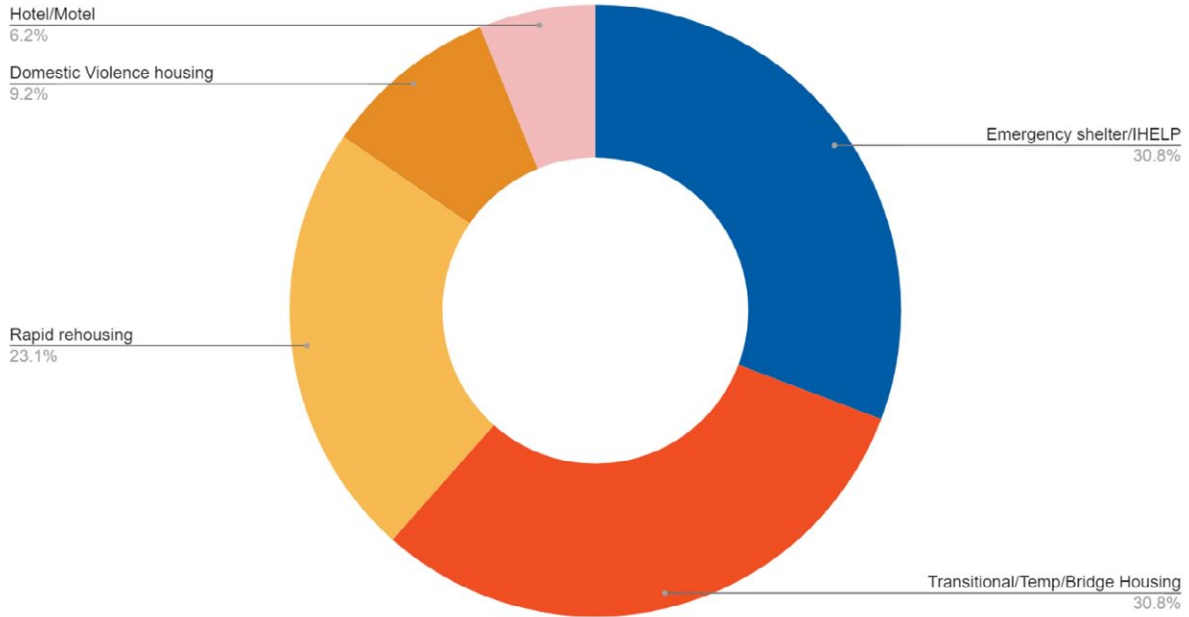




Both providers and residents indicate emergency shelter/IHELP, followed by temporary housing/bridge housing as the greatest needs around temporary housing resources.

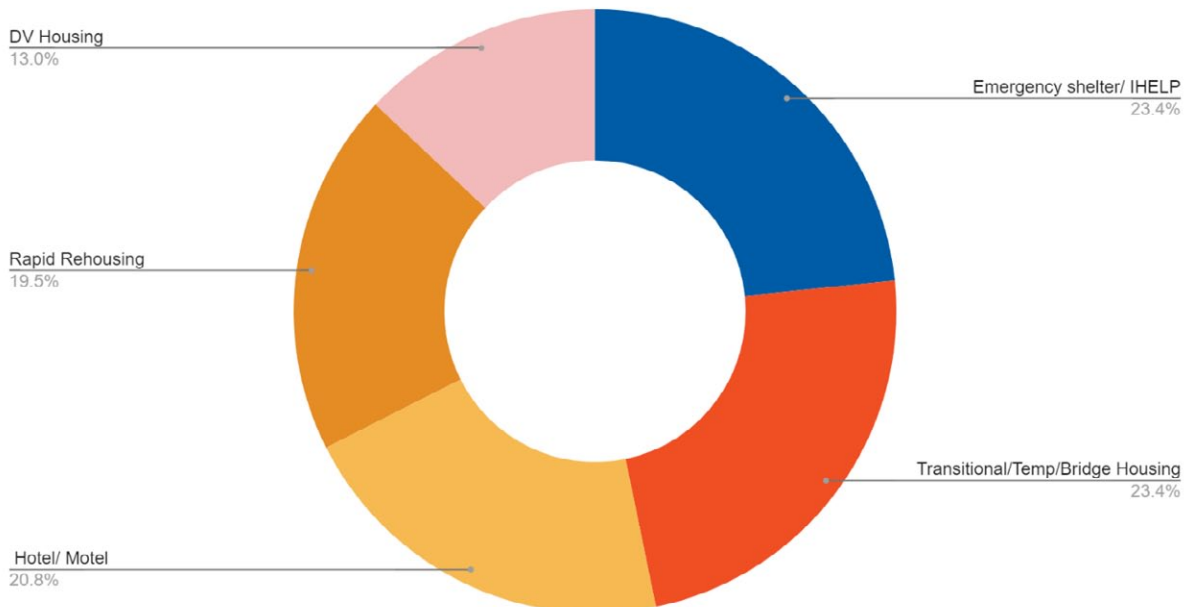
Among these TEMPORARY housing resources, which services need strengthening?

Provider Respondents



For these TEMPORARY housing resources, which services need strengthening?

Homeless/At-Risk Respondents

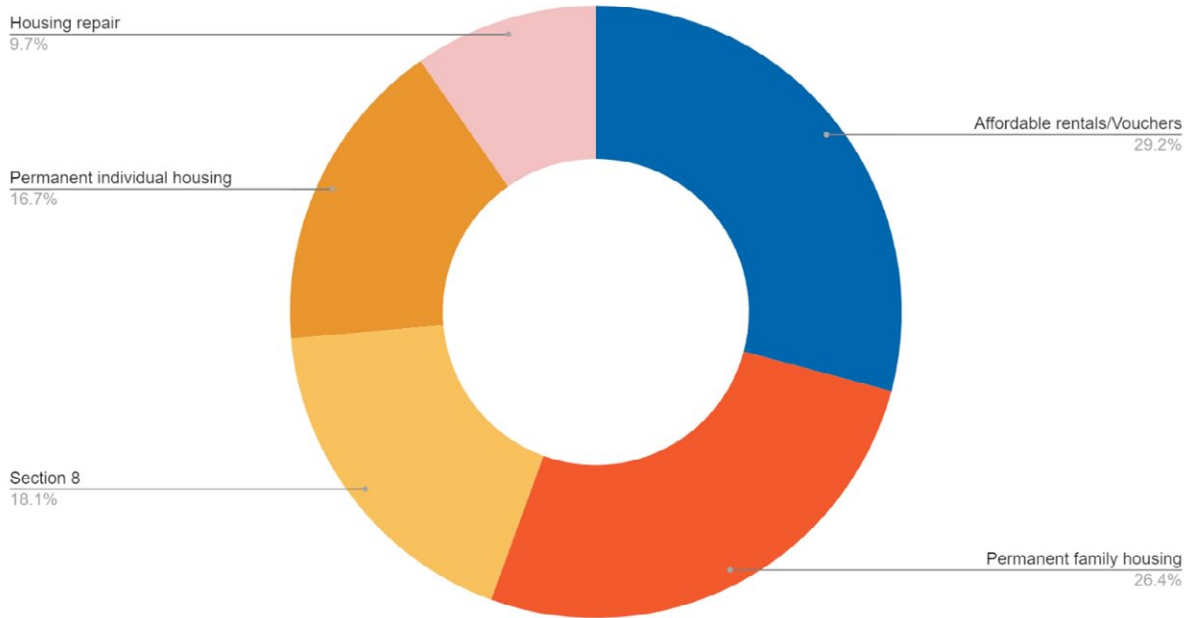




To address long-term housing needs, providers indicate affordable rental housing/housing vouchers are the greatest need while residents named permanent housing for families first.

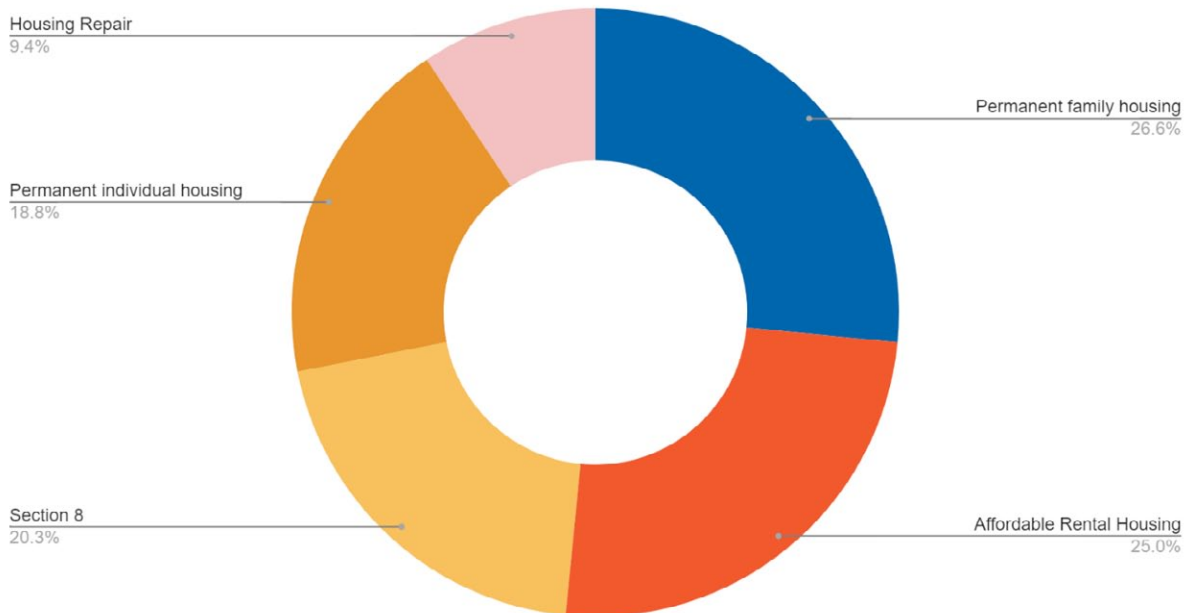
Among these LONGER-TERM housing resources, which services need strengthening?

Provider Respondents



Among these LONGER-TERM housing resources, which services need strengthening?

Homeless/At-Risk Respondents





FINDING 11: Residents Want to Know Their Options

Awareness of services and resources was a major difference between individuals and providers. Individuals were often unaware of what was available to them. Service providers had an awareness of available resources but ranked and prioritized them differently than individuals. Significantly, individuals felt much less safe than providers. All saw connection to the community as valuable.

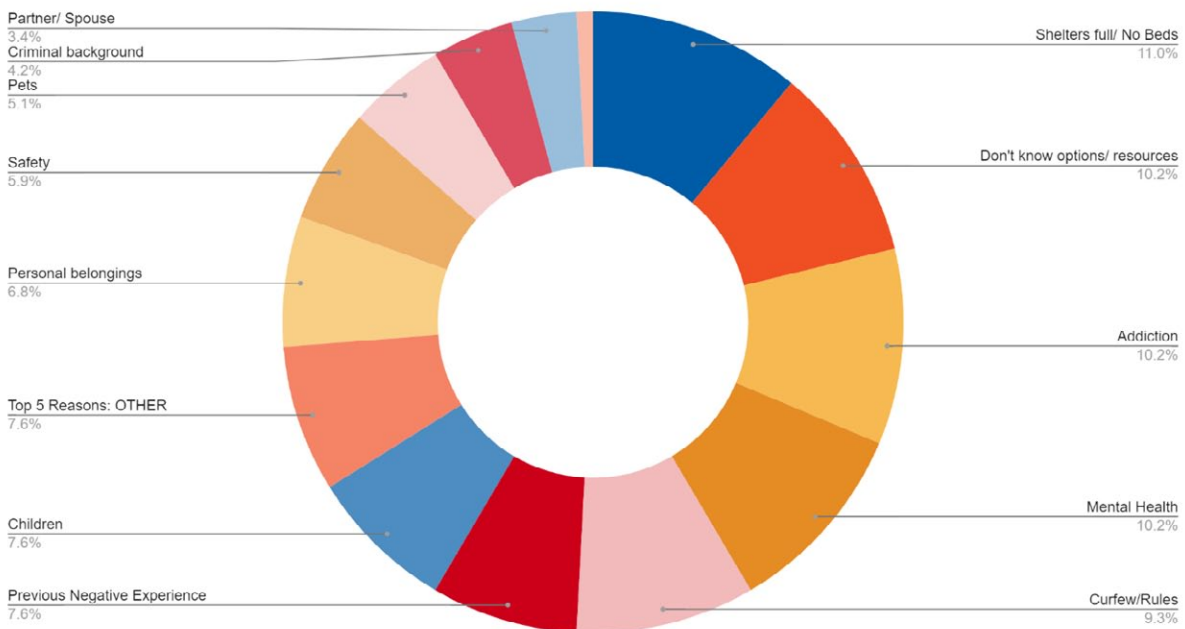
Many don’t use 2-1-1 Arizona Information and Referral Service, which links individuals and families to essential community resources and services throughout our state, including shelter and housing, food and nutrition, utilities assistance, and more.

“These vital connections can improve – and save – lives. The program operates 24/7/365 with live operator service available at all times in English and Spanish and assistance is also accessible in other languages via real-time interpreter services,” said Justin Chase, President and CEO of Solari Crisis & Human Services, which operates 2-1-1 Arizona.

At-risk and homeless respondents cited “shelters full/no beds, don’t know options/resources, addiction, and mental health” as top reasons stopping them from staying in a shelter.

Reasons that stop people from staying in a shelter

Homeless/At-risk Respondents

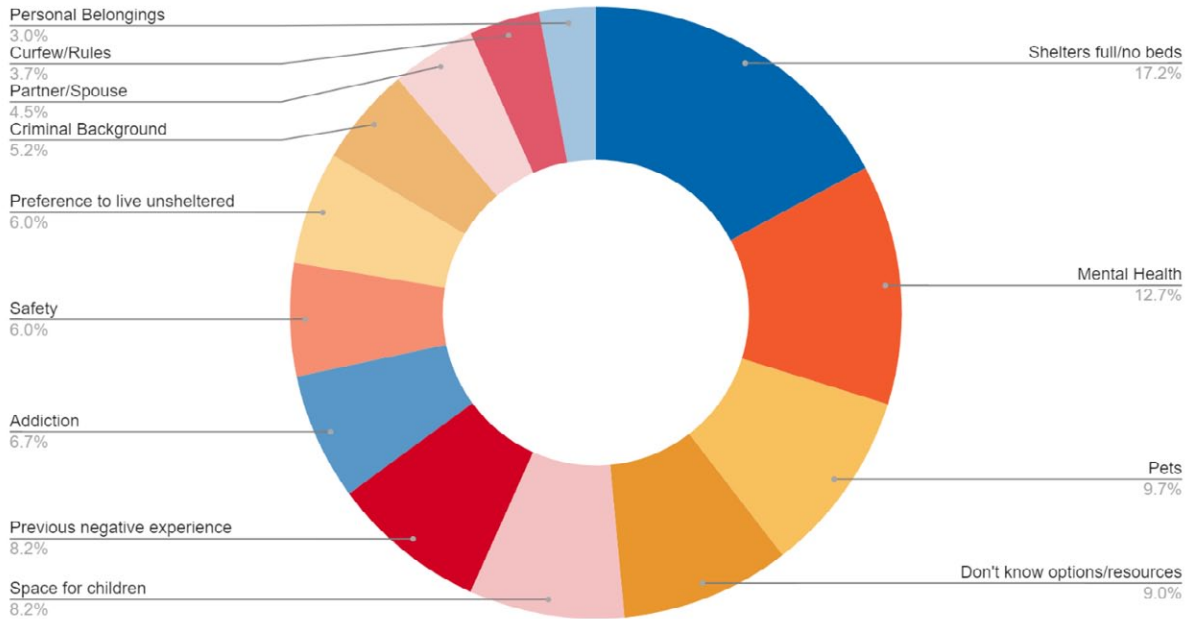




Providers surveyed also cited the lack of available shelter as the top barrier to shelter entry but ranked mental health and the need to accommodate pets above lack of information about options and resources.

Most significant barriers to shelter entry

Provider Responses

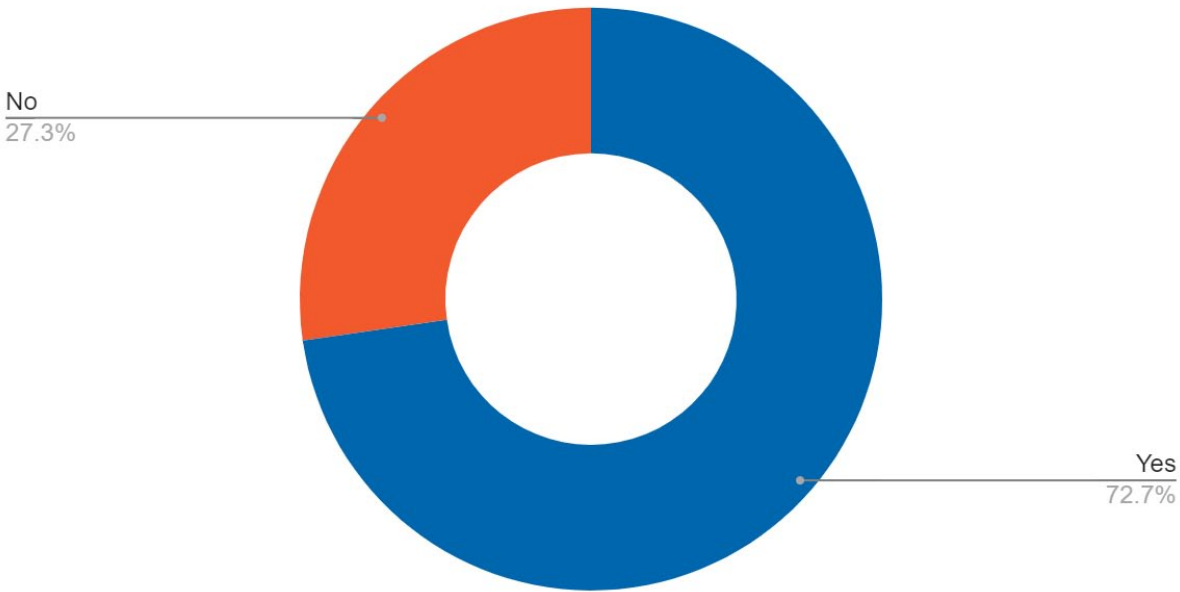




As noted in ASU’s Unsheltered Perspectives study, “service resistance is a misnomer.” In this 2019 point-in-time interview-based study, 90 percent of those surveyed indicated that would enter a shelter program if offered a shelter bed. In our study, the number was slightly lower but still represented most respondents.

If offered shelter, would you take it?

Homeless and At-Risk Respondents



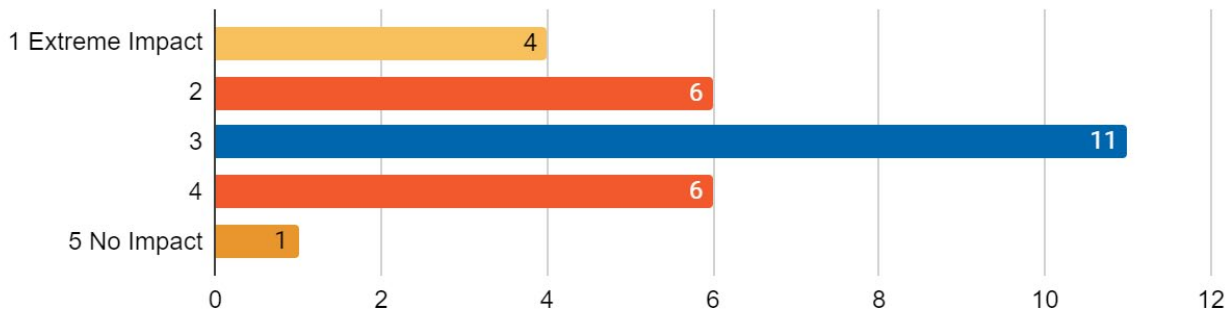
FINDING 12: COVID-19 Impact

Providers and participants spoke about the varied effects of COVID-19. Providers report that COVID-19 affected all preventive services. Supportive housing, housing assistance related to prevention, assistance to at-risk individuals, assistance to individuals with mental illness, utilities assistance, and assistance to those chronically homeless were seriously affected by the pandemic.

Half of provider respondents reported a mild impact of COVID on their ability to provide services. Another 45 percent reported serious or extreme impact. Only one service provider reported no impact since they were an essential service that provided services regardless of COVID.

Rate the impact COVID has had on your ability to provide services

Provider Respondents



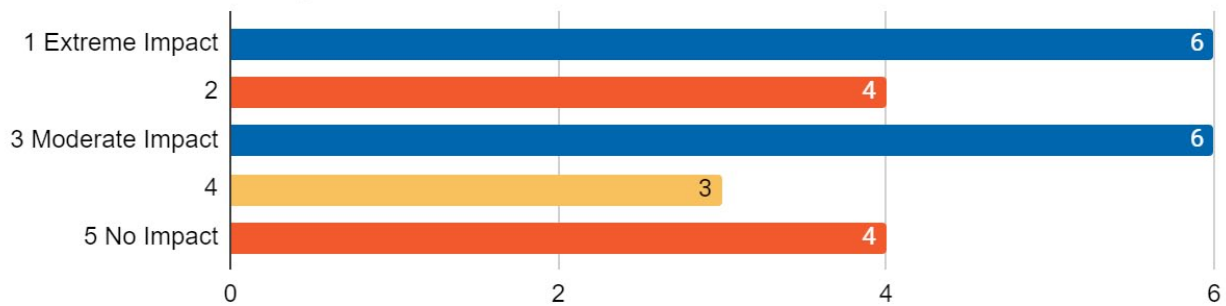


Homeless and at-risk respondents reported a higher degree of impact from COVID-19, including:

- Death of friends and family
- Loss of household income (boyfriend loss of job)
- Got sick
- Loneliness
- Self-recovered by quarantine
- Hospitalized
- Stayed home without work
- Couldn’t work for two weeks
- Mandatory curfew times daily, unable to seek RV space in lots or parks

Rate the impact COVID has had in your life

Homeless/At-Risk Respondents



There is a narrative why there were the numbers we were seeing during COVID. There was a macro story of homelessness over last year and a half. We saw less in the system, not because there were less people, but because the shelters and the outreach resources weren’t present because of the shutdown. Also new clients did not know resources that existed, but now we have seen an increase in homelessness in the last months.

As Executive Director of One Small Step Amanda Nosbisch states:

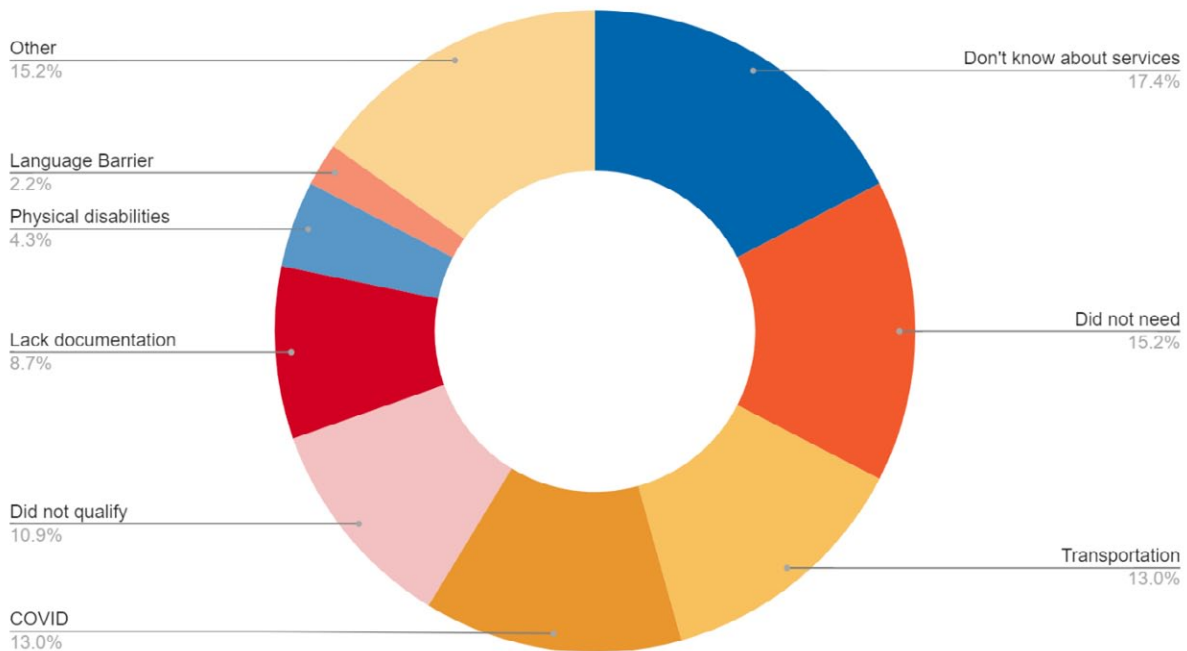
“The thing that still stands out to me the most was right at the end of April when things started shutting down, and then the statewide shutdown in May was a really scary time, especially for our regulars that we were regularly talking to. There was nowhere for them to go for their normal human needs. The restrooms and lobbies of fast-food restaurants were locked. The libraries were locked. The restrooms in parks were locked shut. Water fountains were turned off. They had nowhere to get their basic needs met or very limited places. So that was a really scary thing for them. I think everything shut down in the interest of public health and safety, but then we sort of missed the idea that, ‘oh, there’s these other people that use the restroom in the grocery store.’ And retailers may not care about that because it’s not the intention of them, but that’s the reality. And it was, an upsetting and concerning time. What we have seen since COVID, we have had a number of people who have come to us that are like, ‘I’ve never done this before’, or ‘I heard about you from my kid’s school. I’m not



sure if we’ll qualify’, and without getting deep into their story, my impression is that maybe they just started experiencing financial distress. Maybe they were doing fine before pandemic. And our survey also revealed, we do a client survey satisfaction survey every year, and our survey also revealed in the comment section a lot of people saying, ‘I needed to come because I lost hours at work’, or ‘my husband lost their job’, or ‘COVID has closed my place down’. We did see a lot of that too.

This next graph depicts the reasons participants have not received services. While 18 percent cited not knowing about available services, 13 percent cited COVID as the reason. This may have been due to lockdowns, office closures, unwillingness, or inability to travel during times of high transmission or other factors related to the pandemic.

Reasons you have not received services



As one at-risk participant noted:

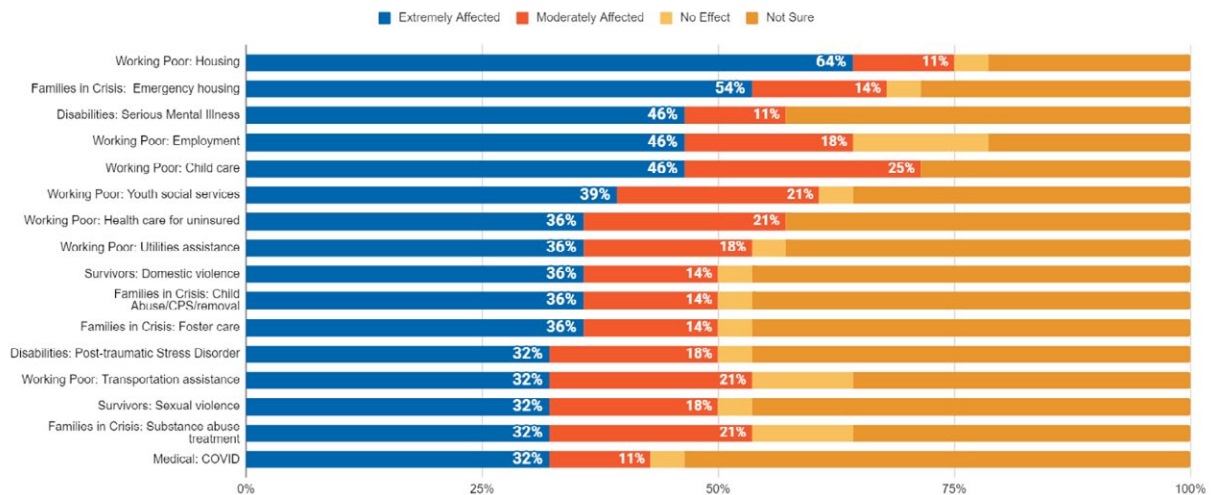
For help for my elderly dad who needed some government help for basic health care; I’m a translator for him [he speaks Vietnamese only]. There’s such a long wait time on hold with companies, and then they hang up before I can speak with them. Normally we go in person, but they are all closed now. I have waited 2, 3 hours on the phone, and then when it is my turn, I get disconnected. It happens a lot.

Also of note is the “other” category which included: provider difficulty with navigating services, mental health challenges, limitations for health care (i.e., vision care), felony/criminal background, and unemployment (some of which could have been also COVID-related).



Providers indicate that COVID extremely or moderately affected housing for the working poor (76 percent), followed by emergency housing for families in crisis (68 percent) and then services for those with serious mental illness (57 percent). Employment, childcare, and youth social services also ranked high as services moderately or extremely affected by COVID.

To what extent has COVID affected these services?
 Provider Responses



In general, providers observed that services to homeless individuals were declining as of March 2020. Following the pandemic, numbers of homeless and services further declined due to social distancing and lack of workers. Then in 2021, the number of homeless individuals and services were noticeably increased by HMIS providers. Moreover, as the pandemic continues and the disease has not been fully controlled, many factors continue to change as people adjust to “the new normal.” The full impact on the community is still unknown.

FINDING 13: Prevention Strategies

While we have focused so far in this report on defining who makes up this population, the underpinning reasons, and priority needs for addressing the existing situation, it’s also relevant to discuss what can be done to prevent community members from falling into an at-risk category or becoming homeless.

Prevention is probably severely lacking. Our goal is prevention; that’s why we go in, we do home surveys to see what the fall risks are. And then we go in and we mitigate all of those, and we do those services for free so that it does not cost them. So, our goal is to prevent. Once they’ve fallen, our goal is to get treatment and then make a home a safe place for them to be able to come back to.

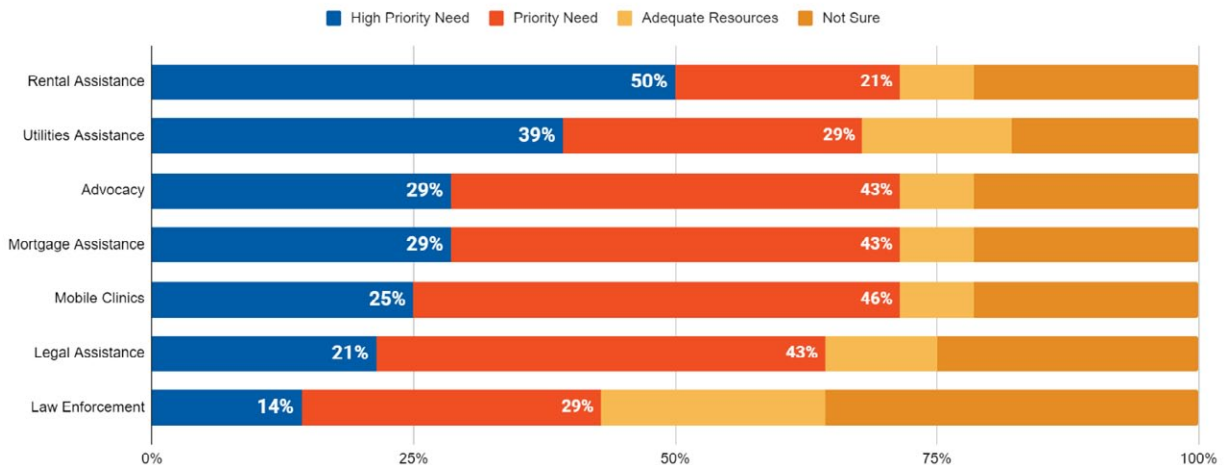


As an element of the original research, providers and residents were asked to weigh in on what can be done to prevent homelessness from occurring in the future.

- ») **Long-term approaches rather than short-term fixes**
- ») **Addressing primary reasons for homelessness (Finding 4)**
- ») **Addressing basic needs first to prevent more chronic physical and mental conditions**
- ») **Once basic needs are met, provide opportunities for higher level needs for the individual to rise to the next level of self-esteem, service, and contribution back to the community**
- ») **Provider relationship building of trust with the individual that demonstrates trauma informed support**
- ») **Central hub for addressing needs with wrap around support that uses community-based, bottom-up models to draw on the relational and social capital of communities**
- ») **Community connection (service, faith, mentorship, or self-esteem building)**

As noted by providers in the graph below, the top prevention services (i.e., rental assistance, utilities, advocacy, mortgage help, mobile clinics, and legal services) have anywhere from 71 percent to 64 percent rating as a high priority/priority need for *additional* prevention services. The lowest category – law enforcement – although rated 43 percent, speaks to the role the police have with proper referrals and support as they interface with homeless individuals in different ways.

Rate the current need for ADDITIONAL services: Homeless Prevention Services
 Provider Respondents

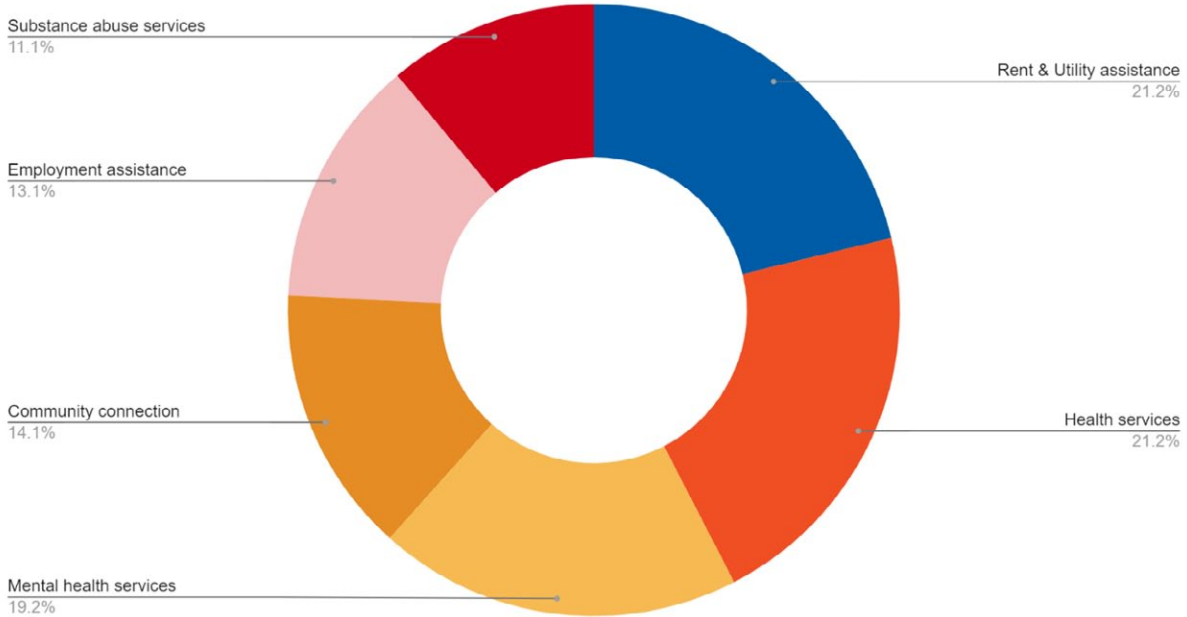




Providers added health services, mental health services, community connection, employment, and substance abuse services to the mix as ways to prevent homelessness for at-risk individuals. Residents also cited rent and utility assistance most often, with employment services and mental health services close behind.

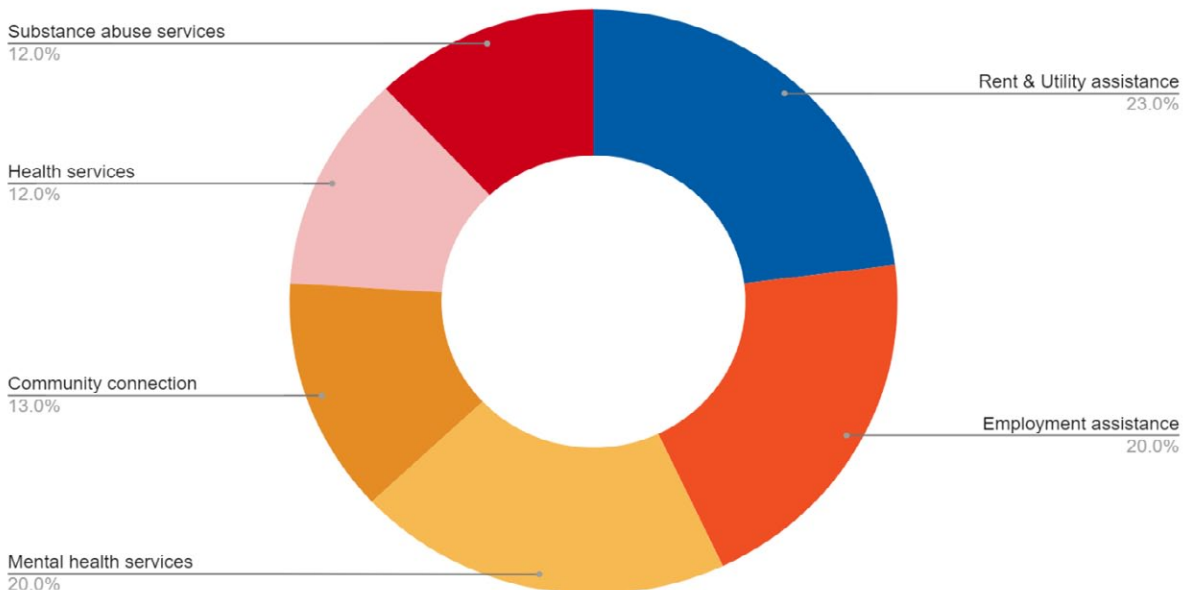
Among these services to PREVENT HOMELESSNESS, which services need strengthening?

Provider Respondents



For these services to PREVENT homelessness, which services need strengthening?

Homeless/At-Risk Respondents





...[O]ne of the reasons people get into trouble is because they can't make their dollar stretch far enough. So, they'll pay their rent, but they won't buy food. And then that ends up being a really bad situation because then they end up in the hospital with all kinds of medical problems and stuff. So, we try and cover all the areas that actually drain them of resources and try and help them bolster that up. So, they're not going to experience the problem of, 'I don't have the money to pay my rent. I'm going to get thrown out.'

