

Maricopa County Community Action Program

2021

Community Needs Assessment

Key Findings and Countywide Analysis

Introduction

The Maricopa Community Services Division is the designated Community Action Agency (CAA) to serve Maricopa County under the Community Services Block Grant Authorization Act of 1998.¹ The Maricopa County Community Services Commission is the advisory Community Action Board of the Maricopa County Community Action Agency. The core purpose of the Community Action Agency, and the Commission which advises the CAA, is to support the stability and economic security of individuals and families with low income. It works to support communities so that people with low incomes are healthy, have access to economic opportunities, and are engaged and active in building opportunities in the community. To this end, the CAA provides emergency rental assistance, rental and mortgage assistance, utility assistance, and additional resources to community members in need. The CAA is comprised of 12 service areas serving residents in communities across Maricopa County, as well as small portions of Yuma and Pinal counties.

CAAs receiving CSBG funding are required to complete a community needs assessment every three years. This report provides the findings of the 2021 needs assessment, which relied on primary qualitative data in the form of a community survey, a provider survey, and focus groups, as well as secondary quantitative data, including population-level data and administrative data. The analysis weaves these data together to provide an assessment of critical unmet needs and the client experience at both the county level and at the service area level. The analysis delves into key issue areas to better inform policy and planning.

This analysis consists of three separate documents:

- **Key Findings and Countywide Analysis**
Overview of key findings, common themes and recommendations, and detailed countywide findings
- **Service Area Summaries**
Detailed findings for each of the 12 CAP service areas
- **Appendix: Methods**
Description of research methods and their purpose and limitations

Valley of the Sun United Way (VSUW) was selected to administer the 2021 community needs assessment. VSUW drew upon its strength as a community connector and convener that has earned the trust of Maricopa County residents for over 95 years. The 2021 community needs assessment was a special opportunity to align the common missions between Maricopa County Human Services and VSUW during the historic challenges and trauma of the on-going COVID-19 (COVID) pandemic. The pandemic created unique challenges and an extraordinary environment to conduct these layers of analysis. Yet, the end result shows a snapshot of the many needs and challenges that Maricopa County residents are facing in 2021. Furthermore, the 2021 community needs assessment can serve as a compass to guide further planning and investment.

Acknowledgements

VSUW would like to thank the community action organizations and their teams that address the needs of the community every day. They are heroes and Maricopa County is fortunate to have them in service of others.

This needs assessment was prepared by the Valley of the Sun United Way with support from Parsons Consulting, Inc. and La NRC Consulting.

¹ The cities of Glendale, Mesa, and Phoenix are not included in this designation.

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Key Findings

The 2021 Maricopa County Community Action Program Needs Assessment was conducted between December 2020 and May 2021. This analysis of the needs of low-income individuals and households is based on the intersection of existing community data and newly gathered input from key stakeholders across the county. The Key Findings section provides an overview of the research findings. Detailed findings for Maricopa County overall can be found in the Countywide Analysis section following the Common Themes and Recommendations section. Detailed findings for each service area can be found in the separate Service Area Summaries document.

COMMUNITY ENGAGEMENT

This needs assessment was informed by the thoughtful input of clients, service providers, and community members. This input was captured in a variety of ways. First, Valley of the Sun United Way (VSUW) conducted 42 town halls and convenings in the late 2020. Using the results of those convening, VSUW conducted 12 focus groups in early 2021 with service providers and clients. The focus groups were held virtually and centered on most needed services, helpful programs, and community assets and barriers. Second, a community survey fielded in February and March 2021 garnered 371 responses. The community survey generated feedback on critical unmet needs, as well as client experience with service access and satisfaction.² A targeted follow up survey of service providers was fielded in April 2021, with 66 providers responding to questions about their ability to meet demand and how the pandemic affected demand for specific types of services. Throughout the analysis, the experience of people of color, in particular, and marginalized or vulnerable groups, in general, are assessed. Additionally, given the timing of the needs assessment, the research examined the impact of the pandemic on service demand and capacity. The draft findings were subsequently shared with key stakeholders in 10 community vetting sessions and electronically in May 2021. The sessions provided important context, validation, and input on the findings at the service area level; the input was incorporated into the final report.

COMMUNITY CONTEXT

Two novel contextual factors influenced the findings in the 2021 needs assessment: the pandemic and record temperatures. While these factors impact all residents, they disproportionately affect some of the most vulnerable residents in the community, including households experiencing poverty, seniors, and communities of color. This section provides an overview of poverty among these and other demographic groups, with more detail provided in the body of the report.

COVID-19 (COVID)

Like the world over, the coronavirus pandemic has had a considerable impact on the Maricopa County populace. The destabilization caused by the pandemic is evident in the results, but it is not the only driver. In many sectors, stakeholders report that the pandemic only exacerbated existing, long-term challenges for people with low incomes, such as a lack of affordable housing and the growing threat of homelessness.

Climate

The year 2020 marked an inauspicious milestone – the highest number of days of extreme heat on record. Fully 145 days posted temperatures of 100 degrees or above and 44 of those days were above 110 degrees. Households that are low-income or on a fixed-income may struggle to afford the increasing cost of cooling and, without air conditioning, they are at increased risk of heat-related illness or death.

Number of Days in
2020 over 100
Degrees

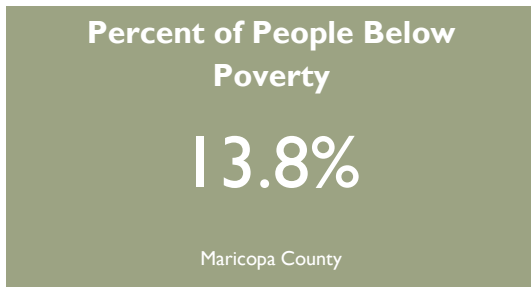
145

Phoenix Airport Weather Station

² The methods appendix provides information on the details and limitations pertaining to this dataset.

Poverty

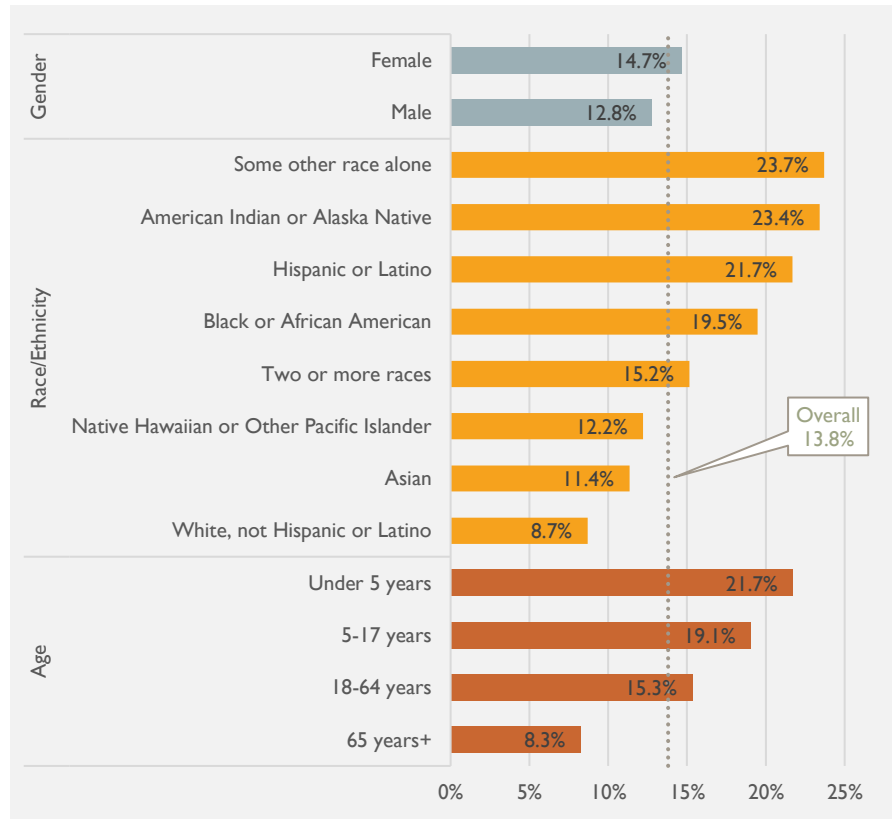
Overall, 13.8 percent of the county population was experiencing poverty in 2019. This equates to 588,350 individuals.



As shown at right, poverty varies substantially by race, ethnicity, gender, and age, where people of color, women, and children tend to experience disproportionately higher rates of poverty.

HIGHER POVERTY RATES AMONG PEOPLE OF COLOR

Figure 1: Percentage of Residents in Maricopa County Below Poverty by Gender, Age, and Race/Ethnicity, 2019

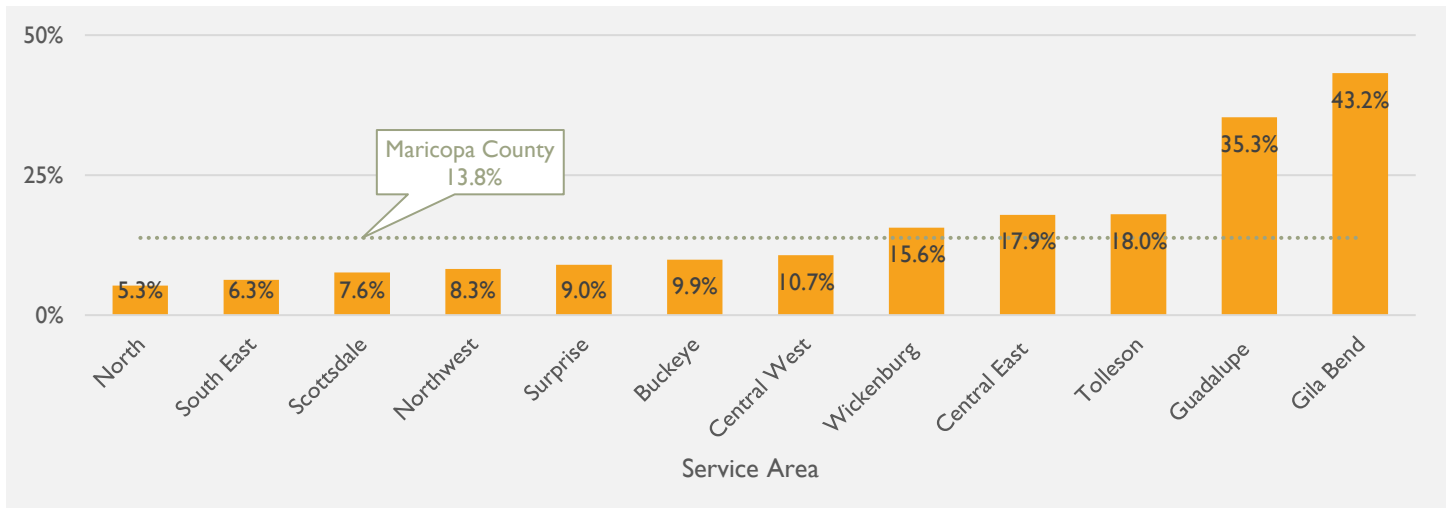


Source: American Community Survey 2019 5-Year Estimates

Poverty also varies by service area, with the highest rate recorded in Gila Bend (42.3 percent) and the lowest in North Service Area (5.3 percent).

