2019 Community Needs Assessment

Executive Summary

September 12, 2019

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Introduction

Objectives

Chandler convened a community-wide Community Needs Assessment (CNA) process to help identify ways to better serve the community now and in the future. The purpose of the City of Chandler Needs Assessment is to:

1. Determine the human service needs of Chandler residents, including those who are low- and moderate-income;

2. Identify barriers and gaps that prevent Chandler residents from accessing resources and services;

3. Provide validated data for current and future planning needs; and

4. Begin to garner community input for the 2020 5-Year Consolidated Plan required as part of Chandler's Community Development Block Grant (CDBG) entitlement.

The Executive Summary provides a framework for understanding who needs human services and what types of services they need. The body of the report further defines potential initiatives and actions to assist people living and working in Chandler. Additionally, the CNA will be used to provide a community-informed approach to prioritizing federal and local resources and the development of the City of Chandler 5-year Consolidated Plan. The Consolidated Plan is a comprehensive review of the City's housing and community development characteristics and needs, an inventory of resources available to meet those needs, a five-year strategy for the use of those resources, and a one-year Action Plan (updated annually) that presents specific activities in which to implement the strategy.

Methodology

The City of Chandler engaged Crescendo Consulting Group to help facilitate a collaborative process involving community stakeholders from housing, healthcare, mental health, faith-based, education, business, transportation, and neighborhood groups to grapple with and prioritize some of today's most pressing challenges.

The project plan included a detailed analysis of:

- Secondary data from multiple sources;

- Qualitative focus group discussions and one-on-one interviews;

- A quantitative community survey, and an analysis of digital trends related to community interests.

In total, hundreds of Chandler community members, stakeholders, and service providers participated in the process.

At a high level, the Assessment into Action methodology:

- Collects and analyzes quantitative secondary data from multiple sources that include, but are not limited to, the U.S. Census Bureau, the U.S. Department of Housing and Urban Development (HUD), the U.S. Centers for Disease Control and Prevention, ESRI analytical services, the Robert Wood Johnson Foundation, Community Commons, the Arizona Department of Health and Human Services, and the Arizona Department of Housing, and others;

Assessment into Action©

- Uses the secondary data to <u>inform and frame issues to be explored</u> through the collection and analysis of primary qualitative data;

- <u>Collects and analyzes primary qualitative data</u> using methods such as focus group discussions, one-on-one interviews, community forums, and a large sample community survey; and

- <u>Aggregates and analyzes quantitative and qualitative data</u> to provide insightful lists of high priority needs.

Special efforts were made to engage and include the voices of low- and moderate-income persons in the assessment. Multi-mode research methods were deployed to cast a broad net and include the perspectives of all community members. Additional details of the approach are contained in the full report.

Chandler Area Description and Map

The City of Chandler consists of approximately 65 square miles and shares boundaries with the Town of Gilbert, Cities of Mesa, Phoenix, and Tempe, and the Gila River Indian Community. Chandler has reached its physical geographic limits, with the exception of a few remaining county islands.

Much of the development in the City of Chandler occurred over the past twenty-five years. However, the central city and several neighborhoods north of the San Tan Freeway (202) are long-established and have higher concentrations of low- and moderate-income and minority households.

There are 11 Census Block Groups where at least 51% of the population is low- and moderate-income, and another 26 where at least 36.68% of the population is low- and moderate-income; these are Community Development Block Grant-eligible areas.

Changing Demographics in Chandler, Maricopa County, and Arizona

The City of Chandler's population has grown over 40% since the year 2000 and now includes over 253,448 ethnically diverse residents.

While the full report includes a comprehensive secondary data analysis, the basic demographics and comparisons of the data over time show that Chandler has a higher median income when compared with Maricopa County and Arizona overall.

However, demographic changes over time have not been consistent across all sectors.

Exhibit 1: Chandler Analysis Area

Source: City of Chandler

As indicated in Exhibit 2, more Chandler residents live in poverty today than in 2000, and while incomes have gone up, the cost of housing has greatly outpaced earnings. Approximately 20,000 Chandler residents live below the federal poverty level and the number and percentage of households spending more than 30% of their income on rental housing has increased by 5% since 2005.

Exhibit 2: Change Rates, 2000 - 2018

Measure	Arizona	Maricopa County	Chandler
Population (2000)	5,130,632	3,072,149	177,243
Population[1] (2018)	7,016,270	4,307,033	253,448
Change	36.7%	40.2%	42.9%
Percent Living in Poverty (2000)	9.9%	8.0%	4.6%
Percent Living in Poverty (2018)	15.5%	14.1%	8.2%
Change	56.6%	76.2%	78.3%
Median Income (2000)	$46,723	$51,827	$62,720
Median Income (2018)	$54,974	$59,691	$79,112
Change	17.7%	15.2%	26.1%
Median Home Value (2000)	$121,300	$129,200	$137,600
Median Home Value (2018)	$218,057	$237,947	$277,258
Change	79.8%	84.2%	101.5%
Source: American Community Survey, 2000-2018			

Qualitative Data Summary

During the CNA process, City staff and Crescendo continually sought out unique insight from individuals and organizations who could provide a broad spectrum of information regarding the needs of underserved populations and, in some instances, offer suggestions regarding collaboration or other approaches to addressing community needs and shared goals.

Over the course of several months, Crescendo conducted 21 one-on-one stakeholder Interviews, and convened 12 community focus group discussions with participation from well over 100 people across a wide variety of community segments including, but not limited to, youth, seniors, people with knowledge of housing issues, individuals experiencing crisis, neighborhood groups, agency partners, and special populations of area residents of all ages (e.g. veterans).