The method of addressing priority needs also encourages stability and prevention. Offering resources in conjunction with long-term relationships/case navigation/community support that address deeper instabilities will be key. Additionally, meeting the client where they are at – in their home setting, at school drop offs and within school settings, at public places (i.e., libraries, community centers), while utilizing community resources such as food boxes, heat relief, or clothing – is also critical. Since no one wants to be labelled “at-risk,” finding unique ways to offer support to those who are struggling by offering free to low-cost necessities is also key.



CONCLUSION

There are no easy answers to the layered challenges homeless and at-risk individuals face. However, data and the human service community point to plausible solutions. One homeless gentleman asserted that a combination of police, a safe sleeping environment, and employment are key:

You have a lot of homeless, designating certain areas as territories. Even the grocery stores, this is my store, this is my spot, where I'm going to fly a sign, I'm going to panhandle or I'm going to sell drugs or I'm going to do drugs [sic] or whether that's a park or a bus bench or a grocery store, they're setting up shop and setting up nest. The first thing I would do is work with the police to break that cycle and get them out of there, the best you can. The bus stops are a safe zone, if there's no shelter services available, now they're all filled up, you have to allow the homeless people to stay at the bus stop otherwise well, if they refuse and there is shelter services, then they can be fined or they can be arrested. But you need to break them out of the cycle. Get them to stop panhandling because that's feeding their addiction. The majority of people panhandling, they're getting high, they're going to a hotel, motel, burning out, going right back to start selling drugs or panhandling again which is bad for them and bad for the community. So, if ideally an organization or a setup would have a place where the police can pick people up immediately and provide them something for the night or the day, where they can sleep, maybe take a shower in an open area, but also, at that same location, have second tier services that have dormitory style services to begin looking for employment. Ideally set up a factory or some type of employment onsite that is producing something or providing a service now, with direct employment because a lot of homeless people are felons or come out of the system, face mental illnesses that provide obstacles for getting employment. So, onsite have some place that's a factory, that contracts with the community and they're automatically able to start working they can feel good about, start saving money and also contributing maybe to their living environment. Where they have place, can store some clothes, sleep, have a sense of safety and security, but also, the biggest thing I think is giving them an opportunity to start saving money and be employed in a meaningful way.

Human service providers cited unique ways to handle pandemic challenges; "At Dress for Success, we put clothes and box them up and ship them to them since they weren't able to come to us." Providers actively sought ways to reach people and get beyond the shame some felt about needing services:

At One Small Step, we did our outreach (and) changed the way we give entirely. To reach people that I've never helped before, we're going out into other places, partnering with other agencies and churches and programs, we're setting up like a very relaxed garage sale looking, fill-a-bag event, where we don't ask any information except for number of people in the family and zip code, give them a bag and we say, "have fun, take, what you need."



Other providers had the following ideas related to:

- Affordable housing solutions
- Accessible/disability friendly options
- Senior affordable housing
- Transitional living for foster children
- Landlords who accept housing vouchers
- Small group homes/sober living homes/transitional homes
- Resources
- Tap into support for emergency rental assistance through AZ211
- Linking with available resources
- Housing funds
- Appropriate effective housing funds
- Gifting land
- Conversion of community buildings
- Shelter support (i.e., effective leadership with IHELP)
- Effective community collaborations
- Mentoring/support networks
- Volunteers
- Donations
- Community outreach
- Faith community involvement
- Concentration on mental health with long-term case management support

Other ideas and solutions, listed in depth in Appendix B are sampled here:

(There was) a proposal of a 28-unit complex and at the time the token 5% or two units were going to be accessible. This was a tax increment financing project and so the budgets were very tight. But inside a little more than an hour's meeting, they walked out of here with a 100% accessible project, all 28 units. And they were filled up with a waiting list prior to ribbon cutting ceremonies. They have replicated that model across the country and therefore are one of the leaders in development. That just shows the community and elected officials that it can be done, and it desperately, desperately needs to be done. And so, accessibility is a plus for all of us. You know? So, that's just one small example of how two became 100% at 28.

At Rebuilding Together Valley of the Sun, we find fire departments very helpful because they're first responders, they're the first people that you see on the scene. Or someone who is delivering meals on wheels, and they see someone who's getting a meal, but their houses are inaccessible. They cannot leave their home because they're in a wheelchair and they don't have a wheelchair. All of those things, anyone that works with the same people we work with, we would love to connect. We think of rising tide lifts all boats. We're happy to partner with anyone.

At Maggie's Place, we have served people in Gilbert who were in crisis pregnancy situations, and we would be interested in participating in housing opportunities.

It's really hard to use vouchers, harder than it is supposed to be. Maricopa County is developing a countywide landlord engagement fund to actually, I guess, provide bonuses to landlords who are willing to accept vouchers and subsidies and low-income households. And there's a couple of municipalities that have implemented that kind of model too.

We've been working with the Arizona Center for Disability Law and trying to gather a stronger voice to get the monies out on the streets that are unspent - the emergency rental assistance, ERA monies... And so, anything that we can do on any level from the city fathers, to the mothers, to whomever we've got to get those monies out on the street so that we can keep people housed, because it just doesn't make sense to kick people out... There was a call that showed that the city of San Antonio, Texas only needed like four or five documents in order to verify their need. The city of Arlington, Texas, had either 14 or 15 different documents in order to qualify for the ERA monies. San Antonio has spent 92 or 95% of their monies now, and Arlington, with that onerous requirement has spent a very, very



small fraction. And somebody had made the comment that people are worried about fraud. You're talking about a few thousand dollars per person here.

As Gilbert's leaders consider this study and understand their options, it's important to recognize that the Town is starting this inquiry within a culture of using data driven methods and positive planning. The Town has already done a great deal to increase quality of life for all its residents. Additionally, Gilbert leaders have a long tradition of ensuring its residents are participants in public decision making. The fact that leaders took the initiative to listen to the needs of its most vulnerable residents - even if they were small in number - underscores the care leaders hold for Gilbert residents. Data driven efforts such as these will provide homeless and at-risk residents with necessary assistance and help to proactively create preventive processes. These proactive, listening, and data driven strategies help ensure that all residents can thrive in Gilbert's flourishing community.



APPENDIX A: Acknowledgements and Credits

The research team acknowledges and thanks the individuals and organizations that participated in this report. These nonprofits, faith-based organizations, community centers, schools and employees of the Town of Gilbert opened doors for the team to make meaningful contact with individuals and service providers. Many people with whom the research team spoke are not named, to protect their confidentiality. Those we can thank by name include Allee Klingensmith, homeless liaison at Gilbert Public Schools, Joanna Carr, research and policy director at Arizona Housing Coalition, Darrel Christenson at Ability360, TJ Reed at MAG, Merilee Baptiste at Midwest Foodbank, Jeff Williams at The Salvation Army, Glenn Whitaker at Page Commons/Mercy Housing, Alicia Paddock at My Sister’s Place, Amanda Nosbisch at One Small Step, Kathleen Dowler, Director of Community Health at Dignity Health. Thank you! You went above and beyond to provide space, resources and/or data to inform this research.

Special thanks to the following organizations who went above and beyond to provide space, resources, and/or data to inform this study:

- AZ-211 & Solari
- Child Crisis of Arizona
- Hope for Addiction
- House of Refuge
- Matthew’s Crossing
- The Salvation Army
- MAG (Maricopa Association of Governments)
- Mercy Housing/Page Commons
- One Small Step (DBA The Clothes Cabin)
- Open Arms Care Center

Organizations Represented with Consultant Data in the Study:

- A New Leaf
- CAAFA-Community Alliance Against Family Abuse - Domestic and Sexual Violence shelter
- La Mesita
- Ability360
- Arizona Housing Coalition
- Aster Aging
- AZ-211
- AZCEND
- Catholic Charities Community Services of Arizona, My Sister’s Place
- Child Crisis Arizona
- Chrysalis Shelter for Victims of Domestic Violence
- Dignity Health
- Dress for Success Phoenix
- Evident Life Church
- Gilbert Public Schools
- Higley Unified School District
- Homeward Bound
- Hope for Addiction
- House of Refuge
- Hushabye Nursery
- JustServe
- La Mesa Ministries
- MAG
- Maggie’s Place
- Matthew’s Crossing
- Mercy Housing Southwest/ Page Commons
- Midwest Foodbank
- Mulligan’s Manor
- One N Ten
- One Small Step
- Open Arms Care Center
- Rebuilding Together the Valley of the Sun
- Save the Family
- Southeast Regional Library
- The Salvation Army
- Town of Gilbert Park Rangers
- Town of Gilbert Police Department
- Town of Gilbert Public Schools
- United Food Bank



Organizations that contributed data to the research provided by HMIS:

- Arizona Behavioral Health Corporation
- Arizona Housing Inc.
- AZCEND
- Central Arizona Shelter Services
- Community Bridges
- Catholic Charities Community Services
- Child Crisis Association
- Chicanos Por La Causa
- City of Chandler
- City of Glendale
- City of Mesa
- City of Phoenix Human Services Department
- City of Tempe Human Services Department
- Circle The City
- Elaine Health Navigation
- Family Housing Hub
- Family Promise
- Homeward Bound
- Homeless ID Project
- House of Refuge
- HOM Inc
- Human Services Campus
- Homeless Youth Connection
- Lodestar Day Resource Center
- A New Leaf
- LaFrontera - Empact
- La Mesa Ministries
- Lutheran Social Services of the Southwest
- Maggie's Place
- Mesa United Way
- Native American Connections
- National Community Health Partners
- Phoenix Rescue Mission
- Single Adult Coordinated Entry
- The Salvation Army Phoenix Social Services
- Southwest Behavioral Health
- St. Joseph the Worker
- Save The Family
- St. Vincent de Paul
- Tempe Community Action Agency
- UMOM New Day Centers
- US Vets



APPENDIX B: Participant and Provider Quotes From Surveys and Interviews Conducted

WHO ARE GILBERT'S HOMELESS AND AT-RISK INDIVIDUALS:

Right at that corner [REDACTED] there's on average, anywhere from four to six people who stay within well, with less than a mile. Within that four mile, there's a dozen people, that are homeless within that square mile in Gilbert. There's about a 100 chronic homeless people who stay in Gilbert all the time – they don't want to leave Gilbert. You probably get about another 100, 150 plus that come in that use Gilbert regularly, whether it's to panhandle, and then either get drugs and stay high for a couple nights out of the week. Then you have another 50, maybe 100, or so local youth in the age group that are either teenagers 16 to lower 20s, who get in a fight with their parents and a lot of times you see couples, guys, girlfriends, young couples out there who are crashed out and hiding in corners or in a dark spot of a business park. So, 100 regulars. Another 100, 150 who are coming and going periodically throughout the week, another 50 to 100 local younger couples who come from really rich homes. Yeah. I've seen them going into their homes and their neighborhoods, and they're talking, and when they want to get high, when they get in a fight with their parents, they're going to spend a few days on the street, they just get high either by themselves or with a buddy or a girlfriend. And now, they're on the streets for a couple days getting high until their parents let them back in, let them back in the house.

I see if these families are eligible for McKinney-Vento, which is a federally funded program, so they are considered homeless. So, what would define them as homeless, is if they are doubled up with other family or friends; if they are sheltered, like in a transitional housing or an emergency shelter, in a hotel or a motel; if they're unsheltered; and if they're unaccompanied minors. So, we do have some unaccompanied minors that are doubled up with other friends or other family members, like an aunt took him in, or they're staying with friends. But I would say the majority of the families that I've worked with are doubled up, so they are with other family or with friends.

*I also have great concerns for the LBGTQ community, which a lot of those teens are homeless. One of the grant programs that I fund is for homeless teens, and a lot of them are not accepted in their homes and they're couch surfing and they're at great risk for human trafficking and other things, so paying attention to that population is really important. If we go into the CDC or into the Arizona Department of Public Health website, you will see a large chunk of the homeless population are LBGTQ kids and they're at high risk. *Note - The research team completed paperwork and was granted access to speak with the students at Gilbert schools who were homeless or at-risk for homelessness. However, the director of the program did not wish to provide an opportunity for the team to directly speak with any of the youth or any of the families to directly address their needs.*

One youth stated, "A lot of people, stereotype homeless people like, "Oh, they did drugs, they did alcohol, they did all this", and I'm going to be honest, growing up, that's what I did. Especially if you saw a homeless person with a crap ton of tattoos, my first thought, because that's how I was raised, was they're criminal, or they just spent all the money on tattoos and lost it all, or drugs. But it really just depends on the situation. Not everyone's here for being a criminal or doing drugs or anything like that. They're people who are just, I guess you could say got lost and they need a way to get back in this world it's just pain, pain, and suffering.

The homeless people are out there in Gilbert. They just don't want to be seen, [they] hide from the police.

We have families in from the schools that are unsheltered. They're literally living out of their car, and it's so hard that we don't have a place to send them that's close by.



I have been able to talk with some of the unaccompanied minors, and sometimes it's that they are kicked out, but things end up working out at home and they end up going back home. But then there's somebody that we keep on our radar because we know that they're at risk for becoming homeless and maybe getting kicked out again. We do have those situations where we speak and work with kids and families that are at risk, and we just try to make sure that there's a plan of some sort in place and any resources that we are able to offer them... Sometimes, it just has to do with family stuff, got in a fight, or sometimes the 18-year-olds aren't getting along with mom and dad. But I will say, we have had a couple students that aged out of foster care and were not able to stay with their foster families, and so they ended up not having anywhere to go. So that does happen.

[They are] families who really struggle. Families who aren't able to have a Thanksgiving or Christmas meal.

They (Gilbert's homeless) are children or teenagers that get taken out of, finish out of foster care. So, you age out. I think that's another big issue that I've been seeing over the years. Children are aging out, they have nowhere to go so they end up on the streets.

Girls, women, grandpas, grandmas, moms, dads, kids, that's what I'm seeing. There's a lot of age, between the ages of 40 and 30. And you got the cops kicking them out. "You can't stay here. You can't stay here." Where else are we going to freaking go?

I've lived in Gilbert all my life. I grew up in the house right around the corner here, so I know everything. I helped build this community center, so I know anything and everybody, this whole facility. Now I'm homeless. My dad was a veteran.

We see a younger generation, but not totally young. Maybe 30s, 40s and 50s, 60s too. Yes, people, who lost their jobs and things like that. We have a lot of homeless too, people.

Single men who are struggling with any of the following: disabilities, mental health, family dysfunction, addiction, job loss, or severe traumatic life event.

At-Risk:

One at-risk Gilbert resident who cares for her two elderly parents while her husband works full time states, "I have cancer. I have been waiting for approval of my disability paperwork for 1.5 years. I have enough paper from the doctors, the nurses, but they say, they are short staffed, and they don't have enough people working."

I'm seeing people who are at-risk due to job loss, serious health matters, Covid impacts, housing price increases, etc. who have never been homeless and [estimated] 30 percent of those who are currently not homeless but at-risk who have been formerly homeless.

[Spanish speaker] I'm a single mother of two kids and working all week. It's a long week. I have one day off on Monday because I work at the hospital. It's hard for me to keep up my home, to clean it and care for my kids.

I live with my sister here in Gilbert. I have congestive heart failure in my 40s. I'm fearful of being homeless because I haven't been homeless here. In California, I have.

For at-risk families, many do not qualify for programs. "We still try to offer them any resources we have, even if they don't qualify under the McKinney program at the time, whether it's even just to help with school supplies or food from the food closet, we get weekly meal bags delivered from Matthew's food crossing, stuff like that, if we have clothing. So even if a student isn't eligible for McKinney, we still try to get them all those resources that we have available."

Our staff on campuses are really great at trying to pick up on cues of students and noticing if a student is at risk. Staff will notice if a student is always late or absent a lot, it's kind of a sign they're having a hard time getting to school, or they're getting to school late, or if they've been wearing the same clothes for multiple days.

Most of the seniors that we're seeing [25 percent are Gilbert residents, others have migrated here] that come in have no more income than just their social security for a number of reasons, mainly because they've outlived their resources and the other is they've lost a spouse. So, this has made this whole market and the whole



concept of affordable housing very, very tight because so many more ... I mean, we're seeing all the baby boomers now that are in their 70s, 80s, and 90s that never expected 34 years ago to live as long as they have. But with the different things that have happened in medicine and longevity, it's just created a real problem for seniors right now because there are very limited resources. We have a five to eight-year waitlist for people that have applied to come in for housing at Page Commons. And this isn't unusual, it really isn't. So, we're picking off the people that applied five years ago for housing. That's how critical this is.

It's incredible to me that the housing crisis for low-income seniors is as bad as it is. I mean, a lot of people are living in shelters that never expected to have to do that because there's just no other solution, so. And we do get people out of shelters that have been on the waitlist. And one resident that has shared her story with many people because of the fact that she was in a shelter, and she was able to buy time to be able to wait out being able to come in here. A lot of people don't have that. They don't have that opportunity. And that's what makes it so sad. I was in management, and I managed special name properties, and I just ... I couldn't handle it because the homelessness situation, especially with special needs, is just terrible. It really is. There's just ... I mean, most people with special needs that are low-income end up living in shelters because they can't take care of themselves completely. And their income is usually nothing, so they're dependent on public welfare. So, I just couldn't handle it. I just ... My heart just broke.

PRIMARY REASONS FOR HOMELESSNESS:

We need to examine the underlying causes of homelessness or at-risk homelessness and not make assumptions. A lot of people assume that someone chooses to be homeless. That's not the reality, but looking at those underlying causes of homelessness, which can be family conflict and violence, it can be human trafficking, labor trafficking. Of course, the economic situation in the country in a community impacts homelessness, and then lack of available resources that help them limit the amount of time that they need to be homeless or sheltered or those situations as well.

Domestic Violence, Especially for Women:

Between mental health, addiction, and abuse, I know some people who have dealt with it while being in a relationship where they were being abused. They may not have had addiction, but that [other] person might have. Or just have never lived in a situation where they [weren't] physically abused. But I know women that have gone from their parents abusing them to their husbands who abuse them. They never really go through life learning anything other than that abuse, that that's a big component. Victims of domestic violence are often pushed into the problem of home insecurity.

I was in a DV shelter. They had a horse therapy program, where somebody that lived nearby brought a horse in, and everybody would come out. He had the horse, and everything. I was afraid to go outside for a long time because I was afraid that my ex-husband was going to come after me. I didn't even want to go out in the backyard. This place was a secret location, and it had barbed wire all around the fence, and an electric gate, that only opened with a code, but I was still scared to go outside. And I would go outside with sunglasses and covers over my face, and dark clothes, and very scared, at first. Eventually, I became more normal again, more who I am, and I was able to go out and relax and just enjoy the horses.

I left my abusive husband and became homeless. I went to a motel, and I called to cancel a doctor's appointment. I explained what was going on to the girl that I talked to on the phone, the receptionist, because she wanted to know why I was canceling. She said, "I'm going to give you a phone number," and she gave me the domestic violence hotline phone number. I feel like she saved my life, because once I called that number, they arranged for a ride for me to go to this domestic violence shelter. The people said, "Well, we're really full," but they made an exception, and they allowed me to come, and I got as far away from my ex-husband as I could. They purposely sent me way away from where he was, because of the situation. That was very important. I wouldn't have known at all the domestic violence hotline. I never heard of it. They will think most women have, so it would be helpful to have an education to tell people that need help, that they can call the domestic violence hotline.



I am so happy with my Gilbert housing [REDACTED]. I had been in a domestic violence shelter, and they helped me to be involved with a group that did transitional housing for women over 55 – I was 58 at the time. I started going to support meetings. After a while, I qualified for transitional housing that they sponsored. I was living in transitional housing. First, I was in the domestic violence shelter for two months, then I was in transitional housing for a year. I was on a waiting list to come here, without ever seeing it or anything, but it was recommended to me by one of the ladies. In the meantime, I had to move, and they weren't ready for me here. So, I had to move into a studio apartment temporarily that was nearby. And I was very unhappy there because I could barely afford the rent. I didn't know anybody there. It was mostly, I think, college students, and it was lonely. And I didn't feel safe there. The way that the apartments were set up, the doors opened right outside, and everybody was walking past my window all the time. Since it was only one room, I didn't have a separate bedroom. So, there was lights, there was noise, there was all kinds of things going on. I was grateful to have a place to be, but at the same time, I was not happy. I think I was very fortunate. I don't think there aren't that many women that are lucky enough to be able to end up in the same situation that I'm in. When I was in the domestic violence shelter, the women there were so sad, and unhappy, and didn't know what was going to happen to them. Honestly, I don't know what happened to any of them, but I could see that they felt alone, and they felt like, I guess, homeless, they felt homeless.

The perpetrator will make the person that's being abused feel like they're going crazy. Like they are not doing anything right, like they are the one that's not right in the head. It's called gaslighting, and somehow, they manipulate and convince the victim that they need mental help, which is really the opposite.

Domestic violence ... Oftentimes a dual-income dual-parent household can afford the home that they're in, but if a mother or father is forced to move out of that for the safety of themselves and their children, oftentimes a single income can't afford the same neighborhood or anything at all.

Domestic violence, that is something that we're seeing a lot. Right now, out of the residents that we have from Gilbert, 80 percent of them have domestic violence, and they're a single household income. Sometimes domestic violence led to their homelessness, which is obviously financial instability. A lot of them are in the process of being evicted before they get to us. So, they're not always homeless at the time. They could be staying in shelter, or they can be staying with family, but they're both being evicted from those places.

Domestic Violence Rehousing:

15 to 20 years ago, even longer than that, the goal was really to get people to shelter, to shelter, to shelter, but there's been a lot of research done and really keeping people in their same community is very important and safety planning around that is the most important thing. We're not going to be able to have people forever hide their entire life from their abuser. It's just not, it's not possible. So, I mean, we house people all the time. We rapidly rehouse them in apartment complexes across Maricopa County that look like any other apartment complex. It's all about the safety planning, the technology on the phone, filing an order of protection. Those are the steps that should be taken to eliminate those barriers with individuals and families getting rehoused.

Housing – Lack of Affordable and Available Housing:

Affordability:

An apartment for \$900. So, you're looking at going from \$900 to \$1,500 for a two bedroom. If you get a one bedroom, you're paying \$1,200. Might as well pay that \$300 or \$400 to get, a better neighborhood. But it is to that extent. And it's going up quick because I know somebody that had her rent go from \$1,200 or \$1,300 to over \$1,500.

There needs to be more Section 8 housing and more apartments being built for low-income people, people suffering from homelessness. I mean, other states, like Colorado for instance, have huge areas where they have housing for homeless people. Here, there's nothing, very little.

The rents going up completely, that's why I'm homeless now. They raised mine and my ex's rent from \$1,400 to \$2,600. And then we ended up having to pay \$3,000 just to break our lease to leave. Because we couldn't afford



that. So, I don't know where he went, but we split and I'm here. "How is this legal", and they're like, "It's legal." And I'm like, "I don't know. It's more than double of what I was paying."

Everything to do with housing. That's just basically it because you go housing that just covers the whole thing.

I don't have enough for a down payment for housing.

When I have a place now that wants to give me a place, a roof over my head, a more permanent situation, but I've depleted my money, because I've been staying in this hotel. So now, you're telling me you can't help me. And I'm going to the streets.

Anybody who needs some type of subsidized housing, which is the lion's share of our folks, the housing authorities don't take new applications. They're already backlogged. So, if you can't get a new application submitted, you're already on the losing end of it. For those people who are on a waiting list of a housing authority, those waits are literally anywhere from a year to four years long, if they even have their application in. What we're hearing more and more from our staff is the subsidies that are available don't cover the full rent because they've gone up so high, so for example, a fair market unit might be valued at 1,200 a month. The subsidy doesn't cover the full amount of the rent because they've gone up, so even with their 30 percent, the subsidy for the other 70 that caps at a figure that's still lower than what rent is going for. And a number of times in the last couple of months staff have come to me and said they're just being kicked out because this property is being remodeled. After the remodel, they're jacking the price up two, three, \$400 after the rental. Even with the subsidies they're not able to fully cover that, so then you are back to the streets.

Prices are increasing dramatically, and people are just being pushed out of the housing space and they're really struggling to find [something] anywhere else. And programs are really struggling to keep up with the increases in rent because they have certain rules around [which aren't] reasonable.

I can tell you honestly that our information referral person who works full-time in that position, she's been getting about 320, 330 calls a month, and very month about a third of those are housing related issues. They're either looking for a place, help with a deposit, they're landlord issues about not making accommodations. Just the whole gamut.

Affordable housing is a huge issue for many individuals on a regular basis. Because I mean, when you look at domestic violence, the number one reason why people leave a lot of times, is financial, and the number one reason why they go back is because of financial [reasons]. And so, when a one- or two-bedroom unit is costing 15 to \$1,600 a month, I mean, that is a lot of money to pay for rent. And I mean, I live in Gilbert, and I see the big fancy apartment complexes that are going up across the city. And I mean, it's not affordable housing. And so, when you have a victim of domestic violence, a lot of times they're not going to leave the situation because they can't afford rent.

I mean, it's a huge barrier. And until that gets addressed ... I mean, I think that the police department, they're going to continue to go to calls, respond to calls for domestic violence, because these victims, they don't want to leave, because they know that they're not going to be able to make ends meet on their own.

At Rebuilding Together, we serve residents at risk of homelessness, primarily seniors, veterans, people living with disabilities, and that particular audience, and most of those in our experience tend to be aged 60 and up. So, the circumstances that create a risk of homelessness in our work really is income-related because most of the people that we serve are, in fact, all of the people that we serve are very low to moderate income individuals with most of them falling on the very low spectrum. We find that a lot of them were living in homes that they can't afford to keep, usually in areas like Gilbert, where there tends to be a higher cost of housing than some of the other areas. Particularly if they're living in one of the older areas where housing is cheaper, those areas tend to gentrify and people just simply get pushed out of their homes. And that contributes to homelessness. When you're a senior and you're living on a very limited income, your next stop is usually the streets. So that's what we see just from our end.



Lack of Available Housing:

There is a lack of communities that accept the housing voucher. That's the big issue. So, if they could broaden that ... and there is a lack of single homes that accept housing vouchers. So even though you may find, let's say, an apartment, but you don't really find houses ... people are homeless because they can't find anywhere to move.

There should be less of a wait time for anyone trying to get somewhere to stay.

There are never enough beds available for people in need.

Section 8 Waitlists:

I've been on the section 8 housing list for three years, and it's hard getting any information where I'm at on lists, how much longer it's going to take. I mean, you can't get any information from anybody. They leave you in the dark. It's very frustrating.

I talk to them (Section 8) all the time and they were good, but they just never have any answers for me.

Gilbert offers very little section eight housing compared to other cities across Maricopa County, and so that would be a great start, to offer section eight vouchers, because once you are eligible for a section eight voucher, that is basically affordable housing throughout one's lifetime, because you just have to re-up every single year with your income and all of that to be eligible for that program. So, I think that'd be a really good start for the city of Gilbert, to look into that and to have some apartment complexes that are willing to take a section eight voucher.

Serious Health Matters That Cause Instability:

I'm on disability, a physical disability. I have heart congestive failure [woman in her 40's].

Injury. They're at risk for injury and they get injuries all the time, but they're not well managed. And so, they lead into chronic issues or even acute issues. They can oftentimes become emergent or even cause death. But the injuries are anywhere from, you know, they're in extreme heat and get into extreme sunburn. That kind of injury. Injury from being in a fight.

If you have someone who has mental illness, and they're sleeping in a sleeping bag next to someone else, and then they start smacking them with a pipe. Those types of things are the injuries that are pretty significant that will happen with the homeless population. Cuts and bruises. If they're doing do day labor work and they get an injury, you know, maybe a sprained wrist and they just ignore it. And then it gets to a point where they can't even use their arm anymore. Then they can't even get that day labor job. So those types of injuries.

I need medical help. The wires in my brain went out. The vibration from fighting. I got into street fights. Now I have ringing in my head. Hurts like hell. On the streets I was beat up with a baseball bat. Four or five guys coming after me. I drink now everyday just to get by, everyday alcoholic. I don't have family support.

I got beat up by 7 guys on the street. I never went to get help. For no reason, they didn't even know each other. I still have nightmares. Have a hard time doing anything.

Mental Health Challenges:

The lady that was in my room with me at the DV shelter, I had a roommate, we all did. She was so terrified of everything, and just never came out and never did anything. She stayed up all night, laughing and singing, and she was very thin. She was anorexic. She would see things that weren't there, all the time. And just be terrified. When you have somebody like that, and I don't know whatever happened to her, but I'm not sure what would happen if somebody didn't say, "Okay, we need to help you this way." They should maybe find her help of some sort.

A large percentage of the homeless population have mental health issues. Anywhere from 60 to maybe 70 percent have some type of mental health issue of those who are homeless. So, by category, that does include people with disabilities.



Jeff a provider from the Salvation Army states: The top things that we see is mental health and probably from the conversation you had here, you probably see a little bit of that popping out, that a lot of people are struggling with getting the proper medication to deal with mental health. The longer somebody is on the street, the mental health becomes a greater factor in what's happening,

When you can't reach out to, let's say, someone in counseling ... and everything doesn't always require medicine. Sometimes it just requires another person to speak with, listen to you, get out of your head, these are the things that cause anxiety.

The trauma of abuse can create issues with anxiety and other mental health issues. It is correlated.

Severe Grief and Loss Episode:

My story is significant in the fact that I lost a very close person to me, my stepson. And had a baby all in a year. So, all these things happened in a year, kind of lost my mind, got into drugs and alcohol, and was basically at the end of all possibility in life when I went into a sober living. When I left that sober living it was sudden, and so I had nowhere to go.

My mother passed away last year. I haven't dealt with that yet. Now my father, he's 81 years old and he's going blind. My sister, she's in the third stage of cancer. She's doing her chemo and she's not going to live because they found a tumor inside her. And they're going to have to open her up and that's going to spread cancer and she's not going to survive very long.

Wife left because son had a brain tumor. It's a hard question. Why would anybody be homeless? Why should anybody be?

When I was 18, I was in a domestic violence situation. I was in an abusive relationship. And I had just come out of some traumatic things. I was a runaway from home at 16, and my dad had died. So, I had found my community of people in this world of like meth and crime and gangs and whatever.

Co-occurring Challenges:

The population that we serve here at the shelter, they are already a very vulnerable population. And what I mean by that is that there might be a mental health diagnosis, a physical health diagnosis, domestic violence is all about power and control. So, whoever the abuser can take power and control of, they're going to do [it]. And a lot of times it's people at those vulnerabilities. And so that's just something that we keep an eye on and we, when we get them here, we want to make sure that we do our best to guide them, to get mental health intervention, or to get physical health intervention, to make sure they're taking their medication.

Substance Abuse:

Too many drugs being used.

There are too many people not taking care of their issues and that ruins it for everybody else. Like your bike thieves, drinking alcohol, and stealing.

Drugs is the biggest one. From the street to people who are unsheltered, on the street, or sheltered, the drug problem, even marijuana is really causing a lot of problems. Marijuana is so available now. I mean, people are just getting high rather than going to find employment or taking the opportunity to use the resources possible, they crash out, they go out and they just amuse themselves however they amuse themselves during the daytime, get high; either sell drugs, or buy drugs, and do what they need to do to hustle. Sometimes it's stealing from local businesses. But they're not concerned with taking advantage of the services that are available instead of just getting high on marijuana. If there's other drugs available, you're seeing a lot more of that now, there's the blues, the Fentanyl, or the meth. But it's all interconnected. If you're getting high on marijuana, you're around the people who are getting high on blues so, only a matter of time that those folks are also doing the blues or doing the meth. The blues, that's what people in the prisons and on the street are calling fentanyl; it's heroin, it's opium.



One homeless woman: I wouldn't trade my life. I've learned a lot. I'm glad I've never used heroin and I never will, but I've seen other people that have and that's a sad situation.

I lost my job because of drugs and alcohol. Then as a woman on the streets, sometimes we won't want to have a man with me, but then the man tries to push the woman, so it's kind of iffy on that one. What encourages me to stop is to look to Him.

Drug addiction is a massive issue where we are seeing more and more people with fentanyl addiction mixing with some of these strains of marijuana that's coming out. We just recently had a death in our area of a homeless gentleman who all intent and purposes was a very healthy muscular individual, young guy, under 40, and he took some fentanyl that was laced with whatever it was and it killed him. And that's what we're seeing. It has to do with mental health and drug addiction and that seems to be the greatest contributing factor.

I had two kids with him. Depression led me to drinking. And I was drinking, and we were hanging around with his family, which are all enablers and they all were alcoholics and didn't care. We were broke and that's how I got in trouble.

I just want to tell them (Gilbert leaders) to quit spending money on the 4th of July, Labor Day weekend, those kinds of holidays, and build some kind of facility for people like myself and other people that can go there and live there for maybe certain time to get back on their feet. Maybe get a drug rehabilitation center going here too, which they don't have. And I prefer that. Substance abuse services, I think a lot of people who struggle with addiction and a lot of people's families that have a loved one don't know where to turn.

Economic Insecurity/Lack of a Living Wage/Job Loss:

Most of the people that we come in contact with are on social security or SSDI, so the economics of it is [that] people are not financially independent.

People are not being paid a fair living wage.

The situations for paying bills and stuff like that.

And I think that's really when you get down to it, especially in this day and age, a two-bedroom apartment is over \$1,500 a month. And so, when your income is \$2,000 a month, you end up being unable to afford it. You might make a little bit too much for low-income housing, this might be a little bit too much to get this kind of help. So, you're kind of stuck between that rock and hard place of, "Do I get a job making less so I can get more resources? Or do I get a job making more, but I can't afford to have a home?" and I think that having this community has allowed me to where I can be a single mom and know that I can make money I need. Yeah, anything less than \$20 an hour is not livable. As we are preparing these ladies for full independence, if they're making \$20 an hour, which you would think is, "Oh my gosh, that's amazing." They are forced to go into a situation where they're going to need a roommate.

And she makes great money. Three years ago, we're not even talking about a decade ago, we're talking about three, four years ago. That would have been like, "Dang, you're making good money." So that's where it's sad, it just feels like the way things spiraled into ... Just not being able to afford anything.

I was married in 2014, so almost eight years ago, and I made \$8 an hour, \$8.50 an hour. And it was okay because I had my partner. But my point is, so we're not even talking about not even a decade ago, and now the wage of ... And that was like a pretty okay wage back then.

Inconsistent support financially and from the community.

I lost my job. I was paying rent. I was living in a carport, and they had to move out because they raised their rent. So, this is where I ended up right here. People can fall on hard times, and then it gets hard to get back out of that situation. Because I was almost in a spot where if things had gone worse, I could have been homeless for a while. And once you don't have a shower, you can't shave. It's harder to get cleaned up, to get back into it. It's like a vicious circle downwards.



Eviction:

We are very concerned about the moratorium and expecting a high number of evictions occurring in the next few months after it happens.

We're just terrified ... when this eviction moratorium runs out October 3rd, there's going to be a world of hurt with the evictions and landlords wanting to take them to court, and the court proceedings take less time than if they were able to finally get emergency rental assistance money to pay the back pay. It's tough because you know that people are behind. Many of them don't have employment yet where they can pay these higher rents? and so they're going to be homeless. Now, as a community, it's going to be more costly for us to kick people out, keep them alive, and try to find a new place for them to move into. The economics of it is going to be much higher, going that route, than to keep people in their apartments where they're currently at.

Abusive Home and Family Dysfunction:

He came from a broken home. And that's all he was around, was drugs, so that's what he knows.

People who leave their homes, their parents, or family to enter the shelter service are already, a lot of them, are victims of abuse, of some type of trauma or some type of addiction, and for them to enter the services and then after earning their services and trying to find help to be subjected to those same pressures, those same abusive power dynamics, and pressures, it's tough for a lot of them. While a lot of them, when you talk about that other 50 percent-ish who are unsheltered homeless, a lot of that is because of that. They just can't be a part of that. They're not, it's tough.

We have to build their support system back up. I mean, it's all about isolating the victim from their families or friend population, even though domestic violence impacts all socioeconomic statuses. With shelter, the majority are women, and they have no support. There's like very little support in the community for them, whether it's family, it's friends. It's very sad, unfortunately. And so, we do work with them on that.

I just had a rough childhood. I was molested when I was younger and just a lot of traumatic things happened to me. I started smoking weed when I was 10. I was married for seven years. I got a divorce from my ex-wife. I lived in Gilroy, so I let her go over on power and channel rights for three years. And after I got divorced, she took everything from me. And then I've been on the street ever since, four years ago on the street. That's what started my drug addiction one year ago. I need help with drugs now. Lots of drug addicts, all the addiction is what keeps most people on the street, just using all the time.

If we had real family networks we wouldn't be on the streets.

I never had any family support. Mine's kind of an interesting story because it's just something really simple. I just got kicked out of my house because I was still living with my mom at the time I was working. I was trying to save up to become, to get enough for an apartment or something. And I was working at McDonald's, not really the best start, but I was going to become manager the day I had to quit. And so I was going to be getting a raise, which would have helped me a lot. I would be able to save a lot faster and I was working overtime every week. But then I slipped up and my mom just didn't want me home. I guess some people would say I look like the stereotypical type of young person, type of homeless life.

So, I found my community in the wrong place. I think all of us, we want to find acceptance. We're looking, we're just inept to look for that. And so that's kind of where I found it at that time. And I got pregnant and then I was homeless. And so, we were living in the car, we would stay at the Motel Six, we would stay at different friends, whatever. And it was just really a hard time. And then I was pregnant, but I had no clue, I didn't know how to sign up for AHCCCS to get a doctor. So, I hadn't even seen a doctor for my pregnancy until I was incarcerated and then I was six months pregnant. And I hadn't even been to the doctor one time, had no clue if it was a girl, if the baby was healthy, I just knew my stomach was growing and I was pregnant. And so, I was really grateful and really lucky to become incarcerated, even though obviously that's the worst place you can be. But I was able to deliver a healthy baby. And then I was able to find out about the program that I ultimately got court ordered to. And that's where my life and my sobriety journey and my healing journey really began. And that was 12 years ago.