GILA BEND AND GUADALUPE REPORT THE HIGHEST POVERTY RATES

Figure 2: Percentage of Residents Below Poverty by Service Area and for Maricopa County Overall, 2019



Note: The margin of error in Gila Bend was +/- 11.2%, meaning the rate of poverty is between 32.0% and 54.4%. The margin of error in Guadalupe was +/- 9.0%, in Tolleson was +/- 6.5%, and in Central East between +/- 1.1 and +/- 1.5%.

Source: American Community Survey 2019 5-Year Estimates

CRITICAL UNMET NEEDS

Maricopa County Overall

With a median rent of \$1,127 and nearly half of renting households in Maricopa County paying more than 30 percent of household income on rent, the burden of high housing costs prompted survey respondents to identify **housing support** as the top critical unmet need in the region. Focus group input supported these findings. A common theme was the challenge of finding affordable housing due to lack of inventory and insufficient rental assistance. The increasing costs of cooling also factor into resident’s housing challenges.

This was followed by **food support**. Food support was a widely sought service by survey respondents and most providers felt they were able to meet that need. Community survey respondents agreed, reporting a high level of satisfaction.

Most Frequently Cited Critical Unmet Needs

- Housing Support
- Food Support
- Mental Health/Substance Use Disorder Treatment
- Childcare
- Employment Supports

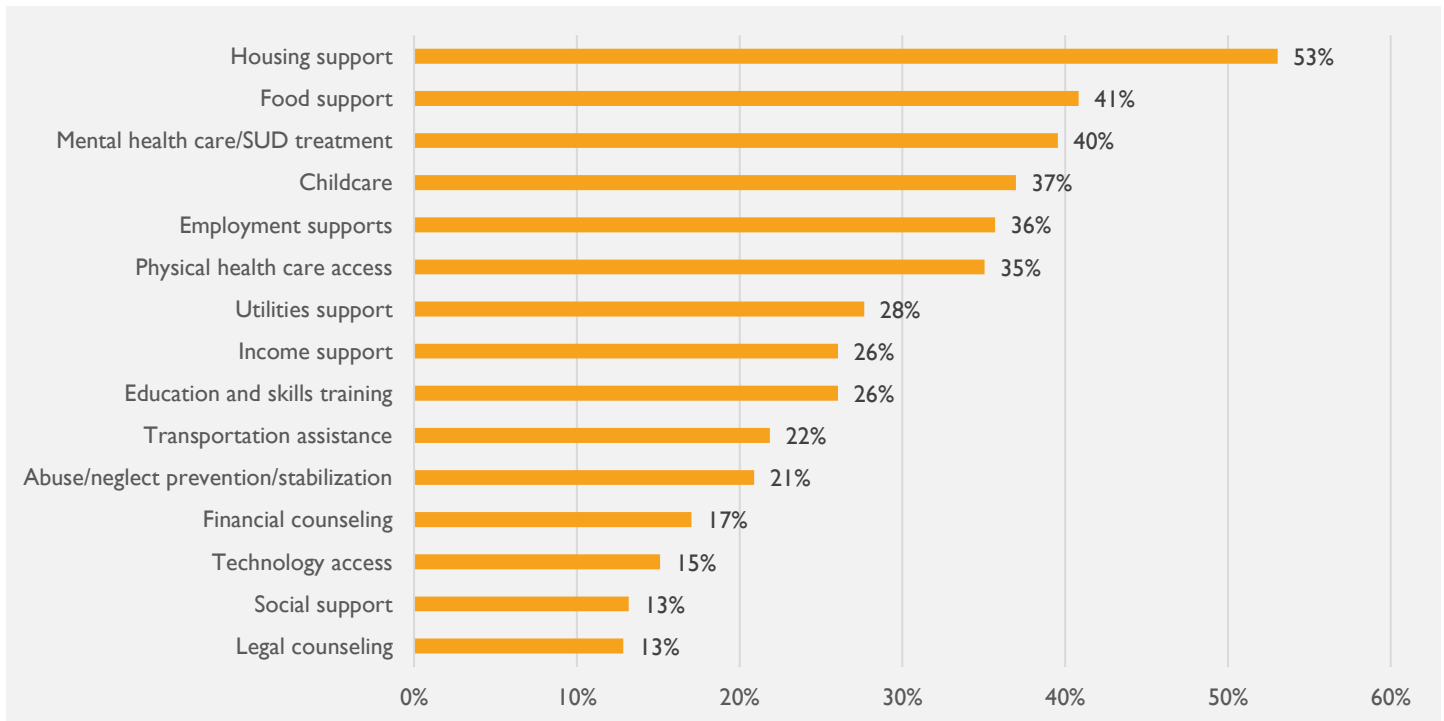
Mental health care and substance use disorder treatment services was the third most cited critical unmet need. In focus groups, people cite that the pandemic exacerbated an already existing pent-up demand for mental health services.

Childcare and employment supports were the fourth and fifth most frequently cited critical unmet needs countywide. The need for childcare and employment supports is unlikely to be a new need, but the effects of the pandemic likely contributed to these two service areas rising to the top. The pandemic forced many childcare programs to close – and some permanently – and it pushed many more residents into the rolls of the unemployed.

The impact of the pandemic on service demand is clear. Survey respondents were asked if the pandemic increased their need for support services and most replied affirmatively. Providers also report that demand for most services increased as a result of the pandemic (see provider survey summary on page 9). Providers also report that their ability to meet the demand varies by service category.

MOST RESPONDENTS IDENTIFIED HOUSING AS A CRITICAL UNMET NEED

Figure 3: Percent of Survey Respondents Identifying Issue as a Critical Unmet Need in Maricopa County, 2021



Note: “SUD” refers to substance abuse disorder. Data reflect the responses of 371 survey respondents.

Source: Maricopa County Community Action Program Needs Assessment Community Survey, 2021

By Service Area

Across service areas, there was variation in terms of critical unmet needs, yet some common service needs emerged, including:

- **Mental health care and substance use disorder treatment** (a top five need in 11 out of 12 service areas)
- **Food support** (a top five need in 10 out of 12 service areas)
- **Housing support** (a top five need in 9 out of 12 service areas)

Infrequently cited top needs included abuse and neglect prevention and stabilization services (Guadalupe only), and transportation support (Gila Bend only).

FOOD SUPPORT AND MENTAL HEALTH/SUD TREATMENT ARE COMMON NEEDS

Figure 4: Top Five Critical Unmet Needs by Service Area, 2021

		Service Area											
		Buckeye	Central East	Central West	Gila Bend	Guadalupe	North	Northwest	Surprise	Scottsdale	Southeast	Tolleson	Wickenburg
Respondent Count		71	42	9	15	22	50	9	19	59	22	33	7
Service Category	Abuse/neglect prevention/stabilization					X							
	Childcare	X		X		X	X		X	X	X		
	Education and skills training		X	X		X			X				
	Employment support	X	X	X	X			X			X	X	
	Financial counseling												
	Food support	X	X		X	X	X	X	X	X		X	X
	Mental health/substance use disorder treatment		X	X	X	X	X	X	X	X	X	X	X
	Physical health care access				X		X	X	X				X
	Housing support	X	X	X			X	X		X	X	X	X
	Income support	X										X	
	Legal counseling												
	Social support												
	Technology access												
	Transportation support				X								
	Utilities support										X	X	

Source: Maricopa County Community Action Program Needs Assessment Community Survey, 2021

Comparison to 2-1-1 Arizona Calls for Service

To validate the findings from this analysis, we compared the top critical unmet needs to the top calls for service to 2-1-1 in Maricopa County, January 2021 – March 2021. The top calls for service during this time were:

- **Housing Expense Assistance** (11,386 calls)
- **Utility Assistance** (8,583 calls)
- **Health Education** (3,347 calls)
- **Residential Housing Options** (1,954 calls)
- **Emergency Shelter** (1,702 calls)
- **Disaster Relief Services** (1,261 calls)
- **Emergency Food** (1,154 calls)
- **Information Sources** (1,065 calls)

While we were not surprised to see calls for **Housing**, **Utilities**, **Food**, and **Health** assistance, we noted that our survey data ranked **Mental Health/SUD treatment**, **Childcare**, **Employment**, **Physical Healthcare Access**, and **Income** as higher critical unmet needs. This could be a result of the pandemic and the related economic recession.

CLIENT SERVICE ACCESS AND SATISFACTION

Overall, across all service categories and service areas, respondents who sought out services reported that they had some or no difficulty accessing most of the services they sought, and among those who received services, they were satisfied with most of the services they received.³

Access

Across all service categories and service areas:

- Respondents reported no difficulties accessing 48 percent of the services they sought out and some difficulties accessing 26 percent of the services they sought out.
- Respondents reported a lot of difficulties accessing 11 percent of the services they sought out and that they were still waiting or never got the services for 15 percent of the services they sought out.
- Compared to respondents who needed services within the past three years, respondents who needed services in the last year reported they were more likely to have had difficulties or were still waiting.