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[1] The Population measures are drawn from the American Community Survey's Single-Year Estimate and fit well with other point-in-time or estimated data for different time periods (e.g., the ACS 2013-2017 5-Year estimate (245,160); Chandler's in-house 2018 estimate (256,529); and Chandler's in-house 2019 estimate (259,936). ESRI percentages are used for other measures and match up well with ACS 2017 estimates.

The discussions in Chandler were designed: 1) to assess how different audiences describe what they believe to be the areas of greatest need for the community; and 2) to begin highlighting areas of consensus regarding the operations, development, and implementation of intervention programs.

The following bullets highlight areas of consensus, as well as areas of disagreement. In the full report, specific comments are used to illustrate key points and to reflect individual concerns.

Impressions and Observations

- **Chandler is a collaborative, generous, and rapidly changing community**, and the For Our City Chandler initiative has been an integral component in connecting people and organizations to address community needs.
- **Housing related issues and homelessness top the list of needs** overall and are especially high priorities for seniors and people experiencing crises.
- **In aggregate, mental health, suicide, and substance use disorders are mentioned frequently** as concerns, especially in relation to vulnerable populations. The stigma associated with these conditions is an emerging issue and is not bounded by socioeconomics.
- **While its impact varies depending upon the group, transportation issues effect many segments** of the community.
- **The desire for additional collaboration, connection, and communication is widespread.**
- **Understanding how to access community services varies greatly by groups** and is largely dependent upon timing, the type of need, and perceptions of safety.
- **Social Isolation is a common concern mentioned often in relation to both seniors and youth**. It is seen as a contributing cause of escalating health, behavioral health, and housing needs.

Community Survey

An online questionnaire style community survey was conducted to offer individuals in the community the opportunity to provide feedback directly. The survey supplements the other primary research activities. Invitations to participate were provided to the community through e-mails from area agencies and the City of Chandler, agencies' newsletters, social media channels, and a paper survey distributed in multiple locations.

The resulting participant sample **(n=624)** included a diverse representation of community residents. While randomized, the sample size yields a total margin of error +/- 3.92%, at the 95% confidence interval. Additional survey details are listed below. **Note, the date for final comments is May 31, 2019. Data will be updated once the survey is closed.**

Survey Instrument Development

The questionnaire included closed-ended, need-specific evaluation questions; one open-ended question; and demographic questions. Research suggests that individuals sharing many of the demographic characteristics of the target population may provide socially desirable responses, and thus compromise the validity of the items. Special care was exercised to minimize the amount of this non-sampling error by careful assessment design effects (e.g., question order, question wording, response alternatives).

Respondent Profiles

- Respondent incomes ranged towards lower income populations, with 28.6% from the lowest income range, earning less than $25,000 annually.

- Approximately 27% of respondents earned greater than $100,000 annually.

Household Income Range	Percent of Respondents
Less than $25,000	28.6%
$25,000 to $44,000	13.7%
$45,000 to $64,000	11.9%
$65,000 to $84,000	11.3%
$85,000 to $99,000	8.0%
$100,000 to $149,000	15.2%
$150,000 to $199,000	6.5%
$200,000 or more	4.8%

The racial composition of the survey ranged more towards respondents who are white non-Hispanic (60.1%), while respondents who are Black or African American (11.3%) was high compared with Chandler community members who are Black or African American (5.6%).

Participation of respondents who are Hispanic was substantial (17.0%) but below Chandler's average (23.5%), and participation of respondents who are Asian (2.7%) was also below the Chandler average (10.1%).

Exhibit 4: Community Survey Racial and Ethnic Characteristics

Race	Number of Respondents	Percent of Respondents
Black or African American	61	11.8%
American Indian	5	1.0%
Asian	14	2.7%
White (non-Hispanic)	312	60.1%
Hispanic or Latinx	88	17.0%
Mixed Race	22	4.2%
Other	17	3.3%

Top Areas of Need Ranked by Community Responses

As part of the survey, community members were presented areas of need and asked to rate which needed more or less focus on a scale of 1 to 3, where 1 represents no more focus and 3 represents much more focus. The results were then analyzed and evaluated in total and by demographic groupings.

The survey results reinforce and support qualitative data and secondary data analysis. For an overall examination of top areas of need, see Summary of Areas of Need and Suggested Supporting Action*s* on page 17. The ranking of needs was quite close, as demonstrated in Exhibit 5.

Exhibit 5: Top Areas of Need as Ranked by Community

Thinking broadly about what will make Chandler an even more successful, thriving community, please rank the following community needs in order of importance.			
Need	**Overall Rank** (by mean score)	**Percent Indicating a "Top 3" Need**	**Mean Score**
Housing for All Incomes (For example: affordable rental housing for all incomes, rental subsidy support, help with utility bills for lower income renters)	1	62%	3.12
Behavioral Health (For example: mental health first aid programs, improved access for outpatient substance use and/or mental health treatment services)	2	46%	3.71
Homelessness (For example: Family shelter using a 'I-HELP' model, daytime services for people experiencing homelessness, jobs and employment training)	3	47%	3.72
Better Communications (For example: development of a real-time data base of services, improved 211, Utilizing a "no wrong door" approach to access)	4	48%	3.79
Transportation (For example: expanded public transportation [e.g. bus and light rail], expansion of free transportation for seniors)	5	38%	4.27
Social Isolation (For example: expanded free or affordable senior center programs for those who have experienced a change in mental or physical circumstances, expanded free or affordable school-based referral programs)	6	36%	4.32
Food Insecurity (For example: encourage more neighborhood food sources, better food bank distribution/coordination)	7	35%	4.59

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Populations in Need

Population vulnerability arises from an intersection of resource availability and individual challenges. This understanding allows for the combination of population sub-group characteristics with individual challenges to be described as "Populations in Need." As noted in this report[2], there is a body of evidence that suggests certain populations experience greater residential instability, increased stress, higher rates of chronic illness, and less stability in the community. This concept illustrates how vulnerabilities exist on a spectrum and highlights that one individual may be vulnerable as a result of many different factors.