Moving to new places. For me, we moved from Arizona to Ohio [and later moved back to Arizona]. I didn't have family. I didn't have friends. Depression. One of the root causes, or the biggest reason for homelessness, is the profound, catastrophic loss of family, the disconnect of family. Just about everyone we talked to who is chronically homeless, it has to do with something that tragically or something somewhere somehow happened with the family. Be it domestic violence, be it a death, be it a drug and alcohol abuse, anything. And it's not a housing issue, it's a community issue, loss of family. And somehow, we have to reconnect them so they can find a family again, to get back on their feet.

Mine is because of a family dispute, led to divorce.

Youth in an Abusive Home Environment:

Kids that run away from their abusive parents.

I found a child at the library. One comes walking off with no shoes on, about five years old, bawling his eyes out. I took him up to a police station.

Discouragement:

Just the environment of the shelter services, the different crimes, the criminal mentality, the violence, everything that's going on, the drugs. Unless you're a really determined individual, and a lot of people coming off the streets are coming out of PTSD or very traumatic situations or have mental illnesses, too often they fall victim to the influences and the problems within the shelter services. And they either fall into a pattern of abusive behavior or abusive individuals or drug abuse. And they burn out and then they just, they burn out of the program, they leave on their own or they time out and they just transfer to another one and hop from one to another, from one to another, and they just hop, and transfer and they just burn out. They just don't have the energy anymore.

Those in society who are disadvantaged economically, educationally, socially, those going through the prison and jail systems and being homeless, these people just don't have an education. If they're not involved in a gang and they're not doing illegal activities, they don't know how to work and survive and thrive in society without those things. So, it's because they've just been disadvantaged to not have an education, to not have societal connections, to know better and to see the light that the grass is greener on the other side.

Domestic violence, drugs, hopelessness.

I don't have the oomph right now. I don't know if that has to do with COVID. You know what I mean? My storage, I'm just tired of going in there and organizing it. I'm just tired ... I don't know where to go.

Disabilities:

Whether it's the young mother with a stroller or young father to caring for an aging parent. You don't just wake up on a Friday morning and say, let's see, I have three appointments today, and on my way home I'm going to get me a disability by getting into a car accident. You don't plan for it. You know? Car accidents, different things happen, and it's part of the life cycle, so just build your society and your community to accommodate everybody because otherwise we lose out.

People lose their homes and start couch surfing, sleep in their cars, the shelters. And those are not conducive to people with disabilities. There's no attendant care. There's, I think, only one shelter in the valley that's accessible, physically accessible. Then, the other issue is for those who have a service animal. Then there's issues with people accepting service animals, which they're supposed to do, but it gets to be a fight to keep their service animal with them ... disability is three main categories. One is the physical disability. Two is the cognitive, including mental health. And three is sensory, which would be hearing and vision. And being all inclusive, we serve everybody across disabilities. Disabilities are grossly under-reported. The numbers are 1 in 5 [people with disabilities] and with Baby Boomers, it's gone closer to one and four.



People with disabilities sometimes have it harder. Our accommodations are sometimes left out. I have multiple, but one of the main ones right now is T.I.A. and I feel like every time I come back to Arizona, I'm getting diagnosed with something new. So, that said, they just told me I have Hashimoto's without no family history. None of that.

Felonies/Incarceration:

And will we be able to do this together? Because he's got a past and he's got his own issues or whatever, but the whole main goal is keeping the family together. [She is homeless on the streets, along with the kid's father, and her two young children who are also living on the street]. Will we be able to, you know what I mean, get the help that we need? I know that I might have a chance, but I know for a fact he's a no. He doesn't have a chance at all [because of the felony drug conviction]. Anything with drugs, there is no housing assistance for you guys, for convicts. That's what it says, in their policies and stuff, and the regulations and stuff.

*Felonies interfere with home security as well. [With the ability to obtain a job and to live in stable, safe housing].
Incarceration [many times stemming from addiction].*

People like me need jobs. I'm a convicted felon for selling pot. Now I can't get a job because I'm a convicted felon. I'm struggling right now.

My brother got out of prison for DUI. He stays there to help my dad out. The cars were no good. So, my brother forked over his pandemic checks to get a car for the family. And then he works 10 hours a day to help pay for the rent and stuff like that.

I said, we weren't born and raised convicts. We weren't born and raised violent. People do mess up. We're not perfect. I mean, people forget at least one to two things a day. You know what I mean? If it's something new that's happening in anybody's life, they're not going to wing it. Nobody's perfect. I feel like me just hanging around the wrong people, wrong place, wrong time, it wasn't a good influence on me. I also dealt with a criminal background. So, there was a lot of things that was kind of holding me back from even being able to feel like I could move forward.

Poor Credit:

Poor credit due to financial abuse [people] cannot get safe housing.

Fear of Seeking Help [i.e., for fear of losing children, incarceration, etc.]:

In the midst of addiction, especially when you have children, you're afraid if you try to reach out for help, they're going to take your children. But if you have children, and you're a single parent, you can get community help without losing your children. Because I think a lot of single moms, they want to get help, but they have a fear of losing their kids.

I was in a domestic violence situation. And when I would be abused, I would want to call the police, and he would say, "Call the police, but I have drugs hidden and you'll go to jail." And so, I would be scared to call the police because it would be my apartment and I knew that we would have meth or marijuana or whatever in the house. So, I wouldn't call the police to get help out of fear of getting in trouble because of my addiction.

I think it's getting involved in the community. A lot of times the willingness comes first before you have to have the belief or the ... there's some denial there, but I think it's finally just accepting the fact there's something you need to change. And then at that point, it goes to the next step of, "How can I do this?" And once you get involved in the community, the steps start. But I think it's dealing with mental health. I was raised by a mother with mental health issues. And I think that if she wouldn't have known that it was okay, she had seven children, but I think if she would have known it was okay to get help and that her children would be safe, she would have gotten the help.



But I think that the fear of, "If they know who I am really, they're going to take my children," overturns that. And the same thing happens with addiction. The same thing. So, I think it's really just getting the word out there in the community, letting people know that it's okay to talk to somebody and we're not going to put you in jail, we're not going to put your children away, we're not institutionalizing you. Really just letting people know that there is a safe place to land.

Medical Expenses/Medical Crises:

Medical reasons. Medicare has become much harder on spending their money on different things that the residents might need, especially medications, if it's an expensive medication. So, a lot of people end up draining their resources so that they can get prescriptions that Medicare won't cover. And I mean, if a resident comes and they have a problem because of medications draining them and ... I've got resources out there. One of the resources that is incredible is that hospices require palliative care to be part of what the hospice serves. Palliative care is mandated by the state. If they're going to do a hospice, it's work that the hospice does that is not connected with end of life. It's trying to prevent the residents not to experience medical problems to the extent where it's going to end up ... The situation is hospice because they're critical and they're ... It's very likely they're going to pass away. Hospices do this palliative care where it's in-home, and it isn't end of life. It's trying to keep them from that level of care they're going to need at end of life, so.

And I've got ... I can't tell you how many resources I've got through that that I've made over the years because the hospices need to do this to stay viable. So, it's a very big field now. If I have a specific problem, where say a person needs to go on ALTCS, and ALTCS is where they get their Medicare for free and they get a lot of different services because they're very low-income. And these hospices with palliative care will even help these people get into that, okay? Because another reason people get evicted is because they just can't afford the medical care and they get in way over their heads. And then they end up getting evicted because they can't pay their rent.

POPULATION SERVICE GAPS:

Children Aging out of the Foster System:

Child Crisis Arizona, we have shelter services to age 18. But we see a lot of children or youth that are aging out, so once they hit that age 18, there's really nowhere for them to go. And I know technically they're considered adults, but I think we would all agree an 18-year-old isn't quite equipped to be making those types of decisions. And we know from the statistics that a large percentage of them then fall into the homeless population as we traditionally look at it, so I would love to see more resources dedicated to the foster care and youth that are aging out.

Service for the Family Unit:

A best practice is keeping the family unit together as a sense of stability, rather than separating out men or male children or whatever it is. Making sure that that entire family unit is the base that we then grow their own self-sufficiency from.

Seniors Who Live Alone:

One category to add to that list would be seniors and particularly, seniors who are living alone and the difficulties of aging in place. They become at high risk of homelessness. If they have a fall, if they're hospitalized, if they end up having to sell their house to pay their medical bills, they have nowhere to go at that point, and then they become homeless and ill and injured. So, I would just add that in there as well.



TOP RESOURCES NEEDED FOR HOMELESS AND AT-RISK INDIVIDUALS:

Affordable Housing:

Affordable housing is really something that has been an eye-opener for me because there are people who have jobs, but they still aren't making enough to have a home or to rent and that can be tough. So, I think affordable housing would be certainly helpful within Gilbert amongst other areas.

Stop raising the rent, four to five times the amount.

The apartment I rent used to be \$435. Now it's over a thousand. I can't afford that.

A house, that solves 90 percent of my problem.

Staying over East Valley Men's Shelter, I had employment, I was looking for housing and the home folks were incredible. They were nice and they had a case manager that came out, and we were driving around to apartments, but doing some quick research because I'm a numbers and research guy. I found that [what they often did] was cover the first month's rent, the deposit, even the utilities and if needed to offer another month or two if needed on top of that. And I thought that was great, it was going to help, it would be nice to take advantage especially, of the deposit and the first month's rent and utilities. But what I found researching and looking at the apartments that were available, the apartments had raised the rates for those people who were going to be taking advantage of that program. So, not only if you actually went to the apartment as a non-participant of the home program, now, you're not homeless, you don't need housing. You could find a better deal over the life of your rental agreement. If you just took advantage of their one month or two-month fees and had a lower rate by the end of the year, you'd be saving money versus using a home program, tax funded home program. www.(REDACTED).com. They take advantage of the first month. Sometimes they can get help for that second or third month, but then because the rent is increased after a few months their rent is increased and they can't – the apartments will do that. They do this. This is after bringing [this] to attention saying, hey, this isn't right, the company is taking advantage of this. And they say, well, the problem is even the case manager says that a lot of times the homeless people come in, they trash the place, so they're justified. Okay. We feel okay raising the rates on them, because we're going to have to clean up after those people who ruin the place and ruin it for everybody else. But still, it's not right for those who need help.

One senior homeless woman noted: I need just a one-bedroom apartment. I'd go there if I could, to be off the streets. I go to the gym to take my showers which I'm very happy about. You can't beat \$10 a month, but sometimes they close on a holiday early, for example. I just need to clean and go to work. I know I can do it. I just need a little place. I'm not going to live in my storage to take a chance of losing it. And I wouldn't do that anyways, but I just need a bathroom - I'll take it!

The town of Gilbert, they need to have some affordable housing. They have none. They've got tons of apartments. I can't even afford them [as a provider of services].

Whatever their income, it would all have to be income qualified, 40, 50, 60 percent of AMI. I think there's one on Power Road. There might be a couple other ones in Gilbert, but they've got three- and four-year waiting lists. So affordable housing – if in fact, they want to try to reduce homelessness in their city, they need to be able to provide an alternate. Otherwise, they'll be finding campsites or finding other cities that they'll live in.

Right now, as we know, COVID, I think just exacerbated what was already existing with our housing crisis. Affordable housing just doesn't exist down here in the lower east valley. A lot of these people who can either get a voucher or can overcome by getting a job and things like that, they still can't get enough to get into housing. Right now, I think the medium housing out here is what? \$1600 a month for one- or two-bedroom apartment?

Housing is #1.

I stay with my mom a few days but then she figures that she can't take care of me her whole life. I just got a job. It starts tomorrow.



And even if you can find somebody stable enough, and as I'm saying with our homeless population, rarely do you find people who are on the same level of capacity to even be able to team up to get an apartment together and to be able to rely on each other to share the rent.

Sober Living Homes:

More sober living homes.

Housing for the Whole Family:

...that a big reason why women with children don't get the help they need is because where does their child go? So, programs that support women with children, and the children or the child gets healing, too, as their mom gets more stable are really critical.

If a mother has a son 10 or 12 years old, he is not allowed to stay with her in a shelter. I volunteer for a church, and we get moms, in the last six months at least three, who have been looking for housing who have a 14-year-old, 15-year-old, 16-year-old son. And it's so sad because I have yet to find a program that would accept both of them. Any city program. Some programs are just not equipped to accept that. But I think that it is super important because it is so hard to tell these moms, "You would have to go here, and your son would have to go here."

I just had a conversation with a mom whose son was 14. And she was so desperate, and I had to tell her, unfortunately we couldn't take her. It was sad.

I believe that shelters in Phoenix, they don't always let the siblings stay together. So, I think the boys or the males may not be able to stay there, and then there are some families that can't bring their pets, which is sad because pets are still family. So yeah, for the families, it's definitely having a place where the whole family can stay.

Housing - Separate Spaces for Mother with Children:

When I was in the shelter, there was a single mother there, that had a little girl with her, and I think she felt embarrassed. I don't know how to explain it. Her pride was hurt by the fact that she had to bring her child into that environment. I felt that she should have had maybe a room of her own, instead of sharing with other people, just because of having a child with her. She didn't really know these other ladies, and some had problems with addiction and things like that and the child really needed a little more shelter, because of those things. For them to be put into that situation was hard on the mother. The kid would have to stay with the other women in the same room.

Supportive Services Braided with Housing:

We know that providing housing is a solution to ending homelessness, but also to promote housing stability, you need to include a level of support services, especially when it comes to vulnerable populations like youth, veterans, chronic, et cetera. And so, there's been a number of things going on, including conversations with AHCCCS, because AHCCCS has received some additional funding from the federal government that can be used to potentially combine with housing and provide support services. So, these are potential partnership opportunities. But also, again, going back to stimulus funding, American Rescue Plan Act are looking at traditional funding that Gilbert might already receive. Like, CDBG or ESG, trying to develop some kind of support services programs that would be braided with housing.

Housing for women who do not have children:

As one senior homeless woman noted: "I need housing even though I don't have children."

Keeping People Housed:

If people are already housed, then doing what we can to keep people housed is really, really important at this time.



Screening and Placement for Housing/Shelters:

The biggest gap is the lack of emergency shelter and the inefficient nature of the screening process for shelter placement.

It happened to me. I was offered housing a couple of years ago [he is still homeless now]. I did everything, jumped all the hoops and everything and got down to the last thing, and went down to Phoenix and signed the paperwork so I can move into the apartment the following day. Then since I was on probation, I wasn't allowed to move into that apartment, the department management does not allow anybody on parole or probation to move into the apartment. The thing was, they knew about that day one when I signed the paper, and I don't understand why they let me make me go through all that and then come back and say, you can't move in here, when they knew about this since day one! I took me six months to do all that paperwork!

One of the biggest problems with the screening process is the inconsistency of what qualifies people for shelter placement. More beds and more funding for emergency housing needs would be great. Best practice is all about coming from a trauma informed lens, having the flexibility to meet people where they are and bring lifesaving solutions to the table.

I think better training and clarity on guidelines could make a difference for what qualifies people for shelter.

Emergency Shelter:

More emergency shelter beds.

We've been able to get a couple teens into their emergency shelter programs. Sometimes they don't always have beds available, so that just shows you that there's really a need for them. The other one we have is UMOM in Phoenix, but that's all the way in Phoenix. So, kids, if they go to Phoenix, we have to work with them and get them a way to get back to this end for school and everything else.

The biggest thing I would say is emergency shelter, definitely for the unaccompanied youth, just a place for them to go along with families. Emergency shelter for at least up to seven days, until they can find somebody to stay with or get into a transitional housing program.

UMOM is the family housing hub and the main housing resource for Maricopa County, but I believe they still have a waitlist right now. They'll let you know if there's emergency shelter available somewhere, but a lot of times families end up on the waitlist.

We need help to shelter people. Homeless people, we need help. We need help. Where can we go to a station and get help right now for some water? We can't, there's nothing around here besides [REDACTED] And that closes at five o'clock. So, what about at eight o'clock at night when it's still 110 degrees outside? Where can we go to a station and get help right now for some water? We can't, there's nothing around here besides [REDACTED] office. And that closes at five o'clock. So, what about at eight o'clock at night when it's still 110 degrees outside. Where can we go? There's no stations where homeless people get peanut butter & jelly sandwiches, like Mesa has. Tempe has it. Chandler has it. We don't, Gilbert doesn't. Gilbert doesn't do it. We need shelter just anywhere in the East Valley, honestly. It doesn't necessarily have to be Gilbert, but Mesa, Chandler, any of those areas, just anywhere in the East Valley where it's closer to where a lot of these families are. The House of Refuge, they have a great program where it's transitional and they can stay there a year, so even something kind of like that would be great.

Substance Abuse Treatment:

I would say not so demanding, but to where it's showing him like, okay, yes, you've relapsed, it's okay, but here's some other resources, here this is how we can help you. Like, don't shame him for it because it's a process. And the only reason I say this because I've been through it myself. It's tough. It's a tough road. And if that's all you know is drugs, it's all you know is drugs. They need more education in how to get out... instead of shaming them for going out and using it again ... And they don't all have friends and family. I know when I was 18, 19, something like that, I got kicked out because I was using drugs. I ended up going to my brother's and



then we found like a rehab for me to go to. Luckily it worked for me. I mean, it lucked out on my side. I haven't used drugs in over 20 years now ... [It was due to] Friends. I was hanging out with the wrong people – lack of family support.

Help with addiction; we have problems that we fall back into. We need more residentials and more help with educating our people into learning how to start from the beginning, to renew ourselves. How to start from beginning and renew ourselves. Yeah, because addiction goes hand in hand with the mental health.

More drug rehabilitation centers.

If you are addicted to drugs, when you go in and try to get a help, that place tells you, we can't do nothing for you because you don't fit the criteria to help you. Say you're going in for heroin. All right. Now, they can't help you because they don't fit their criteria. So, you can stay for three days, but you can't go back there where the real help is at with the medication, because you don't fit the criteria for whatever the state says.

I researched it before coming here. You have to have AHCCCS. And to apply for AHCCCS, you have to have proof of residency. But if you're homeless and can't get those documentations? Right now, I'm having a hard time getting my birth certificate from California or wherever. Or obtaining a document for proof of residency, to be able to receive certain types of services. Luckily, my SSI was already established, and I was able to use that as verification. But in order to get AHCCCS, you need these certain things. In order to enter rehab or detox, you need to have AHCCCS. So, what happens to the people who ... When you're in your addiction, you don't care for those things. So, what are they supposed to get to detox in order to be in the right mind to get those things? So, I would say funding for detox centers yes.

Transportation:

Bolstering up the public transportation system and more and more. There are regional partnerships so that you're not being dropped off at a city line or city boundary waiting for the next city to pick you up. Because by and large the buses are now fully equipped with lift equips, everything, so that's good.

The barriers are transportation. Finding employment that allows you to get to and from where you need to be within the time you need to be there. Definitely in the East Valley, it's a lot more challenging because the buses don't run as frequent as they do in the West Valley or in Central Phoenix. So, that's one of the biggest barriers, I had to turn down several jobs because the hours that the bus run wouldn't have allowed me to get to and from my work on time when I was staying at shelters in the East Valley or homeless in East Valley. So, transportation is one of the biggest challenges.

For those who don't have resources or monetary resources, who depend on these services, if I don't catch a bus, I have to walk for miles to get to different resources, it's going to be another burden, which isn't bad, I could use the exercise, but I know for other people, it's a lot more challenging to get to the services without the public transportation that's been available. Well, even with just normal transportation of the bus routes, some bus stops over in Mesa have closed, and it's all relying on the light rail system. And that's been difficult for those individuals that can hop on a bus easier. So, we've seen that would be a trend on this side.

Even just walking somewhere ... my neighbor who's disabled. So, she can't get transportation unless she takes the bus ... because she has private insurance. So, if she can't take, like what AHCCCS would have provided for her? Like Dial-a-Ride because she has private insurance. She can't get her into a vehicle. She does take the bus. But if she had to go somewhere far, like Phoenix, that's kind of iffy to be taking a bus all the way up to Phoenix, especially by yourself, and she has a 13-year-old son. And so, they won't allow her to use the insurance's transportation.

For my kids, to take them to school, they are enrolled, but it's just gas. I don't have the money to take them there to drop her off and pick her up [this family of four lives on the streets all around the East Valley, but her daughter is enrolled in school in Phoenix]. Transportation in general is a real barrier especially with public transit and the threat of COVID.



Second biggest need is transportation, because these are all things that the residents are very limited on spending money to buy necessities, utilities, and stuff. So, these needs when offered fills the gap.

Car Repair:

If somebody tries to help out anybody like me with a car or fixing the car that I already have, that would be nice of them. So, I can get back and forth to work.

Behavioral/Mental Health Support:

I don't feel like in Arizona, period, there was much help for people with disabilities, period. Or mental health. It's, you're pushed aside, you know? I mean, they'll put you in a hospital, but they don't give you ... I don't feel like there's enough resources out there in Arizona. I'm from Ohio and there were facilities you could go to, get counseling or money management or stress relief, anger management or stuff like that. And it's like, there's these courses you go through, agencies out here and it's like, "Here's your certificate, now you're all better." No, it doesn't happen like that. It's not a miracle cure because they gave you a piece of paper. There's continuation. It's not like, "Okay, we fixed if you'll take these pills." More follow-up. Just not feeling like you're a throwaway. I mean, you go through the facility and it's like, "Okay, bye. So, you graduated, bye. It's not over. It's not done.

In the state of Utah, we went around asking questions and dropped things off for people who have mental disabilities, I call it disabilities because we struggle with a lot. We ask questions and what they need but most of the time, some tend to get off the medications. It's difficult to keep up with them, and all people [who] are unsheltered people. Taken a toll of how many in certain areas they need to be questioned; it's good to ask questions like that because people like me, I used to hide behind my mental illness and not want to say anything until I admitted that I am mentally ill. I have a very strong diagnosis of PTSD.

Accessibility and availability. For immediate needs for the homeless. Attention to mental health.

A lot of the homeless also have mental health and chronic conditions and there's limited resources to help move them into management of their condition, to where they can be self-sustaining and get a job and have a place because if that mental disease doesn't get under control, then the rest of it isn't. So, to me, that's an area where we really need to focus on as well and funding the non-profits that are providing the services and helping to expand that. So, we have organizations like AZCEND and Circle the City, and Mission of Mercy, but we don't have enough of them for the sheer number of homeless and at-risk homeless we have because all of our poor are all at risk. And so, looking at that as well.

With mental health? I would say having people actually coming to their location, to where they are, because if you're dealing with the homeless population, or even just me and my home. Instead of having me having to call the hotline crisis and say things that I don't really mean, but in order for myself to get help like "I'm going to commit suicide" just to get help.

We don't have access to good mental health care. In Maryland when it was something that needed to be done, they played no games. "Okay, you're sick. Let's see what it is. An event, let's get it done." Or "No, you don't need this." Or "We're going to watch this." Here. It was just like, "You're making it up. You're out of your mind. I don't see it." Just that type of thing.

So, I used to work with [local funded organization] and I tried to call them to get back services for counseling. And they have not even returned my phone calls. And that was back in August. Because, I just had a traumatic experience going into get my meds. And that was just it. So, I was trying to get mental health care, but I didn't know anywhere else, because that was the only place I had dealt with.

I got connected with counseling but never started it. I've been looking things up for him, to try to get him help because he is unstable.



I can get sad. I have depression that comes and goes. So, for a while, things just were looking down and I just stopped trying to do things. And I started going in late to work and I just stopped showing up one day and then, I don't know. I needed a change of scenery. I actually moved out here two and a half years ago now. I used to live out in California. So, I moved here with some friends, and I just tried to start fresh.

The biggest thing that we find a gap in, there doesn't seem to be enough of a behavioral health connection. I mean, there's behavior health out there, but trying to get someone in there with all the HIPAA violation or guidelines, and they won't talk to you, and trying to convince that individual that they need to go to behavior health or needs. There's really a big gap, because there's a severe amount or many individuals that are homeless that have behavioral health problems.

I mean, some of the behavioral health actually happens from drug use. I mean to where they've got multiple personalities, but the biggest problem is that they don't believe they have a behavior health problem. So, there's nothing wrong with me, but it's obviously an SMI. So, it's trying to convince them to get someone they feel comfortable with, that they'll talk to, to where they can be evaluated and then help without being to where they feel fear or anxiety. They need to have some sort of outlet where they can talk to a counselor or something.

There's not even one facility that I know, or one place where you can go to and sit there and talk about your problems or issues or your past problems, not even a counselor. Not even place where you can go at ten o'clock at night and say, "Hey I'm going to kill myself. I need help." "Oh, you got to dial 1-800." Behavioral health services for all ages!

Now, with him and his mental problems and stuff, issues, I hold myself back from employment, being around people, being social. I hold myself back just because his insecurities, the way his mind is functioning right now. I just think he needs to be reevaluated and re diagnosed and get the right, proper treatment that he needs. And I do strongly feel and believe that if he got treatment, that it would be controllable. You know what I mean? If he had the treatment plan for someone like him with the disease like that or whatever mental health, that I think he would ease up and not be so touchy, angry. And not know what to do with when these things happen to him and stuff. I think he would be able to manage it better. But it's stressful on me because, I've been taking courses through WebMD. I've been taking courses on Alison, on Alison courses, with mental health, suicide, and stuff, because he just ... I don't know how to say this. If I were doing a checklist on him or something like that, he would mark every box as for everything, everything. Like I'm like, sheesh, what do I do? You know what I mean? Where he's now, he's exhausted. He's exhausted fighting this and not knowing what to do. He's like, "Hon, I am so sorry. Just take me to the mental hospital." He's agreeing now that he needs the help.

I think a lot of it is mental illnesses that, like, Schizophrenia and Bipolar. And you can't see it when you're in this situation. But how can you recover and take those meds ... if you're already in crisis. So, maybe mental health triage available to the public without AHCCCS. I mean, like I'm of sound mind ... How can you start when your mental health is not there, and you need those medications? And instead of getting arrested, we, they should have like a perk team, like a... Okay. So, being arrested and being of sound mind, that's one thing. But when you arrest somebody and they're not in the right mental state, is there a place that you can take them to? To get triaged and maybe see if it's a mental health issue, because if you release them and they don't take care of those mental health issues, then how can they be on the road to recovery? So, I suggest, instead of involving our money into just arresting, why don't we move to triage for mental health issues and dealing with those issues there?

Mental health services are always lacking.

In-home Counseling:

Go to the home. Not a lot of people have transportation. It took me over 10 years to even get a car. Because I ran my life downhill. I mean, there's people at home dealing with depression because they can't get in anywhere. Or nobody will take them. And I know there is transportation out there if you have insurance, but what if you don't have insurance? You're stuck at home. Or you live in a location where there's no buses.



When I was in the transitional housing, they allowed me to have in-home counseling. I didn't go out for a long, long time. But it was so helpful, because she came to me, rather than me having to go somewhere. I wasn't ready to do that. I was just learning, at that time, how to use the bus system. I was terrified because I never used the bus system before. I was just staying in that transitional housing, immediate area. We would take walks in the neighborhood or something, but for the most part, I didn't want to go anywhere. I was afraid, still, but they had somebody come, and they allowed me to have this. It's not the normal thing, but they felt that I needed it, so they made an exception. I think it should not be an exception. I think anybody who wants that should be able to have counseling, in-house counseling like that. She would come every week for an hour, and I was always so glad to see her, and just talk about everything. It helped a lot.

Employment & Education:

Trades, more trades! Medical field, more healthcare, dental. People want to go to school but they don't have the resources. Educational grants so they can get paid more with better jobs.

I think what hasn't been talked about would be job skills. Again, a lot of times we do everything we can with this population for them to graduate from high school. But again, even that's difficult with a lot of the traumas that they've kind of grown up through. So, I think educational and job skills is the first thing. Because again, if they don't have that, then a lot of the economic issues that everybody has talked about, they fall victim to that as well.

That's the hardest thing, because like I said, I've been unemployed and I've looked for government jobs and the government says get a job – well, okay, government. I've looked at the cities, the cities aren't willing to hire me so, I go to the public sector and the public sector says, hey, get a job. I even applied to (grocery chain). They didn't want to hire me. I mean, when you're homeless, you face so many challenges and to get the community and people who are employing and are good employers for them to offer you a job is challenging.

I've tried to get government jobs and I've also applied to public sector. It is very difficult coming from just a homeless environment or coming from a mental health [issue], people who face mental health challenges or coming out of the prison, jail systems. Ideally, if I were to set up employment for those individuals, it'd be something like a factory type setting. I know that in some of the jails in California, they make American flags, 8 cents an hour. For the jail, it's ridiculous. Making something or providing a service, even having them go out to the parks and the neighborhoods and clean up. A lot of the homeless are just tossing their trash everywhere and if you're paying them now to clean it up, maybe they get a sense of, hey, listen, we want to clean up these neighborhoods, these communities and we're being paid to do it now and give them a sense of pride and somewhere that they can contribute while also receiving some money that they can begin saving towards getting a place or. So, that's a temporary fallout to get them out of the communities off the streets, break their cycles, a more permanent setting where they can begin to save some money, be in a safe, secure environment that's closely monitored and managed and then also as being a part of that having something that's tied with that, that's providing them direct, meaningful employment, that's tied to the community.

Of the current systems I've been a part of, Phoenix Rescue Mission used to have a temporary work program. All the others that I've been a part of, whether that's IHELP, AZCEND, CASS, East Valley Men's Shelter, the standard is three to four months. The problem is that sometimes it takes longer to find employment and so, you may spend, I've spent up to three months finding employment, finally getting it, and then having transition out of there to another service, which can be difficult at beginning of employment. If you're providing the employment service right away and they're working full-time, 30, 40 hours a week, there's no reason why three, four months of working and saving up money and using that service they shouldn't be able to get a home. Start employment immediately – as soon as possible that is the key!

Homeless people, to provide schooling at nighttime to help get a better education or a better job in the future.

A senior homeless woman noted: I do want to do a part-time job. I'll do anything but electrical.



A mentor for employment would help. A lot of people are just helping them get a job. Because once they get a job and they get everything settled, they can start progressing from there.

Get a positive look and get them jobs, okay. If you're working, you have a way out. If you're working.

We get some women that are stay at home moms. And that's a lot easier for an abuser to isolate when the mom is not working outside the home. So, they are families that have higher paying jobs and maybe a little bit more financially independent, but the woman doesn't have employment or financial independence.

If you're going to get a regular job and you are homeless, what if you stink cause you ain't got nowhere to wash up at, you don't want to go to work, and then you're going to get fired.

Job support, to help look for that. If you can get jobs where you could work at night where could you go to rest at during the day? That's difficult right there too. The rules of what time they watch you, and by ... you know, your job, you're working third shift. They don't want to have any leeway there. Then you're only there allowed to there be 90 days. Then you have the security guards breathing down your neck where you are trying to sleep. You're only there trying to work.

We should be paid based on our work and we are not when they find out we are homeless.

When they find out that you are homeless, a temporary agency finds out you're homeless, sometimes they don't want to send you out. Because you'd be with the not homeless. This is very common [several men nodded in agreement].

Our Back to Work Program [at One Small Step] is climbing. We've done outreach for that and there is a great need. And if someone started a job and they have to have that, to get that first paycheck ... We want to remove the barrier so that they can begin work.

Lack of access to affordable job training and other work opportunities. [REDACTED] lack of access to technology that would give them information about work and education opportunities.

Hiring Individuals with Disabilities:

Those would be employers that realize that there's an untapped market to which they can tap into by hiring people with disabilities. It's not a token thing. It's not I feel sorry for you I'm going to hire you. No. Qualified folks that just have been passed by because there's the myth that it's going to cost a lot more to hire someone with a disability. Now, I was born without my right arm, totally blind in my right eye, and when I go into an interview people, many times I've experienced it, have the idea that it's going to cost more to hire me as opposed to [REDACTED] over here who's another candidate who comes across as able bodied. That perhaps my insurance is going to go up by hiring this guy. That he's going to need thousands of dollars of equipment and accommodations to hire this guy. Most accommodations in the work site cost less than \$50. Plain and simple. That's an untapped market that every employee in Gilbert should realize.

Legal Assistance:

"There's been a big push for legal assistance, too, to help people in the court process because what COVID 19 highlighted is that what we need before but has been exacerbated in so that the eviction process is inequitable. And that I can support landlords more than tenants, and the vast majority of cases, landlords win in eviction court. And so, there were a number of programs to provide legal assistance to individuals at risk of eviction, like going through the court process. So again, Maricopa County has just provided substantial funding for community legal services to expand the eviction prevention legal assistance, and that should be available to residents in your jurisdiction."

AZ211 also, they're kind of connecting people with the legal services, too. So, you can speak to them on the phone on 2-1-1, but also, they have an app where people can kind of go through with their question and it will lead to either information about their legal rights around eviction or refer them on to legal services if needed. So, that's one way to get connected. Otherwise, there's a website called easyevictionhelp.org. And that, again,



provides information about evictions, and also connects people to legal assistance. Otherwise, people can just call community legal services directly to get help.

Better legal assistance, that would be great. Especially dealing with housing or ... I know we have the ADA, but legal assistance would be top priority as well. I put that right up under dental.

Youth/Young Adult/Foster Youth Resources:

A lot of youth are just trying to finish high school, so they can get a decent job, because that's a barrier. If they don't finish high school, they can't get a decent job. A lot of them are attending these programs to complete those tasks, getting their GED, some type of training, so that they can be self-sufficient. So those are some of the things that we're seeing, that when they come to us, which we ... job readiness, workplace ethics. We give them clothing to show them how to look professional when you're presenting yourself regardless of the barriers that are behind you. If you walk through the doors, that 30 second first impression may get you that opportunity that you may need.

Deposit/Down Payment for Rent:

The price of continuing to live in a hotel depletes any money that you would have, because you have a waiting period. Let's say you find a place while you're there. You find a place, but now you have just depleted all your money, because you have a hotel and now you have to go through a waiting period if you can get assistance for moving into a place. These things make it harder for people who are actually homeless and need help who don't have money to begin with. People living in a hotel are homeless.

Some people are just one Social Security check away from being permanently homeless. And so, I think the wait time should be shortened for deposit help or first-month-rent help.

Central Resource Hub/Resource Navigation/Long-term Advocacy:

I mean, a resource center, kind of, that you could go to figure out how to get help and get housing.

The case management and navigation again, a significant need when it comes to help, that even for insured patients, we need that. But if you have a homeless or at-risk population, even more so the ability to help navigate them through whether it's paperwork to get their identification or qualify for AHCCCS, those job readiness, et cetera. And then really helping for that at-risk population, how do we prevent them from getting to be homeless, what are the resources available?

So, for example, I'll refer to the Heritage Center again, there's a lot of people who've lost their jobs. They have a, you know, a family, a mom, a dad, three kids, two cars, cat, and dog. They both lose their job at the same time; they can't maintain the rent or their mortgage. Then they become homeless. Well, we can prevent them from being homeless, if we help them with job preparedness, reemployment, social service needs. Do they qualify for helping them with unemployment? Some of them don't even know how to apply for unemployment, and do we give them rent assistance? Eviction prevention processes, those types of things that prevent them from ending up on the streets to help them move through that process, I think are really important.

If someone comes into the Heritage Center in Gilbert, and they're there to get access to food services, to AZCEND or WIC services, there's brochures, and there's information about the other services in that building. So, it's like one stop shopping, right? So, they came in because the child needed an immunization, but they learned about the dental clinic. And so, then we're able to refer to soft referrals within that center. That's for the underserved population. Once they find a trusted location or a safe haven location, they're more open to those other services. That's why the Heritage Center is a good example of that hub.

Every time you ask them, they know what you need, but you can't, they can't quite connect you to the resources. The same people on the streets, just not getting the help.

I had a lady helping me, but I didn't have a phone so to get in contact was difficult. She came down here trying to look for me, didn't know where I was at, so she couldn't contact me. So, then she was sending information to



somebody else and then by the time for somebody to find me, it'd be too late that day, I'd go and try to meet at the park.

It's hard for them to find the individual because nobody is sleeping in one area at the same spot every night. So, they got to be around and move around so they can be safe. So, it's hard to contact both parties, hard.

I had housing assistance. What happened was, I had a [social] worker who did not communicate. She had ample enough time. And you know when you have to give out a Notice to Vacate? Correct? So even when doing that, she had, let's say, from April all the way until July, August, before she even let me know that it was other paperwork that was needed. But by the time it was too late. And when I went to ask for extra 30 days to stay in my unit, they told me it was already rented. And therefore, it left us out on the streets. And it's simple things like that. It's holding case workers and people accountable. And I understand things like that happen. But she had from April. I want you to understand it was not just two weeks. It wasn't just two days. It was months she had, and she still left that level of care undone. So those are some of the things, when you're working with case workers or with working with people, who are in those areas where they don't check in. And no matter how many emails you send, they still go unheard. So, I complained, and it seemed like I was just the one complaining. They didn't really see my side. And I went through great lengths to have that, to try to address it, even as a person with a disability. I still explained that to them. And because I needed a reasonable accommodation, it took them a while to even get me back.

There are so many things that can be done, but it's so scattered as far as a central location of a service that could ... I look at myself as the central location for my 106 residents on all the different things that are out there that I can provide and help them with. I just don't think there's any resource like that for people that are going to experience homelessness, worried about experiencing homelessness, or are homeless. They just get thrown into a big pot and they drift from resource to resource. If something could be done where that could be a place where someone that is worried about it, or is possibly going to be, or is homeless and says, "Okay, where do I turn?" Because that's the big thing. There's no place to go that's a central routing system where people can actually turn to and say, "This is my situation. What resources are there for me?"

They were not capable of understanding, especially those with special needs. They just fall through the big hole in society that we have that... There's no one to grab on to, to help them because they just look ... Homeless people are looked at as throwaways. It's really sad, but that's the way it works.

If they have a place where they could help you out to do things and take care of things, like IDs, jobs, school, everything like a one-stop.

If there's a central hub that people could somehow tap into in order to get questions answered for them, that might be a big help, because it's kind of a needle in a haystack is to try and figure out, okay, well maybe there's these 10 places that can offer some housing information or shelter or whatever it might be, but they have to call them. They may not have a phone. They might have to look on the internet which they may not have that, so they got to go to the library. Are they allowed to go in with a pandemic? So, it's just a lot of hurdles for them to actually get past, to get the resources and it's super, super time consuming. So, it's overwhelming, it's time consuming and just not very accessible.