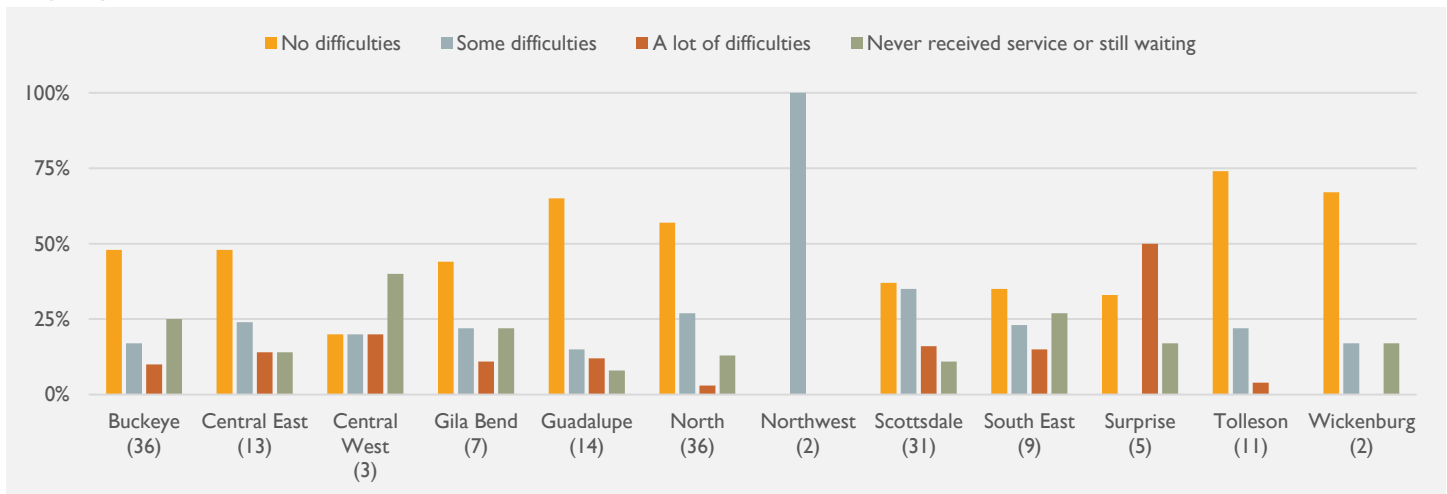
Among the countywide top five critical unmet needs:

- **Food support** was the most accessible service, with 90 percent reporting some or no difficulties getting food support.
- **Housing support** was somewhat less accessible at 75 percent reporting some or no difficulties.
- Accessibility for **mental health/SUD treatment, childcare, and employment services** were more mixed, with more respondents indicating they had a lot of difficulties or were still waiting.

Client perspectives on service access varied across service areas. Respondents in Tolleson, North, Guadalupe, and Wickenburg were particularly likely to cite no difficulty accessing services.

WITH SOME EXCEPTIONS, RESIDENTS ACCESSED SERVICES WITH NO DIFFICULTIES ACROSS SERVICE AREAS

Figure 5: Maricopa County Respondents' Perception of Difficulty Accessing Services Shown as Percent of Number of Services Sought by Residents in Each of the 12 Service Areas, 2021



Note: Figures in parentheses under the service area represent the number of respondents who sought out services and indicated their experience accessing services. Perceptions of respondents may not be representative of clients overall.

Source: Maricopa County Community Action Program Needs Assessment Community Survey, 2021

³ Respondents were able to indicate their ability to access as many services as they sought out and their level of satisfaction with each service received. Since their perception of access and satisfaction could vary depending on the service, the results are presented as the overall level of access and satisfaction on the services sought out, where the denominator is the number of services sought. See Methods appendix for more detail.

Satisfaction

Across all service categories and service areas:

- Respondents receiving services indicated satisfaction with 69 percent of the services they received, while they indicated they were neutral on 18 percent of the services they received.
- Respondents receiving services indicated they were unsatisfied with 13 percent of the services they received.
- While small sample sizes require caution with interpretation, people who identify as two or more races reported the least satisfaction with services received (satisfied with 52 percent of services received), while both American Indian/Alaska Native and White respondents reported they were unsatisfied with 17 percent services received.

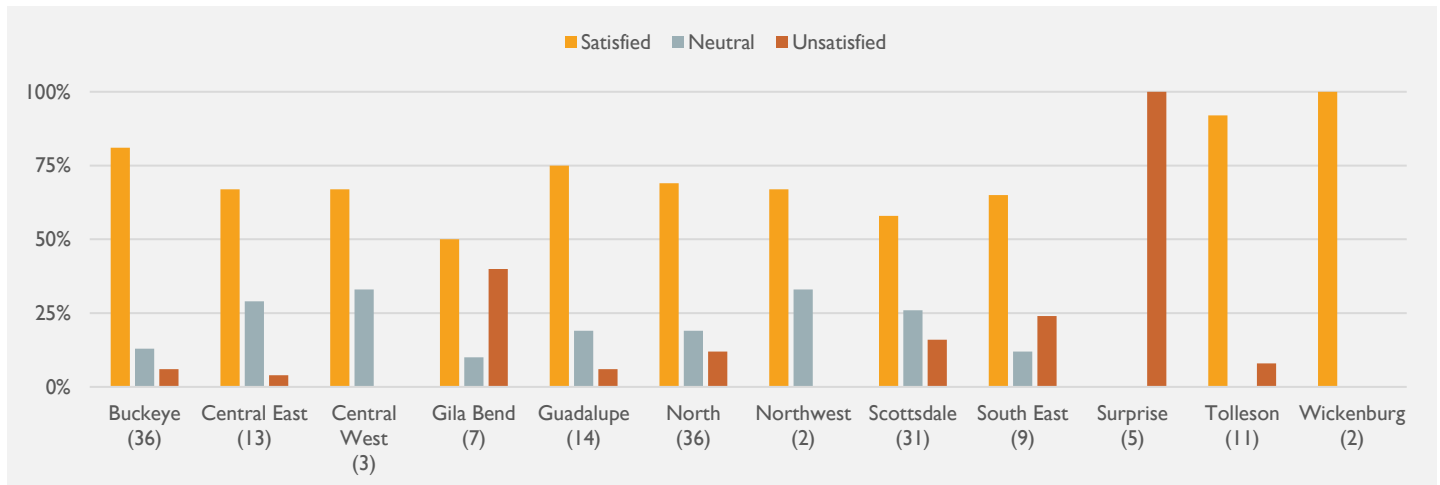
Among the top five countywide critical unmet needs:

- Food support garnered the highest level of satisfaction at 87 percent satisfied.
- 68 percent of respondents getting housing support were satisfied with the service they received.
- 60 percent of respondents indicated that they were satisfied with childcare services.
- Respondents were also generally satisfied with the mental health care and/or substance use disorder treatment services and employment services they received (46 percent and 54 percent, respectively), but these services also generated the highest levels of dissatisfaction (both 23 percent unsatisfied).

Respondent level of satisfaction with services overall ranged by community, with a high of 92 percent satisfaction with services in Tolleson to 0 percent satisfaction with services in Surprise. Small response rates in some communities warrant caution with interpretation.

WIDE VARIATION IN SATISFACTION ACROSS SERVICE AREAS

Figure 6: Maricopa County Respondents' Perception of Satisfaction with Services Received Shown as Percent of Number of Services Sought by Residents in Each of the 12 Service Areas, 2021



Note: Figures in parentheses under the service area represent the number of respondents who received a service and indicated their level of satisfaction. Perception of respondents may not be representative of clients overall.

Source: Maricopa County Community Action Program Needs Assessment Community Survey, 2021

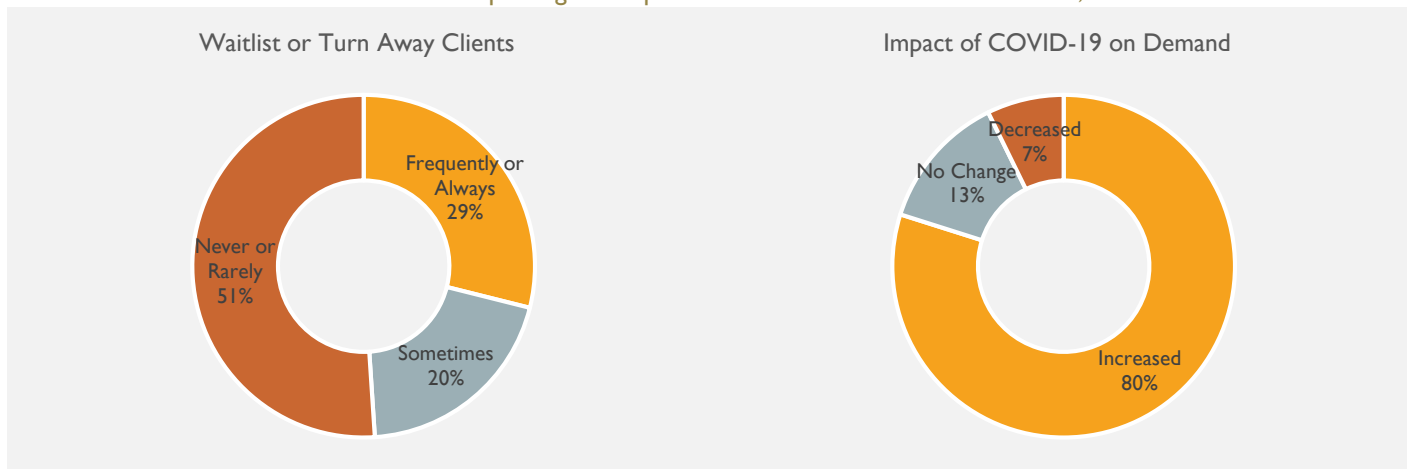
SERVICE CAPACITY AND DEMAND

Overall, across service categories and service areas, providers' ability to meet service demands varies, but there is agreement that COVID has generally increased service demands:

- Providers reported their capacity to meet current services demands at half (51 percent) of services they offer.
- Demand for 20 percent of services offered can be met sometimes, while prospective clients must be frequently or always turned away for 29 percent of services.
- According to providers surveyed, demand for 80 percent of services increased as a consequence of COVID.

PROVIDERS HAVE CAPACITY TO MEET HALF OF DEMAND; COVID INCREASED DEMAND

Figure 7: Providers Reporting Frequency of Turning Away or Waitlisting People due to Lack of Current (April 2021) Capacity to Meet Demand for Services and Providers Reporting the Impact of COVID on Demand for Services, 2021



Source: Maricopa County Community Action Program Needs Assessment Provider Follow Up Survey, 2021

Provider Capacity to Meet Current Demand by Service Category

Providers countywide reported the greatest challenges meeting the current (April 2021) demand for legal counseling, childcare, housing support, and physical health care access.

- While few providers responding to the survey offer legal counseling, among those that do, all reported that they always or frequently (60 percent) or sometimes (40 percent) must turn people away due to lack of capacity.
- Providers' ability to meet demand for childcare was divided between 30 percent reporting they always or frequently must turn people away, 40 percent reporting they sometimes must turn people away, and 30 percent reporting that they rarely or never have to turn people away.
- The ability to meet housing support needs was similarly split (37 percent always or frequently, 31 percent sometimes, and 33 percent rarely or never).