In general, people within a target population share common characteristics or attributes that can be identified as separating them from the broader population. Those characteristics are most often defined in demographic or geographic terms. Often a shared characteristic is a human need or experience. As noted in the highlighted section on veterans, 'Few of us are defined by one label. Some individuals experiencing homelessness or housing crises are veterans, some are mothers, some are employed, and some are all the above.'

The City of Chandler is invested in programs and strategies to prevent and combat the traumatic impact of poverty and meet the basic needs of low- and moderate-income households. Targeting interventions based on a deep understanding of the community ensures Chandler resources promote an improved quality of life for all Chandler residents.

The 2019 CNA findings suggest that the recommended annual prioritization process for Chandler funds allocated for human services respond to the top areas of need (p. 7) and Populations in Need with the following characteristics:

- People experiencing homelessness and/or housing crisis
- Households with low and moderate income
- Seniors who are isolated or have low household incomes
- Youth who are isolated or have low household incomes
- People living with mental health and/or substance use disorders
- People living with physical and/or intellectual disabilities
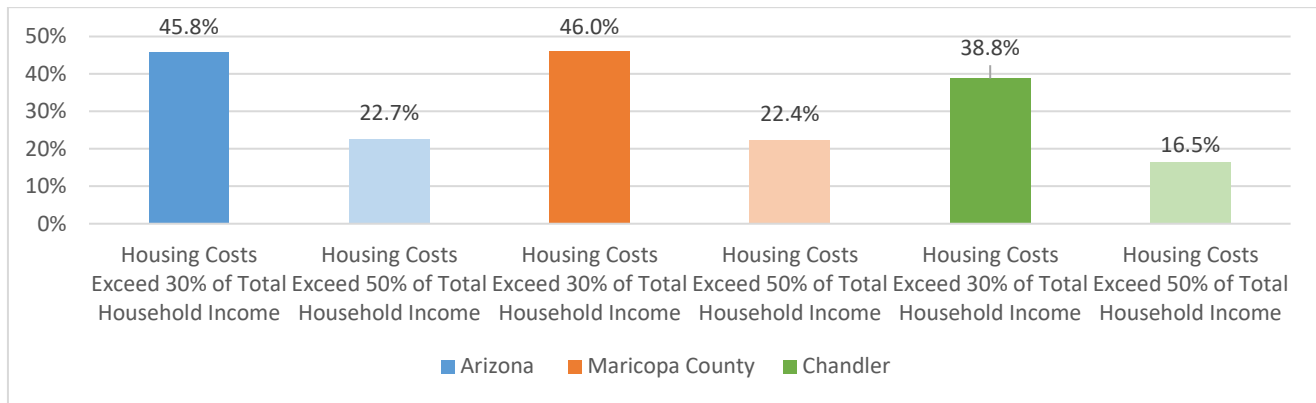
People Experiencing Housing Crises

The local (and national) increase of housing costs coupled with slower comparative wage growth has led to a full-fledged housing crisis where more households have increasing cost burdens. A household is considered cost-burdened when it spends more than 30% of its income on rent and utilities, and severely cost-burdened when it spends more than 50%. Cost burdens result directly from the shortage of affordable and available rental homes and low incomes.[3] Nearly 40% of Chandler rental households spend over 30% of income on housing; 16.5% of Chandler renters spend over half their income on housing. The number and percentage of households spending more than 30% of their income on rental housing has increased by 5% since 2005.

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[2] See the section: Insights into Causes and Conditions of Poverty

[3] The Gap: A Shortage of Affordable Homes. March 2018. The National Low Income Housing Coalition.
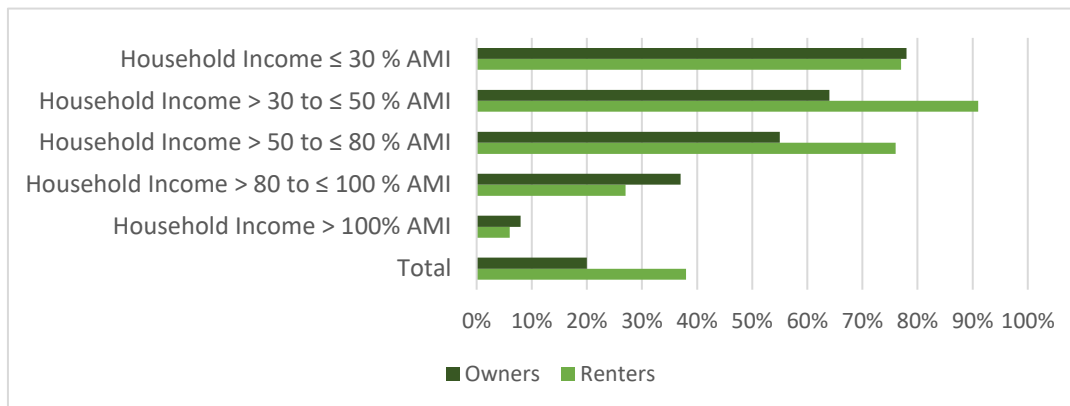
Exhibit 6: Percent Spending Over 30% and 50% of Income on Rental Housing

SOURCE: ESRI Data, 2018

Interviewees and focus group participants describe Chandler residents – many of them long-time Chandler families – as being left out of a growing Chandler community where homes and rentals are no longer affordable. Severe housing cost burdens can impact household members physical and mental well-being.

Exhibit 7: Cost-Burden Rate in City of Chandler by Percentage of Area Median Income

SOURCE: SOURCE: Housing Needs Assessment And Workforce Housing Need Projection, Gruen Gruen + Associates. November 2018.