It's really great that Gilbert is actually looking at this, because, perhaps it wasn't as much of an issue as is it has become, I don't know, but ultimately, I mean, there are people in need and I think there's ways that we can increase services to them so that they want to stay and kind of recoup themselves within the city and not feel like they need to migrate to another city simply due to the resources that might be there. There's a lot of shuffling, so we have people that will walk in and need resources and they were told from another agency in Phoenix to come here. Well, that's misinformation, but it probably took them a day or two to even get here. And so, then they're turned away from what they're actually needing. So, it's a lot of, kind of, I don't know, extra time that they're spending, and they don't have a means of transportation oftentimes too. So, it's pretty tough, but it'd be nice to have a central phone number or a hub or something where there's resources versus having to rely on Arizona 211 because the information there is often ... takes a while to get, or it might be more geared towards the bigger cities like Phoenix instead of where somebody's at in Gilbert.



So, like a central information hub for Gilbert, Gilbert residents, families, anything with the schools.

I mean, they could obtain the resources there in Gilbert that they may not know about, or maybe they do just, but they need help, and trying to navigate all that whole system without relying on other resources that are miles away. So, it's just, there's a lot of confusion. It is complex. I honestly don't know how people survive.

A central house for information, kind of like the 2-1-1 for domestic violence and things like that. But where someone can call a single number and no matter what issue they need or what needs that they have, there is someone on that line without having to transfer the call or giving out a different number or without any break in that conversation, give them the information that they need to move forward with whatever situation they're dealing with. We find a lot of people, they'll call in and they'll say, "You're the fifth person I tried to call for the same thing." We try not to transfer anyone. We try to make a direct connection, or we try not to give that number. We try to make the direct connection with the resource that they need. So, we keep pretty comprehensive lists so that no wrong door type of entry to services.

We feel like one of the biggest challenges is being able to access services. It's hard. Gilbert has grown quite a bit, and there's not always opportunities for people to get from where they are to the services to resources that are available. Sometimes you have to go to multiple places to access resources. So having some kind of a one-stop shop would be really helpful and beneficial, so that's what we meant by that. Thank you.

It's transportation, but then if you're doing remote services, do they have access to internet, to computers, so that they can access those resources and services remotely? So, it's accessibility in many different ... Through many different means. That's why it's such a big, I think overarching issue, for people experiencing homelessness and domestic violence.

Definitely more one-stop areas that would definitely cut the time down for travel time from going all over the valley. So yeah, that would help a whole lot.

I have an extremely personable Case Manager. But she is like, we're working on a way through and she's utilizing resources she hasn't yet learned about. She's still not savvy on all the resources available to people with disabilities.

The people that are in charge need to take a personal interest in each person and get them into a safe place. They need to advocate for them, and try and find an appropriate placement, so that they have a place to go, so that they know what to do, because they're so lost. They don't know what to do. A lot of them are actually impaired emotionally and mentally, physically, because of the situation they escaped from. They're not able to make decisions, or know what to do next, or how, and if you just turn them loose and say, "Go out and look for a job," that doesn't work. The younger people who end up in the domestic violence shelters, sometimes with children, the tendency is for the people who are working there, who supervise, they basically kick them out for the day, every day. Because they won't let them stay there where they feel safe, they want them to go out and get a job, and they don't have a place to live other than the shelter. So, they don't really feel like they're home. They feel like it's transitional. They feel like it's not permanent. They feel like they're not really a part of anything or accepted, and they're scared and may go out and try to find a job, but they don't even know how to go about doing it. I mean, a lot of them come from different backgrounds, where maybe they didn't work because they were married, had children, and their husband was supporting them. I met people that were scared and emotionally crippled.

One of the people who worked at the shelter drove me and dropped me off. And I did the support meetings and got to know those people.

Domestic Violence Resources:

Domestic violence victim survivors, they go back to their abuser seven to nine times on average before they leave their abuser for good. And so, we do not want to contact them if they are back with their abuser for confidentiality purposes.



We also get Gilbert residents that they're not needing shelter, but they still want help with the order of protection, or they want help with the court accompaniment. Pathways Program. They want to participate in the address confidentiality program through the state of Arizona. They're wanting to file paperwork through the court system for child support or for divorce even. And so, they help individuals across the valley with those needs, and specifically they don't need the shelter.

Self-esteem Building:

People need opportunities to volunteer and do something and make yourself try to feel a little bit better.

All you can do is accept what you've done in the past and say, "Hey yeah, this has happened". But like I've already said I'm not religious, but I still believe everything happens for a reason. No matter what it is, everything happens for a reason. And me working in construction for three years, I learned before anything gets better, no matter what it is, it always has to get worse. So, things are going good for me, I was being able to save up for an apartment and then it got worse. So, I know after this it's going to be better than before.

People need something to feel good about themselves. Otherwise, they stop caring about themselves. Start drinking. Stop caring about themselves.

Healthcare/Health:

Access to basic medical care.

I can't make my co-pay for my healthcare. I have cancer. I can't afford my prescriptions every month. They are \$200. Then all the scans.

You can't always afford the health insurance or don't know about it. More mobile medical, like they have in Mesa.

First, there are immediate needs and we've got to look at what's your most immediate needs. Health, hygiene, and safety. For the homeless population, sometimes they have to travel five miles in one direction to get a shower, 10 miles in another direction to get food. They have to go to the bathroom. How far do you have to go for that? So, accessibility and availability to me is really important to ensure that they have the hygiene and safety needs that they have, because they're at risk for injury and crime when you're on the streets as well. And then for those health needs too, being able to have navigation associated with wherever they go, if someone's there to say, what else do you need? How can we help you? Obviously, if they're homeless, they have chronic conditions. You know, how does that get managed? And where are the availability to create that medical home perspective for that homeless person so that they can have that control of those manage ... of those chronic conditions.

So, one example would be Mission of Mercy and they have a location in Chandler, for example, where they were trying to get a location in Gilbert connected with the Heritage Center. There's been some delays with that opportunity, but nonetheless, those are again, you're connecting it to an already trusted location to be able to create that. So, I, again, I would say the infrastructure to address that and have medical homes for the medical needs.

People are on private insurances and their private insurances don't cover anything, and then they don't get the help that they need, and so they end up in the system.

It was yesterday because they see the ambulance over here yesterday. They were concerned because I got bit by ants one time and I'm allergic to ants. So, I've had to keep this place high and tight. The police come through here once in a while and check on me. But otherwise, I just want the town of Gilbert to establish the knowledge that it's not just them sleeping in beds. We're sleeping on concrete without beds, and I had an allergic reaction to the bugs.

Like the medical. In California, it's covered if I have heart problems. Here, they'll cut it down. And so, she is helping me find somewhere where I'm not going to ... And teaching me so I could report my income and you know what I mean? And stuff like that. So, I can transition back to becoming more independent. Because right



now, even if I just stick with my SSI, I have disability money. I won't be able to have money for a down payment for an apartment. And I won't be able to pay anything, but the rent. That's why you're living with your sister because I can't afford it.

Dental Care:

Dental care is top on the list. We do not have dental care here, in no way, shape, fashion or form. So, you have to several different places that are offering the \$35, \$45, free first time. But then after the price goes up, you got to find somewhere else. We have no dental care.

So oral health, for example, dental care and oral health, huge issue for the homeless. It's usually the last thing, but if they can't eat because their teeth are really bad, they can't talk, they'll have trouble getting a job with their teeth. Oftentimes decay and infection can set in and it affects their overall health. And so, to me, oral health is important.

Dental services are also a major gap.

Dental doesn't even cover it. And I've choked twice. You know, my teeth are bad. And so, I had to ask my Physician to give me a referral. We'll how it goes. But the dental, there's no dental and no eye for people of 21 and up.

Vision Care

Glasses

I've been to Costco, and I tried to get my glasses fixed. They say, well, why don't you pay and just get another one instead of trying to fix these. I can't afford it. [He had one entire stem of his glasses missing]

Basic Needs:

I've seen this guy literally sleeping with a trash bag as a blanket. And I gave him, me and my fiancé-at-the-time gave him about 26 in total, gave him a couple of the ramen packs we had.

Shoes:

This means we consistently hear of shoes. People ... It's very hard. I think, especially with kids, they want shoes.

Showers and Laundry:

If I think about my experience, I will just say at least facilities or a place to shower. Even if they went a couple of times a week. But finding somewhere to have a safe place to take care of your hygiene. You know, that's very important to somebody being homeless and trying to go to work and you know what I mean? So, I don't know about the shower at the beach. In San Diego, you'd rather take a shower at the beach than use shelters. Because of, there's just a lot. It's, you can't ... Your safety and you're so vulnerable.

We do get quite a few of the homeless shelter clients that come in that are desperate for the shower. It is not easy for them to get to us because we're not on a bus line. So that's a real struggle here, but they come from in far, from a long block just to come because we have the shower, and then the laundry too. They've really identified, our survey had laundry as like super, super high as one of the reasons that people will come this way.

Diapers:

We need diapers. They are so expensive, and we can only receive them once a month. That only lasts two or three days.

Food:

We needed food. Meals, even those there's, at the resource center they just gave us a list to call. I have cancer and a small boy. I get busy to help my elderly parents who needed food. I just help them but sometimes I think, and then I call them and ask for the meals for senior[s] but they said, no, they don't.



As Merilee Baptiste from Midwest Food Bank reported: "There's a growing need here in Gilbert and it's only increased over the last four years that we've been here. We started off with 35 agencies that we served back in 2017. Distributed, I don't know what the exact number is, maybe \$5 million in food, something like that. And then 2019 before the pandemic, we had maybe 250 agencies and about \$17 million of food that was distributed. The pandemic certainly accelerated the need all over Arizona, not just Gilbert, but all over, and a lot of it was just due to lack of resources and a lot of people losing their jobs that were unexpected, but we served about 300 agencies last year and \$66 million of food. So it was, we estimate that about 500,000 people a month were getting food from our location, but there were ... and now the needs decrease slightly, but not to the point of where it was pre-pandemic. And I'm not sure if that'll happen.

We [Midwest Food Bank] set up a distribution on Mother Nature's farms last year, maybe six times. And they have a nonprofit, but it was just a central community location, easy to get in and out. They just blasted a message out to their Facebook fan saying, "Hey, we have some free food, if you're in need, come by." We supported that. The first time we did it was, I think it was two semi-trailers in two days. And they had distributions in the morning and night. So, it was like four times. By the last time we did it, we did seven semis in two days. And so, we're saying like, this is Gilbert people. And there's people that were driving from Glendale, Avondale, and all they knew was they were going to get was a box of food. So that's how far they were coming for just that. And yes, they had fancy cars and whatever, it doesn't mean that they weren't one more missed payment away from getting it repo-ed. So, it was a pretty big eye opener for a lot of people that were seeing that in the Town, because the cars were backed up two miles.

My needs are food, clothing, and transportation!

The biggest need residents have is food.

Heat Relief:

Honestly, I'm not going to lie, when my case manager, because I have a whole separate case, told me about this program, I just looked at them like one big joke and then I got here and then I'm just like, hold on a minute. This has actually been beneficial. So, I think more programs and shelters should be open like this. Unfortunately, it is going to close because it won't be hot anymore.

Libraries that are closer, where it is cool, and you have some place to sit with a table or a desk.

Healthy Socialization/Family Friendly Community Integration:

Elderly homeless woman – "I'd like activities to keep the mind going. Like bingo, where the prize is a bag of toiletry items or socks. Or a movie night. I love to dance, I'm an incredible dancer."

I'd love an impromptu night. Where people get up and act things out. It would make people feel better about themselves. A Talent Show.

We need both cultural and family activities. It would also include some volunteering. Because great for activities. If you get the people involved, we can do activities that's less cost-effective too. And so, you're doing an activity while volunteering that could be more available than just Saturday. I'm Hebrew, so on the seventh day we worship. So, everything I see, or a lot of times I see, it's always Saturday. I think they need to open it up to not just be on Saturday. They should have someone Sundays. Sundays are great days. I just think so. Or even during the week.

The behavioral health individuals are usually the hardest of what we find to continue to love on them. Listen to them, let them talk. Don't be judgmental. And just the more you love on them, the more open they're going to be. They're more – they're going to talk to you, and the more [the better] you can try to get them some kind of services. So, they're the most difficult we find. Give them a hug when they show up. I mean, when's the last time you hugged a homeless person? When's the last time you think a homeless person got a hug? Sit down with them, share a meal with them, be genuine in listening to what's on their mind and their heart, make sure you get them a drink or something, just be a friend and make them feel that they're cared for and it's genuine.



What we've seen is that anyone that has experienced some type of trauma, behavioral health, substance use, or has been in the system before with previous providers, they're very difficult to engage. They feel betrayed, they feel ... and some of them, there's this sense where we sometimes call the sense of entitlement, they don't feel that people care. So, what we found [being] supportive is really being very flexible, being very consistent and patient, and also modifying our methods of communication with them because people will engage with you too, as much as they feel comfortable. And you can't push them on their boundary because once that said, we want to respect that.

I think the key to the success of a healthy church community is compassion. Taking care of basic needs and supporting self-sufficiency over time. Healthy connection is what make this possible.

I volunteer at the church, Friends for the Needy. I make sure that the people go. I pass out flyers and tell people we got plenty of food for everybody. Come and get some food, please. This is what I don't understand. Not because we don't live in Gilbert, or we don't live in Chandler. Now people can't go and get aid from that different town, like Gilbert cannot serve Mesa or Chandler. And I told the lady, excuse me, please don't say that to that lady that you can't serve her, you can't help her out. She could have my boxes, then, if you send her away. There's a lot of people here.

Utility Assistance:

In Arizona, you try to keep cool and, your bills are still \$100 a month. I only have 600 square feet with my kids.

That is a big thing. I moved during a pandemic, so I didn't really get the gist of it. And plus, I was half left with no options. But over here I pay two utility bills. It's just a disservice. My electric. Then they make us pay another utility bill, which is for the entire community, which I disagree with, because if I don't use a grill outside ... With being disabled and I don't use the grill. Well, I still have to pay for that. And the price fluctuates every month. Let's say they have a valet trash service. If I don't use that, I shouldn't have to pay for it. You pay for everything, whether you use it or not. So, I don't mind paying the water part because that's how it is. But when you tack on electric for outside, that's insanity. So, I pay for inside my home and I pay for outside of my home, as per for the community. And then they tack on two service fees. One is \$10. One is 4.75, which is insanity. So, they tack on all of these other things, but that's why utility assistance is gravely needed. So, if my bill here runs \$150, then there it's going to be another \$75.

Rental Assistance:

Rental assistance!

The first three months' rent would help me because then I could take care of the rest of the three months for the six-month deposit.

Life Skills Mentoring/Budgeting/Ways to Stretch Money:

I'd love to have the money to save up to buy a place, a way to do that.

Like when we got those checks, I was saving and saving and trying to get a vehicle, and then I don't know what happened.

I see a lot of double-up bucks that you can use for EBT. Well, I don't see Gilbert having ... That's a big thing for me. I look for places where I can get quality, but discounted, fresh fruits and vegetables. We need a place for Double Up Bucks – if I go and get an avocado that's a dollar, they'll match it for a dollar, so I can get two avocados, but I'm only paying a dollar. We don't have that nowhere over here.

Phone:

Through AHCCCS, they're supposed to give me a phone. They don't. They just give you the sim card. And then you got to come up with \$25 to buy the phone. Now it was the state issued, to give you a phone and a sim card. I haven't even got the phone. So that's why I can't even call 911 to say, "Hey I'm sick and I can't move."



With a family, sometimes their phones go out of service, or sometimes if they haven't paid the monthly bill yet, so it's hard to keep that communication with them. So, I would say that that makes it a little difficult. So, a basic phone service would be a helpful need.

Women's Needs:

- Crisis pregnancy for women
- Counseling
- Transportation

Single moms who need transportation so that they can find jobs, and places where they can put their children so they can find those jobs ... But a lot of them don't know about the resources. So, it's hard to get somebody into where they can go put their child in a childcare, go to a job interview, things like that. Really giving those life skills and steps to do so.

Just having in the community where there's people that donate cars or whatever. And I don't know who'd be in charge above that, but some kind of way that people could, at least single moms or whatever, could apply for a vehicle that's maybe donated, or maybe they just pay a small amount or something.

- Childcare
- Daycare. Yes. Because a lot of people need to work. They can't work because they don't have the resources. They don't have daycare and to be able to pay daycare, because I mean, it defeats the purpose of working when you're working and then all your money goes to daycare. We need it in the morning hours, after school, before and after school. That's my challenge. I'm a single mom.
- We need childcare.
- Childcare is an important thing for us because we have one mom here, she has the most kids, she has five kids and no car. She'd had challenges for six, seven months getting places.
- Workforce Readiness: Women who leave abusive relationships, how do they like find stability? And do they even know that there's help available to them to get stable? Because it's very hard as a single woman, especially when you haven't worked because your husband provided, but then you needed to leave because you're being abused. I don't have an education really either, other than like early childhood education, but it's like the lowest education you could possibly get. Not going to make as much money doing that. So, this whole time I didn't get an education, so what am I going to do now? So, I think that's a good point too.
- Personal Items:
 - Underclothes. A clothing drive for underclothes.
 - Sanitary products and hygiene items for women.

Respectful Treatment/Building Trust:

If I say, "Hey, I don't want this" to a food place. If I tell them, "Hey, I don't eat chicken," or "I don't eat meat," they look like, "Well I'm giving it to you for free. So why aren't you ...?" "But you don't understand, I don't eat it. So why aren't you giving me a problem about it?" I like to save that for someone who eats it. But I'll take any vegetables you have. Trust me. I will. And I will take any vegan thing that you have, or some even vegetarian items.

I've watched other customers; I've watched it and they did not get treated the same. And I used to have that experience, I'll tell you. I had a battle with me because I used to be extremely overweight. So, my weight ... People would look at me like, "Oh, you're obese." And I feel, for me personally, it's a never-catching-a-break thing. So, it was always a discriminant act in terms of something else.:

As one homeless man stated, "What stops people from getting help is they don't trust the support."



Some of these people think that you're trying to get stuff from them, or they think that you're lying to them. So, they don't accept. It's more like they don't like your acceptance of you asking them for any kind of help. They think that either they are better than you or they think that you're, you're one of those needy people that you need to help all the time.

If that person needs help and they're asking for help, they should get help right on the spot regardless of waiting, or regardless of anybody who is helping them out, making them wait. They should, they should get help right on the spot, right away that day. They shouldn't have to be waiting for weeks and months and years. That impact is great. If you make people wait, their health goes and they're going to be homelessness.

Translators:

There's a lot of paperwork and a long waiting list. We cried when we saw the paperwork. It's very hard. We don't understand and they don't have a translator for us. Our language is Vietnamese.

A translator to help us with resources. I speak Spanish.

Top Disability Needs - Housing, Transportation & Employment:

Keeping people in our community who have a disability, there's three main factors that we look at. One is certainly the housing. Second, is employment. And third is transportation. Those are the three biggies. We're thankfully getting out of the shelter workshops that pay pennies on the hour. It's just flat-out slave labor and getting rid of that so people can have some competitive wages that mean something.

For example, Section 8 or anything like that. I need help. I mean, there're one for seniors, but what about us physically disabled? And I thought we were one of the same. In San Diego, we are I don't have any low-income resources to find housing so I can use my disability payment to pay for that. So, I cannot be homeless. I'm disabled, but in the Ticket to Work Program for my social security.

People with disabilities as a rule are still at about a 68 percent unemployment rate.

Help finding work because some places are real ... Like if you're helping somebody with a disability or hiring somebody with a disability, I mean, Walmart will. But they just don't want to work in Walmart. I mean, I have spinal problems to where I can't stand on my feet. So, I need something where they work with you, you know, something like that.

Epecially working with people with disabilities. If they can get, say, like a trade school, something that we can take up a trade, to be self-sufficient ourselves. That would be great, because then we wouldn't be so dependent on just a monthly check, because I think they allow you to work. I think it's 20 hours, I don't remember. They sent out a letter a year ago. And if we could do that ... I've tried too, but because of one of the diagnoses, I must wait. But I would love to go back to school. I tried to do it on my own and it just flopped, because they were not trying to accommodate me with the work. And I was telling them, "I need smaller broken-up assignments." I never had anything like an I.E.P or 504 at school. So, it wasn't nothing I could fall back to. I was just telling them, "I do have a disability in terms of this, so my processing is a little slower than other people, in terms of understanding or getting that, so I need a little help." Well, unless I was coming in in the wheelchair, they didn't really see that as necessary. So, I think fields for people who don't have physical disabilities should be incorporated. That is something that is much needed.

Other Disability Needs:

Accessibility:

We're talking about the physical attributes, so can you get in and out of the door? Can you navigate around the unit? Have wide enough hallways and that type of thing? And then, the third part certainly is use of the bathroom, whether it's the toilet or the shower, that whole bathroom remodel. Here again, if you have something that is affordable or subsidized, that's great, but there're so few out there that are accessible, so you compound the issue from affordability to accessibility in an integrated setting.



Cost Effect Solutions to Community Integration:

I've seen figure of \$40,000 a year or more to pay for someone in a nursing home than for home and community-based services in the community. And that's one of our programs too ... we work to get people out of nursing homes and back into the community. And so, every person we get out is saving the taxpayer \$40,000 a year per person.

Inclusivity for Disabled People:

Over the last three years diversity, equity, inclusiveness, generally has been about race. And those words, concepts, are no different for people with disabilities.

Education for Independence:

You know that you can go to a school for free, if you have a disability and if you receive social security in Maryland? So, if they were to help and offer something like that here, I think so many more people ... It's just the resources, what you're calling about. It's things that we don't have access to, to help ourselves. That's the biggest thing. We want to help ourselves. We don't want to become dependent, but we need a little help before we can become independent. And that's that we need those resources for.

OTHER GENERAL NEEDS/CONCERNS:

Outreach/Awareness:

I think the more that communities can reach folks where they're at [the better], so maybe it's a matter of going to behavioral health centers and saying we're soliciting input from folks with mental health issues and how we can enhance our community, because that way to me it's like you're doing your marketing in a laser sharp manner. You're not just hitting everything out and hoping something hits.

We've tried to put out an electronic survey, but not everybody has access to a smartphone and is savvy enough to work it, and some older adults struggle with it.

Social media is very effective, and we try and post a lot on the individual, group pages and stuff. Sometimes they're talking about ... there's buy nothing pages where people are kind of treating free stuff and things that's helpful, but I would love to see cities and towns do some PSAs on radio and TV. It's the things that we would never be able to afford. The production of it alone just to create something like that. But yeah, I think even if it were a PSA to direct people to a website that said, like a Go Gilbert website that said, "here's all the things that are available to help"... And I think the more Gilbert can be prepared and communicate with the community about what help is available and how to access it, the better. The thing that I think about all the time is that the people who had never had to ask for help before, don't know how to navigate those systems, and they have a belief system that that kind of assistance is for people who are really bad off and that they're just experiencing rough times or behind a few months and that they've never been behind a few months. And it's ... that's the optimal time to get the help because then it's easier to take out, you know what I mean? So, I just think something education wise about what help is available that is in a less formal and more relaxed way.

We did our outreaches; we just changed the way you give entirely. So, in order to reach people that I've never helped before, we're going out into other places, partnering with other agencies and churches and programs, we're setting up like a very relaxed garage sale looking, fill-a-bag event, where we don't ask any information except for number of people in the family and zip code, give them a bag and we say, "have fun, take, what you need."

If you see somebody that is stranded or looks stranded or looks in need of help or something, or that isn't something that you see on the daily, you know what I mean? Like you don't see this, a setup, in a parking lot with a family, at that. I mean, you could see single, older people doing this. If you see anybody. We're all human. It's just nice. We've been here for a week. Not one person has stopped to even ask, "Are you guys okay? Do you guys need a cold water or something?" Not even just to give anything, but just to, "Hey, is there something maybe one of my friends might know something about," knowledge, just knowledge is powerful. Knowledge is



powerful. Nobody needs money. Nobody needs anything from anyone, but just saying, "Hey, is there something that I can do that you don't know?"

In Utah, we got up out of our desks and went to people's homes. To visit them. Went to the parks, the streets, certain areas that we can only reach out to, because the people that lose their place, tend to come to the area where the shelters are at, and then some of them are camping outside, survival.

I had no idea that sober living even existed.

I had no idea either when I was in my addiction. And all of us are at different areas of our recovery, different places. Everyone knows universally if you have an emergency, you call 911, right? But there's no universal language of what to do when you realize, "I really have a problem, and I need help."

And then just perhaps more awareness and transparency around the resources that are available to people. A lot of times there may be resources that are somewhat spread out and the people that need them may not know where to get them. And if they do, it's just a matter of how I get to them during business hours, and when I'm not working, and things like that. So, there's a lot of hurdles for them to hop over to get what they need. It's not very easy. It's daunting.

Information/Resource Kit

I would think that it would be something that, as just a normal person driving around, I have a kit in my car. I can put an information brochure in it. We are the ones that are out seeing them the most when we're out running our errands, when we're out with our kids, whatever, it would be so great to be able to help them out without giving them money and know exactly what a kit would look like. That is safe for them. That is right for them. And then has the proper information so that they can get from point A to point B for those services.

Increase of Homelessness:

There are many people that think Gilbert is affluent and that there isn't anyone that is really hurting or in need of different resources, but it's not the case. We see quite a bit of increase in the number of homeless across Gilbert. And particularly by the food bank, we noticed that as well.

What we see is those that choose to be seen. That makes sense? And so, me personally, I live in South Gilbert, almost to Queen Creek, been here 20 something years, and what I'm starting to see is people that are probably maybe 25 to 45, that age range. They typically tend to be single or appear to be single versus like families and asking for food or money more than anything.

Challenges for Women:

If someone wants me to move in with them and it's a guy, a lot of them just want to have sex. So, I'll just pack up and leave.

I talk to people, but it doesn't mean I'm cooking tea with them, okay? I don't do drugs. I'd prefer for a shelter to be just for women, okay? I've gone to big shelters, and I've gotten stuff stolen there. I now have a storage unit.

As a woman, I get propositioned for \$20 to do this or that. I've never been raped. But so far, I've had a guardian angel with me but there's times where ... there's some weirdos. It's scary. You don't know what they're going to do. It's frustrating.

I left my boyfriend. He was not good. I didn't know about shelters and resources.

Race:

You see a group of white people partying out, you know what I mean? Arguing around, being all crazy on the sidewalks, all drunk, holding each other up, and the cops don't say nothing to them. But if they see like one of us walking down the road, staggering a little, you know, he going to pull you over in a heartbeat.



Race plays a large issue in it, I will tell you that, to dismiss some of legitimate things. It brought about medical anxiety for me. So, it's like, "When I go in here, I don't know how I'm going to be treated, who's going to ... who's going to listen or how it's going to be dealt with."

There's racism. I got a lot of dirty looks. I used to live there for quite a few years and the cops are always, you know, hard on everybody.

Let's say we're [black people] more lactose intolerance. So, that would be right. You need to know that in terms of race. But aside from those key factors, when I walk in, I should be treated as an individual. That's just plain and simple. And that's anywhere. Even food banks that I've gone into, race has played a part in it. I guarantee that, because I've sat, and I've watched. Grocery store. It's daily life, and it's a place that I'm having to make a complaint on, just because this woman ... because I used an EBT card, this woman ... I just get profiled. I try to heal naturally, so my favorite health stores ... Now, I want to tell you about the contrast between the two stores. When I go to the store on [REDACTED] street, I'm profiled. And I didn't think it ... I shrugged it off the first time. I was just like, Well, maybe she didn't know." You just try to be a little optimistic, even though you've lived in your body for all these years. So, I go in this time, and it was something so simple, I just want to tell you. So simple. And I asked her, I said, "Well, are you an Empower customer?" I say, "Yes." And now, I remind you, I shopped this several times. This is the second time she's done it. She'll lie to my face and tell me something is not available, but she profiled me. Because, what I noticed when I pulled out my EBT card, she turned her head and shrugged and turned up her nose. So, it was because of my form of payment. And just that whole thing. She'll deny me any of the store ... If a store advertises ... Let's say it advertises a free bag or, she'll have gone, "No. That's not today. That starts tomorrow." And it'd be blatant a lie, in my face, and look at how this has turned if I say something. No matter how I'm speaking, I'm seen as the problem. But you don't understand what has happened to get me to the point where I'm saying, "No, I'm not going to ... " Or "No, I won't do this." Or "No!" I've had it where it's been in a Dollar Tree, I tried to ... The receipt clearly ... It's just getting people to honor store policy. And if I say something, it's like I'm overreacting. And so, it's turned back to me, instead of the problem being with the person there. And that's for everyday living and race. And that's something that we, as a people, don't just face occasionally. This is day-to-day living, and that's what sometimes makes some of us crazy. But I have spiritual backing and I have faith and that's what keeps me grounded. If I didn't have it, I would have been dead a long time ago, I kid you not. And you've got to realize that you get it from all angles. So, when I go into a doctor's office, I'm getting that type of treatment. When I go into a store, I'm getting that type of treatment.

Police Relations:

I would like the Gilbert Police Department to be more significant with other citizens, be more lenient, be friendlier, be more generous. They think that we're out here to cause trouble or problems. People in general, they come to look to cause an issue or problem with it when they should be there to protect and serve. The police department is very generous with me because they know who I am. They come out, help me out. But the other people that are unfortunate, people that can't eat a couple of days, that they can't get food stamps. They can't get emergency help.

Consistency:

If life was a little, a little like a ... if there was a consistency, you know what I mean? Of, I don't know how to say this.

Homeless. We had a schedule. You know what I mean? Every day, same routine. Same routine every day. Nothing new, out of the ordinary or anything like that, so it was easy. You know what I mean? Nothing to it.

We never know if we got a room here, or if this one's cheaper, or if they're full and we can't get in. Do you know what I mean? We never know what the night, and how it's going to end. You know what I mean? We just never know. Right now, I put a tarp around my kids when we sleep on the ground to keep us in and safe. We are sleeping outside our broken-down RV because it is too hot to sleep inside there.



Having stable housing and then I can get back to work, not having to worry about where my stuff's going to be out or getting robbed, or this whole list of things when you're homeless. You can't focus on what you're supposed to do. Everyone's like, "Oh, just go get a job." I can't get a job. I've been sleeping under a bridge at night. People just don't... They don't understand unless they've been on the street. I can't hold down a job. I mean, I've had such good job. I mean, I have good resume. I've been a manager at a detail shop. I've worked for public storage. I worked for General Motors.

Yeah, because if I was at a stable apartment or something and had housing voucher, I would try to stay clean, and focus on working again.

PROVIDER NEEDS:

Clarity and Training Guidelines About What Qualifies People for Shelter:

Revising Town Funding Requirements:

The funding that's available through Gilbert is much more limited in some ways than other cities. And there's also an extraordinary amount of reporting required. And all those things are surmountable, but it does take more time which takes away from doing the actual things that we're needing to do here in the community. So, if there was a way to have some looser requirements for reporting as for the funding need, that would be helpful. Quarterly reports as well as an annual and other cities or counties do not have that much reporting. So, Gilbert has more reporting and less funding and the combination of those two leads to the need to seek other funding opportunities to serve those that are here in the community. Semi-annual and annual reporting – two times throughout the year that would be adequate and feasible and align well with other typical requirements grantors request.

TOP SHELTER CONCERNS:

Theft

Drugs

Prostitution

Availability:

The shelters, they don't cut it. They're always full.

I just feel very neglected right now. All the shelters are full right now. It's just, there's nowhere to go.

As one homeless man stated: shelter services were full even before COVID. They have been consistently full. About half the people I know who are homeless are unsheltered; a lot of people I talk to on the street who are unsheltered, avoid the shelters deliberately. And I'm at that point right now, even though they're full, it's just most of them are rampant with drugs, prostitution, violence, theft, and it's almost easier or more of a relief to be homeless and unsheltered than to attend and use a lot of the services now that have their own challenges when trying to at least get off the streets.

There needs to be more men's shelters. Just a room, or... put you somewhere where you're out of the elements because it's going to get cold here. I don't eat that well, I'm diabetic. It's terrible. I can't keep my medicine in the refrigerator every day.

More shelters!

Quality of Service:

Then you got that place down in Phoenix, CASS, where these people would tell us to go to, but that place is disgusting, it is nasty. I've been through there one time, and I've never stayed. I mean, I see through from my own eyes, it's nasty, just you trust me. And just cause people are homeless and everything, they shouldn't have had people living like that. That's just foul. They wouldn't want to live like that. They're probably going to say that people living there are making it that nasty. I don't. They can do something to clean it up.



The homeless entities helping them out there now, the one in the East Valley and a couple of ones downtown that help the homeless, they're very limited resources. One Gilbert senior got things stolen from her. She got threatened. I mean, shelters, you think, "Wow, at least they have a shelter," but they're dangerous places. People think, "Oh, at least they've got somewhere to go," but it's not the most ideal situation.

Pandemic/Health Concerns:

For anybody that wants to go to shelter, it's not good for them to go to the shelter because of the pandemic. Because they don't know what they have in there. And then they bring it out. That's why they don't want to go to shelters. That's why I feel free. I'm better out here.

The shelter lady said for you to stay where you were at, because it's cleaner, because you were afraid to bring the germs back home to your mom, who's sick?

Yeah. Yeah. My mom was dying, so they brought her. We paid a pretty penny to bring her all the way back there. We had a tear off some of the garage walls just to bring the bed in.

Lack of Accountability to Maintain a Drug Free Environment:

A lot of it seems to be a lack of accountability from the shelters themselves. I've been into four different shelters, Phoenix Rescue Mission, East Valley Men's Shelter, CASS twice for the term, IHELP twice, IHELP Chandler, except for the Phoenix Rescue Mission, which had a breathalyzer, and they had a very controlled environment. The rest of the services are very lax when it comes to the enforcement of trying to keep drugs and alcohol out of the programs. Well, CASS is probably the laxest, I think it's just an overburdened system. There's gang and drug influence within the shelters. Like I said, the best one I had the most control over was Phoenix Rescue Mission and it's very focused also on discipleship and they have a lot of participant involvement that also outside of the management staff, who are very observant and aware of trying to keep those elements out. But the rest of them, if you go, you just must try to keep your head down, grind through it, see if you can find employment, try to use the services the best of your ability.

IHELP Concerns:

As one homeless man states: "IHELP has to do with ... it's a participant managed and run. How do you call homeless people [who] manage and to oversee it when they're staying at the different churches through the community? So, if you have the homeless, they call them leads or the homeless. You find drugs, theft, a lot of people coming out of the street, a lot of people come from gangs or come out of jails and find themselves in the shelter services, and they just continue to perpetuate that same dynamic, that same behavior or same controls. I loved the people that I helped; [they] were great and sweethearts but the system wasn't designed and set up to help people get employment and maintain employment and be successful in transitioning into housing with meaningful employment. Because you must be there – at 4:30 you check in, then you're sheltered, or you're shuttled to one of the churches. And then you stay the night there, which is very nice, the churches are very hospitable, very accommodating, but there's also a bunch of things that shouldn't be happening within those churches or between the participants from drugs and physical relationships on the same spot.

The missing link with resources for IHELP? It's being able to find and maintain employment to help you transition. They offer good housing services and [in] trying to place you. They have several people who are working with housing services to place you in housing, but the time you spend there, which is three to four months, because of the restrictions of time and trying to get to and from, especially those of us who must use the bus to the different churches that can be scattered throughout the entire East Valley. I know when I was able to find employment within the program, I was able to get employment, it was very nice being able to go to libraries and be able to go to interviews. But once I had employment because of transportation, I would have to leave the shelter service and seek other shelter services or along the street. So, it was good for me to get it but I think ideally a shelter service not only can help you find employment and help you provide housing, but also allow you to work and save up money to transition into that housing with a bit of savings.



The bedding is laid out, and the homeless people, the participants in the program are left to their own devices. Without strong leadership, there's no paid leader there, there's no paid manager, there's nobody from IHELP the organization, it's just the homeless people left to oversee them and look after themselves. Somebody who's been designated the lead, the person to go to if you have questions, but they're all homeless individuals. So, if you get a group of homeless individuals that are all involved in the drug scene, all involved in everything else that they shouldn't be involved in, well, that's just a cesspool of... Hey, this is a place to come out and get high, and so and so was here, and we're just going to bounce around these churches, get high in the churches and engage in all type of things we shouldn't be doing and during the daytime, we're going to go crush at a park or go hustle wherever we have to do. And without good homeless leadership, there has been one, because I've been there enough times. Every now and then you get a homeless person that they ask to take charge and exercise control and leadership, and they do a good job. They do the best they can, but also because they're coming from the streets, they're coming from the prison and there's codes and ethics about how far they can hold them accountable and knowing some of their past addictions, some of the problems they faced, there's a lot of chaos and a lot of drug use and a lot of, there was at some point I was there, a lot of sex that was happening.

You need somebody, a designated employee because usually they have somebody who's, they've had a couple different people who've overseen and supposed to be the contact, the liaison between AZCEND and the homeless people using the services. But they don't stay the night. I really think you need somebody there who's in control of the situation and monitoring and can keep them to a safe standard, because what's happening is, a lot of times you get very timid people coming in there, who either are trying to get off drugs or they're not really involved in drugs but they've heard about the service and their family has turned them onto the service because they just having troubles at home, and they get bullied and ran right out of IHELP, if they're not willing to be involved with the guys, if there's a tough group in there that's running the show.

Because a lot of these individuals come from environments or past whether that's from their home environment that was traumatic or abusive or prison system, which has been abusive or street gangs. And a lot of times they're homeless because they've tried to walk away from it, they try to make a break and so, they're trying to say, hey, listen, I'm not going to run with a gang, I'm not going to hustle for them or I'm out of prison now, I don't want to connecting my prison buddies so, I'm willing to go to a shelter service, go to a homeless shelter, which isn't always easy, it's humbling and it's challenging.

Safety:

I know guys shelters can be tough. Guys are supposed to be tough and, but women can be vicious. I've heard some of the stories about why women are terrified and just women who are on the street. Some of them are just really, they are afraid because they face so many different environments and instances of abuse and to go to the shelter services now, where it's very abusive, very difficult. For the women I've talked to, yeah. So, for them to find a safe spot, a truly safe spot, I know it's hard for them, the women on the street who have been victims of abuse before, victims of drugs and prostituted, it's hard for them to trust and find a good enough safe spot to want to get off the street. To feel good and safe enough to get off the street, the ones I've talked to.