The services for which providers reported having the greatest capacity to meet demand include:

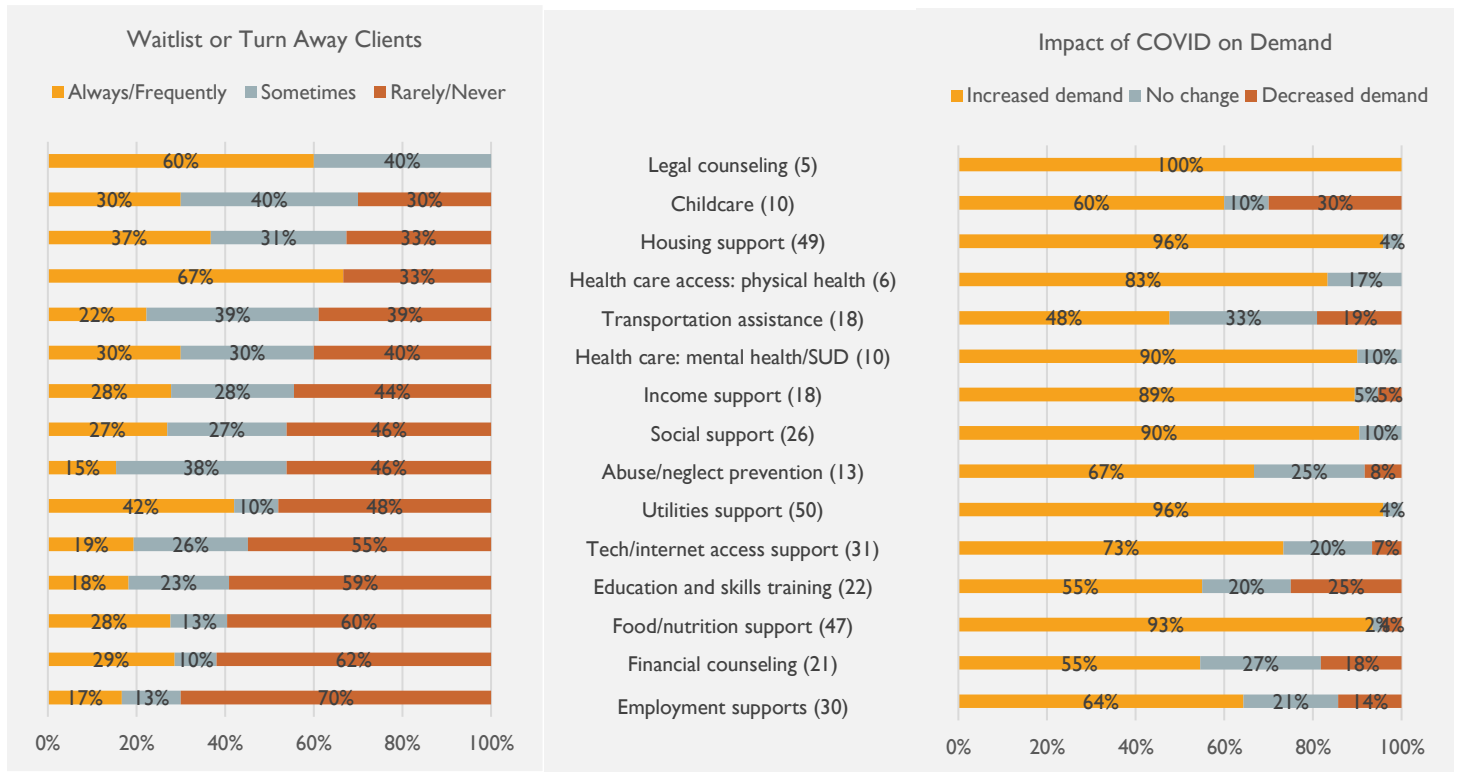
- Employment supports (70 percent rarely or never have to turn people away or put them on a waiting list)
- Financial counseling (62 percent rarely or never)
- Food and nutrition support (60 percent rarely or never)

Impact of COVID on Demand for Services by Service Category

Providers reported that demand for nearly all services increased due to COVID. A partial exception included childcare, where the impact of COVID was mixed. 30 percent of providers saw demand decrease, while 60 percent of providers saw demand for childcare increase and 10 percent saw no change.

CAPACITY MOST CONSTRAINED FOR LEGAL, CHILDCARE, HOUSING, AND HEALTH

Figure 8: Providers Reporting Frequency of Turning Away or Waitlisting People due to Lack of Current (April 2021) Capacity and Providers Reporting the Impact of COVID on Demand, by Type of Service, 2021



Note: Figure in parentheses represents providers who indicated their agency offered the service and assessed their agency's capacity to meet demand.

Source: Maricopa County Community Action Program Needs Assessment Provider Follow Up Survey, 2021

“The COVID pandemic has caused a tremendous increase in need for our services especially, food, utilities and housing assistance.”

ASSETS AND STRENGTHS

Focus group and survey respondents throughout the service areas reflected on shared community assets and strengths that support the health, wellbeing, and financial stability of Maricopa County residents.

- **Relationships and community cohesion.** Needs assessment participants from various regions discussed the importance of relationships and trust nurtured between community members and community organizations/providers.

“The relationships staff build with community is a key asset. This relationship piece is key. People need a safe space, they need to be supported by people who tell them they can, and to help them shift their mindset on what they are capable of, help build their confidence.”

- **Services supporting a broad range of resident needs.** Survey respondents noted services that provide support across the social determinants of health, with particular identification of food and nutrition assistance, housing and rental assistance, utility assistance, child and youth focused programs, healthcare, and workforce support.
- **Committed community organizations.** Stakeholders identified multiple agencies that are pivotal in providing social service support, including CAPs, community resource centers, senior centers, area agencies on aging, public health agencies, WIC, Vista del Camino, abuse and neglect service providers, I-HELP, Aid to Women Center, Health Start, childcare providers, community legal services, career centers, and partnerships with the faith community.
- **COVID emergency funds** were cited as an important infusion of money to increase provider response capacity during the pandemic.

COMMON THEMES AND RECOMMENDATIONS

The needs assessment surfaced common themes across Maricopa County’s service areas. Stakeholders identified several recommendations to address perceived challenges.

EQUITY

The findings indicate that, on average, people of color, people experiencing homelessness, and immigrants experience more challenges, and are more likely to endure worse outcomes than residents who are White and have higher incomes. Community members and providers shared observations and experiences of stigma impacting individuals’ and families’ ability to access needed services and supports and, in some cases, providers’ willingness to serve. Service area and countywide data disaggregated by demographic characteristics show consistent disparities for people of color, children, youth, and women.

Equity Recommendations

Focus group and survey participants discussed the need to address racial inequity in a systemic way. Specific approaches could include:

- Disaggregating and aligning data, indicators, and metrics to drive change.
- Analyzing policies, procedures, and funding for equity considerations.
- Developing meaningful strategies that counteract or dismantle structural barriers that produce disparities.

“Los estímulos económicos del gobierno federal están solo para gente legal cuando el mundo entero estaba afectado.”

(“The federal government’s stimulus is only for legal people when the whole world was affected.”)

SOCIAL DETERMINANTS OF HEALTH

Assessment participants discussed the need to work across the social determinants of health to support people holistically.⁴ People reflected on the domino effect of service needs, with instability in one area (e.g., losing a job) having ripple effects across other areas (e.g., ability to remain stably housed, afford childcare, etc.). Providers talked about the need to continually invest more in upstream approaches – prevention and early intervention – to support individual and family stability, health, and wellbeing, while still providing robust response and stabilization services and supports across the social determinants of health. The priority service categories were: 1) housing and utilities; 2) health and nutrition; and 3) employment, education and training, and early development.

Housing and Utilities

Housing insecurity was a universal focus across service areas, including the lack of supply of affordable homes or rental units, rising housing costs reducing people’s resources to meet other needs, increasing evictions, and growing numbers of people

⁴ The social determinants of health are the economic and social conditions that influence individual and group differences in health status.

experiencing homelessness. Housing support was a top five need for 9 out of 12 service areas and it was one of the service categories that providers felt they had the least capacity to meet the demand for – yet it was also the issue that many reflected would have the most positive impact on the community if the need could be met.

Utilities were commonly discussed in conjunction with housing. Increasing housing costs absorb a larger portion of a household's income while, at the same time, the intensity and duration of hot weather means people need to use more air conditioning leading to higher utility bills. Consequently, more residents need utility assistance. Providers were split on their assessment of their capacity to meet the need for utility assistance, but there was a consensus that the demand for this support has grown and will not be going away.

Housing and Utilities Recommendations

In terms of interventions to improve housing and utilities support, in addition to the widespread need for additional affordable housing inventory, focus group participants cited the need to:

- Slow down or otherwise intervene in the eviction process, which is fast and often does not permit the resident to easily respond by making up owed rent.
- Invest deeply in the housing continuum of care – from eviction prevention to long-term supported housing. There was a consensus that the housing continuum of care needs more funding and advocacy for this funding is necessary if the region hopes to increase stability and prevent homelessness. Specific recommendations for eviction and homeless prevention included implementing rapid re-housing strategies with effective and culturally relevant services to individuals and families in need, and to expand the time limit from nine months to 12 months to allow individuals to regain stability.
- Stakeholders cited the need to continue to advocate to maintain the current level of funding for utility assistance, which includes emergency COVID related investments.

“Ongoing funding at this level is needed and can help be a big push into prevention.”

Health and Nutrition

Concerns around access to behavioral health (mental health and substance use), physical health, and nutritious foods were common across service regions. Behavioral health access, in particular, was a top five critical unmet need for 11 out of 12 service areas. For both behavioral and physical health, collective access issues included access to insurance, high costs of care, physical access, and overall capacity (healthcare provider shortage):

Insurance. The county has variable rates of people lacking insurance, which are particularly high for people of color and indigenous populations. Health insurance coverage is one of the most effective ways to improve access.

Cost. Even for people with insurance, the cost of accessing care or medications can be high, making care out of reach for many low-income residents.

Physical access. Survey respondents and focus group participants commonly discussed challenges of getting to care providers because of transportation barriers and busy schedules. While telehealth expansion has helped in some cases, disparate access to broadband and varying technical capabilities have meant that not everyone has benefited from telehealth.

Healthcare provider shortage. Assessment participants corroborated data that show that there are not enough providers to meet the demand, particularly for behavioral health support.

Physical and Behavioral Healthcare Recommendations

Ideas to improve access to healthcare include:

- Consider how to support the development of more school clinics or mobile clinics to provide healthcare to people where they are.
- Focus on increasing access to health insurance, particularly for underinsured groups (people of color, American Indians, and working age residents).