Families with children in poverty experiencing severe housing cost burdens can impact members' physical and mental well-being. Households with children who are severely cost-burdened (see Exhibits 9a and 9b) spend 75% less on healthcare and 40% less on food than similarly poor households who are not cost-burdened; and seniors who are severely cost-burdened spend 62% less on healthcare.[4]

When quantifying housing burden, it's important to note that around 16,500 households in Chandler are estimated to have annual earnings below $35,000. To spend less than 30% of their household incomes on housing, these households would only be able to afford to pay $875 per month for housing. Based on current market units, an

independent analysis would suggest a shortfall of approximately 9,400 housing units for the local households earning $35,000 a year or less. [5]

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[4] State of the Nation's Housing 2017, Joint Center for Housing Studies of Harvard University,
http://www.jchs.harvard.edu/sites/default/files/harvard_jchs_state_of_the_nations_housing_2017.pdf . Also included in the Appendix.
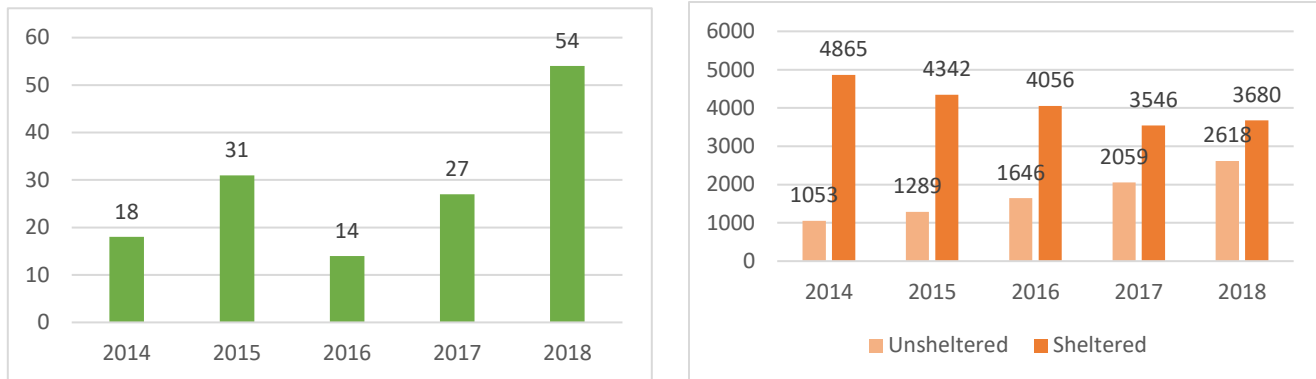[5] Housing Needs Assessment And Workforce Housing Need Projection, Gruen Gruen + Associates. November 2018.

Further, the independently conducted Housing Assessment also suggests that "the growth in the employment base will cause single-family housing prices to rise given the constrained zoned single-family land capacity. This suggests an increasing share of households may have to expend more than 30 percent of their household income on ownership housing."

People Experiencing Homelessness

According to the Maricopa Association of Governments Municipal Responses to Homelessness Report, the number of unsheltered individuals experiencing homelessness in Chandler and Maricopa County has increased significantly since 2014.

Exhibits 8a and 8b: Point in Time Homeless Count, Chandler (Unsheltered) and Maricopa County, 2014 - 2018

SOURCE: Maricopa Association of Governments Municipal Responses to Homelessness Report, 2014-18

Homelessness strains individuals' abilities to maintain proper health, directly impacts length of life estimates, and exacerbates mental and behavioral health issues. Homelessness also strains public resources and impacts community vitality. Studies demonstrate that after being housed for one year, persons who were previously experiencing homelessness reduced their use of medical and mental health services substantially, including visits to the Emergency Room and inpatient care. Costs, correspondingly, also decreased.[6]

Exhibit 9: Homelessness Snapshot (Point-In-Time Count)

Measure	Arizona	Maricopa County
Unsheltered Homeless Population	4,066	2,618
Sheltered Homeless Population	7,383	3,680

SOURCE: Arizona Department of Economic Security, Homelessness in Arizona Annual Report, 2018. Included in Appendix x. Maricopa County Association of Governments Point in Time Homeless Count, https://www.azmag.gov/Portals/0/Documents/MagContent/2018-08_PIT-Report.pdf?ver=2018-08-29-094248-853
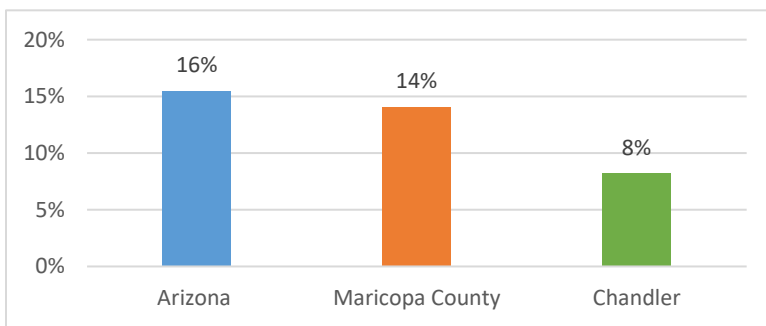
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[6] Evaluation of Housing for Health Permanent Supportive Housing Program, The Rand Corporation, 2017
https://www.rand.org/pubs/research_reports/RR1694.html

The distinction between unsheltered and sheltered population counts speaks to the challenge of accounting for all persons without a stable place to live, who may enter and exit homelessness quickly, sleep in their cars, or "couch surf". Lack of accurate accounting for such populations may lead to point-in-time homelessness counts arriving at a lower count than the true number of individuals experiencing homelessness.