At CASS, women must clique up, they look for protection, they fall into cliques, if you don't, you find their stuff getting sold, get harassed, be beat up, it gets scary.

COVID-19 IMPACT:

I got COVID-19 about three months ago. I've been testing positive for it for three months and I'm not sick. And I haven't been able to get any shelters, so that's frustrating because I have antibodies, big deal. Everybody does [who's] had it before. It's a big stumbling block. It's an obstacle for me right now because I can't do anything. I can't go to detox. I can't get clean. I can't do anything. Because I'm testing positive COVID-19 though. And I'm not sick.

The lack of resources and job losses that were unexpected caused us to serve 300 agencies last year and \$66 million of food.



The unemployment services that used to be managed at DES are done telephonically or online. I know that I couldn't utilize those because I didn't have ID, and there were some challenges with trying to get the needed information, and I don't have the technology or cell phone to download the appropriate app. So, it, I haven't filed for unemployment because of those challenges, and now, hopefully soon I'll find the resolution to that. But unemployment was another one immediately when COVID hit, a lot of the shelter services and even the Central Christian Church, a lot of them shut down for a bit of time, not too long, but they're all up and running now again. But yeah, that's the main one. I think for most people who may be seeking unemployment, is that they just can't do it in face, they can't do it in-person anymore and if they're not technical or technologically competent.

Resource places are short staffed and then can't get the resources to the people who need them.

COVID impacts rentals, homes, homes in general. People are getting their electricity turned off. We are still living with candles and stuff like that, because before covid we were behind, too, and we still can't afford payments.

For help for my elderly dad who needed some government help for basic health care; I'm a translator for him [he speaks Vietnamese only]. There's such a long wait time on hold with companies, and then they hang up before I can speak with them. Normally we go in person, but they are all closed now. I have waited 2, 3 hours on the phone, and then when it is my turn, I get disconnected. It happens a lot.

Sometimes, especially when my parents had COVID, no one can help them with the meal services. Even though they said on the website, they will provide a meal for seniors when [they] need it, but they didn't. They said they don't have enough staff.

The bus system, since COVID has come out, has waived its fees, the tickets you get on the back of the bus with exception to light rail. But now, they've been announcing since 9/11, since a week back, a few days ago starting October 11th, you'll be returning to purchasing bus passes and that it will be back to paying. This is hard for people who are struggling in the first place, who don't have their own transportation, who are needing the bus system, it's obviously going to be an additional burden for that cost. Not only that, but with the homeless who are trying to get to and from of their services, or to and from places like this or to the Christian churches, it's going to be hindrance if they can't even get there in the first place. Especially for those who are very disabled or have struggles with getting from one place to another on foot or for those who don't fly a sign [panhandle.]

And especially with the COVID that spreading wide across the nation, it has really taken effect on people. The mental health has been what I struggle with. Plus, it's hard to see family; one of my daughters is a nurse and we only see each other certain times. So, that's been difficult, but at the same time, I have problems with my mental health that I identify for myself.

The mentally ill homeless are the most difficult, those with mental illness and substance abuse, and those that want to remain homeless obviously as well. And then you asked about COVID. Well, obviously COVID impacted services. A lot of services had to be closed or greatly limited because of resources to care for the ... whether it be volunteers, whether it be enough staff. You know, a lot of the non-profit organizations are small. So, all of them had limited capacity. We went virtual, Dignity Health, for a lot of our services, telehealth, and virtual platforms, which has really helped. You can't do dental. We did do dental tele dentistry, but there was also delayed care because some of them just needed to see a dentist. So delayed care was certainly an issue. Making sure we had enough PPE and making sure that we were able to maintain the services. And I think a lot of non-profits were in that same space. Prior to COVID, health inequities existed, social injustice existed. We in healthcare who are addressing that all the time, know that. COVID brought it to light. So, there's a greater recognition that if we don't look at where people live and understand the barriers to health care for them and other things in those communities, then we're not going to be able to really create a more equitable society. So, we must address it and create a sustained successful model to address health equity and make, give everybody the quality of life, whether it be education, recreation, or health care that we must really work on now. So, to me COVID brought that to light and hopefully movement will continue to move forward to do a better job.



Because I'm testing positive, I can't get in a shelter. I can't get a detox. Every time I go, they quarantine me in my room for days and I just can't get the help that I need. I need a 90-day program, or to go to any three-month program. I can't do anything right now, so I'm stuck on the street. I'm a drug guy, you know what I mean? I need help. It's just all the rules and the stumbling blocks. I mean, I know how to get all the resource, I'm a very smart person. It's just having tested positive; I can't get the help I need.

I got COVID twice actually. I didn't think it was possible, but I did; the two weeks quarantine, it took me away from a lot of things that, to be honest, I had some mental things going on during that time. It was kind of tough for me. I felt isolated. Eventually I lost my job and everything. I was doing well, I had a good vehicle, had everything. And this just happened within the last year. Slowly getting myself back together. I got a job, will start Thursday. Just keep my job. If I go get there on time, keep my nose clean. I'm sleeping on the streets. I don't have a watch and I don't have a clock, but I'd like to think that the sun's going to come up around five or six, so I get up. Go to prayer in the morning. Just God and me. That's my center. COVID affected my job. Hard to get back out there again. We've had to come through every week this month [for a food box].

I was a hostess. Then COVID hit and all our customers left. Just about two people would come in every day.

I was working in construction at the time before COVID and then COVID hit and yes, construction did go up, but it went up and then the company I was working for crashed. And so, they had to lay me off also because I didn't have a right to get anywhere, so it was ... I had to, that's why I started working at McDonald's to try and save up for a ride, to get a car. But the second I left, I don't know if you remember like the second wave of COVID when everything started, getting a hold of it, I guess.

One homeless man stated: I got Covid twice. They got this whole hiring situation where they must get tested and I waited so long and you know, when sometimes they don't come back correct, and mainly it's a big old hassle, that's why a lot of people are losing a job and job hours because I must wait after exposure and quarantine and that's just for work I'm trying to seek.

With COVID and the homeless, they don't have as many resources to keep sanitary conditions, as well as just focusing on their own needs, and so they are somewhat relying upon what they have available to them. And honestly, Gilbert doesn't have a ton of nonprofits and resources that are available, so they may have to travel across to Mesa or Chandler or other areas that might have these resources available to them.

2019 this past year, so within 2020, our shelter was slower. We know that there were victims of domestic violence, obviously, through local law enforcement. We heard them speak about it in the media, that domestic numbers were rising in our communities. However, we did not see an influx of individuals come to shelter. Now come this summer, we have been slammed. Our phone line, our crisis phone line has been ringing off the hook. Our shelter is full. We've had very high lethal cases, even though domestic violence, you consider every case to be lethal, we've seen some horrific cases come through our doors. And so, I think it's just been a buildup of the past year that people are finally feeling comfortable with getting out of their house. They didn't want to flee with their kids because of COVID. But now obviously there's a vaccine and things are opening back up. People are feeling more comfortable to get back out there. It's been very stressful with the COVID pandemic and trying to operate a shelter, keep clients and staff healthy.

Some programs due to COVID were shut down. Those programs may have provided housing for the young people, and if they had nowhere else to go, then they were on the streets. So, it was several major big programs that kind of had to shut down due to COVID. And those young people were on the streets because a lot of them didn't have anywhere to go. Job Corps, they provide dormitory housing for their participants. So, when they shut down and they got 600 kids on campus, more than half of those kids don't have anywhere to go because usually, Job Corps is their last resort.

Young, disabled people end up going back to nursing homes, and the last 18 months we've seen how many people have died in nursing homes in congregant settings, and that's not where people our age, you, or me, want to be [in a nursing home], but that's where they're being stuck.



At Rebuilding Together, our mission model relies heavily on volunteers. And so, we have a very small staff and a very large volunteer force, a thousand plus at most times. COVID completely shut us down because we could not do any volunteer-related work. So, volunteers go in, they do all our repairs, installing grab bars and things like that. We also have large corporate events. So, with the corporations shifting to a work from home model and not doing corporate events, it also shut down our volunteer programs, so that severely impacted our revenue stream. So, we pretty much went into hibernation mode, and now we are just now coming back out of it. So, I would say we were severely impacted by COVID, and still are to some extent. During the major part where we started to lock things down and we closed most of our lobby, we obviously slowed down. People didn't have a place to go with the heat – poor people were hit by it harder.

House of Refuge – because we do serve families with children where they see a big impact of when there was lack of childcare availability. A lot of our parents are working parents, and that is something that is required for them to be in the program, and if their income lowered or if they could have the opportunity to work from home, that became a huge barrier for them. Someone that was shifting hours, having relatives come and babysit for them. And it just created a lot of instability in terms of income and being able to maintain their employment. And, in terms of the services, because we were providing case management in person – that stopped with COVID. A lot of our residents tend to fear COVID, so they were staying indoors. They were not wanting to come to the office to meet with them. So, it's a little bit difficult to really get an idea of what the real needs are, when you haven't been able to report with someone.

With JustServe, our website is strictly for volunteers. And even though COVID hit us, and we saw volunteers go down, the numbers go down, we still maintained volunteers out there helping in organizations. And so, it was great to see individuals see the need and go out and fulfill that need. So, we are seeing now a big spike, a lot of the nonprofits and their regular volunteers are not getting back because they're highly susceptible, they're in that category. And so, they've kind of steered clear of volunteer work, but we are seeing younger individuals. We're seeing teenagers, we're seeing young single adults that are in the colleges. We're seeing them look onto JustServe and find projects. And so, if you all will post your needs on JustServe, I have a feeling that you will be able to get quite a few volunteers when you normally wouldn't, especially during COVID and right after COVID. So, make sure that you are reaching out to me or any contact that you have. I have a team in ... I'm just over in Gilbert, so I have 13 members of my team, but there are cities specialists in Mesa, in Chandler, in Tempe, and in Queen Creek. And I can get them in touch with it, we're a boundary. So, there's a boundary that we must work through that.

[At Rebuilding Together] we serve the mostly home-bound seniors, and in doing in-home services, we found that seniors who were already at risk for potentially life-threatening falls would not contact emergency services when they did fall. So, because they would fall, they would be injured, but they were terrified to go to the hospital because they didn't want to get COVID. So, you have people that are already high risk, and then they're becoming injured in their homes, and then they're not seeking emergency services. And so it was, for us, just tragic to hear about this and having our hands tied was heart-wrenching, for lack of a better term.

This kind of plays into identifying the gaps, but our initial thought was everything to go virtual. So virtual case management, virtual youth programs, as much as we could. And that really brought to light the issue of that digital divide and being able to realize that we needed to provide on-campus Wi-Fi. So, across campus, providing this Wi-Fi, if we are going to be expecting our residents to work from home to school from home, to continue moving through the program, case management, even our home inspections now are essentially the resident going through with their laptop or their phone showing the case manager what's going on in the apartment. So, you're kind of brought to like that, for sure.

I'm with Child Crisis Arizona. So, we're kind of in a unique situation because we deal with all the children that everyone is kind of talking about with homelessness. So, our services did not change when it came to COVID, because we run 24/7 emergency shelters. So, no matter what the environment is outside the doors, we were freely accepting children. Our numbers did go down a little bit, and that was due to the lack of school, because a lot of our referrals, unfortunately, come from a third party such as a schoolteacher or somebody like that,



that reports these issues to DCS. So, we did see our numbers dip during COVID, but again, having nothing to do with the actual pandemic.

One homeless woman stated: "COVID was lonelier than being alone, because everything was closed down. And I'm a loner but I like to be social."

Midwest Food Bank: Our agencies that we work with are churches and other non-profits, and they're seeing a slight decline in need, but we all have a theory that it is due to some government assistance and unemployment and things of that sort.

As those things expire, the need will be there. We expect fourth quarter, October through December, to be a big windfall across agencies.

COVID makes it more challenging for doctor's visits and it makes it more challenging for just dealing with bills or things like that. Because now you must wait, or you can't do certain days, or you couldn't do certain things like you used to. Offices are no longer open, so you can't go in person. So, the shutdown is just, that really affected.

COVID impacted on children too, but my sons were both in M.C.C. And what they were going for was something hands on. One was going for welding, one for the automotive. Well, they could no longer go into school to do it. So, it impacted our family. School was no more. So, the one that would go on for welding, that's not a book- type class. You must be hands-on and do different metals and stuff. Then, because of his learning disability, it's hard to get him back into it and get him motivated. And that's been a struggle, a struggle. So it was that. And then, two of them, they lost their jobs. My children lost their job. So, we were all living together. Well, a couple of us were living together, my two daughters. And we all wanted to separate, because of what happened with COVID, and we lost jobs. It was just a lot.

I'd like to see the social security office and DES open back up, that would surely be a beneficial part of it, to push that rope up a hill when there wasn't COVID, now you've put COVID, and you can't get anything done. When you lost your job, you lost the income. And then unemployment didn't kick in right away because she was furloughed, she worked at [REDACTED] a hotel. She was furloughed first. And then they wind up just letting her go.

Engage is a tricky word. So, our numbers look much better. We've reached a lot more families. I tend to think that ... And again, we live in the Zoom world now where everyone's here, but are they engaged? Are they interacting with their peers? So, the surveys and everything we've done have come back very positive. I mean, I still think we're missing something when you go from in-person to virtual.

People are afraid of COVID and will not work outside the home due to fear of exposure.

We did not shut down, but during COVID our numbers were much lower to support overall health, including safe social distancing.

At Chrysalis, we still have lower numbers in our emergency shelter for safety and health reasons according to increase in COVID numbers. We are relying on Telehealth for most of our counseling services as well to be safe during COVID. We also have hardly any volunteer participation at this point on every level. Even corporations are not feeling comfortable bringing in employees to help.

[REDACTED] The need to keep PPE equipment in supply means we have less room for storing practical donations. We used more Telehealth platforms and phone group support. We keep services going all along in a remote fashion. Free Wi-Fi was installed in our shelter and transitional housing programs. The increase in lethality of DV violence has been stark during [COVID]. Our mobile victim advocates can respond remotely to offer support. That has been a lifeline for many victims.

We serve a fragile demographic with in-home services and that has been challenging with COVID.

And I will say that I've noticed this year an increase in that due to COVID.



A lot of parents I've spoken with lost jobs, or they became ill with the virus themselves, and then if it hit them harder, then they were out of work for longer and they ended up losing work or just got behind on bills, then they ended up losing housing. Some of the families were renting and when the lease was up, the landlords, they didn't evict them, but they said, "Well, we're just not renewing the lease. We're going to sell the home." And then the market has skyrocketed, so they found it harder to find anywhere else to go, so they are doubled up with another family. I would say it's spread throughout. Some of our schools, I don't think I can name any, but some schools do have higher numbers than others.

I do think that COVID has had a big impact, so I do think that our numbers are probably going to be a little bit higher this year, especially with schools opening, so just something for everybody to kind of keep in mind. Awareness.

So, I've noticed that those families that have been impacted by COVID that are doubled up are having a really hard time just getting back on their feet finding housing. That's the biggest thing right now is a lot of them are doubled up with family and friends because a lot of them were renting, like I said, and then the landlords ended up selling the property, so it's hard for them to be able to buy or rent anything right now.

I feel like COVID has been sad because of the people who have died. But other than that, it hasn't really affected my life or our work because it's essential... That show domestic violence has increased, child abuse has increased, substance abuse, of course, because of all the time people spent at home, and children who their outlet of getting away from their abuser was to go to school or whatever, women whose husbands that were abusing them are home all day, or husbands whose wives abuse them, because that happens too. So, I do believe it's very easy to believe that all those stats are true.

There is a narrative because there were the numbers we were seeing during COVID. There was a macro story of homelessness over last year and a half. We saw less in the system, not because there were less people, but because the shelters and the outreach resources weren't present because of the shutdown. Also new clients did not know resources that existed, but now we have seen an increase in homelessness in the last months.

I just wanted to add that, this just ran through my head about parents. Normal parents in neighborhoods who have teenagers and all this school, it's the chaos going on in schools, and just mandates and all these things.

In ways where they are not allowed into some of the stores because... The Smart & Final store, I seen a man didn't come in with a mask, but he wore his shirt over his thing and he was homeless. I know he was homeless because he comes over here sometimes and I know. I say, "Hey man, don't throw that guy out of the store, man. He's coming here just like the rest. He's human just like you and you. Just because he smells or because he's wearing his shirt different, doesn't give you right."

As one food bank representative stated from Matthew's Crossing: "The registration process has indicated to us that people have been moving in and around the community. So, we may have them in our system as residents of Gilbert, for example. Now they're in Mesa and from Mesa, some [are in] Chandler, some of them are in Tempe. So COVID has really driven them to seek shelter in different locations. So, the families kind of split up. They don't ever give us that you had four in the family. Now you have two, and so which two are at this address so that we can update our information? Older kids or all the members of the family that have been together, that'll move out and [for example] it's been because 'my parents got sick' or 'we are trying to protect the parents' or somebody. This is what they tell us. Unfortunately, people sometimes they can't remember who lives where.

The biggest change for us has been the decline in the people coming in.

In COVID to pick up food. When we see them and they haven't been here in a while, they'll tell us, well, whoever has contracted COVID. I couldn't leave work, and my opportunity to drive here no longer existed, or now that they're back or whatever I can come to the food bank. So yeah, COVID played a big role in our numbers. Some remarked about loss of work. They just say there's no work and they reduced the personnel.



As Executive Director of One Small Step Amanda Nosbisch states: "The thing that still stands out to me the most was right at the end of April when things started shutting down, and then the statewide shutdown in May was a scary time, especially for our regulars that we were regularly talking to. There was nowhere for them to go for their normal human needs. The restrooms and lobbies of fast-food restaurants were locked. The libraries were locked. The restrooms in parks were locked shut. Water fountains were turned off. They had nowhere to get their basic needs met or very limited places. So that was a scary thing for them. I think everything shut down in the interest of public health and safety, but then we sort of missed the idea that, "oh, these there's other people that use the restroom in the grocery store." And retailers may not care about that because it's not the intention of them, but that's the reality. And it was, an upsetting and concerning time. What we have seen since COVID, we have had several people who have come to us that are like, "I've never done this before", or "I heard about you from my kid's school. I'm not sure if we'll qualify," and without getting deep into their story, my impression is that maybe they just started experiencing financial distress. Maybe they were doing fine before pandemic. And our survey also revealed, we do a client survey satisfaction survey every year, and our survey also revealed in the comment section a lot of people saying, "I needed to come because I lost hours at work", or "my husband lost their job", or, "COVID has closed my place down". We did see a lot of that too.

And I think the last thing is that we, here, experienced a major drop in clients coming. And after ... There's a couple of reasons just anecdotally, just me subjectively thinking about "here's what I think it is," I think, first, we were hearing from a lot of people who would come to us and go, oh, I figured you were closed. I thought you were closed. A lot of our partner provider type places that generally refer to us are closed to the public. It's still like DES and the back to work type programs and things like that. We were getting a lot of referrals from those programs when they shut their doors, there was an assumption that we would also be closed. And we're not exactly like the type of place you can just drive by and eyeball.

So, I think that was a part of it. I think another part of it was just community concern. For sure the concern of being exposed to COVID crosses all SES boundaries, right? So, I think people were just being cautious as well. And then the last one is some of the stimulus money I believe came in right at the time when a lot of families would be thinking about back to school, things like that, change in season. And so probably that cash was very helpful for them to be able to provide by just going to Target or Ross or wherever and buying the clothes. And certainly, I would understand how nice it is to have to go shopping on your own and not need to ask. We're not at normal yet. We're about 70 percent.

In that the housing market where people can't pay their rent, people are losing their homes, people are losing their rentals and then people are trying to get back into housing, and then the cost of housing is so high that ... that was a problem before COVID, but now that COVID's hit, people are being very selective with who they rent to. You have renters who have been burned time and time again because of the moratorium where people aren't having to pay their rent. Yeah, it may be there, but if we're going to be honest, if somebody hasn't paid in 15 months and now owe \$20,000 for rent, they can't pay it. They couldn't pay it before; they can't pay it now. So, even if somehow there's some type of year of Jubilee where that debt is forgiven, you still have a renter who hasn't been paid. What is their recourse? What is their ability to recoup that money? And I can tell you, there's still deferment on the homes, there's still things that haven't been done because they couldn't pay it because they can't pay their mortgages on these homes that their rent ... it's just a snowballing effect. Where it was an issue before, now that pandemic has caused it to be probably one of our greatest issues that we're going to have in our economy right here.

Because of COVID, I just moved from California in June. I need food stamps. I've been here since June and my Case Manager is still having a hard time to get me into food stamps. COVID has affected the person-to-person interview or intake process. But I still haven't received it. I relocated to here. They dropped my payment because of the cost of living. So, and that's fine. But I'm still having a hard time finding a place that I can rent. So housing is ... I still need resources for housing.



PROGRAMS HIGHLIGHTED BY HOMELESS/AT-RISK INDIVIDUALS:

If it wasn't for Hope for Addiction, she took me into her home, I'd be dead or still on the streets.

Providers would be well served to partner with responsible homeless persons. As one articulate homeless man noted: "You have to be working with the police in the community. A lot of the problem is, what's happening right now is, you have a lot of homeless, designating them[selves] certain areas of these cities as territories. Even the grocery stores, this is my store, this is my spot, where I'm going to fly a sign, I'm going to panhandle or I'm going to sell drugs or I'm going to do drugs or whether that's a park or a bus bench or a grocery store, they're setting up shop and setting up nest. The first thing I would do is work with the police to break that cycle and get them out of there, the best you can. I know in 2018, the federal government said that the bus stops are a safe zone, if there's no shelter services available, now they're all filled up, you must allow the homeless people to stay at the bus stop otherwise well, if they refuse and there is shelter services, then they can be fined or they can be arrested. But you need to break them out of the cycle. Get them to stop panhandling because that's feeding their addiction, in most cases, most people are panhandling or flying a sign, they're getting high, they're going to a hotel, motel, burning out, going right back to start selling drugs or panhandling again which is bad for them and bad for the community. So, if ideally an organization or a setup would have a place where the police can pick people up immediately and provide them something for the night or the day, where they can sleep, maybe take a shower in an open area, but also, at that same location, have second tier services that have dormitory style services that provide a dorm where you can have a place to begin looking for employment, or ideally if you can set up a factory or some type of employment on site that is producing something or providing a service now, you have a direct employment because a lot of homeless people are felons or come out of the system, face mental illnesses that provide obstacles for getting employment. So, if on site you have some place that's a factory, or someplace that has contracts with the community that can provide a service so, they're automatically able to start working with, well finding some type of employment they can feel good about, start saving money and contributing maybe to even their dormitory and their living environment. Where they have place, where they can store some clothes, sleep, have a sense of safety and security, but also, the biggest thing I think is giving them an opportunity to start saving money and be employed in a meaningful way.

One Small Step! Hands down, the absolute best service. I love the people here, I love the services they provide but since they moved over here, it's been challenging for a lot of people, and the homeless people that don't have it in them to walk one mile here and one mile back since they changed locations. They'd rather take a bird bath, or they'd rather take a light rail and bounce all the way down to Phoenix. But this is as far as unsheltered homeless services, this is the best. This is the best of the best of the best! The people, the cleanliness, the orderliness, even the people who are coming in, there's a sense of respect and appreciation from the participants, the homeless people or people just looking to get some clothes and some help for their families. It's just a positive experience every single time. Every single time I come. Versus a lot of this, some of the other ones there's anger, there's fighting, there's all kinds of stuff going on there. It makes it tough; it makes you not want to go take advantage of services in the first place.

La Frontera - I think that they have a good community-based model. Where you're kind of like a job, a life coach, basically. So, first, making somebody aware of their situation. And if they don't have acceptance that, not forcing you like, oh, you're homeless and ... Not making them realize what got them to seek your services. And when they have accountability for that, they're more willing to be in an active stage of recovery, a road to recovery.

COMMUNITY SOLUTIONS:

Housing Solutions:

Accessible Housing:

One of the developers that has been here and across the country is Gorman & Company. Their president now I think is Brian Swanton, and he's a Phoenix resident. Years ago, they did a project on Glendale Avenue just west of the downtown area out there, and he and the architect came to our office and had a proposal of a 28-unit



complex and at the time the token 5 percent or two units were going to be accessible. This was a tax increment financing project, TIF, and so the budgets were very tight. There wasn't a lot of wiggle room to them. But inside of probably a little more than an hour's meeting, they walked out of here with a 100 percent accessible project, all 28 units. And they were filled up with a waiting list prior to ribbon cutting ceremonies. They have replicated that model across the country and therefore are one of the leaders in development. That just shows the community and elected officials that it can be done, and it desperately, desperately needs to be done. And so, accessibility is a plus for all of us. You know? So, that's just one small example of how two became 100 percent at 28.

Accessibility assists the entire community. You look at three main minimums. Can you get in the door? Can you navigate through the hallways around? And can you do your business? And so, getting in the door without a step entrance if you have a stroller with an infant – you don't have to deal with steps. If you have three grocery bags, or four grocery bags, and you're trying to get into the house you don't have a step to trip on. The wider doorways, just more convenient. Lever hardware instead of doorknobs. That used to be an upgrade in apartments. Now, it's becoming the standard. The open concepts that everybody at HGTV, my wife, watches all the time and open concepts are good for everybody. What usually works for people with disabilities works for the TAB, temporarily able bodied.

So, it goes the full span of life from being a young parent with a stroller to midlife getting a proper room for you and your neighbors to watch the Cardinals game, to old age and staying in place living in the community, aging in place, because as you saw in your previous one that the older people get the higher percentages of some type of disability. And accessible homes don't look institutional anymore, and that used to be the myth and the ignorant way of looking at it.

Adjustments just blends in, so also including the backing behind the drywall or tile in a shower and put that in first between the studs so that if someone needs to install a grab bar later they don't have to tear that whole piece out and put them in. They're already there. And the cost to doing something like that is zero because it's scrap lumber on the job site. You just put it in to accommodate the grab bars. Another point on this, and I'm sorry for just rambling, but to make things minimally accessible and visit-ability, and I would encourage you to check that out visit-ability, all one word. Yeah. It's the ability to visit. There's anywhere from four to six items that are listed that if they were required in all new construction, we would save a lot of money with the retrofits and the remodeling because the types of things we're talking about, with a zero-step entrance, because you slope the landscaping away from the house just like you do at a grocery store. Monsoon rains come; you don't see the grocery store is flooded because everything's been tapered back away from the building. It's the same thing with a house.

The height of light switches and outlets. I ask my groups why have electrical outlets been at the height that they've been. Do you know? It's the height of a hammer, so when they go along and put their hammer on the ground and they make their mark, and then they move onto the next one. There's nothing scientific, nothing functional, nothing about it. It's the height of a hammer. Now, if we move those electrical outlets to 15 inches minimum now it's more accessible.

Senior Affordable Housing:

There needs to be more places like Page Commons. There aren't that many, and the people that live here know that and we are all very grateful.

Landlords and Real-estate Companies Who Accept Housing Vouchers:

If we can get more landlords, more real-estate companies who would be willing to accept them. Trust me, I understand that it's like cops and robbers. You got the bad guys that make it hard for the good guys. So, I understand that people are neglecting to rent to people with housing choice vouchers, just because [they had] maybe a bad experience. But that is not everyone. And they have the freedom to screen them. So, I say, "Screen them. That is best you're going to get." Like I said, I have a housing choice voucher, and one thing I don't play about is where I live, and how I keep my home, and how I live and don't cause any issues and things like that.



Affordable Housing Development

The Flagstaff Shelter Service are doing a hotel conversion with the city of Flagstaff.

We're seeing in some of the smallest jurisdictions making affordable housing development a priority and trying to get funding for that. Because one of the major barriers to affordable housing development is the funding, funding for land and for construction, et cetera. And traditionally, our federal low-income housing tax credit hasn't been enough. So, we are hearing of municipalities making additional funding available for development and creating partnerships with nonprofit. For example, Save the Family is an example of a nonprofit organization that is experienced in developing affordable housing. And so, there has been some investments that are again under the American Rescue Plan Act and that would just be their funding for pre-development funds, or even looking at utilizing city land. And I think that there's some issues now with the gift card that may need to be gone around, but there are often ways around that and the municipalities to have it good.

Gifting Land:

There's restriction at the state law level that restricts municipalities from gifting land for any purpose unless it's a public benefit. And so, I know the city of Phoenix was involved in some case where they were trying to challenge it because they were arguing that affordable housing is a public benefit. And I believe that they won that case. So, I don't know since then if any other municipalities have been successful in gifting land. Otherwise, I know there's been some agreements with municipalities to build one for a minimal cost to develop it.

Appropriate Effective Housing Funds:

Cities received [for example] \$24 million in state and local fiscal recovery funds, which is a flexible fund under the American Rescue Plan Act, for communities to use in whatever way they feel is necessary to address the COVID-19 pandemic. Because housing issues have been so highlighted through the COVID-19 pandemic, a lot of municipalities are making allocation of funding specifically for addressing housing and homelessness. American Rescue Plan Act Fund flexible fund under the American Rescue Plan Act, for communities to use in whatever way they feel is necessary to address the COVID-19 pandemic. Because housing issues have been so, I guess, highlighted through the COVID-19 pandemic. A lot of municipalities are making allocation of funding specifically for addressing housing and homelessness.

Some examples are using the hotels to homes model. I'm not sure if you're familiar with that, but this has been a model that's been ... It's been exemplified on different areas of the country. I think, California has done a lot with hotels, but on the basis that the hotel industry really struggled through COVID 19, and there's been a lot of hotels for sale around the country.

The idea is that it's an existing building. It has the infrastructure for small housing units like studio apartments. And so, there's been a lot of push to use hotels for, first, non-congregant sheltering, for the immediate use. But then, also to convert to independent housing. And as a couple of examples, the city of Phoenix and Maricopa County, too, have funded a couple of projects. And there's also a project in Flagstaff that I'm aware of. So, there are a couple of things that you could look at and that's something that the state and local fiscal recovery fund will be used for. Examples are CASS and CBI.

Transitional Living for Foster Children:

Transitional living for those aging out of the foster system. That'd be a huge benefit for children and adults, young adults. You've got children that are coming out, they're finishing high school, or they're in their last year of high school and they're 18. A lot of them aren't finishing high school because they moved out so they end up getting a job. So, I think giving them that opportunity to be in it and continue to do their education, continue to learn life skills so that they can move on and move forward.



Small Group Homes/Sober Living Homes Followed by Transitional Homes:

For six months, and then we finally got to bring her home and she was able to move in here into our house. But our house is more transitional living for two years. So, after rehabs and other programs, it's to help when they leave those programs and have no idea what to do. So that's what we help them, kind of the transitional time of getting back on their feet and how to do that. Then in transitional homes, we provide tons of services here. We have parenting classes three times a year. All the moms are in, or all the ladies are in counseling. They have a mentor. [House leaders] meet with them once a week. We teach them life skills like budgeting, let's make a schedule, prepare meals, how to grocery shop, clean. A lot of us don't know how to clean. You learn how to clean and keep your home. You may not have been taught by your parents and so there's a lot people take for granted with basic life skills. Sober living environments are important, as equally important are the transitional living environments, 1000 percent for continued sobriety and success long term... So sober living is like crisis and in sober living you cannot have your children with you. So that's why we have this [transitional] house. So hopefully by the time an individual is done with a transitional situation, they will be able to fully be independent. And the most success that they're going to have is being integrated into a community. We believe that would be the local church, but for maybe someone who isn't a believer, that they're just in a healthy, sober community, that they're in the right relationship with other people. But hopefully after transitional living, they have those resources of financial stability, a lot of time sober, they have a stable job, they found a home, all of that. But being in community is critical, and we believe that a faith community is the best.

We tried to expand Freedom House and move to Gilbert. Due to the unique nature of the services, we don't fit into any zoning category. The Town Planner worked with us to get us approved and we were looking for houses in Gilbert. The current housing market made this difficult. The housing market issue was about limited inventory as well as inflated prices and people making above asking cash offers. In addition, potential homes in Gilbert had a minimum distance requirement due to our services being under a group home category. The distance requirement does not allow two group homes to be within 1200 feet of one another. With the limited inventory, when we found a house that would meet our needs, many did not also meet the distance requirement. So, it was multiple challenges, and we were unable to locate a home in Gilbert. With the on-going need for single women and children, with the right circumstance and funding, we would absolutely be willing and interested to open a home in Gilbert. The value the ladies bring to the Town are multi-faceted. They are successful members of our community, spending money and supporting businesses in Gilbert and no longer being a burden in the areas of legal issues and resources. Additionally, they are serving and connected in their church in Gilbert. [REDACTED] from Hope for Addiction.

The value also extends to help Gilbert residents who struggle with addiction. These women are courageous and willing to share their story and successes to help others.

Knowing the people that can help, the ones that want to create this home and establish these places for these communities, for them to be able to get the financial means needed to open these spaces. Because I know there's a need for a men's, single fathers' home. I know there's a need for the teen boys with single parents at home. I know there's a need for places, for married families. But these are communities in mental health, even single women, just allowing the people that are willing to create these homes and do this, giving them the financial resources and the community resources. So, these are the fundraisers that we work with. This is what the community is needing right now. Because there's just so many different places and people who really want to do the work, they just don't have a financial means to open homes.

I think that one [thing], and everyone else can speak to this too, is come visit Freedom House. It is a protected address, so we don't just give it out to anyone. We don't make it public. But come to an event, come see what we're doing, come meet the ladies and see that this is something that would benefit your community, not something to fear. This is something that's going to add value to your neighborhood, not de-value your neighborhood.



There is a stigma. I worked for an organization that made rehabilitation centers. We would be opening a new facility or a new home, there would be protests. "We don't want this in the neighborhood." And ultimately it would get opened or they'd have to move. But then it would be interesting that people who were so anti allowing these residential facilities to open, they would come around and become donors and check it out and be grateful. And the fears that they thought, "Oh my gosh, there's going to be police or criminal activity, or these people are going to break into my home, or there's any prostitution." Or whatever these fears that they believed would happen, the opposite happened. Crime was reduced. Community was heightened. Service projects were more. There was just so many different positives that they didn't look at. And so, I don't know what the answer is on how to get the word out, other than meet the people that we're serving and humanize them, don't dehumanize them.

These are people. These are women you may not know; you might be working for them. They might be in your church. These are women that, and men and children, you don't even realize that they go to school with your children. You don't know what they're going through in their home life. Especially with COVID, I know a lot of people lost their jobs. And so, these are families that this has hurt that are dealing with an issue they never thought they ever would. So, these are people that they're [not] particularly bad, these are people that have just gone through hard times. So, it's really reminding you that this could just be your neighbor or your brother or your cousin.

And it's really allowing them to realize that having that community is what brings everybody together. And there's no way to get out of this without a community. There's just no way. Especially in addiction, you want to hide it. And so that's the first place you go is hiding. That's the reason you see a lot of women isolating. They're terrified for people to see what they're doing. So, it's getting in the communities that's going to stop it. So, if you want to stop homelessness, you've got to allow people into your life.

The biggest thing is that when you're in addiction, you're scared ... you have a secret life. And when you get into sober living, your community, all your junk is kind of forced to be out there. And that really helps you stay honest and stay sober because you have people there helping you be accountable and wanting to be accountable because you want to grow. And then really seeing this program is different than any program I've ever been in, because that community is so strong, and a lot of the guilt and shame and all the stuff that goes along with addiction is no longer a big deal, because they've all been through it. So, it's not like if you're talking to a police officer, a counselor that's never been through it, if these people around you know what it is to be in this life and go through these things and have these feelings and emotions.

Conversion of Community Buildings

I was driving by Fiesta Mall the other day. I thought, why can't Fiesta Mall be converted into units for the homeless? And what we have in our countries, we have either their homeless, or their sheltered, or they're in transition, but why can't we have the full scope? Why can't we have programs that really move them all the way through, which I think of AZCEND as one of those organizations, and House of Refuge to try and do that. But we got to support them not only into the apartment, but beyond that point. So, they're able to stay in there. That continued support to help them to be able to stay self-sustaining.

More IHELP with Effective Leadership:

It's the relief, I guess you would say, you know you're not going to be sleeping at the streets at night or on a bench or at a park. You have a place to stay at night. You have the meal for the nighttime. You have breakfast -- and you get breakfast. And if you can't afford lunch during the day, you get a lunch pack. So, it's just beneficial for anyone who's like really struggling with money, doesn't have a job. They have the shuttle. We have the shuttle to get to the different churches.



Resources for Emergency Rental Assistance:

With the emergency rental assistance combined, it could be up to 18 months of rent they can get. Maricopa County, if you could just Google Maricopa County rental assistance it comes up, rental assistance. So, you go on to their website, the rental assistance site, they would apply online. It's high demand. It's not a wait list necessarily. I mean, there's enough funds. There is a lot of funding, so it's not a case that right now the risk of funding is running out. It's just that the process is quite slow because the demand is high. People should apply immediately. And if people need help with it, 2-1-1 Arizona is kind of outreaching to help people through the applications, because there is a documentation requirement and that's where people often get stuck. So, calling 2-1-1 from your phone is a resource to support any emergency rental assistance application. They have been good at walking people through the application.

Link People with Available Housing Resources:

We've been working with the Arizona Center for Disability Law and trying to gather a stronger voice to get the monies out on the streets that are unspent, so the emergency rental assistance, ERA monies, I recently read that only five percent of the monies for Arizona have been spent. That's just not right. And so, anything that we can do on any level from the city fathers to the mothers, to whomever we've got to get those monies out on the street so that we can keep people housed, because as I said at the onset it just doesn't make sense to kick people out... There was a call last week, or maybe two weeks ago, that showed that the city of San Antonio, Texas only needed like four or five documents to verify their need. The city of Arlington, Texas, had either 14 or 15 different documents to qualify for the ERA monies. On Monday I heard that San Antonio has spent like 92 or 95 percent of their monies now, and Arlington, with that onerous requirement has spent a very, very small fraction. And somebody had made the comment that people are worried about fraud. You're talking about a few thousand dollars per person here.