- In the wake of the “public charge” rule being vacated in March 2021, reach out to immigrant communities whose members may have disenrolled from public services they are legally entitled to for fear of now defunct “self-sufficiency” attestations.
- Analyze lessons learned from COVID telehealth expansion and think about how to sustain and improve what worked well.
- Increase access to telehealth services to seniors, rural residents, and others by investing in strategies that close the digital divide, both in terms of increased access to technology and the ability to use it effectively.
- Participate in the broader work to increase the capacity of the behavioral healthcare system and its workforce across the continuum of prevention, crisis response, receipt, stabilization, and transition back to the community.

There are numerous strengths in the food and nutrition support services provided to residents. While food support was consistently identified as a top need in the service areas, it was also viewed by both clients and providers as one of the best met needs. This success may contribute to the finding that most of the service areas had low Supplemental Nutrition Assistance Program (SNAP) participation, which has effectively shifted the burden of food support to state, county, and locally funded solutions, like food banks, instead of taking full advantage of federal resources to meet this need.

Food and Nutrition Recommendations

Potential approaches to maintain access to food support and increase SNAP program participation include:

- Continue funding food support services to maintain high level of service access and satisfaction.
- Conduct targeted outreach to groups of people with the lowest SNAP participation rates.
- Analyze and implement approaches to increase SNAP participation rates, including eligibility process changes, program policies to support retention of benefits, and enrollment events.
- Provide more information and support to residents on strategies for eating healthy at a lower cost.

Employment, Education and Training, and Early Development

Assessment participants throughout the county reflected on the instrumental role a good job has in an individual’s or family’s stability, health, and wellbeing, and how developing the human potential and talent for meaningful work starts at a young age. A common finding was the low job quality available in many areas, with many jobs paying low wages and high turnover rates. Providers talked about challenges people experience trying to navigate workforce development supports.

Moving upstream chronologically to look at the future workforce reveals that countywide educational attainment tends be on par with national rates, but people of color are more likely to be left behind, with lower levels educational attainment on average. Stakeholders discussed the limited range of education and skill building paths for students who may be less interested in going to college. And moving even further upstream, participants discussed the lack of access to high quality childcare options, impacting children’s early development and readiness for success in school as well as parent’s ability work.

Employment, Education, and Childcare Recommendations

Ideas to strengthen employment, education and training, and childcare services and outcomes include:

- Increase workforce development coordination across workforce providers and programs to support improved employer relationships and enhanced client access and navigation.
- Support residents in acquiring and maintaining essential/soft skills like effective communication, how to interview well, and how to write a resume.

“Lack of experience on a resume can create barriers for prospective employees, whereas a resume focused on the candidate’s skills could open up opportunities. Looking at and removing other unnecessary hiring barriers could provide more opportunities and better pay to more people.”

- Collaboratively, with local employers and educational institutions, develop approaches for people to obtain and maintain the skills needed for higher paying jobs, including work experience, apprenticeships, pre-apprenticeships, and career and technical education opportunities.

“We need more support for trade type programs, and other tracks beyond college...apprenticeships that would allow for more on the job training...and all needs to be coupled with intensive case management to help clients stay on track.”

- Continue to support high school graduation through evidence-based and innovative approaches, focusing on populations with lower educational attainment rates. Assessment participants discussed working with children, youth, and families earlier in life to develop a vision and expectations for educational and career success. Stakeholders also talked about providing additional support for students who do not speak English as a first language.
- Support English as a second language education for adults as a strategy to remove barriers to hiring and advancement.
- Increase access to high quality early care and education for children, particularly children living in households with lower incomes or in “childcare deserts.”

COVID

Across the board, providers report that demand for services increased as consequence of the pandemic. It was and continues to be driven by the significant pandemic-induced unemployment, which made it hard for individuals and families to afford housing, utilities, healthcare, food, and childcare. While some office workers simply went home to work, people in lower paid service jobs, who already had less of a financial cushion, were more negatively impacted. In addition to the financial impacts, COVID contributed to behavioral health needs through increased anxiety, depression, social isolation, and substance use, likely influencing why behavioral health support was a consistently cited top unmet need. What is more, stakeholders do not see these needs going away anytime soon and they see a need to advocate for making some of the emergency funds permanent.

Some stakeholders noted that this was the first time they ever needed help, and their survey responses indicated somewhat greater difficulties with accessing services, perhaps in part due to not knowing or understanding the service system as well as people who had accessed services before the pandemic. In effect, the newly in-need population tested the accessibility and clarity of the service system.

COVID Recommendations

Learnings from the pandemic could prompt the following interventions:

- The challenges experienced by some of the newer service seekers argues for examining whether outreach and system navigation services are sufficient for someone new to circumstances of need.
- Analyze how American Rescue Plan Act (ARPA) and other emergency funds affected access to needed services and outcomes for clients; advocate to retain funding for services with positive results.

COORDINATION AND COMMUNICATION

Assessment participants commonly discussed the need to improve how information is shared with and accessed by community members, as well as across providers. Many people spoke about the effectiveness of resource centers, and the need for more of these one-stop-shop approaches. Information sharing/access often occurs virtually. Focus group participants and survey respondents cited the persistent digital divide as a communication barrier impacting equitable access to services. COVID increased the need for digital support because access to regular community technology hubs (libraries, community centers) was interrupted.

Coordination and Communication Recommendations

Recommendations from assessment participants related to coordination and communication include:

- Increase investment in coordinated resource centers or other no-wrong-door approaches to accessing services and supports across the social determinants of health.

- Continually improve eligibility processes to support client access and reduce red tape.
- Implement or enhance countywide cross-agency data sharing to reduce duplication and improve referral and connection to needed supports.
- Work to close the digital divide, increasing equitable access to technology and Broadband, as well as providing training to maximize the ability of residents to use the technology effectively.

SYSTEM CAPACITY AND EFFECTIVENESS

The provider survey revealed that providers may experience challenges being able to meet demand for services. While some of that challenge may be simply not having enough housing vouchers to go around, some of the capacity could be more structural. Providers reported that overly restrictive funding streams made it difficult to provide supports that would make a demonstrable contribution to their economic stability. Focus group attendees commented on the need to support the capacity (size and skillset) of the direct care workforce and to have effective leadership drive systems change work.

System Capacity and Effectiveness Recommendations

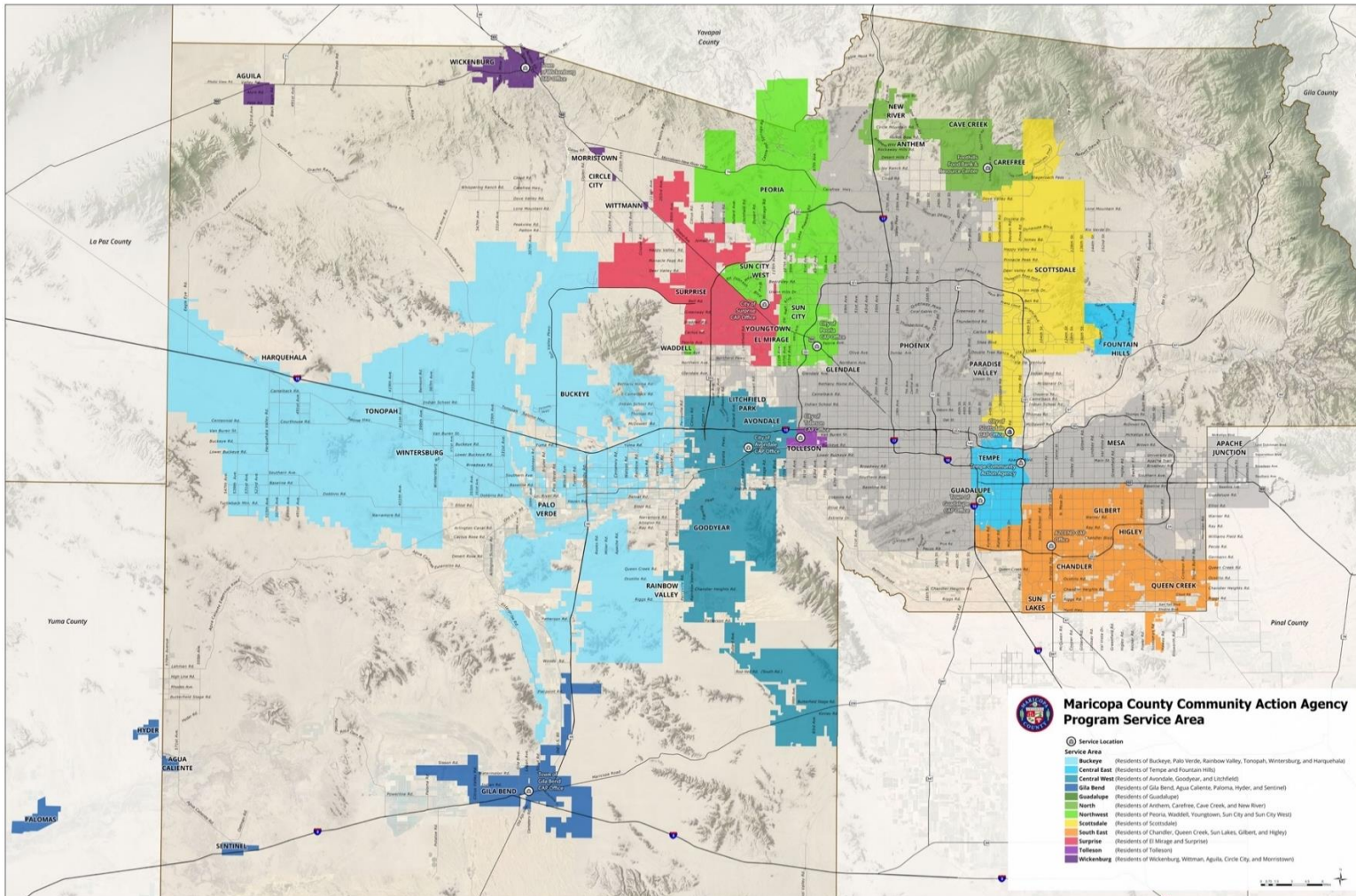
Approaches to enhance system capacity and effectiveness include:

- Provide special training and other professional development support for providers supporting people with behavioral health issues, experiencing homelessness, and with other complex issues.
- Enhance cross-sector partnerships.
- Develop a regional, cross-sector approach to address homelessness.
- Explore options for more unrestricted resources that would enable providers to use their expertise to help remove barriers to client self-sufficiency beyond categorical supports, like housing and utilities supports.

“The question is always who is going to take the lead, who is going to drive any new solution or work forward?”