Low-and Moderate-Income Households

Residents of Chandler earn high incomes when compared to residents of Maricopa County and Arizona. Yet nearly one in every ten Chandler residents still lives below the federal poverty level.

Exhibit 10: Living Below Federal Poverty Level

SOURCE: ESRI Data, 2018

Approximately 20,000 Chandler residents live below the federal poverty level, with nearly 8,000 of those residents estimated to be children.[7]

Currently, "*Approximately 19 percent of the existing workforce is estimated to reside in a [Chandler] household that can be considered low income earning less than 80 percent of AMI when adjusted for household size.*"[8]

Veterans at Risk

Few of us are defined by one label. Some individuals experiencing homelessness or housing crisis are veterans, some are mothers, some are employed, and some are all the above.

The qualitative and quantitative research in the CNA suggests that it is *not appropriate to label all veterans as a 'target population'. However, it should be recognized that there are many Chandler veterans who are among one – or all – of the Populations in Need described here.*

One tangible measure of veterans at-risk is homelessness. Nine percent of Americans who are homeless are estimated to be veterans.

Mental health services are also a key need: a much higher percentage of veterans experience PTSD (10%-20%) when compared to the civilian population (7%-8%).

Other characteristics of identified Populations in Need – social isolation and low income – may also include Chandler's veterans, keeping in mind that veterans, like others, are multifaceted, and not unidimensional.

It is important to highlight several sub-population groups in low- and moderate-income Chandler households. While not listed as a "target population" veterans (see side bar) and single parent households are more likely to experience one or more of the top areas of need.

The percentage of single parent households in Chandler (24.3%) is similar to that of Maricopa County (25.7%) and the State as a whole. *Over 60,000 Chandler residents (24.3% of Chandler's population) reside in single parent households.* Nearly all of these households are headed by women and many live below the poverty level. *Like veterans, mothers and children within these households are more likely to experience one or more of the top areas of need.*

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[7] Estimate extrapolated from poverty rate and children-in-poverty rate.
[8] Op Cit. Page 29

Vulnerable Youth and Seniors

While youth and seniors are at opposite ends of the age spectrum, they share similar vulnerabilities related to social isolation. Close to 7% of seniors in Chandler live alone and nearly 25% of Chandler households are single-parent households.

Interviewees and focus group participants are concerned that old and young Chandler residents are experiencing social isolation. Many people are impacted by the isolating paradox of social media use, when connection with an online "community" actually results in the opposite of the intended effect.
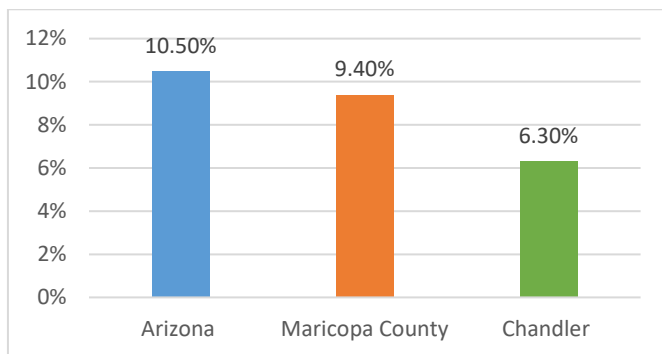
Seniors Who Are Isolated or Have Low Income

The needs of seniors are multifaceted and can differ from person to person based on disability, social, and health status. Social Isolation among seniors is a concern across all incomes and can be prompted by widowhood, health issues, and change in income status. Low-income senior households are particularly vulnerable. Seniors in Chandler report needing:

- Affordable housing
- Assistance with home care
- Resource navigation
- Transportation

In addition to the needs of seniors being voiced in all focus groups, Chandler engaged a senior-only focus group at the Chandler Senior Center with over 50 participants. Furthermore, 13% of community survey respondents were seniors over 65. Seniors in Chandler are less likely to live alone than seniors in the other comparative regions, but the number is not insubstantial, and expected to grow with the growing senior population at large.

Exhibit 11: Seniors 65+ Living Alone

SOURCE: ESRI Data, 2018

The State of the Nation's Housing Report notes that "thanks to advances in health and longevity, the number of households headed by adults age 65 and over will increase 44 percent from 2015 to 2025 and 90 percent in 2025 to 2035. As a result, 50 million households—one out of every three—will be headed by older adults by 2035, including 16 million households headed by those over age 80."[1] *In Chandler, the number of isolated seniors living alone is estimated to be around 1,692.*
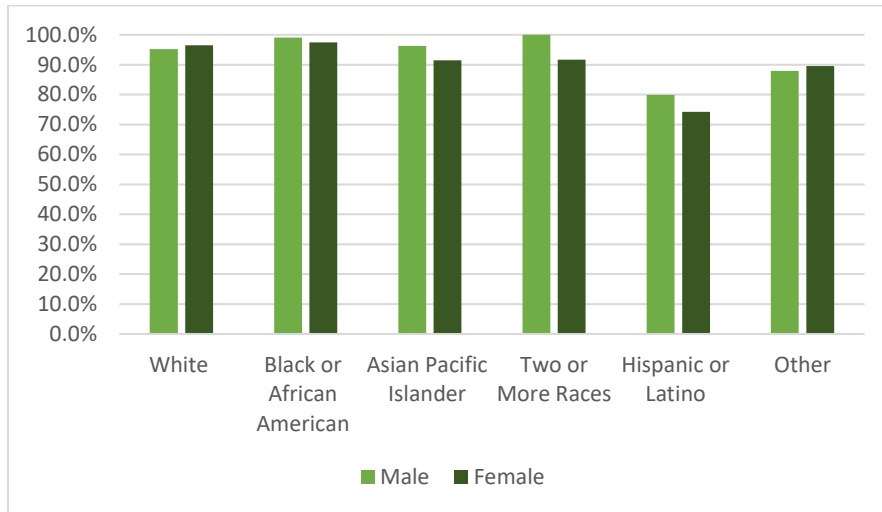
Youth Who Are Vulnerable or Have Low Income