It is not fair anymore, it's hard to use vouchers, harder than it is supposed to be. Maricopa County is developing a countywide landlord engagement fund to, I guess, provide bonuses to landlords who are willing to accept vouchers and subsidies and low-income households. And there's a couple of municipalities that have implemented that kind of model too.

I was homeless and now have a sales job. And it's just really... but I know it was because of having a soft place to land and some of those needs met so that she could focus on finding a job that's grown into a career that's grown into – she makes the most money of anyone I've ever met with a GED. And so, she just needed that, a soft place to land. So, she just needed kind of the necessities.

Yes, because if there wasn't a place for me to land and to be able to have a safe place for my daughter, a safe place for me to get sober. All the things that came along with it, in terms of risk and prevention.

The federal government has provided around 800 million plus in emergency rental assistance, and that's available to every individual at risk of homelessness because of [their] being unable to pay the rent, which is a response to COVID-19. And so, for Gilbert, it would be Maricopa County who's administering those funds. And so, any individual within Gilbert who is at risk of eviction should really be signposted to Maricopa County to make applications for that fund.

Effective Organizational Collaborations:

I think the more service providers that will connect with each other and be open, [the better]. We're all after the same thing, trying to help those that are homeless or on the verge of being homeless. We're all trying to do the same thing and not anybody can do it... There isn't one organization that can do it all. Many of them try, but they may just do little bits and pieces. So, I think like our bodies, all parts of our bodies can work together for the good of those that we're trying to serve. So, the more that we can partner together and work together and contact and say, "Hey, I've got somebody that can use your service and I'd like to know what I can do to help screen that person, so that when we send them over, they're going to be successful because we've met with them." And so, communities, services, and businesses that can work together for that cause are going to be phenomenal in their success.



For us, because of the demographic that we serve, anyone that serves the same people that we serve, we consider a valued partner. So, if you have transportation services and you know of a senior that might need, for instance, a new air conditioning unit, that's something that we do. Or if they have fallen on the way to the hospital for a health appointment and they need grab bars, or a roll-in shower as opposed to a bathtub.

At Rebuilding Together Valley of the Sun, we find fire departments very helpful because they're first responders, they're the first people that you see on the street. Or someone who is delivering meals on wheels, and they see someone who's getting a meal, but their houses are inaccessible. They cannot leave their home because they're in a wheelchair and they don't have a wheelchair. So, all those things, so anyone that works with the same people we work with, we would love to connect. We think of rising tide lifts all boats. So, we're happy to partner with anyone.

The Faith Summit that Gilbert is getting ready to have – this would be a great topic for them to bring up. And then maybe on a questionnaire at that interfaith council, they could ask, what are you willing to bring to the table? What are you willing to do? How can you help us with these vulnerable individuals? And I think that information would be valuable. I think we've tried to do that in the past. I've been around Gilbert for 17 years now. We've tried to do that in the past. And I think what's lacking is somebody to take the lead on it, to organize it and distribute that information.

For those of us who are serving similar populations, we serve the homeless, and a lot of our domestic violence providers also serve homeless families that have experienced domestic violence. And one of the things that we're really trying to do is really collaborate and get to know each other and really understand the services that we provide, so that we can better refer people, and provide those referrals. 80 percent of our clients right now have experienced domestic violence, and thinking about domestic violence, providers are focused on eventually getting them into safe houses. So really getting the information out there and really getting to see other providers, what we have to offer, and us knowing what they have to offer, so we could make the best referrals.

Community Involvement:

It's just for me, at least, even if it's something silly or it's something small, it's just knowing that there are people out there who care about us and they want us to succeed, but there's only so much they can do for us.

To continue to help those non-profits that exist that are really doing a great job is important, and expand, giving them the opportunity, if possible, to expand more affordable housing. Maybe if the churches went out and did a lot more outreach? Just start talking to all those people, maybe offer them a place to stay for a month or two to get them back on their feet.

As one homeless man noted: The best way to help people, is don't give them money but give them – provide to church and local services that you know are providing the services, and with the care and controls that are getting to the people who really need it most. Giving money to people in front of the streets, I've thought that they may make a couple hundred dollars in four hours, I've talked to guys who do good, especially at the (grocery store name redacted) or other places like that. As soon as they get that, they're doing drugs and doing other things that are hurting the community, and when they're not on drugs and they're not panhandling, they're not taking money or selling drugs, they're going right into those stores, the Walmart's, and they're stealing and they're taking stuff, and it's a big cycle, it's a big joke and game to them. And when you give them money, you're just contributing to the theft, to the prostitution, to the drugs, to all those. Instead contribute to [a better] environment or contribute to organizations that you know are doing good. Christian church organizations or community organizations like this, that you know are really giving help to the people who need help and have a controlled environment that provides a safe, controlled, orderly environment. And provide jobs.

Somebody talking to us about it. Somebody keeping it strong, maybe a church. That's what I use, stuff like that.

I've been treated good, just the police and by everybody over there. The Mormons. Mormons are good persons, they take care of people.



The community is critical to our ability to do what we do. Last year in 2020, we had 5,000 volunteers, which you think, it's a pandemic how could that be? But there's a lot of people that just were wanting to get out of their home and do something to help, so that was great. We saw a lot of new people, but the need continues whether people think there's a pandemic or not, it doesn't matter. There are still people that are hungry. So, we always need people to come volunteer to help repackage food and get things ready to be distributed into reasonable portion sizes and that type of thing.

Mentors for Homeless Youth:

A mentor or something. It would just be someone to be there for you, I guess, to help you out with job interviews, housing. General support. Someone who has experience but also someone I can relate to, not too much older who has their story and has gone through stuff.

Donations:

In addition, there's always the need for food drives. Let's say, so some churches might organize or some organization, schools, things like that. That's helpful, but people can even do so in their neighborhoods. Some people get creative and just want to sort of have their own grassroots effort and knock on the doors of their neighbors. We can help with that. We have materials that they can use for collection, signage, things like that. And every single bit helps somebody else. And so, we really encourage that and plus it gives them a sense of purpose.

The community themselves, if they ever wanted to do some sort of drive, like a clothing drive or a school supplies drive, or anything like that, that would be awesome, especially around the holidays. These families around the holidays really struggle. So, whether it would be a toy drive for the kids, or gift cards for families, anything like that, that would be awesome. We have families that can't have a Thanksgiving meal or a Christmas meal, so it's meals or being able to give gifts to the kids, stuff like that.

When I was in a domestic violence shelter, a big deal was the fact that people donated things for the shelter. They didn't know us, they didn't know who we were, but they would bring clothes and shoes, and books and handmade quilts, and donate them.

A clothing drive for underclothes. Sanitary products and hygiene items for women.

This shelter had a storage shed that we used, and we put those things in. The people that were in the shelter attended the support group meetings, and informational meetings and things like that. They could use tickets, and so many tickets would buy them something from that shelter.

When I lived in the transitional housing, they had food donations. There was a truck that came once a week, and it dropped off food for us. And in the community room there, we all went and loaded the truck, and put the food in the refrigerators there, or in the cabinet. And we would divide it up, and everybody would take it.

\$100 and a credit towards rides for doctors, groceries, etc. for low-income seniors.

Volunteers:

Community support is important. There was somebody that also came every week as a volunteer, and she would ask us, "Is there anything you need?" And occasionally, she would bring something, a little something. You really learn how to appreciate what you used to have, if you don't have it, when you're in the shelter. There was a can opener that didn't work very well. We had canned goods that were donated, and we couldn't open the cans very well with this can opener. It sometimes worked and sometimes didn't. There was a crockpot, and the handles are broken off, but it still worked. So, I used to make chicken, we would get donations, and I would make chicken in this crock pot, and everybody would share it. But you must just go with what there is.

Instead of when you see homeless people on the streets, instead of Snapchatting them and laughing at them, how about go to Circle K and grab them a banana or something.

Literally any little thing helps.



People were so nice. And the lady that came in and just volunteered and said, "Is there anything you need," that kind of thing. It means a lot more than people realize.

We have a wonderful community here. Volunteer, volunteer. We can't afford what we do without volunteers. I'm always advertising that we can accept individual volunteers who would like to drive senior residents. And that's helped.

Support Network:

I feel like I was lucky that I have friends who are willing to let me be roommates with them. And I had some money saved up and put away that I had earned to help transition moving from California to here. That way I can help, like a month's rent, try to find a job. I don't know. I feel like I also was able to stay with my parents for a little while too, for about a month during the transition. I feel like having friends or a support group is very helpful. People who are willing to, obviously not do everything for you, but not like giving everything for free, but at least to help give that spot to like sleep to shower, to shave.

I've got a couple friends I can go to if I need something, but I don't like to be a burden, so I keep it at a minimum.

Love and genuine concern coupled with resources is what makes the difference.

I work at [REDACTED]. So, it is fast food technically, but even places like that, it's a great company to work for, the owner and the operator, they're great people to work for as well. So, I'm not sure. I've worked with them previously and ended up going back to them and stuff like that. So, I guess even in the fast-food industry, not all of it, some of it's scary, but this fast-food company is a great company.

I think having a good support system, whether it's family, friends, or even an NA group, like I've been going to NA's a lot lately, haven't missed except for one, but that was because of work and I'm almost, I think at my 40 mark being sober today.

Yeah, so quality work environment.

What has happened in my life, and where I'm at now, and they've been 100 percent supportive of me, they just kind of work with me and all that.

And there was no transition that I knew about, which is how I found this program. I had met them in sober living. I had contacted them afterwards and I was homeless. I had nothing. I was just honestly with my daughter; she was four years old at the time. And if it hadn't have been for Hope for Addiction, I wouldn't have had a home. And there was nothing out there for a mom, a single mom, except for a shelter in Phoenix, and over in that area. And so, I was terrified, no car, no place to go. And I was blessed with this because they picked me up, they brought me into their community, into their home in my situation. Liz brought me into her home, and we stayed at her home. And that's when she said, "We have got to open a home for these women. There's nowhere for them to go." And a few other women and I were there. I was living with a family in our church in the community. So, I had the community, the homelessness stopped altogether from the community. So, it started with Hope for Addiction, into the community, getting to know people in that community, staying with them.

I'm grateful that these people here, especially that lady right there, that lady behind you, she's a wonderful lady that helps me out. These people at the community center help me out coming out of the sun, give me Gatorade, water, give me ice. What I need. This was a community.

And the people that work inside there are the most tremendous people that I ever thought that I could ever meet that help. I see people that I would enjoy running stations like a drug rehabilitation center or places for people that need help. And these people can do it. These people will do it too. But in this general area over here, I can't say where at in the area because it'd be trespassing.

Having the community gave me that confidence, gave me the ability and stability that I could go the next step, the next step, the next step to where ... started allowing me to really grow into the person to where now I have



that career. And it's hard to be a single mom, but it's hard to be a single mom at a job where you make less than \$5 an hour.

Concentration on Mental Health with Long-term Case Management Support:

Some funding for mental health to address it would be counselors who could meet on the streets with these people individually where they're at and work with them. The thing about that case management is it's going to take weeks. We've been running this heat relief now for three months. People are just now beginning to trust us to say, "Yeah, I'll go into rehab. Yeah, I'll get a mental health check. Yeah, it seems like this may be a better idea than what I'm doing."

So, it's not like you're going to walk up to somebody on the street and be like hey, you want to get into recovery? The answer is going to be no. I mean, they may want to, but the road to recovery isn't even in their purview, and so having people who can work with those individuals, if there was some way to get them into the mental health system, the hard part, is that if we can get somebody in, they'll hold them for 72 hours and boot them out. Now I understand that's to protect people who shouldn't be unlawfully put into a mental health system, but then there's these people who need the help, but the boundary is that unless they want to be there, they can't get the help.

So, I don't have the great magic wand answer, but it's being able to address and meet people where they are and working with people where they're at to get them further along, because all we're doing is putting band-aids or just throwing money out at problems without any solutions or measurable outcomes.

If somebody goes into CBI, or some of these other mental health things, or we get somebody petitioned to be picked up for the betterment of themselves, after 72 hours there's no legal binding thing to keep [them] even if we can all recognize that they need that help. One of the scenarios is I have one young lady who's been on these streets for years, lots of mental issues, and we finally got her petitioned. She got into a 72-hour hold, but because of her warrants, they could hold her until her court date and then moved her into the jail which forced her to get onto a regulated medication schedule, forced her to get the help that she needs and now she's able to appear in court on her own recognizance where she couldn't do that before. She still must answer for all the things that she's done. She's still accountable for all the things she did with her mental state. However, now she can start to deal with those things, and if we can continue to have the court mandate her to do these things and keep her accountable for six months, then she can possibly be released on parole or probation to where she must keep on those things, but she's on a road of recovery, versus just constantly let's just try and help this person out today. It's the Community Connection?

The Town of Gilbert gave us funding to help these people. We use that funding to do those things, to connect with them, meet with them where they're at, low barrier. I'm not trying to tell you that what you're doing is bad and I'm telling you your drug addiction is bad. But I'm going to show you where you could be if you take that journey, you take those steps toward recovery and allow them to see for themselves what that means. And so, funding like that to nonprofits that can do those things, and it must be somebody who can focus on them. Throwing funding at one agency that's doing a hundred different things, they're not going to be focused on that one thing, but if we can dive into or put funding into building that type of nonprofit, or that type of section in a nonprofit, to really address those things.

And if I had somebody like the young lady I was talking about, my caseload could probably only be four to five individuals because that person needs a tremendous amount of effort, where maybe I've got eight or 10 of these people in this room that are a little bit further along, are dealing with some of the same issues, I could probably take a caseload 10 to 12. It depends, and depending on the dynamic, measurable outcomes start to break down.

Faith Communities:

I found the resource that brought me here through my church. My church community is where I turned to and they knew exactly where to take me.



We need to, need, to equip our churches with resources.

Something that I've seen with the residents that we currently have, is that just looking through the cases, most of them had a strong faith, community support and family support, and that enabled them to continue maintaining their employment. And that is eventually how they got to us. So that was a big eye-opener for me to know that the faith community here in Gilbert and Mesa is strong, and that's what supported them through this.

The most important thing the Gilbert community can do for us is smile. Just give us a smile.

Link People with Needed Resources:

Ability 360 - We do home modifications. So, anybody that has a limited amount of income, has a permanent disability, or a senior, homeowners, and renters, they're eligible for the program. Give us a call. Secondly, we have a peer mentor program. People that are newly disabled can tap into us and talk to people who have been trained and adjusted to a lifestyle, so they can share from a peer standpoint. Three. We have independent living: skills training. We have one-on-one training. Group classes. Everything from financial management, home safety, goal setting, you name it. Four would be our social rec program. We have weekly events. We're still doing it virtually right now. Our campus is closed. But we have a great group of people that benefit from not only the information that we share, but also learning from one another with various types of disabilities, so that would be another. Another one, our employment program ... anybody on SSI or SSDI who wants to go back to work, give us a call. We are part of the Ticket to Work Program, so [there's] employment. We also have the benefits to work, and so with that we will sit down individually and say, okay, how does going back to work affect your benefits? There's a two for one offset. You earn \$2, you lose \$1 of benefit. You're coming out ahead. That as well.

We continue to work at getting the message out about being a community resource for families, or city staff, or all. I think it's important that we know more about what's exactly going on at the city level and if there's programs that would benefit our people, and know what makes someone eligible; I think that's good information to have, because so often the staffers I'm talking about don't have a really good answer about finding an apartment, and that's truly one of the most difficult parts of her job, and I wouldn't want it.

PREVENTION:

Prevention is probably severely lacking. Our goal is prevention; that's why we go in, we do home surveys to see what the fall risks are. And then we go in and we mitigate all of those, and we do those services for free so that it does not cost them. So, our goal is to prevent. Once they've fallen, our goal is to get treatment and then make a home a safe place for them to be able to come back to.

One of the things I love to do, is when the resident moves in, I start prepping them to do two things. Number one, to get involved because there's so little to do at many of these complexes that residents in their senior years just sit and watch TV and do nothing. So, we keep them real busy. And then we keep them informed as to all the different resources. We have rental resource. We have a utility resource. We have food resources.

And these are all things that really help because one of the reasons people get into trouble is because they can't make their dollar stretch far enough. So, they'll pay their rent, but they won't buy food. And then that ends up being a really bad situation because then they end up in the hospital with all kinds of medical problems and stuff. So, we try and cover all the areas that drain them of resources and try and help them bolster that up. So, they're not going to experience the problem of, "I don't have the money to pay my rent. I'm going to get thrown out."

Child Crisis, we have several of them. We believe obviously that we need to start at a very young age. So, we've put a lot of resources into our early education programs. So that's both Early Head Start, Head Start, and then our own Preschool Program, of just trying to again, the data's out there, kids entering kindergarten, and that they're prepared, how that shapes their educational future. So that's been one strategy, but then also we've revamped our Family Education Program. So that's, I guess something I didn't mention with COVID, is



that used to be in person, we would go to several the agencies and present family education classes. So that's anything from potty training to adverse childhood experiences. So, something that kind of changed with COVID, is that went all virtual, so we've had a lot of success with that. We were thinking our numbers would decline during COVID, they increased. So those are two things when it comes to education, both children and the clients, but also the family unit and trying to give them as many resources as possible, in hopes of giving them the resources and skills to prevent homelessness down the road.

It's also about prevention. For me, it's kind of an on and off for a very long time. Like, it'll come out one day. I'll just be fine and then a week later I'll just feel like I'm useless or nobody cares about me. And like, obviously people do. I have my roommates, my friends, and they care. I try to understand that these feelings and these emotions that overwhelm me are not right. For me it's trying to, I don't want to say logic my way through it, but just, trying to feel like, I know this is wrong, even though I feel terrible. And I feel down, that's not the correct thing and this will pass.

Community education is key to prevention.

Accessibility is the key to prevention.

Prevention services to keep folks from becoming homeless and needing a full range of services.

Reaching people to connect them with resources is a top need, especially with a moratorium and being ... I'm really worried about what that fall out will be.

Medical Models:

What is an ideal health care service model? Again, for me, it's about the full loop. I would, we could throw a lot of money and resources out of doing the bare minimum. And, but to me, if we're able to take a group of, you know, the House of Refuge model from moving from shelter to a home environment, giving them responsibility for their home, giving them the resources to get self-sustaining, but then move them into permanent housing and then support them for a period of five to seven years, helping them to be able to save money, then have an emergency account and grow their income and become a congruent family unit. That to me is more success for that homeless population. I know, also, the Phoenix mayor, she put out a homeless plan. Well, she talked about a model too, and they just announced on the news last night, too, that Flagstaff is doing the same thing. They bought a hotel, like there was a hotel that was bought in Tempe, and Flagstaff bought a hotel, and they're converting it into units for that homeless population. So, I haven't had a chance to dig into it, but I hope it's not just like, if it's for two years, then where do they go after the two years? That to me, it's like, they're back out on the streets and unless they've been able to save enough money and understand what a budget is and understand how to be a good family unit. So, I feel like we're kind of missing that piece of it. Doing universal screening of all patients. So, we understand what do you need before you go home? Do you need food? We're already doing that. We're looking at how to put it into our electronic health record right now. We have some in that we're looking over. Food, transportation, medication, community-based resources for counseling or whatever that may be. The homeless population, like I said earlier, as well. Universal screening for the social determinants of health. Closed loop referral system. So, we're going to send a patient to a community-based organization. We need to know that they got there, that they're receiving the services and that has been successful for that patient. And we have a referral system in place now, but it's not closed loop.

And we're, I think we're going to have that closed loop system within less than 12 months. A closed loop is where a patient enters the organization in the emergency room or inpatient. And they need some social services. And we have a platform in which we're able to say, communicate to that community-based organization. We have a patient that needs your diabetes education. We need to have a patient that needs your food bank. Maybe that patient needs three resources from three different community-based organizations. We're able to send that referral. They accept it on their end. We see that. Then they see our communication. The patient will be sent to you, we gave them transportation vouchers so they can get to you on these days, confirm that appointment, whether it be Mission of Mercy or AZCEND food bank. And then they close the loop in the same platform database that the patient came today. They got the diabetes education; they went to Mission of Mercy.



They got their medication. They'll be there again next month and they're going to become their medical home for them. And so, it's that closed loop. In other words, they made it there. They are receiving the services and that we're able to help manage that patient. Yeah. And it may not be perfect, but it's, I think nationally, a lot of healthcare organizations are now recognizing we need to take on that responsibility to create that necessary closed loop process.

The most useful strategies for health care for these individuals? I think when ... dignity for me, we start with our understanding what the needs are for our community health needs assessment process, focus groups, surveys, primary, secondary data, and looking on that. And then making sure that we're being intentional around, not just the zip codes of where vulnerable populations exist, but what are the specific issues for that zip code, that population. The African American community will have different needs, such as birth outcomes, compared to the Native American community or the Hispanic community where diabetes and hypertension are more of an issue. So, we must pay attention to those issues that are most significant for the top populations in our community and do a better job of helping them to be healthier. Certainly, the universal screening that I mentioned. And I think having, again, looking at being a good steward of any funding that comes through, to putting it towards those organizations that are doing a good job of addressing [it], and allowing some space for innovation, as well, on unique and new models of delivery of care that will help the homeless, the at-risk homeless, and the poor and disenfranchised in our community as well.

The collective impact models, which is where you work with the community, [and] an agreement on what those needs are, and then work together to create a resolution. The Heritage Center itself is one example of that. I started working with the town manager and the town council for three or four years before we came to the point of, here's a building, what can we do with it? And then through Trinity and AZCEND, town governance developed a plan for the Heritage Center to be built. So, for me, those collective impact models are important, but delivery models in general, for example, more models of care. Let's use the homeless, for example, instead of the shower being three blocks this way, the food bank being here, how can we make them central? Some people worry about the perspective of CASS downtown and having that in Gilbert. But, if we're able to combine some of those together, it at least helps to get them what they need, and [be a] resource for them. So, looking at that type of model as well.

A lot of the 911 calls are for a homeless person who is on drugs and high and/or has psychosis or a combination thereof. So how can we address that? And sometimes I think we need to do a better job of street ministry, where we could have teams of medical students and nursing students meeting them where they're at and, and kind of being that medical home and in a unique model [where] they're trying to figure out ways to help them. And then looking at really good use of our medical residents and our nursing students, and our clinical social workers, and our community health workers. Those teams can come together and develop delivery models with the non-profits in the community to help better take care of our community.

PROGRAM EVALUATION [Which often leads to prevention strategies]:

We do self-evaluation so everyone that comes through our office fills out a form of how they were treated. Did they receive the service that they felt they needed? And then with our professional women's group, which is our retention program for our women that are working – and it is just a network of support for those working ladies. So, if they don't have a career, they can call someone to talk to them on issues that they may have on a job, issues at home – this is a network of support from them. And it's one of the only ones in the country that provide for retention after they get the job.

At Dress for Success, we find that's helpful with our clients that come through the door, because it may be something simple, like, "Okay, I lost my driver's license. I don't know how to go get it." And we can help them get through those kinds of simple issues that they may have that no one may have taught them growing up. So those are the kinds of things that we do as far as self-evaluation. Then we use that information to go after grants and things like that on, "Oh, wow. We saw that 40 percent of the women coming through the door have convictions. So now maybe we need to go after re-entry money."



An annual resident survey. Find out from the residents, we do two things. We do a health and wellness survey to see if there's any areas that we need to be proactive in. If someone has diabetes and they're having problems with it, and they can't get resources or any other disease that they might be suffering from, because we have a lot of people with chronic illnesses here. We try to be proactive with that, with our programs, and hooking them up with resources for their specific chronic illness need. And we do programs on that as far as how to deal with it and things, but we try to provide resources in that aspect.

OTHER INFORMATION:

Some homeless individuals who panhandle in Gilbert do not live in Gilbert but live in other cities and come here because of the high median income population.



APPENDIX C: Definitions and Glossary of Terms Mentioned in this Assessment

At-risk individuals or families

Individuals who are lower income, have insufficient ongoing resources or support, have experienced crises creating economic hardship, and have not yet secured long-term, stable housing.

Chronic Homelessness

The U.S. Department of Housing and Urban Development states that a person who is chronically homeless can be described as:

1. Living in a place not meant for human habitation, Veteran Grant Per Diem Beds (formerly Safe Havens in Maricopa County) or Emergency Shelter, and
2. Has a disability such as a diagnosable substance use disorder, serious mental illness, developmental disability, posttraumatic stress disorder, or cognitive impairments from brain injury or chronic physical illness, and
3. Has been homeless continuously for one year or four or more times homeless in the last three years where the combined length of time homeless is at least 12 months. When a head of household meets this definition, all household members are counted as chronically homeless.

Continuum of Care (CoC)

A Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for homeless families and individuals. Gilbert is part of the Maricopa Regional Continuum of Care. The CoC conducts the Point-in-Time count (see below) each year.

Functional zero

“Homelessness is a dynamic problem, so the end state for solving it needs to be dynamic, too. Functional zero is a milestone that indicates a community has measurably ended homelessness for a population — and that they are sustaining that end. Reaching and sustaining functional zero is in service of building a future where homelessness is rare overall, and brief when it occurs.^[5]”

Homeless

Homeless is 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.”)

The U.S. Department of Housing and Urban Development (HUD) defines four broad categories of homelessness:

1. People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided.
2. People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled-up situation, within 14 days and lack resources or support networks to remain in housing.



3. Families with children or unaccompanied youth who are unstably housed and likely to continue in that state.
4. People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.

Homeless Management Information System (HMIS)

HMIS is a local information technology system used by provider agencies that work together to provide services for those experiences homelessness. Client-level data is tracked across agencies to help plan and provide services to each client. All clients entered the HMIS system qualify for the HUD definition of homelessness, however not all clients are on the streets because some may enter into the system having participated in a homeless prevention project or housed through rapid re-housing or permanent supportive housing. HMIS allows all agencies who participate to track each client's progress as they (for example) move from unsheltered to sheltered/at-risk (by Housing Move-In Date). Client data is stored permanently which allows for continuous follow-up for agencies who participate.

Housing Choice Voucher

Housing choice vouchers are a federal program for assisting very low-income families, the elderly, and the disabled so that they can access housing on the private market. Vouchers go to the families or individuals who are free to choose any housing that meets the requirements of the program. This can include subsidized housing projects. Housing choice vouchers are administered locally by public housing agencies (PHAs). The PHAs receive federal funds from the U.S. Department of Housing and Urban Development (HUD) to administer the voucher program.

Interfaith Homeless Emergency Lodging Program (IHELP)

Interfaith Homeless Emergency Lodging Program (I-HELP). I-HELP provides a safe place to sleep and a hot meal for adults experiencing homelessness every night of the week. I-HELP also offers case management services to connect individuals to the vital resources needed to regain stability and break the vicious cycle of homelessness. The mobile shower unit, the "Chandler Clean Machine," provides guests with ready access to a warm shower.

McKinney-Vento Act

The McKinney-Vento Homeless Assistance Act of 1987 is a United States federal law that provides federal money for homeless shelter programs. The act also ensures homeless children transportation to and from school free of charge, allowing children to attend their school of origin (last school enrolled or the school they attended when they first became homeless) regardless of what district the family resides in. It further requires schools to register homeless children even if they lack normally required documents, such as immunization records or proof of residence.

PIT Count

The Point-in-Time (PIT) count is a count of sheltered and unsheltered people experiencing homelessness that HUD requires each Continuum of Care (CoC) nationwide to conduct in the last 10 days of January each year.

Unsheltered (and how it's different from homeless)

According to HUD, an unsheltered homeless person resides in: In a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).



APPENDIX D: PIT Count Reports

2020 Point-in-Time (PIT) Count Report Maricopa Regional Continuum of Care

What is the PIT Count?

The Point-in-Time (PIT) Homeless Count is an annual street and shelter count that determines the number of people experiencing homelessness in Maricopa County during a given point in time. Conducted on a single day in January, this project includes a brief survey to identify the needs and characteristics of those experiencing homelessness. Every Continuum of Care is required to submit PIT Count results to the U.S. Department of Housing and Urban Development (HUD) as part of a national effort to identify the extent of homelessness across the country.

Why is it important?

The PIT Count is an important source of data on homelessness, and is reported to Congress as part of the Annual Homelessness Assessment Report (AHAR). The PIT Count is a primary source of unsheltered homeless numbers and helps to inform communities on the number of people who do not access services such as Emergency Shelters or Transitional Housing at any given point in time. As the unsheltered count in particular continues to rise across the region, increased regional efforts to address homelessness are necessary. Potential factors that may have contributed to the increase include: improvement in PIT Count volunteer training and recruitment, change in emergency shelter capacity, and rising housing costs in the region.

The PIT Count is a one-night snapshot of homelessness that is limited by weather conditions, number and training of volunteers, self-reported survey responses, and other factors. There are more people who experience homelessness over the course of the year than on any given single night. Every year, the Continuum of Care works towards improving the count's accuracy. The Maricopa Regional Continuum of Care is committed to using data from the PIT Count and the regional Homeless Management Information System (HMIS) to understand more about the population experiencing homelessness in the region and to provide solutions that will make homelessness rare, brief, and non-recurring.

2020 PIT Count Total

7,419
people experiencing homelessness
in Maricopa County on the night of
January 27, 2020



49%
Sheltered

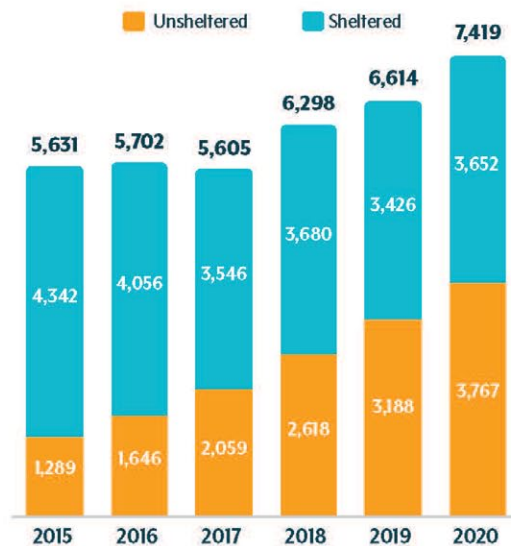
in Emergency Shelter,
Transitional Housing,
or Safe Haven Programs



51%
Unsheltered

on the streets or other
place not meant for
human habitation

Total PIT Count, 2015-2020



Source: Maricopa Regional Continuum of Care
PIT Count, 2015-2020

Growth Rate from 2019-2020

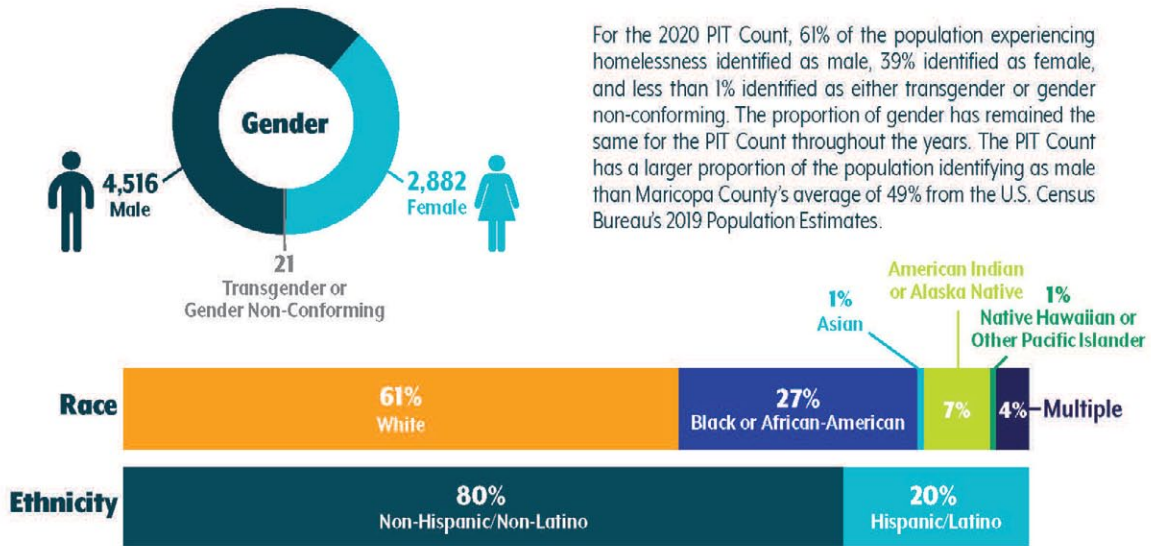
Total PIT Count	Unsheltered Count	Sheltered Count
+12%	+18%	+7%

The unsheltered count increased at a **higher rate** than the sheltered and overall PIT Count.



Demographics

The demographics of the PIT Count have been fairly **consistent** over the past few years. These charts show data from the 2020 PIT Count.



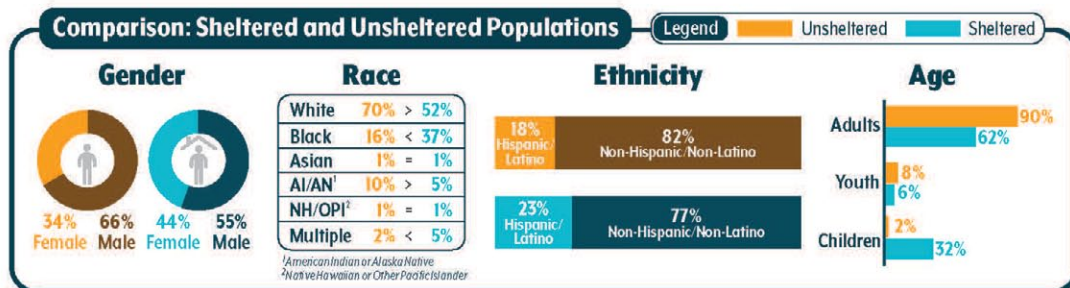
For the 2020 PIT Count, 61% of the population experiencing homelessness identified as male, 39% identified as female, and less than 1% identified as either transgender or gender non-conforming. The proportion of gender has remained the same for the PIT Count throughout the years. The PIT Count has a larger proportion of the population identifying as male than Maricopa County's average of 49% from the U.S. Census Bureau's 2019 Population Estimates.

Over the years, the ethnic breakdown of the PIT Count has remained the same with a significant majority identifying as Non-Hispanic or Non-Latino; by race there has been a slight increase in the White population and the Black or African-American population, and a slight decrease in Multiple Races. The 2020 PIT Count reported a differing racial makeup than Maricopa County. Census estimates for Maricopa County are as follows: White (83%); Black or African American (6%); Asian (5%); American Indian or Alaskan Native (3%); Native Hawaiian or Other Pacific Islander (<1%); and Multiple Races (3%). The PIT population also has a higher percentage of people identifying as Non-Hispanic or Non-Latino compared to Maricopa County population estimates (69%).



The largest age group from the PIT Count is adults (age 25+), which accounted for 76% of the 2020 PIT population. Children (age 0-17) make up 17% of the population, while youth (age 18-24) make up only 7% of the count. The percentage of all age groups identified from the PIT Count did not change from 2019 to 2020. The PIT Count has a higher percentage of adults than population estimates for Maricopa County (67%).

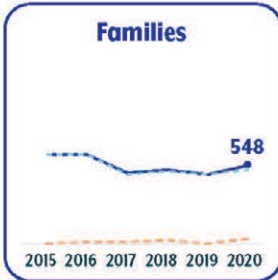
Source: Charts show data from the 2020 PIT Count; Maricopa County demographics from the U.S. Census Bureau, 2019 Population Estimates





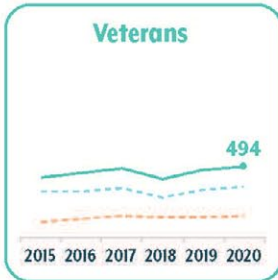
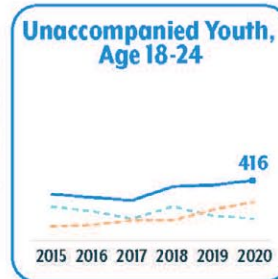
Special Populations

Legend — Total - - - Unsheltered - - - Sheltered



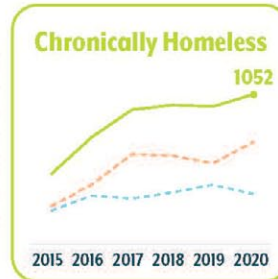
From 2015 to 2020, the number of families has decreased by 12%. Families are defined in this report as households with at least one adult and one child. Almost all families identified from the PIT Count were in either emergency shelter or transitional housing. Families may be hard for volunteers to identify during the PIT Count due to tendencies to stay in vehicles or other hidden locations. This year's PIT Count took place on a particularly cold night, and it is possible that families were more likely to seek shelter that night.

Youth ages 18-24 are considered a vulnerable population, and the number has increased in the past few years. Efforts to specifically count the population of unaccompanied youth experiencing homelessness did not start until 2015. Youth are also a challenging subpopulation to identify during the PIT Count. To account for this, homeless youth service providers were invited to participate in the planning process and suggested ideas on PIT Count strategies, including hosting magnet events at resource centers specifically for this subpopulation.



The number of veterans experiencing homelessness has increased. After a slight decrease in 2018, the number of veterans identified during the PIT Count increased again by 15% in 2019 and 4% in 2020. It is important to note that veteran status is self-reported for the PIT Count.

The number of people who meet the chronic homelessness definition has significantly increased over the years. From 2015 to 2020, the total number of chronically homeless has increased by 119%. This year the chronic unsheltered number has increased by 28% since 2019 while the chronic sheltered number has decreased by 16%. *The HUD definition of chronic homelessness is: (1) a person who lives in a place not meant for human habitation, Safe Haven, or Emergency Shelter, (2) has a disability, and (3) has been homeless continuously for one year OR four or more times homeless in the last three years, where the combined length of time homeless is at least 12 months. When a head of household meets this definition, all household members are counted as chronically homeless.*



The PIT Count also collects information on other subpopulations based on self-reported, voluntary responses:

Additional Populations	2015	2016	2017	2018	2019	2020
Mental Illness	523	931	866	903	966	965
Substance Abuse (Alcohol/Drug)	420	910	711	1,228	1,116	1,110
HIV/AIDS	13	68	60	80	117	157
Domestic Violence	604*	1,177*	1,154*	425	805	576

* Prior to 2018, the PIT Count collected data on 'Survivors of Domestic Violence'; in 2018, this field changed to 'Fleeing Domestic Violence'.