Countywide Analysis

Maricopa County is a large, diverse county in southwestern Arizona which has the urban City of Phoenix at its core and many surrounding suburban and rural communities. This section provides needs assessment findings for Maricopa County as a whole. Findings specific to the 12 Service Areas can be found in the separate Service Area Summaries document.



Buckeye

Buckeye, Palo Verde, Rainbow Valley, Tonopah, Wintersburg, Harquehala

Central East

Tempe, Fountain Hills

Central West

Avondale, Goodyear, Litchfield Park

Gila Bend

Gila Bend, Agua Caliente, Palomas, Hyder, Sentinel

Guadalupe

Guadalupe

North

Anthem, Carefree, Cave Creek, New River

Northwest

Peoria, Waddell, Youngtown, Sun City, Sun City West

Scottsdale

Scottsdale

South East

Chandler, Queen Creek, Sun Lakes, Gilbert, Higley

Surprise

El Mirage, Surprise

Tolleson

Tolleson

Wickenburg

Wickenburg, Wittmann, Agula, Circle City, Morristown

MARICOPA COUNTY FINDINGS

COMMUNITY ENGAGEMENT

In addition to focus groups in specific service areas, a focus group was held with the Maricopa County Community Services Commission to solicit input on countywide conditions. Further, 371 residents across Maricopa County responded to the community survey on critical unmet needs, access, and satisfaction, while 66 service providers countywide responded to the follow up survey on demand for services and the impact of COVID on demand.

COMMUNITY CONTEXT

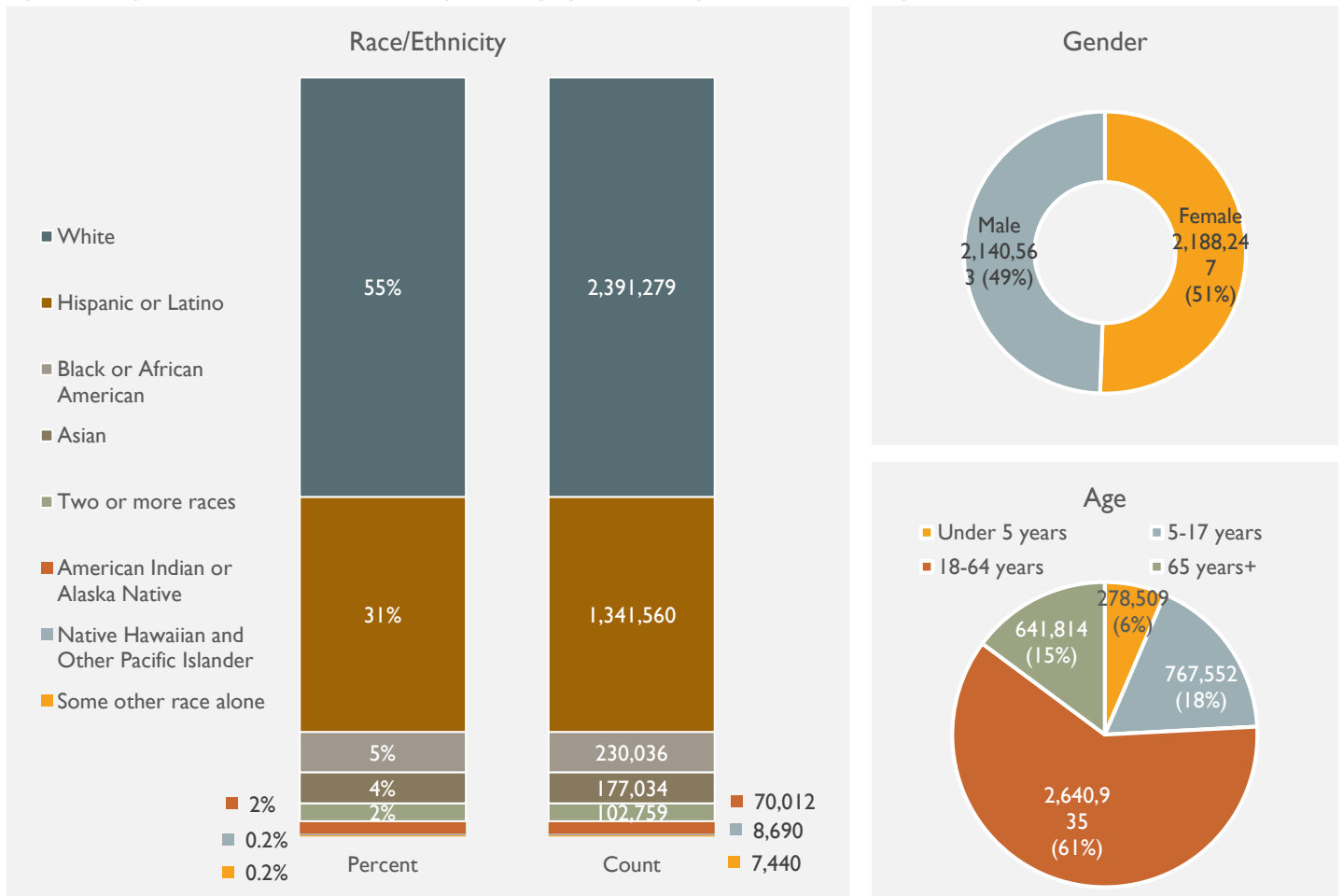
Demographics

As of 2019, Maricopa County was home to 4,328,810 residents:

- Slightly more residents are female (51 percent) than male (49 percent).
- Children ages 0-17 make up 24 percent of the population, while seniors make of 15 percent.
- Over half (55 percent) of residents identify as White, followed by 31 percent identifying as Hispanic or Latino.

MOST RESIDENTS IDENTIFY AS WHITE, FOLLOWED BY HISPANIC OR LATINO

Figure 9: Population Distribution in Maricopa County by Gender, Age, and Race/Ethnicity, 2019



Note: The race categories shown are all non-Hispanic or Latino; the ethnicity Hispanic or Latino is of any race.

Source: American Community Survey 2019 5-Year Estimates

Poverty

Overall, 13.8 percent of Maricopa County residents, or 588,350 people, live below the poverty level. Poverty is higher statewide (15.1 percent) and slightly lower nationwide (13.4 percent).

Poverty rates vary substantially across demographic characteristics:

- Approximately 15 percent of Maricopa County females are living in poverty, compared to 13 percent of males.
- People who identify as Some other race alone have the highest rate of poverty (24 percent), followed closely by people identifying as American Indian or Alaska Native (23 percent).
- Children under 5 years of age are the age demographic with the highest level of poverty (22 percent), followed by children ages 5-17 (19 percent).

Equity Gap Score

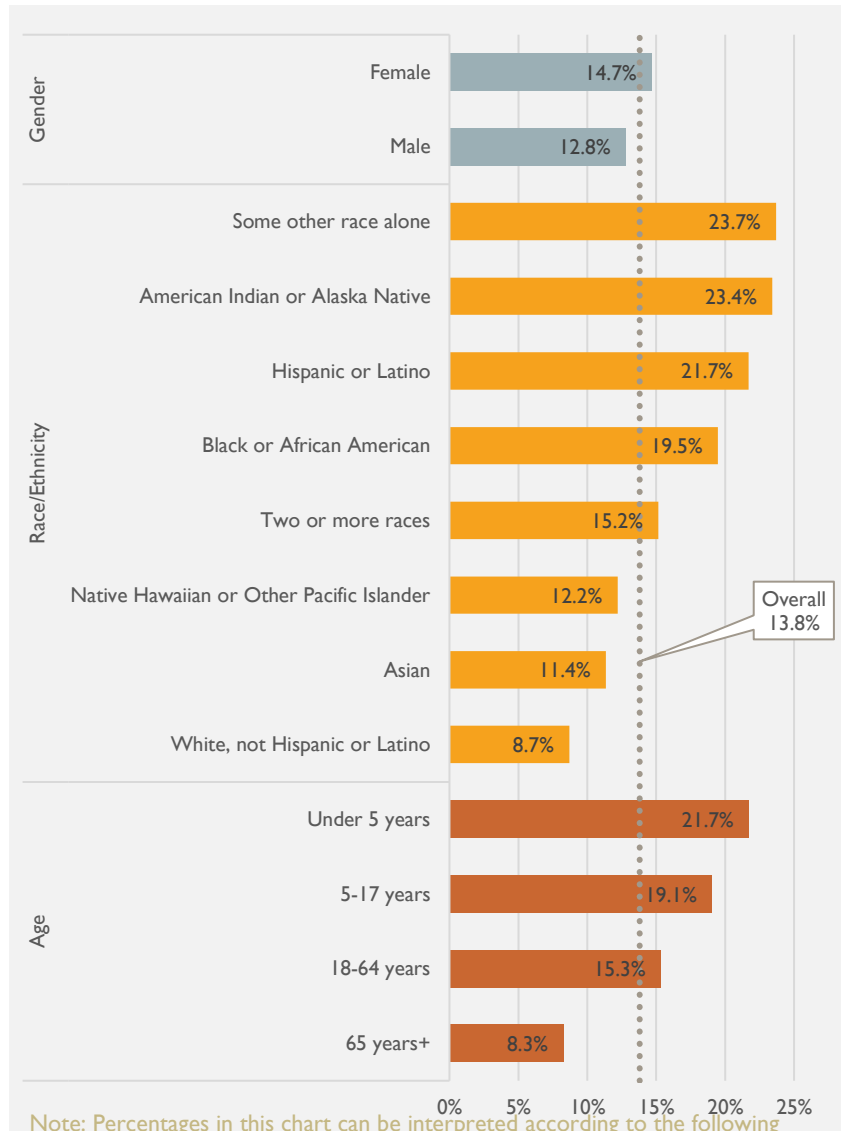
The poverty equity gap score for race/ethnicity is 2.7 in Maricopa County. An “equity gap” is the difference between the group with the most advantageous conditions compared and the group with the least advantageous conditions. An equity gap of 2.7 means that the rate of poverty for the group with the highest rate (Some other race alone) is nearly three times as high as the group with the lowest rate (White, not Hispanic or Latino). The race/ethnicity poverty equity gap score varies by service area. Among the areas large enough to have stable race/ethnicity data, the highest equity gap score was in North Service Area (16.5) while the lowest was in South East Service area (1.8).