Chandler's large and growing number of young people is one of many reasons isolated youth are a community concern. A recent study of over 10,000 adolescents suggests that adolescents who are disengaged from their school network, who also identify close friends outside their grade, are at greatest risk for substance use and risk behaviors.[9] In addition to being socially isolated, Vulnerable Youth may include those who are experiencing

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[9] Different Kinds of Lonely: Dimensions of Isolation and Substance Use in Adolescence.   J Youth Adolesc. Copeland M1, Fisher JC2, Moody J2,3, Feinberg ME4. 2018 Aug;47(8):1755-1770. doi: 10.1007/s10964-018-0860-3. Epub 2018. Accessed May 2019 https://www.ncbi.nlm.nih.gov/pubmed/29774451

homelessness, a mental health and/or substance use disorder, and/or may be living in a low-income household. One strong indicator of social isolation and/or youth vulnerability is High School graduation. While the economic consequences of not finishing High School are clear (average lower wages, average higher unemployment) there are other effects as well: High School dropouts are more likely to be incarcerated in prison, experience single motherhood, and use public resources.[10] The exhibit below identifies that Hispanic or Latinx women are least likely to graduate High School in Chandler. Using High School graduation as a proxy for vulnerable youth, there are over 2,328 young people at-risk in Chandler.

Exhibit 12: Chandler High School Graduation Rates, Ethnicity and Gender

SOURCE: American Community Survey, 2017 1-Year Estimates

Additionally, a troubling indicator of vulnerable youth in the community is the rate of youth suicide. Suicide is the second leading cause of death among youth aged 10 to 19 years in the United States, with suicide rates increasing 33% between 1999 and 2014. Traditionally rates have been higher in male than in female youth. A recent CDC study of youth aged 15 to 19 years shows that suicide rates for female individuals more than doubled from 2007 to 2015. The state of Arizona averages a higher rate of youth suicide (15.8) than the national average (14.5).[11]
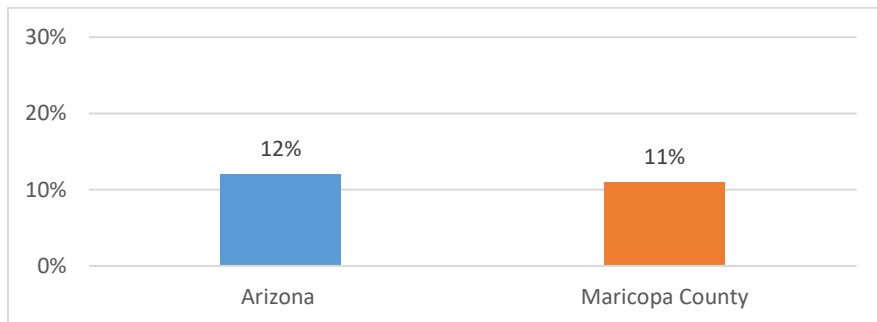
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[10] Alliance for Excellent Education, The High Cost of High School Dropouts: The Economic Case for Reducing the High School Dropout Rate." Available at: https://all4ed.org/take-action/action-academy/the-economic-case-for-reducing-the-high-school-dropout-rate/

[11] Centers for Disease Control, https://www.cdc.gov/media/releases/2018/p0607-suicide-prevention.html Arizona Department of Health Services, Suicide and Self-Inflicted Injury Report, 2018 https://pub.azdhs.gov/health-stats/report/suicide/2018/suicide-report-12-2018.pdf

People with Behavioral Health and/or Substance Use Disorders

Behavioral Health issues – which include mental health and substance use disorders - do not know boundaries of class, race or age, but vulnerable populations have an especially difficult time accessing care. Barriers around insurance, knowledge of service locations, transportation, and a nationwide substance use epidemic contribute to underserved and undertreated behavioral health issues. As noted in the "Top Areas of Need" section, it is estimated that mental health and substance use disorders affect 12,000 to 20,000 Chandler residents.
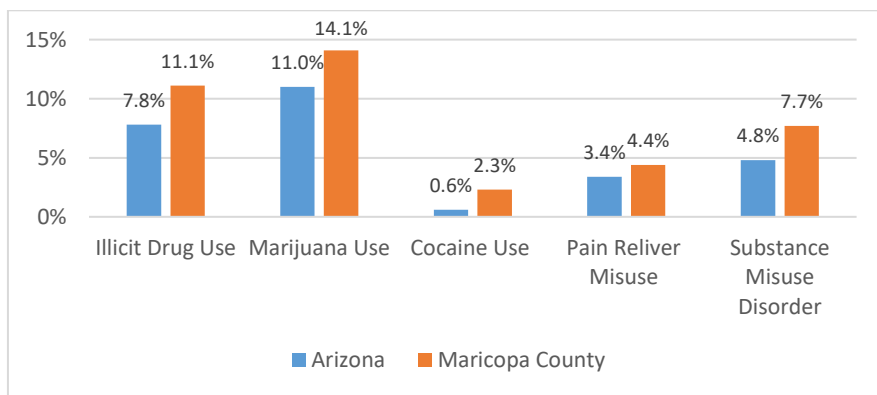
Exhibit 13: Percent of Frequent Mental Distress

SOURCE: County Health Rankings

Nearly 500,000 Maricopa County residents report feelings of frequent mental distress; upwards of 30,000 Chandler residents may experience such distress.