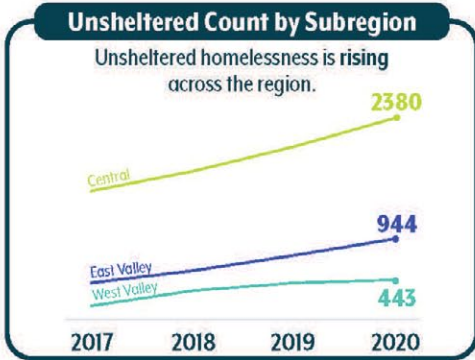


Regional Trends

Unsheltered Count

The overall unsheltered count for the Maricopa County region has been increasing each year. The number of people experiencing unsheltered homelessness in each subregion has also been increasing annually, with the majority of the unsheltered population concentrated in central Phoenix.

Subregions: West Valley Central East Valley

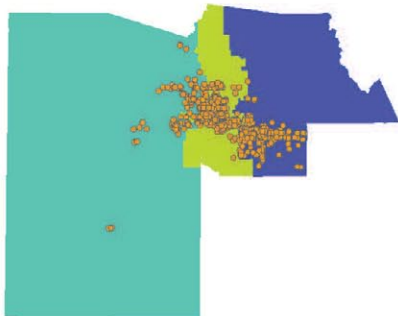


Subregion	2017	2018	2019	2020
Central	1,508	1,735	2,030	2,380
East Valley	412	560	736	944
West Valley	139	323	422	443

Unsheltered PIT Count Growth Rate

From 2017 to 2020, unsheltered homelessness in the Maricopa County region increased by **83%**. In the Central subregion (Phoenix), the growth rate in unsheltered homelessness was **58%**. In the East Valley, unsheltered homelessness increased by **129%** and in the West Valley, it went up by **219%**.

Locations of 2020 Unsheltered Surveys, Maricopa County



A more detailed map of the Unsheltered PIT Count is available online at: <https://www.azmag.gov/Programs/Homelessness/Point-In-Time-Homeless-Count>

Unsheltered Count by Municipality

Municipality	2017	2018	2019	2020
Avondale	27	13	35	56
Buckeye	0	22	24	41
El Mirage	0	2	7	9
Gila Bend	7	8	4	4
Glendale	57	164	194	170
Goodyear	7	22	22	23
Litchfield Park	0	0	0	0
Peoria	22	38	78	83
Sun City*	n/a	n/a	n/a	12
Surprise	16	39	33	29
Tolleson	0	9	5	5
Wickenburg	1	2	2	0
Youngtown	2	4	18	11
Phoenix	1,508	1,735	2,030	2,380
Carefree	0	0	0	0
Cave Creek	0	1	0	0
Chandler	27	54	54	75
Fountain Hills	0	0	0	0
Gilbert	2	4	2	9
Guadalupe	0	9	21	22
Mesa	130	144	206	338
Paradise Valley	0	0	0	0
Queen Creek	1	5	4	2
Scottsdale	50	67	76	102
Tempe	202	276	373	396
Total	2,059	2,618	3,188	3,767

*Sun City was not counted in previous years.

Additional Survey Questions

Where were you this time last year?



87% Maricopa County
8% Another State
5% Another County in AZ

Do you have any pets? How many?



237

(including 35 service animals)

Source: 2020 Unsheltered PIT Count interview surveys



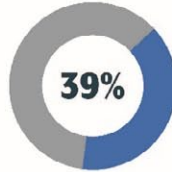
Sheltered Count

Most people experiencing sheltered homelessness during the 2020 PIT Count were in **Emergency Shelters**.

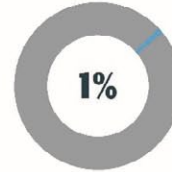
Emergency Shelter



Transitional Housing



Safe Haven*



Sheltered Count by Subregion

Subregion	2017	2018	2019	2020
Central	2,871	2,827	2,548	2,755
East Valley	486	704	672	698
West Valley	189	149	206	199
Total	3,546	3,680	3,426	3,652

The majority of Emergency Shelter, Transitional Housing, and Safe Haven* programs are located in Phoenix. This year, a question was added to the unsheltered survey asking why people do not seek shelter services. Of those who responded to the question, the top two reasons reported were "previous negative experience with shelter" and "shelters full."

*Note: Maricopa County no longer has "Safe Haven" projects, however, certain veteran Grant Per Diem beds are required by HUD to be reported as Safe Haven for the PIT Count.

Maricopa County

Maricopa County is the fastest growing region in the nation. The annual population growth rate has remained steady at 2% since 2012 (*U.S. Census Bureau, Population Estimates*). The PIT Count increased by 5% from 2018 to 2019, and 12% from 2019 to 2020.



Housing costs are high in the region. Maricopa County is the second most expensive county in Arizona.

Hourly Wage Needed to Afford a One-Bedroom Apartment at Fair Market Rent

\$18.42

Maricopa County

>

\$16.97

Arizona

Source: National Low Income Housing Coalition, Out of Reach 2020

Methodology

Every year, hundreds of volunteers, staff, and outreach workers participate in the PIT Count across the Maricopa County region. The unsheltered count relies on interview and observation survey responses. All cities and towns except for Phoenix do a direct census count. The City of Phoenix uses an extrapolation method that identifies high and low density grids. High density grids are counted via complete census, while a random sample of low density grids are counted and extrapolated. PIT Count volunteers use either paper survey forms or a

mobile app to submit electronic surveys for each person they encounter. This year, significantly more surveys were submitted through the mobile app. Due to its ease of use, volunteers were often able to complete more surveys when using the mobile app to fill out the form. The sheltered count comes from the region's HMIS and service provider surveys to verify the number of beds and occupancy rates for each program.



Special thanks to the 2020 PIT Count Municipal Coordinators, volunteers, staff, and outreach teams that put in the time and effort to make this a successful count; Crisis Response Network for collecting and verifying provider data for the Housing Inventory Chart and Sheltered Count; the Maricopa Regional Continuum of Care for their support of this annual count; and to those experiencing homelessness who were willing to speak with us about their experiences. For more information, visit <http://azmag.gov/Programs/Homelessness/Point-In-Time-Homeless-Count>


Prepared by the
Maricopa Association of Governments (MAG)
(602) 254-6300 www.azmag.gov



2022-2014 Point-In-Time (PIT) Unsheltered Street Count

All communities participate in the unsheltered homeless count conducted during the last week of January. Numbers for all communities with the exception of Phoenix are a direct census of individuals interviewed by volunteers, law enforcement, and outreach workers. The City of Phoenix conducts a survey using an extrapolation method by which areas are designated "high density" or "low density" areas. Direct counts in those areas are then extrapolated to estimate the number of individuals experiencing homelessness in unsheltered situations within the City of Phoenix geographic boundaries.

Municipality	2022	2021	2020	2019	2018	2017	2016	2015	2014
Avondale	59	The Point in Time Count was not conducted on across the Continuum of Care due to COVID-19.	56	35	13	27	37	20	12
Buckeye	32		41	24	22	0	0	0	0
Carefree	0		0	0	0	0	0	0	0
Cave Creek	1		0	0	1	0	2	1	0
Chandler	133		75	54	54	27	14	31	18
El Mirage	9		9	7	2	0	0	0	0
Fountain Hills	1		0	0	0	0	0	0	0
Gila Bend	11		4	4	8	7	9	0	0
Gilbert	15		9	2	4	2	1	1	0
Glendale	406		170	194	164	57	44	25	39
Goodyear	30		23	22	22	7	7	1	2
Guadalupe	64		22	21	9	0	8	0	5
Litchfield Park	0		0	0	0	0	0	0	0
Mesa	451		338	206	144	130	95	155	55
Other Unincorporated Maricopa County	8		n/a	n/a	n/a	n/a	n/a	n/a	n/a
Paradise Valley	0		0	0	0	0	0	0	0
Peoria	115		83	78	38	22	31	30	13
Phoenix	3,096		2,380	2,030	1,735	1,508	1,235	994	771
Queen Creek	7		2	4	5	1	1	0	0
Scottsdale	114		102	76	67	50	67	0	39
Sun City*	32	12	n/a	n/a	n/a	n/a	n/a	n/a	
Surprise	46	29	33	39	16	6	7	0	
Tempe	384	396	373	276	202	88	24	97	
Tolleson	7	5	5	9	0	0	0	2	
Wickenburg	0	0	2	2	1	0	0	0	
Youngtown	8	11	18	4	2	1	0	0	
Maricopa County Total	5,029		3,767	3,188	2,618	2,059	1,646	1,289	1,053

*Sun City was not counted in previous years.

**Other areas of unincorporated Maricopa County were not counted in previous years.





APPENDIX E: Inventories

INVENTORY E-1: Melanie Dykstra, Town of Gilbert, provided an inventory of service providers for homeless and at-risk individuals. The Research Team collected additional resources and has updated the inventory.

INVENTORY Human Service Providers for Homeless and At Risk Homeless Individuals and Families													
New?	Organization Name	Website	Telephone	Basic Needs	Child/Family	Ed/Employment	Health & Religion	Rent & Housing	Transportation	Violence/Abuse	General	Area Served	Service Type Detail
<input type="checkbox"/>	A New Leaf, Inc. (Includes La Mesita & CAFAAA)	www.thunewleaf.org/	480-969-4024			✓					✓		East Valley men's center and La Mesita family shelter
<input type="checkbox"/>	AASK - Aid to Adoption of Special Kids	www.aask-az.org			✓								Mentoring program for foster children
<input checked="" type="checkbox"/>	Ability360	www.ability360.org					✓				✓	Marcopa & Pinal Counties	Serving individuals who have any type of disability (physical, cognitive or sensory). Home Modification program for low-to-moderate income Gilbert residents with disabilities or who are seniors.
<input type="checkbox"/>	About Care, Inc.	www.aboutcare.org						✓					Empowering independent living
<input checked="" type="checkbox"/>	Assistance League of the East Valley	www.assistanceleague.org/east-valley/	(480) 792-1600	✓	✓						✓	Serving Mesa, Tempe, Chandler, Gilbert, Scottsdale and Ahwatukee communities of the East Valley	Assistance League of East Valley works with community agencies and schools to provide help to children in need and adults. Programs include Operation School Bellie, Assault Survivor Kits®, Adult Day Care Socials, Scholarships, and Share Our Spare.
<input type="checkbox"/>	Aster Aging, Inc. (FKA East Valley Adult Resources, Inc.)	www.asteraz.org									✓		Older adult Support Services
<input checked="" type="checkbox"/>	AZ-211	https://211.arizona.org/									✓		Arizona Information and Referral Service links individuals and families to essential community resources and services throughout Arizona, including shelter and housing, food and nutrition, utilities assistance, and more. The program operates 24/7/365 with live operator service available at all times in English and Spanish and assistance is also accessible in other languages via real-time interpreter services.
<input type="checkbox"/>	AZCEND	www.azcend.org						✓					CAP office rent & utility assistance
<input checked="" type="checkbox"/>	Beacon Group	www.beacongroup.org/	(602) 685-9703			✓							Beacon Group provides jobs and employment-related services to people with disabilities in Arizona, serving over 2,000 people with disabilities each year. Beacon provides job training and placement, supported and center based employment, and day treatment programs to assist the two-thirds of working-age people with disabilities who do not have a job.
<input type="checkbox"/>	Best Buddies International, Inc.	www.bestbuddies.org/arizona									✓		Friendship program
<input type="checkbox"/>	Big Brothers Big Sisters of Central Arizona (BBBSAZ)	www.bbbsaz.org									✓		Mentoring program
<input type="checkbox"/>	Boys & Girls Clubs of East Valley-Metro Phoenix	www.clubzooz.org									✓		After School & Summer Camp Activities
<input type="checkbox"/>	Catholic Charities Community Services, Inc.	www.catholiccharitiesaz.org			✓		✓						My Sister's Place- domestic violence shelter
<input type="checkbox"/>	Central Arizona Shelter Services	www.cassaz.org/	(602) 256-6945					✓				Phoenix	Regional emergency shelter for homeless men and some women and some families (Victo Colina)
<input type="checkbox"/>	Child Crisis Arizona	childcrisisaz.org/			✓		✓						Children's emergency shelter & Family Education
<input type="checkbox"/>	Chrysalis Shelter For Victims Of Domestic Violence, Inc.	www.noabuse.org			✓								Domestic violence services
<input type="checkbox"/>	Community Alliance Against Family Abuse	www.caafaz.org			✓								Domestic & sexual violence services and education
<input checked="" type="checkbox"/>	Dignity Health Faith Health Community	www.dignityhealth.org/arizona/locations/charities/about-us/center-for-faith-health-ministries/faith-health-partnership									✓		Medical services
<input checked="" type="checkbox"/>	Dress for Success Phoenix	phoenix.dressforsuccess.org	(602) 489-7397	✓									The mission of Dress for Success is to empower women to achieve economic independence by providing a network of support, professional attire, and the development tools to help women thrive in work and in life.
<input checked="" type="checkbox"/>	Friends of the Needy	stannoz.org/connect/ministries/outreach/friends-of-the-needy		✓							✓	Gilbert	Food, Clothing (Thrift Store), Toys, Household Items, Appliances & Furniture, Referrals



Assessment of Gilbert's Homeless and At-Risk Individuals

APPENDIX E: Inventories

INVENTORY Human Service Providers for Homeless and At-Risk Homeless Individuals and Families													
New?	Organization Name	Website	Telephone	Basic Needs	Child/Family	Ed/Employment	Health & Rehab	Rent & Housing	Transportation	Violence/Abuse	General	Area Served	Service Type Detail
<input checked="" type="checkbox"/>	Gilbert Senior Center	www.gilbertaz.gov/departments/parks-and-recreation/recreation-centers/classes/gilbert-community-center/seniors	(480) 503-6059	<input checked="" type="checkbox"/>									Resource center including food
<input checked="" type="checkbox"/>	Heritage Center	www.gilbertaz.gov/residents/community-and-neighborhood-services/community-resources/heritage-center		<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>		The Heritage Center is a collaborative effort between the Town of Gilbert and local non-profit service providers. Established in 2018, the center is committed to providing access to medical, dental, counseling, and social services. Most of the services are free of charge to families in need. In addition, the center will serve as a location to host workshops, training's, and other activities that are important to the residents of Gilbert.
<input checked="" type="checkbox"/>	Homeward Bound	https://homewardboundaz.org/						<input checked="" type="checkbox"/>					Temporary housing + rent relief, utilities assistance, landlord navigation, moving expenses, transportation, flexible funding, etc. to assist families who need one-time support.
<input type="checkbox"/>	Hope for Addiction, Inc.	www.myhopeforaddiction.com					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					Support group services for addiction issues
<input checked="" type="checkbox"/>	Hope Women's Center	https://hopewomenscenter.org/			<input checked="" type="checkbox"/>								For over 37 years, Hope Women's Center has provided a safe haven for at-risk women and girls to get back on their feet.
<input type="checkbox"/>	House of Refuge	www.houseofrefuge.org						<input checked="" type="checkbox"/>					Adopt A Home transitional housing
<input checked="" type="checkbox"/>	Hushabye Nursery	www.hushabynursery.org	(480) 628-7500	<input checked="" type="checkbox"/>									Embracing substance exposed babies and their caregivers with compassionate, evidence-based care that changes the course of their entire lives
<input type="checkbox"/>	It Help	https://azcend.org/it-help/	(480) 963-1423 x116					<input checked="" type="checkbox"/>				Chandler	
<input type="checkbox"/>	Junior Achievement of Arizona	www.jaoz.org									<input checked="" type="checkbox"/>		Financial literacy program for low income students
<input checked="" type="checkbox"/>	Just Serve	www.justserve.org									<input checked="" type="checkbox"/>		JustServe is a service to help link community volunteer needs with volunteers.
<input checked="" type="checkbox"/>	La Mesa Ministries	www.lamesaministries.org	(480) 590-4622	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			La Mesa Ministries works to restore dignity and self-sufficiency to the homeless and the working poor in Mesa, Arizona, and in surrounding communities.
<input checked="" type="checkbox"/>	Maggie's Place	www.maggiesplace.org	(602) 262-5555	<input checked="" type="checkbox"/>									Housing and support for pregnant women
<input type="checkbox"/>	Matthew's Crossing Food Bank	www.matthewscrossing.org		<input checked="" type="checkbox"/>									Free food for all including Meals to Grow (food backpacks for youth)
<input checked="" type="checkbox"/>	Mesa Family Advocacy Center	www.mesafamilyadvocacycenter.com/	480-644-4075							<input checked="" type="checkbox"/>			We are committed to raising awareness and providing community education and awareness services to prevent child sexual and physical abuse, domestic violence, and sexual assault.
<input checked="" type="checkbox"/>	McKinney-Vento Program	www.azed.gov/homeless			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	Gilbert Public Schools	Support students in temporary or transitional housing in a variety of ways including on-campus support through our school social workers and mental health counselors, food assistance, help with hygiene at school supplies, and help with transportation.
<input type="checkbox"/>	Mercy Housing Southwest	www.mercyhousing.org						<input checked="" type="checkbox"/>					Resident services for seniors
<input type="checkbox"/>	Midwest Food Bank NFP	www.midwestfoodbank.org		<input checked="" type="checkbox"/>									Food pantry supplemental food support
<input checked="" type="checkbox"/>	Mulligan's Manor	www.mulligansmanor.com/home.html						<input checked="" type="checkbox"/>					Mulligan's Manor is a loving and supportive group home dedicated to at-risk gay, bisexual, transgender, questioning, and heterosexual adolescents ranging from 12 to 17 years old.
<input checked="" type="checkbox"/>	One N Ten	onenoten.org/									<input checked="" type="checkbox"/>		Our mission is to serve LGBTQ youth and young adults ages 11-24. We enhance their lives by providing empowering social and service programs that promote self-expression, self-acceptance, leadership development, and healthy life choices.
<input type="checkbox"/>	One Small Step, Inc. (Clothes Cabin)	www.onesmallstepaz.org		<input checked="" type="checkbox"/>									Clothing bank and Homeless services



INVENTORY Human Service Providers for Homeless and At-Risk Homeless Individuals and Families													
New?	Organization Name	Website	Telephone	Basic Needs	Child/Family	Ed/Employment	Health & Rehab	Rent & Housing	Transportation	Violence/Abuse	General	Area Served	Service Type Detail
<input type="checkbox"/>	Open Arms Care Center	www.openarmscc.com		<input checked="" type="checkbox"/>									Gilbert food pantry
<input checked="" type="checkbox"/>	Parents & Children Teaming Together (A program of A New Leaf)	www.thenewleaf.org/services/family-support/parents-children-teaming-together			<input checked="" type="checkbox"/>								PACTT is an in-home and community-based support and rehabilitative health service for children and families with challenging needs. PACTT is a diverse team of behavior coaches providing individualized services to accomplish the goals determined by each Child and Family Team fitting the family's culture, needs, and schedules. Children receiving services through PACTT are eligible until they age out of the system.
<input checked="" type="checkbox"/>	P82 Project Restoration	www.p82homes.org/					<input checked="" type="checkbox"/>						Supporting Individuals & Families Battling Mental Illness
<input checked="" type="checkbox"/>	Rebuilding Together Valley of the Sun	www.rtvos.org						<input checked="" type="checkbox"/>					Working at the critical intersection of health and housing, we provide free critical home repairs, safety modifications, energy-efficient improvements, and critical repairs for low-income seniors, families, veterans, and disabled individuals.
<input type="checkbox"/>	Save the Family Foundation of Arizona	www.savethefamily.org						<input checked="" type="checkbox"/>					Homeless families intervention program
<input type="checkbox"/>	The Salvation Army, A California Corps	www.chandler.salvationarmy.org						<input checked="" type="checkbox"/>					Rent Assistance
<input type="checkbox"/>	United Food Bank	www.unitedfoodbank.org		<input checked="" type="checkbox"/>									Emergency & supplemental food distribution
<input checked="" type="checkbox"/>	Women's Health Innovations of Arizona	www.whiazona.org/								<input checked="" type="checkbox"/>			Women's Health Innovations of Arizona is a team of experts dedicated to providing high-quality maternal mental healthcare while educating the community about the prevalence of PMADs and providing information about options currently available to mothers in need.
The following entities were mentioned by survey respondents as providing general support.													
	Desert Gateway Baptist												
	Evident Life Church												
	YMCA												

INVENTORY E-2: Provider Service Descriptions

2-1-1 AZ

"2-1-1 Arizona Information and Referral Service transforms lives by linking individuals and families to essential community resources and services throughout our state, including shelter and housing, food and nutrition, utilities assistance, and more. These vital connections can improve – and save – lives. The program operates 24/7/365 with live operator service available at all times in English and Spanish and assistance is also accessible in other languages via real-time interpreter services," said Justin Chase, President and CEO of Solari Crisis & Human Services, which operates 2-1-1 Arizona.

Ability360

"Ability360 encompasses a variety of programs that serve individuals who have any type of disability (physical, cognitive or sensory). We primarily serve both Maricopa & Pinal Counties, with our Home Care Services extending out further. Just recently, we started our Home Modification program for low-to-moderate income Gilbert residents with disabilities or who are seniors. Our agency has many programs serving individuals who have any type of disability (physical, cognitive, or sensory). We primarily serve both Maricopa & Pinal Counties, with our Home Care Services extending out further. Just recently, we started our Home Modification program for low-to-moderate income Gilbert residents with disabilities or who are seniors. Anybody that has a limited amount of income, has a permanent disability, or a senior, homeowners, and renters they're eligible for the program. Give us a call. It is paid at 100 percent, or some cities require a 10 percent match. We also have a peer mentoring program and an independent skills training program."



A New Leaf

A New Leaf merged with AWEE, La Mesita, and as of July 2021, CAAFA (Community Alliance Against Family Abuse/Domestic and Sexual Violence Shelter)

Area Agency on Aging

"They are amazing. They do everything from resources in many different areas. They help people who are going to be evicted because of hoarding, a very delicate subject, a very trying disease. Area Agency had this program that they put her in and worked with her for two years so that she wouldn't end up evicted and helped her get her life back together so she could work on it herself. It's called Too Many Treasures where too much stuff creates a hazard. If there's an emergency, the windows are blocked."

Catholic Charities – Navigation through Arizona Victim Compensation

"Whenever their abuser, physically, whatever they did to them that caused distress or damage, then there is a way for them to be financially compensated, whether it's through medical bills, loss of wages through work, there is ways for them to get money back through the state of Arizona. And so, we educate them on that when they come into shelter and not everybody qualifies. And it is with the government, it's a process, it's not overnight, but that is something that we do ask them about. Our victim advocates can help with that process with collecting medical documents and then packaging it all and submit it to the State of Arizona. Guiding them in the right direction to get reimbursed, or if they had a missed time of work or if there's damage done to just different things."

Central Christian Church

Central Christian on Lindsay Avenue offers showers.

Child Crisis Arizona

"Child Crisis Arizona provides services to minor children in the child welfare system, referred through the Arizona Department of Child Safety, Gila River Indian Community Tribal Social Services, and Salt-River Pima Maricopa Indian Community under contracts for service. Child Crisis Arizona provides residential services for homeless children and youth through the Emergency Children's Shelter, Elmwood Group Home, and Independent Living for Foster Youth Programs as well as care through licensed, affiliated and monitored foster homes, including homes within the Gilbert community.

**As of July 1, 2021, we have added a program for homeless youth, ages 16- through 22-years of age. As the year progresses, we will have similar data for this population as well.

Child Crisis Arizona services related to the issue of homelessness is, at least in my opinion, unique. When one thinks of homelessness, pictures of individuals being homeless or families living in their cars come to mind. In the case of our services, children are classified as homeless because of their inclusion in the child welfare system and through no fault of their own, but because they are the victims of the crimes of abuse or neglect or have been abandoned by their families. Children/youth cannot seek services on their own but are dependent upon others to recognize their situation and aid."

Community Legal Services

"Maricopa county has just provided substantial funding for community legal services to expand the eviction prevention legal assistance that is available to Gilbert residents."

"AZ211 has an app where people can kind of go through with their question and it will lead to either information about their legal rights around eviction or referring on to legal services if needed. So, that's one way to get connected. Otherwise, there's a website called easyevictionhelp.org. And that, again, provide information about evictions and connects people to legal assistance. Otherwise, people can just call community legal services, too, directly to get help."



GoGoGrandparent

Senior friendly transportation service where grandparents call in to get an Uber ride or a Lyft ride

Homeward Bound

"We have been in the transitional housing space for 30 years now and are going to use that knowledge to expand into interim shelter model as well. Both options will exist on our campus, and we will now operate enrollment through Coordinated Entry with Fair Housing Hub— still serving families only.

This is in response to the changing landscape and "face" of homelessness. We see that generational poverty is common among our families and the need to pull a family out of crisis mode as soon as possible was a priority. This will also shorten a family's stay on our campus from 12 months+ to program completion under 6 months. With this, there are no leases, and the length of stay can vary from family-to-family vs a 1-year lease that comes with transitional model. We will not require tenants to pay rent in our interim shelters either (interim shelter is often also referred to as emergency shelter)

We hope our interim units provide relief to the astronomical waitlists for permanent housing among families. We will also launch a homeless prevention initiative. This will include rent relief, utilities assistance, landlord navigation, moving expenses, transportation, flexible funding, etc. to assist families who need one-time support."

Hope for Addiction

Hope for Addiction's sober living home, followed by a two-year transitional living with life skills support and longer term (i.e., two years) stabilization and community integration that includes linking with a faith community. But a resource for parents or families that have somebody struggling with addiction, we have our weekly two locations in Gilbert that meet, one's Saturday afternoon at Christ Church at 4:00 p.m. and we have Center Church Thursdays at 7:00. To help themselves or their kids, ask questions about addiction and get help."

House of Refuge

House of Refuge "is a faith-based, nonprofit that provides transitional housing and wrap around services (case management, children's activities, education and employment assistance, and items such as food, clothing, household goods, etc.) to families experiencing homelessness. Our families can stay with us for up to one year."

McKinney-Vento Program (at Gilbert Public Schools) for homeless students. "We support students in temporary or transitional housing in a variety of ways including on-campus support through our school social workers and mental health counselors, food assistance, help with hygiene or school supplies, and help with transportation."

Matthew's Crossing Food Bank

"We currently have several programs. Schools we work with identify students and families that are homeless. We provide food to these schools and they in turn get the food to these students and families.

We provide emergency food boxes to clients who come into our food bank, and we ask them for basic information and identification is also taken and entered into a database.

For our school programs, we have weekend backpack meal bags that go to the Gilbert district offices and to the Higley district office. They in turn distribute these to the schools.

In addition to this program, we have a Food Closet program at east valley high schools and colleges. We have one at both campuses of the CGCC community college. This is like a mini foodbank at the



school that we stock. In the past we have had food closets at Mesquite H.S. and one other H.S., however at this time we do not. Hopefully will be able to start that again soon. Finally, we have a summer school Snack Pack program that provides snacks to students in need. This also gets delivered to the district office and then dispersed from there.”

One Small Step

“We provide clothing, shoes, hygiene and linens to anyone in need and weekly showers, lockers, mailboxes and laundry to anyone who is unsheltered. all free of charge. We provide uniform items that are required for somebody to start a job if they got a job. So, for example, scrubs, heavy pants, steel-toed work boots, non-slip work shoes, tool belts. We keep all of that on hand.”

Open Arms Care Center “We have clothing, food, and quick bags to give the homeless.”

Rental Assistance – Maricopa County Rental Assistance

“With the emergency rental assistance combined, it could be up to 18 months of rent they can get. Maricopa county, if you could just Google ‘Maricopa County rental assistance’ it comes up, rental assistance. So, you go on to their website, and then, rental assistance site, they would apply online. It’s definitely high demand. It’s not a wait list necessarily. I mean, there’s enough funds. There is a lot of funding, so it’s not a case that right now the risk of funding running out. It’s just that the process is quite slow because the demand is high. People should apply immediately. And if people need help with it, 2-1-1 Arizona is actually kind of outreaching to help people through the applications because there is a documentation requirement and that’s where people often get stuck. So, by calling 2-1-1 from your phone is a resource to support any emergency rental assistance application. They have been really good at walking people through the application.”

Salvation Army

“We have a cooling center. We take people out of the heat (one gentleman out of his car from Gilbert) into shelter. Our team is out with water, food, and heat relief kits. If there is a heat day we will be out. As of last week, our soft numbers for our location are over 3400 individuals served, 654 showers, 18,000 bottles water and 4600 hygiene items distributed. Most of this is out of our heat center.”

INVENTORY E-3: Provider Evaluation Methods

This information was collected during focus groups and interviews and provides additional details on resources that were highlighted by professionals.

***Ability 360** has our Independent Living Consumer Advisory Council. It’s a group of about eight consumers who have been with us for a while and are actually on an advisory council giving us feedback, and ideas on how we can better that program. That’s truly getting it from the consumer’s perspective. It promotes leadership development. They’re giving back to us and helping us to serve other people more effectively. There’s been so many wonderful things that have happened through the years with that, okay, that’s why we’re doing the work we’re doing right there. They also inform us about disability etiquette, how to interact with someone, and the words that we use. The words are so powerful. And so, we always ask for person-first language. I’m a person with a disability. I’m a person without sight. I’m a person with one arm. I’m a person first. As opposed to handicap being on my forehead. Disabled across my forehead. The handicap came from back in the day when people had a cap in hand on the street corner begging. That’s where the word came from. Invalid. It means you’re an invalid human being. So, it’s flipping the verbiage on its ear to be a person first. I think that changes a lot of attitudes and behavior.*

Catholic Charities: *We administer surveys to our clients on the first 30 days of their stay at the shelter. And then every two weeks to assess how we’re doing as far as providing them with referrals*



to resources, as far as their safety goes, that they're familiar with the Arizona Victim Compensation, we're constantly assessing to see how we're doing. And then we also, within our Pathways Program, we do the exact same survey. I know for sure those survey results go to the Department of Economic Security.

Catholic Charities – Navigation through Arizona Victim Compensation: “Whenever their abuser, physically, whatever they did to them that caused distress or damage, then there is a way for them to be financially compensated, whether it's through medical bills, loss of wages through work, there are ways for them to get money back through the state of Arizona. And so, we educate them on that when they come into shelter. Our victim advocates can help with that process with collecting medical documents and then packaging it all and submit it to the State of Arizona.”

What **La Mesa Ministry** does, is we reach out and love on the men and women, the working poor that come to our facility, as if they are family to where they start to feel loved and they start to feel not so beat up and start to find some hope and start to trust us that we can help them and direct them. So, I think with the community, our goal is to try and inspire the community into a lifestyle of service for the homeless so that we don't just throw things at them. We love and we care for them and we're genuine in what we do. We don't just give somebody a phone number or an address and tell them to go. We take them there or we go with them. And we make them feel until they feel confident because many of them are especially the chronically homeless. They are so beat up. They don't even know which end is up. So, we find that housing isn't going to solve homelessness, but community will.

The **Aris Foundation** is a nonprofit, and they started off supporting homeless teenagers. And what the founder, she was helping them find dental. She was helping them find doctor's appointments. A big one on their mind is vets for their pets. And then she was asking the churches in the area to have shower trailers come. And then it blossomed into bringing in clothing and having them be able to go and wash their clothes because they still liked their clothes, but they needed to be cleaned. So, from that, every Tuesday, the Aris Foundation goes to a park up by ASU and they feed a group of, and it can be anywhere from a hundred to 200 depending on the weather, but they feed them. They clothe them. They bring in churches from all over the valley.

The Aris Foundation is here in Gilbert, and she's doing it all by herself. But in the last few years, she's had individuals that have been homeless and then felt the love and the genuine concern of her and her team. And they got themselves cleaned up. They got themselves the help that they needed. And now they're coming full circle, coming back and helping with the Aris foundation, which is phenomenal because they were in the trenches. They know what these kiddos and these individuals are going through. And let me tell you, even during COVID, her and her team, I was lucky to be down there a few Tuesdays, but we put our arms around them. They need that physical touch. They need that care. They need to know that just like that, that gentlemen said earlier, they need to know that they are people, that they are loved and that we genuinely care for them.

They list those needs on **JustServe** and on their website. And then they get dinners sponsored for these individuals. Then the individuals can say, “I've got a toothache. I've got this, I've got that.” And for those that want to get off the streets, they have what is an amazing kind of road bag for them. So, they've got counseling, etc., and she has had much success.

At **Dress for Success**, we have a mobile unit, and we find that being able to sometimes meet them where they are set up and do it, just meeting them where they are, wherever they're in, a strip mall, taking the mobile unit there, whatever we can provide. We don't provide all the services, but we can give them what we have and provide what we can.

At Dress for Success, another thing we did when we did close our doors, because we provide clothing, we started what we call style box suiting. Well, what we did was they called in, they have a form they fill out and we put the clothes, box them up and ship them to them since they weren't able to come to



us. Then we were able just to ship out the style box suiting. And we found that kept our doors open as well, as well as helping a lot of people. I mean, with some months, well, we shipped 150 boxes out.

If you want to find a place where it's working, go to the website **Community First! Village** in Austin, Texas established by Mobile Loaves & Fishes. The HUD secretary has been there two or three times trying to figure out how it was working. Well, the biggest reason it's working is there's no government funds involved and they're not in the middle of it. It's all private donations and the chronically homeless are being loved on and being housed and paying for that housing and being employed in Austin, Texas; it's absolutely remarkable. They've got thousands and thousands of volunteers that make that all happen in the community.

Veterans - Coordinated entry process that has specific entry points for specific populations. Like for example, veterans be assessed through the veteran resource center down at the VA, for example. So, there's kind of systems in place already for any individual around the valley who is trying to access services. So, yeah, that kind of process already exists, I guess.

At **Homeward Bound** we have apartment units rather than ... Even for our emergency shelter clients, it's an apartment-style. So having kind of those amenities that everyone has their own beds, not necessarily just cots lined up, these sorts of situations across the board.

Tempe has a great crisis line through **Crisis Preparation and Recovery** that is all inclusive.

At **Chrysalis** we have been making the most of community education in churches and philanthropic grouping like Kiwanis.

We encourage an inclusive, trauma informed approach and share resource information with community organizations.

At **Gilbert Public Schools** we have awesome social workers at all of our campuses. So, whenever a student is referred to me, they've most likely already talked to the school social worker, which is awesome. And they're right there while a student is in crisis and is able to help them. So, there is a resource called AZCEND...I try to meet with different departments regularly. I'll meet at the high school counseling departments or with the social workers and I provide them updates over the program, but I'm always asking them for stuff that they specifically need for students or really any feedback that they have. So, a lot of them have been able to tell me like, "We're really in need of this." And they're really good at advocating for the students, honestly. So, that's a good way that I get feedback.

Hope for Addiction's sober living home, followed by two-year transitional living with life skills support and longer term [i.e., two years] stabilization and community integration that includes linking with a faith community.

Mercy Housing/Page Commons - Most organizations that work with lower-income individuals, they don't have stopgaps where if their resident or the potential resident gets into trouble, they have an alert system that goes into effect. Now, I'm [REDACTED] the alert system. If a resident is having problems paying their rent, they would contact me as resident services. And then we'd discuss what the situation was, whether it was long-term, short-term, or whatever. And then we have options. The local cap office that provides funding for lots of different programs, one of it is rental assistance. That's our first line of defense. And the second is the Salvation Army; it has a department where they help residents on a short-term base, a one-time per year base to help pay their rent to keep them there as we're working out solutions to their problems. And the solutions would be ... In the short term, this really helps. If it's going to be long-term, then we go into action looking for possible solutions to help them in their individual quest for new housing. We have a network of apartments because of the size of Mercy Housing. We are what they call tax credit. So, we are not on the low end of the totem pole as far as the amount of rent they have to pay. Ours is anywhere from 30 to 60 percent less than



the rent that they would experience if they went out on their own into the regular rental market. But the HUD housing is about half as much as what our cost is for housing at Page Commons. So, since we have HUD housing available in the Phoenix area, most of our complexes are HUD housing. The rent is much less. So that's our first line of defense, but all these different steps buy the resident time to be able to find alternative housing. Mercy Housing has stretched to do because resident services is separate from our management team. So, we have a lot of different resources that management does not have. And this is the awesome part of Mercy Housing is that they provide this, and it is not a revenue producer. So, it comes out of Mercy Housing itself as far as the way they get paid. And so, it gives us a lot more latitude to contact and create associations with people in the know as far as what's available if it comes to the point where we're faced with long-term housing crisis for an individual. My residents, because we inform them when they move in to please keep us posted, and I do check-ins. I've got 108 residents here and I see them a couple of times a month. So, if they're getting into trouble, I'll find out about it either through themselves or someone else will mention it. See, I can't go directly and say, "Are you having problems," because we're independent living. But if someone tells me, "This person is really struggling," I'll call up and say, "I'm just making calls to all our residents, just to let them know if there's a perceived problem, as far as rental assistance or whatever, I'm here to help you work with that." So, I mean, it's being extremely proactive as far as making sure that the residents are stable, so. And this is a perfect, beautiful part of why I've been with Mercy Housing for eight years. This is the exception, not the rule, at other complexes. When a resident gets into trouble, they usually end up telling management by the time it's too late to do anything. And then they have no other option, but either to get evicted or to leave before they get evicted. By keeping resident retention, it not only helps the resident, but it helps our organization because every time we lose someone, we have to fill that. And that costs a lot of money because we have to rejuvenate the apartment. And I mean, there's so many levels of things we have to do if we lose a resident. So, they look at it, management looks at it more as a retention device because they can serve more people by saving the money of not having to go through an eviction and having to redo apartments.