Maricopa County
Poverty Equity Gap Score
2.7

People in Poverty
588,350
 Count of people in Maricopa County living in poverty

MORE WOMEN THAN MEN LIVE IN POVERTY

Figure 10: Percentage of Residents in Maricopa County Below Poverty by Gender, Age, and Race/Ethnicity, 2019



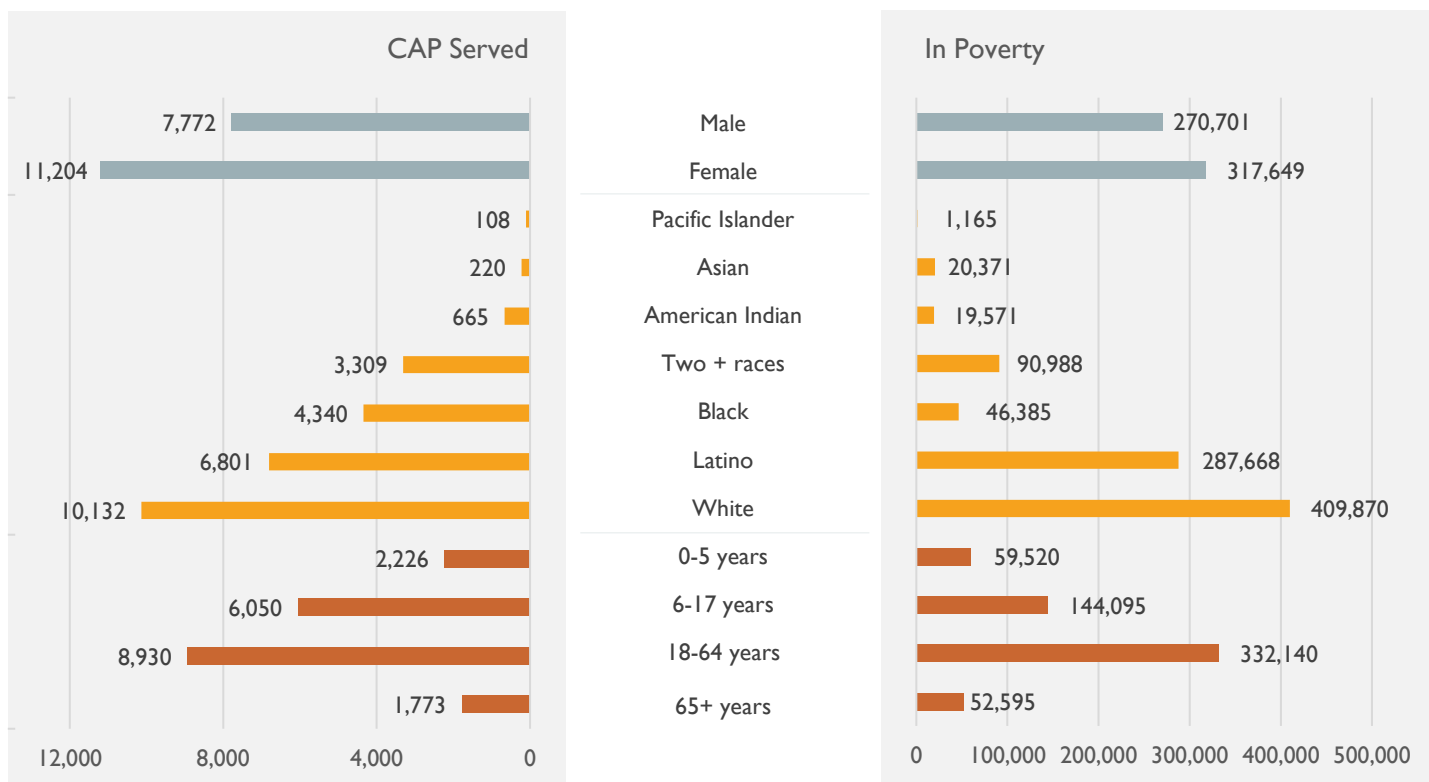
Note: Percentages in this chart can be interpreted according to the following example, “Among females, 14.7 percent are below poverty.”
 Source: American Community Survey 2019 5-Year Estimates

In fiscal year 2019/20, the CAP served an unduplicated total of 18,981 residents across all service areas. While not all service recipients are below poverty, comparing service recipients to the population in poverty can provide context for the service counts as well as highlight one of the primary target populations for the CAP – people experiencing poverty. Figure 11 provides the breakdown of service recipients by demographic characteristics and compares it to the count of people in poverty within each demographic characteristic. The CAP service population generally aligns with the population in poverty, with the exception of providing a notably higher proportion of services to people identifying as Black or African American and Native Hawaiian or Other Pacific Islander. The CAPs also provide a slightly higher proportion of services to children and youth, females, and people identifying as two or more races compared to the number of people in these groups in poverty.

The unduplicated count of people served in the 2018/19 fiscal year was 20,574, which is more than were served in 2019/20. In 2017/18, an estimated 19,551 people were served, which is also more than the number served in 2019/20.⁵

CLIENTS SERVED GENERALLY MATCHES THE DISTRIBUTION OF DEMOGRAPHIC GROUPS LIVING IN POVERTY

Figure 11: Unduplicated Count of Individuals Served by the Maricopa County CAP (2019/20) and the Count of Persons in Poverty in Maricopa County (2019) by Gender, Race/Ethnicity, and Age



Source: Maricopa County Human Services Department, Community Services Division; American Community Survey 2019 5-Year Estimates

Three years of administrative data shows fewer clients were served in 2019/20 than in the previous two years.

The unduplicated count of people served in the 2018/19 fiscal year was 20,574, which is more than the 18,981 served in 2019/20. In 2017/18, an estimated 19,551 people were served, which is also more than the number served in 2019/20.⁶

⁵ The 2017/18 figure is tallied from the unduplicated count of people served from each CAP service area; while unlikely, it is possible that an individual received services from more than one CAP, leading to a slight duplication in the count.

⁶ The 2017/18 figure is tallied from the unduplicated count of people served from each CAP service area; while unlikely, it is possible that an individual received services from more than one CAP, leading to a slight duplication in the count.

CRITICAL UNMET NEEDS

Top Identified Needs

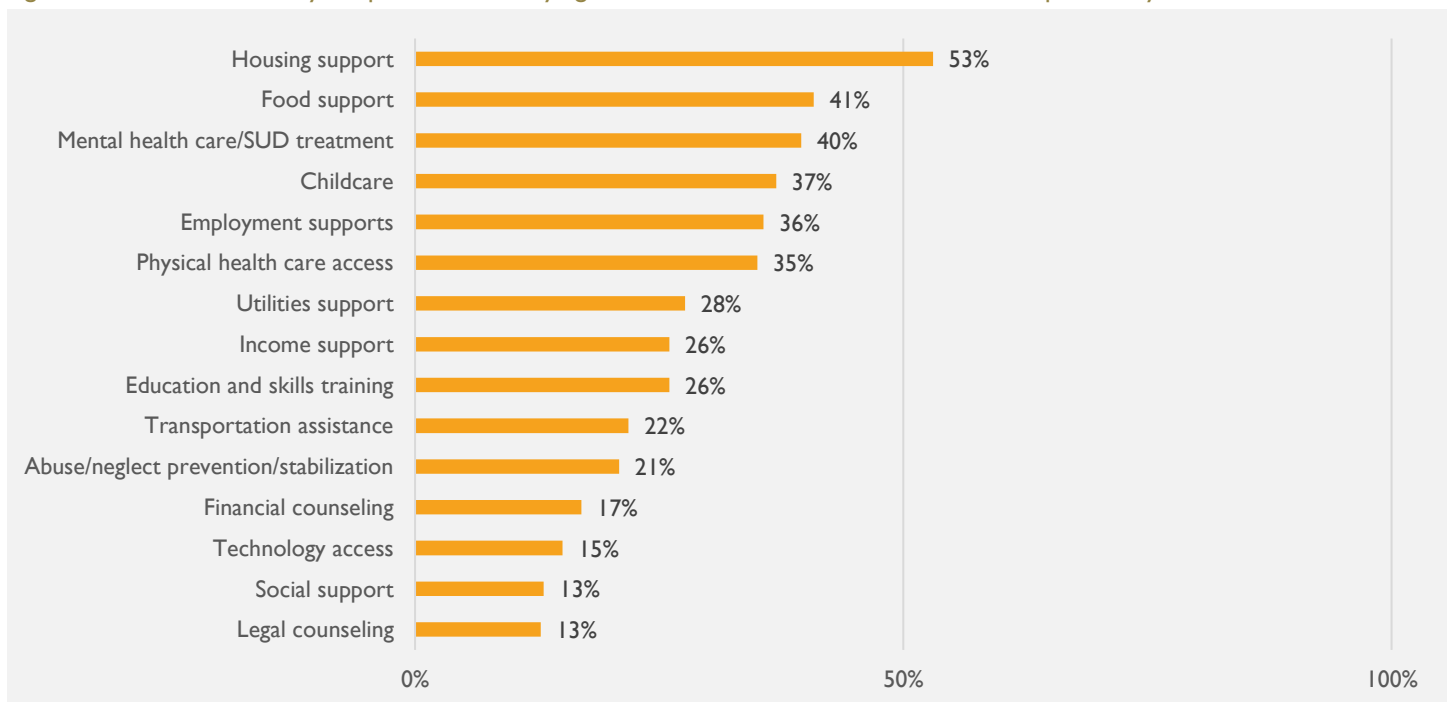
The most frequently cited critical unmet needs across Maricopa County identified by the largest proportion of survey respondents are:



Figure 12 provides the full breakdown of survey respondents' identification of critical unmet needs. Additional findings on the 10 most frequently cited critical unmet needs, including focus group input by issue, follow in the section titled Issue Areas on page 28.

MOST RESPONDENTS IDENTIFIED HOUSING AS A CRITICAL UNMET NEED

Figure 12: Percent of Survey Respondents Identifying Issue as a Critical Unmet Need in Maricopa County, 2021



Source: Maricopa County Community Action Program Needs Assessment Community Survey, 2021

Variation by Income Level

Identification of critical unmet needs varied slightly by income level, however, the overall patterns mirrored those reflected in the county as a whole across most income breakdowns. For example, **regardless of income level, housing support was identified as a top unmet need.**

Variation by Age

There was some variation in identified top unmet needs by age. Notably, **seniors were more likely to cite transportation assistance** than the countywide average, and **young adults, who have the lowest rate of health insurance coverage, were more likely to include physical health care access** as a critical unmet need.

- Young adults (between the ages of 18 and 24) were more likely to include physical health care access and income support as one of the top five needs, but were less likely to include housing support and childcare compared to the county as a whole.
- Responses from respondent between 25 and 44 years old were similar to the county as a whole.