Exhibit 14: Substance Use and Misuse
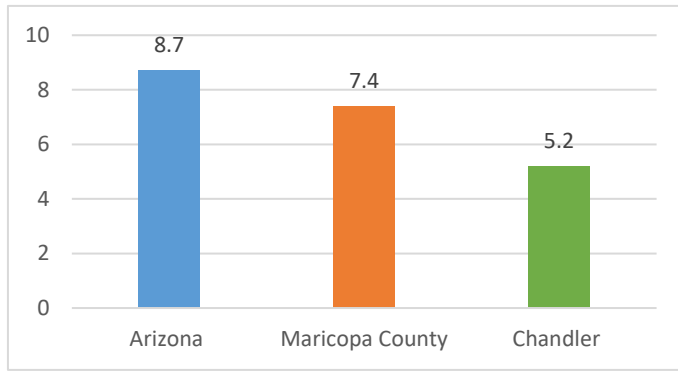

SOURCE: US Substance Abuse and Mental Health Services Administration National Survey on Drug Use and Health, 2016-2017

The population data suggests that 12,000 - 20,000 Chandler residents struggle with substance misuse disorder, an issue often interlinked with behavioral health complications.

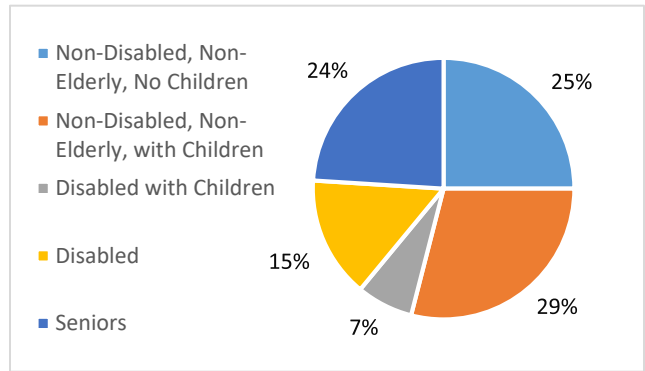# People with Physical and Intellectual Disabilities

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Exhibit 15: Percent Population with Some Form of Disability

Exhibit 16: Populations in Low-Income Housing

SOURCE: ESRI Data, 2018

SOURCE: The Gap: A Shortage of Affordable Homes, 2018

Exhibit 16 details how disabled residents are likely to reside in low-income housing, which helps illustrate the needs of individuals experiencing one or more disabilities. Where Chandler's disabled population is just over 5%, extrapolated data suggests that over 22% of people with disabilities live in low-income housing, indicative of this population having additional needs. Nearly 75% of low-income renters are reported as being a senior, having youth in the household, and/or being a person with a disability. a senior, having youth in the household, and/or being a person with a disability.

Summary of Top Areas of Need and Potential Supporting Actions

A qualitative analysis with community discussion groups and one-on-one telephonic or in-person interviews with community stakeholders provided additional perspective on key community needs and issues. The mixed-method research started with secondary research, followed by broad, open-ended community discussions. These discussions were followed by individual interviews that explored details about the key topics identified during the previous analysis, such as housing, homelessness, transportation, communications, behavioral health, social isolation, and food insecurity.

The results of the secondary data analysis, community focus groups, individual interviews and the quantitative community survey indicate that the top areas of need in Chandler are:

- **Housing for All Incomes**
- **Behavioral Health Services**
- **Homeless Services**
- **Better Communications**
- **Transportation**
- **Social Isolation**
- **Food Insecurity**

For each top area of need, the section includes a short explanation and potential Action Items. The Action items are listed in the order of their ranking in the community survey (see Exhibit 5). The full report includes interview quotations (de-identified) that illuminate respondents' perspectives. These potential action items are not a comprehensive list. The full report details supporting action recommendations.

Housing and selected housing interventions for people with low-incomes is one of the best-documented determinants of the overall well-being of individuals and families. Utilization of housing interventions can improve

health outcomes and decrease health care costs. [12] Meta-research suggests that access to affordable housing has additional wide ranging, positive impacts, such as being better able to maintain employment and improved performance in school. [13]

The revitalization of Chandler's downtown, with modern dwellings and the creation of retail shops and businesses add employment opportunities, however, interviewees and focus group participants suggest that growth may also leave some low-income residents scrambling for affordable housing. Households with less than $35,000 a year in annual income[14] may be forced to choose between living in an area they can no longer afford or relocating to another region with a longer commute and/or out of their support systems.

Potential Supporting Actions

- Housing for All Incomes
- Rental Subsidy Support
- Help with utility bills for lower income households
- Down-payment / Closing Cost Support
- Rental Property Rehabilitation
- Accessible Housing for persons with disabilities
- Help to make homes more energy efficient (weatherization)
- More housing units / new construction of homes and rental units

Behavioral Health

Behavioral Health issues – which include mental health and substance use disorders - cross boundaries of class, race, age, and geography and the most vulnerable populations have an especially difficult time accessing behavioral health care. As noted in the Populations in Need section, it is estimated that mental health and substance use disorders affect a range of 12,000 to 20,000 Chandler residents. Barriers include lack of insurance, limited knowledge of service locations, transportation, and substance use disorders that further compound the impact of undertreated behavioral health issues.

Mental/Behavioral Health was cited by participants as a root cause for many of the other community challenges listed in the City of Chandler CNA. It was ranked as the second highest health need by the Chandler Regional Medical Center in the recent Maricopa County Coordinated Community Health Needs Assessment: *Mental health is ranked 9th in leading causes of emergency department visits and 7th in inpatient hospitalizations for CRMC's primary service area, and the highest rates of visits can be attributed to adults ages 25 to 34.*[15]

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[12] See Taylor, et al. https://bluecrossmafoundation.org/sites/default/files/download/publication/Social_Equity_Report_Final.pdf, Accessed Nov 2018

[13] The Impacts of Affordable Housing on Health: A Research Summary, Nabihah Maqbool, Janet Viveiros, and Mindy Ault, April 2015 https://www.nhc.org/wp-content/uploads/2017/03/The-Impacts-of-Affordable-Housing-on-Health-A-Research-Summary.pdf. Accessed May 2019

[14] Approximately 16,500 households in Chandler are estimated to have annual incomes below $35,000.