*At **Dignity Health**, we have begun putting some structure in place with our organizations to better identify a homeless population, as well as individuals who are at risk and in need of additional social services. So, we do screening, for example. We specifically have within our process in the emergency room and in the hospital, so we can identify a homeless person. And before discharge make sure that they have the appropriate clothing for the weather. Make sure that they have additional food as they are discharged. Making sure that any medications that they needed, they had those medication. Offering them transportation to their location of choice, and also strongly encouraging them and offering them services that will help them move into safer shelter or moving out of homelessness. Through our Dignity Health investment program, we provide investment dollars, low-interest loans, and lines of credit to non-profit organizations that are doing important work for the vulnerable and underserved populations. It could be, in some cases, it's housing for the homeless and places for them to live. In other cases, it can be around creating projects or programs, so those investment loans are really important.*

We have grantees that are doing homeless to teen population, as well as homeless to the adult population. High-risk seniors, case management navigation, addressing mental health. So, they're addressing those identified health priorities that we have. And then of course, we have our own community outreach services. I have two licensed children's dental clinic, we're providing dental care to the uninsured, who provide immunizations for free. And those are free as well, free immunizations, free hearing and vision screenings, free chronic disease, self-management classes, and free support groups for postpartum depression and those moms and dads feeling needs of psychotherapy as well. So quite a variety of community benefit that we do annually that comes, you know, you know, over 50 million a year easily for the East Valley alone. For our children's dental clinic, we do it through, we work with the school district. So, it's in that paperwork that the kids take home for the parents to receive. The school districts have it on their websites. We have it through word of mouth for the



underserved population. A lot of it is through word of mouth and being a safe haven in the community, providing the services in locations where they feel safe is also important and that word of mouth gets out. We also have it on our Dignity Health website, and we have hard copy brochures.

General Thoughts:

Meet them where they are. Emphasize safety and acceptance.

Continue to find ways to connect authentically.

Even if you don't have the answers being present makes all the difference.

See them as a whole person and understand that their lack of trust is for good reason.



APPENDIX F: Data Collection Instruments

F-1: Questions Asked: Participant and Provider



Gilbert Participant Focus Group/Interview Questions

1. From your perspective, describe who is homeless.
2. What are the root causes of homelessness?
3. Describe those who are at-risk of being homeless.
4. What are the root causes for those who are at-risk of homelessness?
5. What services and support are most helpful and make the most difference for those who are: 1) without a permanent home and 2) those who are at-risk of being homeless? Describe *where* and *how* support can be provided. *Who* should be involved?
6. Are there community resources more people should be aware of? What about any unique resources?
7. What should services and support look like for different people and circumstances? Examples include:
 - a. Sheltered and unsheltered people
 - b. Women versus men
 - c. People who have been homeless a long time
 - d. Homeless families
 - e. Youth (alone or with families)
 - f. Those at-risk for homelessness
 - g. Others?
8. What stops people from accepting support?
9. What impact has Covid had on you?
10. Is there anything people need that they have been unable to get?
11. What can be done to prevent people from becoming homeless?
12. What should the general public know about the best way to help people?
13. If the Town of Gilbert was to provide support, what do you think this should look like?






Provider Focus Group Questions

1. For those who serve Gilbert residents, are there particular characteristics or circumstances that describe Gilbert's homeless individuals? (Probe: root causes, where people live, etc.)
2. Describe those who are at-risk of being homeless in Gilbert. What are the root causes you see for those at-risk?
3. How has Covid impacted the people you assist?
4. How has Covid impacted the delivery of services? Are there any gaps in service that existed pre-Covid? How has Covid impacted these gaps?
5. What is an ideal service model for people who are homeless? Where, how and who would be involved? What about for those who are at-risk?
6. Describe best practices about how service should be altered/modified/provided for different circumstances: Examples -
 - a. Sheltered versus unsheltered people
 - b. Women versus men (i.e., domestic violence concerns?)
 - c. Chronic (includes disabilities) versus incidental homeless individuals
 - d. Homeless families
 - e. Youth (unaccompanied 18-24 or within families)
 - f. Those at-risk for homelessness
 - g. Veterans
 - h. Mentally ill individuals
7. Who are the people most difficult to engage? What strategies have you found most successful for engaging particular people?
8. How do you know if a program works? What evaluation tools does your organization use? How have evaluations resulted in helpful program changes?
9. What are the most useful strategies to prevent homelessness?
10. What is the best way the community can help those who are homeless or at-risk for homelessness?
11. What partnering/collaboration would be useful?
12. If the Town of Gilbert was to provide support, what do you think this should look like?



F-2: Surveys: Participant (English and Spanish) and Provider

Town of Gilbert 2021 Participant Survey

1. Which of these describe you? **Please mark (✓) ALL that apply.**

Youth (under 18 years of age) Age: _____

Foster Child: If yes, how long _____

Senior (over 65 years of age)

Veteran: Years of military service _____

2. Employed Full-time Employed Part-time Unemployed

If employed, hourly wage _____

If employed, yearly income _____

3. How many people live in your home? _____

I live in a shelter I live in public housing

What is the longest time you have ever stayed in a shelter? I've never stayed in a shelter

under 2 weeks 3 months 4-11 months 1 year or more

What was the zip code (or city or state) of your last home/residence? _____

If you have ever been homeless, how many times have you cycled in & out of homelessness? ____

At what age did this begin? ____

Where have you stayed during those times of homelessness? _____

In the last three years, have you been homeless four or more times? Yes No

In the past year, how many times have you (write in # of times):

Had a health emergency ____ Witnessed a crime ____

Used a crisis service ____ Been arrested ____ Been a victim of a crime ____

4. Survivor of Domestic Violence

Victim of Dating Violence, Sexual Assault, Stalking

Victim of Sex Trafficking

Immigrant or Refugee: Country of Origin _____ Years in U.S. ____

Identify with a particular culturally diverse group Cultural background _____

Disability - Description of disability: _____

Mental health challenges. Description of mental health challenges: _____

Caregiver If a caregiver, description of care provided _____

Own a pet Own a service animal

Enrolled in school full-time Enrolled in school part-time



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- Receiving public assistance Formerly incarcerated Family member incarcerated
- History of substance abuse If yes, what substance(s) _____
- Age of first use _____ How substances were introduced _____
- Have you been positively diagnosed with COVID-19? Yes No
How has COVID impacted you? _____

5. If you are currently homeless please answer these questions, otherwise skip to question #6:
How long have you been experiencing homelessness? (either staying in a place not meant for sleeping or in an emergency shelter)

- Less than 2 weeks 2 weeks- 3 months
- 4-11 months 1-2 years More than 2 years

When was the last time you had a stable home? In the last 30 days

- 30+ days - 6 months 6+ months & after March 2020 (when the pandemic started)
- Up to 5 years ago Up to 10 years ago More than 10 years ago

Please mark any of these you have done in the past 12 months:

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

If offered shelter, would you take it Yes No
Why or why not? _____

6. What services have you needed but have been unable to get? _____

7. Please mark (✓) all of the following reasons you have NOT received services:

- I did not need any services I don't know about services available
- I lack necessary documentation I don't have transportation
- I did not qualify for a program
- I experienced a language barrier My physical disabilities make access difficult
- Covid (please describe) _____
- Other _____

8. If my family or I needed help, the place(s) I would feel most comfortable receiving help would be (resource center, school, faith community, etc.): _____

Please rate the current need for ADDITIONAL services with a ✓ in the boxes you know

ALSO, rate if COVID has affected these services using the following code:
Extremely affected (E), Moderately affected (M), No effect (No), or Not Sure (?).

	High priority need for more resources	Priority need for more resources	Adequate amount of resources	Not sure	COVID Impact (E/M/No/?)
Services for Gilbert Individuals & Families					
Assistance to chronically homeless individuals					
Assistance to individuals at-risk for homelessness					
Assistance for unaccompanied youth (ages 18-24)					
Assistance for homeless veterans					
Assistance for domestic violence survivors					
Assistance for individuals with HIV/AIDS					
	High priority	Priority need for	Adequate amount of	Not sure	COVID Impact

2021



3

	need for more resources	more resources	resources		(E/M/No/?)
Assistance for individuals with mental illness					
Assistance for individuals with substance abuse (alcohol/drug)					
Assistance for individuals with disabilities					
Focused Services					
Advocacy					
Legal Assistance					
Mortgage Assistance					
Rental Assistance					
Utilities Assistance					
Homeless Street Outreach					
Law Enforcement					
Mobile Clinics					
Supportive Services					
Education					
Employment (un-and under-employed)					
Healthcare					
Affordable, safe housing for individuals and families					
Life Skills					
Mental Health Counseling					
Transportation					
Families of veterans					
Veteran services					

9. Please continue to rate the current need for *additional* SUPPORTIVE services with a ✓ in the boxes you know

Serving Gilbert Individuals/Families	High priority need for more resources	Priority need for more resources	Adequate amount of resources	Not sure	COVID Impact (E/M/No/?)
Assistance to Individuals with physical disabilities (blind, deaf, physiological)					
Serious mental illness					
Developmental disabilities					
Post-traumatic stress disorder resources					
Brain injury resources					
Other mental/emotional disabilities					
Youth social services					
Affordable childcare					
Clothing assistance					
Re-entry services for previously incarcerated					
Assistance to immigrant/refugee groups					
Food banks					
Affordable elder care (long-term, day/respice)					
Affordable, safe housing for seniors/elderly					
Senior transportation assistance					
Senior assistance with delivery of meals					
Chronic physical illness resources					
Assistance to Survivors of Sexual Violence					
Assistance to Survivors of Crimes, incl. hate crimes					
Assistance to Families in Crisis— Child abuse/CPS investigation/removal of child					
Foster care					
Emergency housing					

2021



4

Assistance for Elder abuse					
Medical services (general)					
COVID-19					
Diabetes					
Lung diseases, including bronchitis, TB, pneumonia					
Wounds and skin infections					
Other:					

10. Choose the top 5 reasons that stop people from staying in a shelter:

- Curfew/Rules
- Previous negative experience
- Personal belongings
- Space for children
- Other _____
- Shelters full/no beds
- Criminal background
- Pets
- Mental Health
- Don't know options/resources
- Addiction
- Safety
- Partner/Spouse
- Preference to live unsheltered

Please explain: _____

11. For these TEMPORARY housing resources, which services need strengthening?

- Emergency shelter/IHELP
- Rapid Rehousing/~6 months from quick exit of homelessness to housing)
- Hotel/Motel
- Transitional/Temporary/Bridge Housing
- Domestic violence housing

Please explain: _____

12. For these LONGER-TERM housing resources, which services need strengthening?

- Permanent supportive housing for families
- Permanent supportive housing for individuals
- Housing repair
- Section 8 (allows for rent of private residences)
- Affordable rental housing/Housing Choice Voucher (tenants pay 30% of their income)

Please explain: _____

13. For these services to ADDRESS homelessness, which services need strengthening?

- Case management
- Heat relief
- Place to receive mail
- Navigation of resources
- Food, clothing, and other basic needs
- Transportation assistance
- Street Outreach

Please explain: _____

14. For these services to PREVENT homelessness, which services need strengthening?

- Rent and utility assistance
- Health services
- Employment assistance
- Community connection
- Mental Health services
- Substance Abuse services

Please explain: _____

15. What are Gilbert's greatest strengths of services offered for homeless individuals or families?

16. What about greatest strength of services for those *at-risk* of homelessness?

2021



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17. What are Gilbert's largest gaps in services provided for homeless individuals or families?

18. What about the largest gap of services for those *at-risk* of homelessness?

19. How would you rate the following in Gilbert? If known, Circle one number to rate each:

Feeling of Safety/Level of Crime and Delinquency

1	2	3	4	5
Unsafe		Average		Very Safe

Availability of Bilingual Services (Answer this question if known)

1	2	3	4	5
Poor		Average		Exceptional

Impact Covid Has Had in Your Life

1	2	3	4	5
Extensive Impact Impact		Moderate Impact		No

Please fill-in-the-blank and answer (✓) the following questions:

20. Gender: Man Woman Self-Describe: _____

21. Age: 15 to 19 years 20 to 30 years 31 to 48 years
 49 to 65 years 66 to 80 years 81 and above

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

Languages spoken: _____

23. Marital Status: Single (never married) Married Separated
 Unmarried living in partnership Widowed Divorced

24. Do you identify with the LGBTQ+ community? Yes No

25. Children/Dependents: Number of children living with you (under 18 years of age) _____
 Single Parent Age(s) of children: _____
Number of other dependents _____ Relationship _____

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

27. Do you belong to a faith community? Yes No

28. How long have you ever lived or worked in Gilbert? _____ Months _____ Years

29. Where do (did) you live in Gilbert geographically? _____

30. Where were you this time last year Gilbert Another Arizona city Another state

Thank you! If another language or additional accessibility

2021



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is needed to complete this, contact: inspireconsultantgroup@gmail.com

2021



Encuesta de participantes para la Ciudad de Gilbert 2021

1. ¿Qué perfiles le describen mejor? **Marque (✓) TODAS LAS CASILLAS que se apliquen a usted.**
 - Joven (menos de 18 años) Edad: _____
 - Niño/a de acogida ("foster child"): Si lo ha sido, ¿por cuánto tiempo? _____
 - Tercera edad (más de 65 años)
 - Veterano: Cuántos años de servicio militar _____
2. Empleado a tiempo completo A tiempo parcial Sin empleo
 - Si está empleado, ¿cuánto gana por hora? _____
 - Si está empleado, ¿cuánto gana al año? _____
3. ¿Cuántas persona viven en su hogar? _____
 - Vivo en un albergue Vivo en una casa/apartamento del estado

¿Cuál es el período más largo que ha vivido en un albergue? Nunca
 Menos de 2 semanas 3 meses de 4 a 11 meses 1 año o más

¿Cuál es el código postal (o ciudad o estado) de su último hogar o residencia? _____

Si alguna vez ha estado sin alojamiento, ¿cuántas veces le ocurrió? ____ ¿A qué edad empezó?
¿Dónde se quedaba cuando estaba sin alojamiento? _____

En los últimos tres años, ¿ha estado sin alojamiento en cuatro o más ocasiones? Sí No

Durante el pasado año, ¿cuántas veces le han ocurrido los siguientes eventos (ponga el número)?
 Tuve una urgencia médica ____ Fui testigo de un crimen ____
 Fui víctima de un crimen ____ Usé un servicio de crisis ____ Fui arrestado ____
4. Víctima de violencia doméstica
 - Víctima de violencia en sus relaciones románticas o de amistad, asalto sexual, acoso
 - Víctima de tráfico sexual
 - Inmigrante o Refugiado: País de origen _____ Años en EEUU _____
 - Me identifico con un grupo cultural Cuál es su grupo cultural _____
 - Discapacidad – Descripción de la discapacidad _____
 - Retos respecto a la salud mental. Descripción de esos retos: _____
 - Cuidador Si es cuidador, describa qué tipo de cuidado provee _____
 - Tengo una mascota ("pet") Tengo una mascota de ayuda
 - Soy estudiante matriculado a tiempo completo Estudiante matriculado a tiempo parcial
 - Recibo asistencia pública Estuve en la cárcel Alguien de la familia estuvo en la cárcel



- Tengo un historial de abuso de drogas/alcohol Qué droga/substancia _____
- A qué edad empezó el uso de esas sustancias Cómo empezó el uso _____
- ¿Ha sido diagnosticado positivamente con COVID-19? Sí No
¿Cómo le ha afectad el COVID? _____

5. Si en este momento está sin casa responda a las siguientes preguntas. De lo contrario vaya al nº 6

¿Cuánto tiempo ha estado sin casa? (estando en un lugar no apropiado para dormir o en un albergue)

- Menos de 2 semanas 2 semanas – 3 meses 4 – 11 meses
 1-2 años Más de 2 años

¿Cuándo fue la última vez que tuvo una residencia fija? En los últimos 30 días

- Más de 30 días a 6 meses
 Más de 6 meses y *después* de de marzo 2020 (cuando empezó la pandemia)
 Desde hace 5 años Desde hace 10 años Hace más de 10 años

Marque todas las circunstancias que describan su situación en los últimos 12 meses:

- Vivo en la calle Duermo en un coche Vivo en casas de otros A veces en un motel
- ¿Si le ofrecieran albergue, lo aceptaría? Sí No
Por qué sí _____ Por qué no _____

6. ¿Qué servicios ha necesitado pero no pudo obtener? _____

7. Marque (✓) todas las razones por las que NO recibió servicios:

- No los necesité No sabía que había servicios disponibles
- Me faltó la documentación requerida No tenía transporte
- No cumplía los requisitos para acceder a los servicios
- El idioma me lo impidió Discapacidad o limitaciones físicas me lo impidieron
- COVID (por favor explique) _____
- Otras razones _____

8. Si mi familia o yo necesitamos ayuda, preferimos recibirla de (la escuela, el centro de recursos, la comunidad religiosa, etc.) _____

Las siguientes instrucciones son para las siguientes paginas:

Evalúe la necesidad actual de servicios ADICIONALES marcando (✓) la casilla correspondiente.

TAMBIÉN evalúe si COVID ha afectado estos servicios usando estos códigos:

Extremadamente afectados (E); Medianamente afectados (M); No afectados (No); No sé (?)

Continúe en la página siguiente



	Alta necesidad de más recursos	Necesidad de más recursos	Suficientes recursos	Not sé	Impacto de COVID (E;M;No;?)
Servicios para individuos y familias de Gilbert					
Ayuda a personas crónicamente sin casa					
Ayuda a personas en riesgo de estar sin casa					
Ayuda a jóvenes solos (18-24 años)					
Ayuda a veteranos sin alojamiento					
Ayuda a víctimas violencia doméstica					
Ayuda a personas con VIH/SIDA					
Ayuda a individuos con enfermedades mentales					
Ayuda a individuos con problemas de alcohol o drogas					
Ayuda a individuos con discapacidades					
Servicios especiales concretos					
Defensa/Apoyo					
Ayuda legal (con la ley)					
Ayuda con la hipoteca					
Ayuda con el alquiler (renta)					
Ayuda gastos de casa (agua, electricidad --"utilities")					
Servicios en la calle para personas sin casa					
Cumplimiento de la Ley (servicios policiales)					
Clínicas móviles					
Servicios de apoyo					
Educación					
Empleo (para desempleados o semi-empleados)					
Cuidado de la salud					
Vivienda barata y segura para individuos y familias					
Habilidades prácticas de la vida					
Consejería en salud mental					
Transporte					
Servicios a veteranos					
Familias de veteranos					

9. Continúe la evaluación de la necesidad actual de servicios de APOYO adicionales. Marque con ✓ las casillas sobre las que usted tiene conocimiento

Servicios para individuos y familias en Gilbert	Alta necesidad de más recursos	Necesidad de más recursos	Suficientes recursos	No sé	Impacto de COVID (E;M;No;?)
Ayuda a Individuos con discapacidades físicas (ceguera, sordera, fisiológicas)					
Enfermedades mentales serias					
Discapacidades de Desarrollo					
Recursos para estrés post-traumático					
Recursos para trauma cerebral					
Otras discapacidades mentales o emocionales					
Servicios sociales para los jóvenes					
Cuidado asequible para menores					
Ayuda de ropa					
Servicios de reintegración para excarcelados					
Ayuda a grupos de inmigrantes/refugiados					
Bancos de comida					
Cuidado asequible para mayores (largo plazo/ diurno)					
Vivienda barata y segura para mayores/ancianos					
Ayuda de transporte par mayores					
Comidas preparadas llevadas a casa					
Recursos para enfermedades físicas crónicas					
Ayuda a víctimas de violencia sexual					
Ayuda a víctimas de crímenes, incluidos los de odio					



Servicios para individuos y familias en Gilbert	Alta necesidad de más recursos	Necesidad de más recursos	Suficientes recursos	No sé	Impacto de COVID (E;M;No;?)
Cuidado de acogida ("foster care")					
Necesidad urgente e inesperada de vivienda					
Socorro en el maltrato de ancianos					
Servicios médicos (en general)					
COVID-19					
Diabetes					
Enfermedades de pulmón, bronquitis, TB, neumonía					
Heridas e infecciones de la piel					
Otros:					

10. Escoja las 5 razones más importantes por las que la gente no se queda en un albergue:

- Toque de queda/ Reglas
- Albergues llenos/sin camas
- Desconoce opciones/recursos
- Experiencia negativa anterior
- Historial de criminalidad
- Adicción
- Pertenencias personales
- Mascotas ("pets")
- Seguridad
- Esposo-a/ Pareja
- Espacio para niños
- Salud mental
- Prefiere vivir fuera del albergue
- Otras razones _____

Por favor explique: _____

11. De estos recursos de albergue TEMPORAL, ¿cuáles necesitan mejorar?

- Albergue emergencia/IHELP
- Vivienda de transición/Temporal/Vivienda puente
- Reubicación rápida/ ~ 6 meses – salida rápida desde estar sin casa a estar con casa
- Hotel/Motel
- Albergue para casos de violencia doméstica

Por favor explique: _____

12. De estos recursos de LARGO PLAZO, ¿qué servicios necesitan mejorar?

- Viviendas permanentes con apoyo para familias
- Viviendas permanentes con apoyo para individuos
- Reparación de viviendas
- Sección 8 (permite el alquiler de residencias privadas)
- Alquiler asequible de vivienda/ Vales para escoger y alquilar vivienda (pago del 30% de ingresos)

Por favor explique: _____

13. De estos servicios que bregan con la falta de albergue, ¿cuáles necesitan mejorar?

- Gestión de casos ("case-managment")
- Gestionar recursos
- Ayuda en la calle
- Refugio del calor ambiental
- Comida, ropa y otras necesidades básicas
- Lugar para recibir el correo
- Ayuda para transporte

Por favor explique: _____

14. De estos servicios de PREVENCIÓN ¿cuáles necesitan mejorar?

- Ayuda renta de casa/ gastos de agua/ electricidad
- Ayuda empleo
- Servicios salud mental
- Servicios de salud
- Conexión con la comunidad
- Tratamiento alcohol/droga

Por favor explique: _____

15. ¿Cuál es la mayor aportación de la Ciudad de Gilbert a personas y familias sin casa?

16. ¿Cuál es la mayor aportación de la Ciudad de Gilbert a aquéllos en tal riesgo?



17. ¿Qué servicios esenciales faltan en Gilbert para individuos y familias sin casa?

18. ¿Qué servicios esenciales faltan en Gilbert para los que están en ese riesgo?

19. Evalúe los siguientes aspectos de Gilbert. Circule el número apropiado en cada escala.

Sensación de seguridad y nivel de criminalidad y delincuencia

1	2	3	4	5
Poca seguridad		Seguridad media		Seguridad muy alta

Disponibilidad de servicios bilingües (conteste solamente si sabe)

1	2	3	4	5
Poca		Mediana		Excelente

Impacto del COVID en su vida

1	2	3	4	5
Muy alto		Mediano		Ningún impacto

Por favor marque con (✓) sus respuestas a las siguientes preguntas:

20. Género: Varón Mujer Describese _____

21. Edad: 15 a 19 años 20 a 30 años 31 a 48 años
 49 a 65 años 66 a 80 años 81 años y más

22. Étnia: Indio Americano/ de Alaska (Tribu _____)
 Asiático o de las Islas del Pacífico Africano-americano
 Hispano/ Latino Blanco Otra

Lenguas Habladas: _____

23. Estado Civil: Soltero (nunca casado) Casado Separado
 Viviendo en pareja sin casarse Viudo Divorciado

24. Me identifico con la comunidad LGBTQ+ Sí No

25. Hijos/Dependientes: Número de menores de 18 años que viven con usted: _____
 Padre/Madre solo(a) Edad de los menores _____
 Número de otros dependientes _____ Relación _____

26. Educación: Marque (✓) el nivel más alto conseguido
 Escuela elemental Escuela ecudaria/GED Educación técnica
 Título de asociado Título "bachelor" Título graduado

27. ¿Pertenece a alguna iglesia o comunidad religiosa? Sí No

28. ¿Cuánto hace que vive o trabaja en Gilbert? _____ Meses _____ Años

29. ¿Dónde vive en Gilbert, geográficamente? _____

30. ¿Dónde estaba usted hace un año? Gilbert En otra ciudad de Arizona En otro estado

Muchas Gracias. Si necesita otra lengua u otro tipo de ayuda para completar esta encuesta, por favor póngase en contacto con: inspireconsultantgroup@gmail.com



Gilbert's 2021 Provider Survey on Homelessness & Those At-Risk for Homelessness

DEFINITIONS: Homeless is 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."

At-risk individuals or families -- including unaccompanied youth -- have varied circumstances, but in general include individuals who are lower income, have insufficient ongoing resources or support, have experienced crises creating economic hardship, and live in unstable housing without long-term, stable possibilities.

Chronically homeless (HUD definition) is a person that meets 1, 2, & 3:

1. A person lives in a place not meant for human habitation, Veteran Grant Per Diem Beds (formerly Safe Havens in Maricopa County), or Emergency Shelter AND
2. Has a disability such as a diagnosable substance use disorder, serious mental illness, developmental disability, posttraumatic stress disorder, or cognitive impairments from brain injury or chronic physical illness. AND
3. Has been homeless continuously for one year OR four or more times homeless in the last three years where the combined length of time homeless is at least 12 months

When a head of household meets this definition, all household members are counted as chronically homeless.

1. **Indicate your Role:** Volunteer Employed
- Agency Type:** Basic Needs Child/Family Ed/Employment
- Health & Rehab Rent & Housing Shelter
- Transportation Violence/Abuse General/Other

Organization Name: _____

2. **Please rate the current need for ADDITIONAL resources in Gilbert for those who are homeless or at-risk of homelessness by placing a ✓ in the box that best describes your rating.**

ALSO, rate to what extent COVID has affected these services using the following code: Extremely affected (E), Moderately affected (M), No effect (No), or Not Sure (?).

	High priority need for more resources	Priority need for more resources	Adequate amount of resources	Not sure	COVID Impact (E/M/No/?)
Services for Gilbert Individuals & Families					
Assistance to chronically homeless individuals					
Assistance to individuals at-risk for homelessness					
Assistance for unaccompanied youth (ages 18-24)					
Assistance for homeless veterans					
Assistance for domestic violence survivors					
Assistance for individuals with HIV/AIDS					
Assistance for individuals with mental illness					
Assistance for individuals with substance abuse (alcohol/drug)					
Disability resources					
Focused Services					
Advocacy					
Legal Assistance					
Mortgage Assistance					
Rental Assistance					
Utilities Assistance					
Homeless Street Outreach					
Law Enforcement					
Mobile Clinics					



	High priority need for more resources	Priority need for more resources	Adequate amount of resources	Not sure	COVID Impact (E/M/No/?)
Supportive Services					
Alcohol & Drug Abuse					
Education					
Employment (un- and under- employed)					
Healthcare					
Affordable, safe housing (individuals & families)					
Life Skills					
Mental Health Counseling					
Transportation					
Veteran Services					
Families of veterans					

3. Please rate the current need for **additional SUPPORTIVE SERVICES** in Gilbert for those who are homeless or at-risk of homelessness. Please check (✓) the box that best describes your rating.

Serving Gilbert Individuals/Families	High priority need for more resources	Priority need for more resources	Adequate amount of resources	Not sure	COVID Impact (E/M/No/?)
Assistance to Individuals with Disabilities—					
Physical disabilities (blind, deaf, physiological)					
Serious mental illness assistance					
Developmental disabilities					
Post-traumatic stress disorder resources					
Brain injury resources					
Chronic physical illness resources					
Other mental/emotional disabilities					
Other physical disabilities					
Youth social services					
Affordable childcare					
Clothing assistance					
Re-entry services for previously incarcerated					
Assistance to immigrant/refugee groups					
Food banks					
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 Sexual Violence					
Assistance to Survivors of Crimes, incl. hate crimes					
Assistance to Families in Crisis—					
Child abuse/CPS investigation/removal of child					
Foster care					
Emergency housing					
Treatment for substance abuse					
Assistance for Elder abuse					
Medical services (general)					
COVID-19					
Diabetes					
Lung diseases, including bronchitis, TB, pneumonia					
Wounds and skin infections					
Other:					



4. Choose the top 5 most significant barriers to shelter entry:

- Curfew/Rules
- Shelters full/no beds
- Don't know options/resources
- Previous negative experience
- Criminal background
- Addiction
- Personal belongings
- Pets
- Safety
- Partner/Spouse
- Space for children
- Mental Health
- Preference to live unsheltered

5. Among these TEMPORARY housing resources, which services need strengthening?

- Emergency shelter/IHELP
- Transitional/Temporary/Bridge Housing
- Rapid Rehousing/~6 months from quick exit of homelessness to housing)
- Hotel/Motel
- Domestic violence housing

Please explain: _____

6. Among these LONGER-TERM housing resources, which services need strengthening?

- Permanent supportive housing for families
- Permanent supportive housing for individuals
- Housing repair
- Section 8 (allows for rent of private residences)
- Affordable rental housing/Housing Choice Voucher (tenants pay 30% of their income)

Please explain: _____

7. Among these services to ADDRESS homelessness, which services need strengthening?

- Case management
- Navigation of resources
- Street Outreach
- Heat relief
- Food, clothing, and other basic needs
- Place to receive mail
- Transportation assistance

Please explain: _____

8. Among these services to PREVENT homelessness, which services need strengthening?

- Rent and utility assistance
- Employment assistance
- Mental Health services
- Health services
- Community connection
- Substance Abuse services

Please explain: _____

9. What are Gilbert's greatest strengths of services offered for homeless individuals or families?

10. What about greatest strength of services for those at-risk of homelessness?

11. What are Gilbert's largest gaps in services provided for homeless individuals or families?

12. What about the largest gap of services for those at-risk of homelessness?



13. How would you rate the following 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

Availability of Bilingual Services (Answer this question if known)

1	2	3	4	5
Poor		Average		Exceptional

Impact Covid Has Had in Your Ability to Provide Services

1	2	3	4	5
Extreme Impact		Moderate Impact		No Impact

14. What human services does your organization provide to Gilbert residents who are homeless or at-risk of being homeless? Please mark (✓) ALL that apply.

- 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/Special needs/Accessibility services
- Utilities assistance
- Food programs
- Employment services

15. 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): _____

Type(s) of service: _____

Other _____ Organization: _____



Type(s) of service: _____

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

16. What is working well? _____

How could these services improve? _____

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

17. Are there community resources for people who are homeless or at-risk that more people should be aware of? _____

18. What key players do you consider to be most supportive of serving Gilbert's homeless individuals? (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.

What about for those *at-risk* of homelessness? _____

19. What effective homelessness prevention/intervention strategies are being used in Gilbert? _____

Thank you!

**If another language or additional accessibility is needed to complete this, please contact: inspireconsultantgroup@gmail.com*



F-3 Consent Forms: English and Spanish



**2021 Gilbert Study
Confidentiality and Consent to Participate**

Thank you for agreeing to participate and assist the Town of Gilbert, I&E Consulting, and EarlyWorks. Our goal is to provide understanding and information regarding individuals who are unsheltered and at-risk for homelessness in Gilbert.

****I&E Consulting and EarlyWorks representatives have been asked to conduct this assessment for the Town of Gilbert. Therefore, you may talk freely, knowing that anything you say will be maintained confidentially. Any information you provide will be worded in such a way to protect your anonymity.***

This Agreement is evidence that you agree to support this project by maintaining the confidentiality of personal information to which you may have access through your participation in a focus group, survey, forum, or interview. By participating, you agree to the following safeguards:

1. I will maintain the confidentiality of the information provided by other participants in sessions in which I participate.
2. I agree to the **anonymous** publication of information I provide through my participation in the project.
3. I agree to the anonymous sharing of information collected with Town of Gilbert personnel. I understand that no one’s name or contact information will be disclosed.
4. I understand that the information I give will be used for analysis only and there is little risk, if any, associated with participating. I understand that by providing the information requested below and voluntarily signing, I am agreeing to the conditions, procedures, and release described. I understand that I do not have to participate in this survey, interview or group and that I have the right to refuse to answer specific questions or to withdraw at any time.
5. I understand that I may revoke this consent at any time. I understand that my participation in data collection and reporting is voluntary, and I have the right to terminate my participation at any time without negative consequences.
6. I authorize I&E and EarlyWorks to disclose the results to Gilbert personnel in the final comprehensive report in such a way that protects my anonymity. The purpose of such disclosure is to assist personnel in identifying the root causes of homelessness, understand the impacts of COVID, and evaluate the current services and programs available for Gilbert residents.

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

Printed Name of Participant

Date

Signature of Participant

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



2021- Necesidades de Residentes de Gilbert que Carecen de Casa
Acuerdo de Confidencialidad y Permiso de Recopilación y
Diseminación de Datos Otorgada por los Participantes

Muchas gracias por participar y asistir a la Ciudad de Gilbert, a I&E Consulting, y a EarlyWorks. Nuestro objetivo es descubrir y dar a conocer las necesidades de residentes de Gilbert que carecen o están en riesgo de perder su casa.

***La Ciudad de Gilbert ha encargado a representantes de I&E Consulting y de EarlyWorks de llevar a cabo este estudio. Puede hablar libremente, pues cuanto diga se guardará confidencialmente. Su información se presentará de manera que garantice el anonimato de los encuestados.**

Este Acuerdo de Confidencialidad da evidencia de que usted apoya este proyecto y de que usted mismo guardará en confidencia toda información personal que usted obtenga por su participación en un grupo de discusión, foro de encuesta o entrevista. Su participación en este estudio requiere las siguientes condiciones:

1. Guardaré en confidencia toda la información dada por otros participantes en las sesiones en que yo participe.
2. Permiso la publicación **anónima** de la información que yo dé como participante en este proyecto.
3. Permiso compartir con la Ciudad de Gilbert la información. Entiendo que ni los nombres ni la información personal de los participantes serán compartidos.
4. Entiendo que la información que yo aporte será solamente para análisis y el riesgo para mí es mínimo o nulo. Entiendo que al dar la información y al firmar voluntariamente este contrato, acepto las condiciones, procedimientos, y permisos descritos. Entiendo que no tengo que participar en esta encuesta, entrevista, o grupo y que tengo derecho a no contestar preguntas específicas o a retirarme del grupo por cualquier razón.
5. Entiendo que mi participación en la recopilación de datos e información es voluntaria, que tengo derecho a revocar este permiso en cualquier momento, así como a rescindir mi participación sin consecuencias adversas.
6. Autorizo a I&E y a EarlyWorks a entregar los resultados de este estudio al personal de Gilbert en un informe final y completo, pero protegiendo mi anonimato. El propósito de este informe es ayudar al personal de la Ciudad de Gilbert a identificar las causas profundas de que haya una población sin casa, a entender el impacto de COVID, y a evaluar los servicios y programas existentes en la comunidad.

Con esta firma, acato este acuerdo de confidencialidad y me comprometo a participar.

(Nombre del Participante (en letras de Molde))

(Fecha)

(Firma del Participante)

Este permiso entra en efecto el día en que se firme y caduca 4 meses después de tal día. Puede ser revocado por escrito en cualquier momento.



F-4: Outreach Invitations

gilbert  **Study for Homeless & At-Risk Individuals**

YOUR INPUT IS NEEDED!

What resources are needed to help Gilbert's homeless individuals (unsheltered, sheltered, families and youth)?

What resources and prevention strategies are needed for Gilbert residents who are at-risk for homelessness?

What is the impact of COVID for providers and those in need/at-risk?

Gilbert leaders are partnering with I&E Consulting & EarlyWorks to assess root causes, the impact of COVID, evaluate current services, and to determine preventative strategies for Gilbert's homeless individuals and those at-risk for homelessness.

WAYS TO PARTICIPATE:

1 ZOOM PROVIDER FOCUS GROUP

Attend a 1 hour ZOOM for providers on Thursday, August 26th from 3-4pm. RSVP to: inspireconsultantgroup@gmail.com. ZOOM link:

Redacted

2 IN-PERSON MEETING or ZOOM GROUP FOR PARTICIPANTS

Invite Dr. Zorita to listen to homeless or at-risk participant needs during a time they normally gather with your organization. All participants will receive a \$15 Target, Walmart, or grocery gift card in appreciation for their time.

3 INDIVIDUAL INTERVIEW FOR PARTICIPANTS

Individual interviews (in person or via ZOOM) are available for any at-risk participant who has any barriers to join a group meeting

Thank you for participating



Consulting to Inspire and Enhance Your Mission



QUESTIONS?

inspireconsultantgroup@gmail.com | Ph: Redacted

*ADA accommodations available (i.e., 1:1 accessibility, closed captioning)
Meetings with other languages available*



Study for Homeless and At-Risk Individuals

YOUR INPUT IS NEEDED!

What resources are needed to help Gilbert's homeless individuals (unsheltered, sheltered, families and youth)?

What resources and prevention strategies are needed for Gilbert residents who are at-risk for homelessness?

What is the impact of COVID for providers and those in need/at-risk?

Gilbert leaders are partnering with I&E Consulting & EarlyWorks to assess root causes, the impact of COVID, evaluate current services, and to determine preventative strategies for Gilbert's homeless individuals and those at-risk for homelessness.

PARTICIPATE BY:

COMPLETING A SURVEY ONLINE OR PROVIDING FEEDBACK:

Provide input about needed resources via an online survey:

Redacted

Dr. Zorita also welcomes feedback via phone, ZOOM or in-person for any community group who assists these individuals. Contact Dr. Zorita at the information below:



QUESTIONS?

inspireconsultantgroup@gmail.com | Ph: Redacted



*ADA accommodations available (i.e., 1:1 accessibility, closed captioning)
Meetings with other languages available*



APPENDIX G: References and Research Reviewed

Gilbert Data

- Town of Gilbert Fire Department
- Gilbert's Efforts to Address Homelessness, Study Session Notes, June 15, 2021
- Survey about Law Enforcement's Role in Addressing Homelessness
- Arizona Housing Coalition June 2021 Letter to Town of Gilbert
- AZHC AMA SLFRF Spending Recommendations to Town of Gilbert
- Child Crisis Arizona
- House of Refuge

MAG Data

- Maricopa Association of Governments (MAG) PIT Report 2020
- MAG Regional Homeless Initiative Summary week Oct. 22, 2021
- Maricopa County Eviction Data: 2021 YTD (through September)
- Website: Homelessness Assets and Needs Data for Unified Planning (HANDUP) (password-protected data, reviewed by the Research Team)

Other Data Sources

- AZ-Consolidated State Performance Report McKinney-Vento SY 2018-19
- McKinney-Vento
- Unsheltered Perspectives
- Yardi Matrix National Multifamily Report, June 2021
- AZ211 / Solari
- Unsheltered Perspectives, Interviews with 100 People Experiencing Unsheltered Homelessness in Phoenix, Arizona by Ash Uss, Principal Researcher, Andre House of Hospitality
- Pathways Home: A Regional Homelessness Action Plan for Local and Tribal Governments