[15] See Chandler Regional Medical Center, Community Health Needs Assessment 2019 in the Appendix

Potential Supporting Actions

- Mental Health First Aid programs
- Improved access for outpatient Substance Use and/or mental health treatment services
- Improved access for inpatient Substance Use and/or mental health treatment services
- Programs to reduce stigma and increase awareness of mental health and substance use disorders
- Expanded crisis team availability for trauma victims

Homelessness

As noted earlier in Exhibits 8a and 8b, Chandler's rate of individuals experiencing homelessness has increased more dramatically over the past 5 years, according to the Maricopa Association of Governments Municipal Responses to Homelessness Report. This trend is directly correlated with affordable housing. To assist in reversing the trend, it is important to acknowledge other needs including behavioral health treatment, employment, and improved access to services.

Interviewees in this CNA, as well as survey respondents in other large urban areas, say that housing, transportation, public benefits, jobs (and job training or education) are the types of help needed to escape homelessness.

Further, helping the large number of people who exit homelessness quickly (e.g., with crisis services) can help to avoid longer term, chronic homelessness. There isn't a single one-size-fits-all path into homelessness and for many there isn't a one-size-fits-all path out if it.

Potential Supporting Actions

- Family shelters using an 'I-HELP' model
- Daytime services for people experiencing homelessness
- Jobs and Employment training
- Expanded shelter care for inclement weather periods
- Increase crisis outreach services
- Increased accessibility to showers/laundry service

Better Communications

Communications between and among services was frequently mentioned as a need, as was community members' desire to be more aware of the services available. Without effective and efficient communication between service centers and the community, existing services are underutilized and some of the needs of individuals and families go needlessly unmet. Some Chandler residents are either unaware of, or seem overwhelmed by, the logistics of navigating the many services available to them.

Potential Supporting Actions[16]

- Development of a real-time database of services
- Improved 211
- Utilizing a "no wrong door" approach to access
- Expanded distribution of Municipal Activity guides (e.g. Breaktime in Chandler).

Transportation

Lack of public transportation and carpooling options affects Chandler residents economically and psychologically. Chandler residents spend an average of $9,550 annually on transportation, a number higher than the Maricopa

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[16] Note: It was suggested that a local public/private partnership might be utilized for some of the technology innovations.

County average. A lack of regional public transit options is limiting, and the community transportation services in place do not address the community need.

Seniors and youth are particularly challenged to participate in events and attend medical appointments, especially those appointments in downtown Phoenix.

Potential Supporting Actions

- Expanded public transportation (bus and light rail)
- Expansion of free transportation for seniors
- Improved wait times for paratransit ride programs
- Improved traffic lanes in older neighborhoods
- Crosswalk safety for youth and others

Social Isolation

While youth and seniors are at opposite ends of the age spectrum, they share similar vulnerabilities when it comes to social isolation. Close to 7% of seniors in Chandler live alone and nearly 25% of Chandler households include children living in single-parent households. As noted in the Populations in Need section, social isolation may be an unintended consequence of social media use, when connection with an online "community" actually results in the opposite of the intended effect. An additional troubling indicator of social isolation in the Chandler community is the rate of both youth and senior suicide.

Potential Supporting Actions

- Expanded free or affordable Senior Center programs for those who have experienced a change in mental or physical circumstances
- Expanded free or affordable school-based referral programs
- Expanded free or affordable Recreational, Social, Educational Programs
- Improved Senior Center facility and/or the addition of a services in South Chandler.

Food Insecurity

While food insecurity is not always evident and good programs exist, the efforts to improve access to quality food should be continued. The Food Environment Index, which measures access to healthy food and food insecurity, ranks Maricopa County 7.7 out of 10 (0 worst, 10 best.) Yet 13.7% of Maricopa County residents are food insecure, and 20.4% of children are food insecure. While few of the focus groups placed Food Insecurity at the top of their list, it was mentioned frequently enough to include it within the top areas of need. The comments about it were often in combination with a comment about stigma.

Potential Supporting Actions

- Encourage more neighborhood food sources
- Better food bank distribution/coordination
- Continued support of food bank and senior meal programs

Strategic Prioritization Method

After the data was collected, the community needs that were identified by participants and survey respondents were prioritized based, in part, on the survey results and by approaches supported by The Office of Community Planning and Development of the U.S. Department of Housing and Urban Development (HUD), the Centers for Disease Control and Prevention, the National Community Development Association, and others.

Prioritization Criteria

The resulting prioritization process utilizes information developed in the CNA, as well as **Critical Actions or Interventions** in prior Chandler initiatives. The Prioritization Criteria requires that funded programs and projects will:

1) Address one or more of the **Population in Needs**;
2) Address at least one of the identified **Top Areas of Need**;
3) Utilize one or more **Critical Potential Supporting Actions or Interventions**

Please note that in lieu of criteria number three (3) above, the City may elect to consider proposals with Actions and Interventions that **are new and/or demonstrate innovation** but do not utilize one of the Critical Potential Actions Supporting or Interventions. Agencies may submit multiple applications for differing programs per priority Population in Need and Areas of Top Need. The HHSC has the opportunity to increase or decrease a population funding percentage by no more than 5% during the annual allocation process to respond to urgent needs.

For a full list of the Allocation Criteria and Critical Potential Actions or Interventions, please see the document: Recommended GF Fund Priority and Allocation Criteria.