- Respondents between 45 and 54 were more likely to identify utilities and income support as a top unmet need, and slightly less likely to identify food support.
- Respondents between 55 and 64 were more likely to identify education and physical health care access support compared to the county as a whole, and were slightly less likely to identify childcare or employment supports.
- Respondents between 65 and 74 were more likely to identify physical health care access and utilities support and slightly less likely to identify employment and mental health/SUD treatment support.
- Responses from respondents 75 and over were similar to the county as a whole, with less respondent identifying childcare as a top need and more respondents identifying transportation.

Variation by Gender

There was little variation by gender. Female respondents identified the same top five needs as the county as a whole, due in part to their large share of survey respondents. Male respondents were somewhat less likely to identify employment supports and more likely to identify physical health care access and transportation support.

Variation by Race/Ethnicity

Employment support, food support, and housing support were common identified needs across respondents' different race/ethnicities. Identification of other services as critical unmet needs varied somewhat by race/ethnicity:

- American Indian respondents and respondents of two or more races were more likely to identify abuse and neglect prevention and stabilization services as a critical unmet need.
- American Indian respondents were also more likely to identify education and skills training as a critical unmet need.
- White respondents were more likely to identify utility support as an unmet need.
- Black respondents and Asian respondents were more likely to identify income support as a critical unmet need.
- Non-Hispanic respondents were more likely to identify income support and physical health care access as a top critical need compared to Hispanic or Latino respondents.
- Hispanic or Latino respondents were more likely to identify employment supports and childcare as a top critical unmet need compared to Non-Hispanic respondents.

EMPLOYMENT, FOOD, AND HOUSING SUPPORT WERE COMMON CRITICAL NEEDS ACROSS RESPONDENT RACE/ETHNICITY IDENTIFICATION

Figure 13: Identification of Five Most Frequently Cited Critical Unmet Needs in Maricopa County by Race/Ethnicity, 2021

		Race							Ethnicity	
		Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	White	Two or more races	Not Listed	Hispanic or Latino	Not Hispanic or Latino
	Number of respondents	21	26	3	2	126	12	49	125	137
Service Category	Abuse/neglect prevention/stabilization		X				X			
	Childcare		X				X	X	X	
	Education and skills training		X							
	Employment support	X	X		X	X	X	X	X	
	Financial counseling				X					
	Food support	X	X	X		X	X	X	X	X
	Mental health care/SUD treatment	X		X		X			X	X
	Physical health care access		X	X				X		X
	Housing support	X	X	X	X	X	X	X	X	X
	Income support	X		X						X
	Legal counseling									
	Social support									
	Technology access									
	Transportation support				X	X				
Utilities support						X				

Note: The percentage of respondents within certain racial/ethnic groups identifying unmet needs was tied across several service categories resulting in more than five top unmet needs in the table. "SUD" refers to substance use disorder.

Source: Maricopa County Community Action Program Needs Assessment Community Survey, 2021

Variation by Household Type

Identification of critical unmet needs varied somewhat by household type, with **single male head of household respondents more likely to identify education and skills training, and, together with single respondents, income supports as critical unmet needs.** The overall pattern of other responses largely mirrored broader county trends.

HOUSING, CHILDCARE, AND MENTAL HEALTH CARE WERE MOST COMMON NEEDS ACROSS HOUSEHOLD TYPES

Figure 14: Identification of Five Most Frequently Cited Critical Unmet Needs in Maricopa County by Household Type, 2021

		Household Type					
		Single female head of household	Single male head of household	Two parent household	Two adults, no minor children	Single person	Other
Number of respondents		48	8	73	48	69	24
Service Category	Abuse/neglect prevention/stabilization						
	Childcare	X	X	X		X	X
	Education and skills training		X				
	Employment support	X			X		X
	Financial counseling						
	Food support			X	X	X	X
	Mental health care/SUD treatment	X		X	X	X	X
	Physical health care access	X			X		X
	Housing support	X	X	X	X	X	X
	Income support		X			X	
	Legal counseling						
	Social support						
	Technology access						
	Transportation support						
Utilities support							

Note: "SUD" refers to substance use disorder.

Source: Maricopa County Community Action Program Needs Assessment Community Survey, 2021

CLIENT SERVICE ACCESS

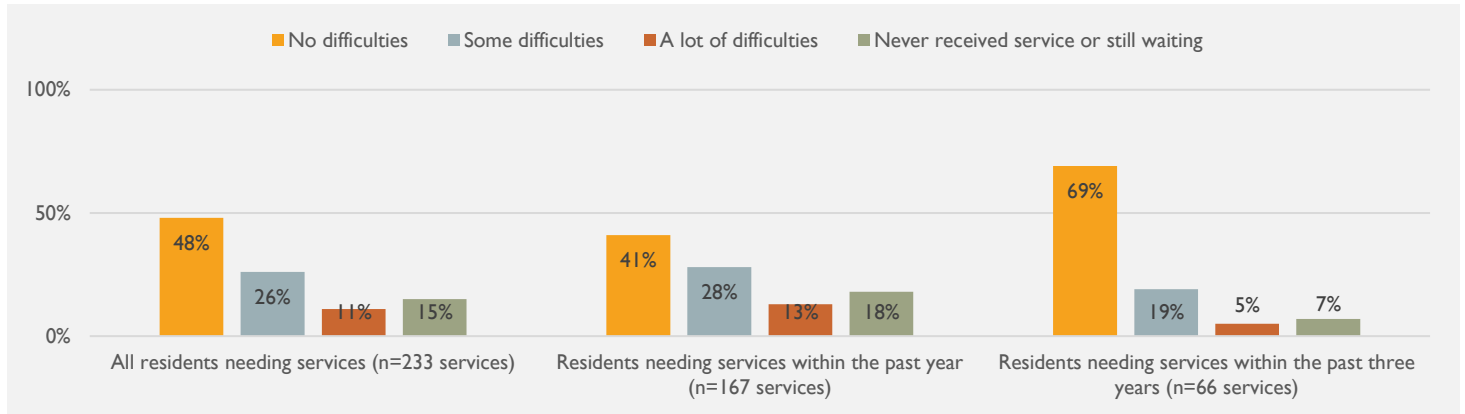
Ease of Accessing Services Overall

Most survey respondents who sought services were able to get the services they needed with little difficulty, but those who sought services within the last year had a more difficult time than those who sought services over the past three years:

- Survey respondent indicated that most of the services they sought out were accessed with no difficulty (48 percent) or some difficulty (26 percent).
- Residents who identified as needing services within the past year were more likely to cite that they never received or were still waiting for services (18 percent), compared to those needing services over the past three years (7 percent).
- Both providers and clients report that, by and large, service needs increased as a result of the pandemic, likely impacting the ability of service providers to meet the needs of people seeking services for the first time, especially early in the pandemic, while providers were awaiting resources from federal relief packages. Those newly in-need may also experience greater challenges finding services due to lack of knowledge or experience navigating the system of supports.
- Residents who identified as needing services within the past year were also less likely to cite no difficulty in accessing services (41 percent) compared to residents needing services over the past three years (69 percent).

AMONG PEOPLE SEEKING SERVICES, MOST WERE ABLE TO GET HELP

Figure 15: Maricopa County Respondents' Perception of Difficulty Accessing Services Shown as Percent of Number of Services Sought by When Services Were Needed, 2021



Source: Maricopa County Community Action Program Needs Assessment Community Survey, 2021

Variation in Service Access by Race/Ethnicity

High service access was reported across all race/ethnic groups. Similar to response patterns among respondents as a whole, residents across all racial groups who received services in the past three years compared to those who received services in the past year were more likely to indicate no difficulty in receiving services. In general, service access was highly rated among all race/ethnic groups.

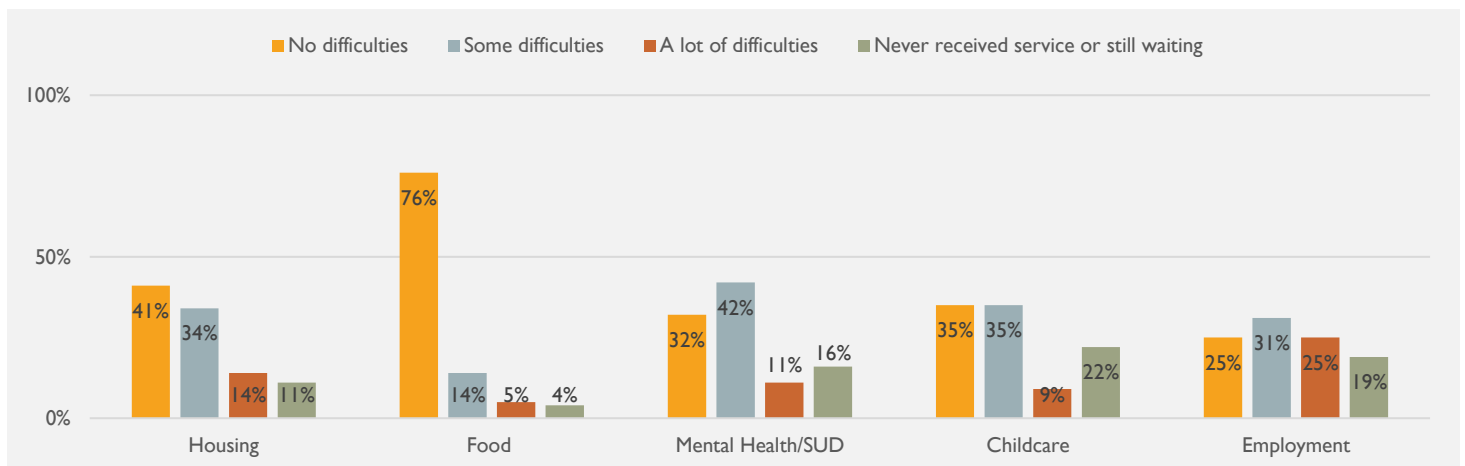
Variation in Service Access Across the Top Five Critical Unmet Needs

Access varied among the top five unmet needs identified by survey respondents. Among respondents citing a need for a service:

- The vast majority (76 percent) of respondents needing food/nutrition support noted no difficulties accessing the service.
- Roughly one-third of respondents each needing the following services noted “some difficulties” in accessing them: housing (41 percent), mental health or substance use disorder treatment (32 percent), childcare (35 percent), and employment (25 percent).
- One quarter or respondents needing employment supports expressed “a lot of difficulty” in accessing the service.

AMONG PEOPLE NEEDING FOOD, MOST HAD NO DIFFICULTY ACCESSING SUPPORT

Figure 16: Maricopa County Respondents' Perception of Difficulty Accessing Services Shown as Percent of Respondents by Top Critical Unmet Need, 2021



Note: These percentages are based on the assessment of the following number of respondents indicating they sought out the service: housing (44), food (92), mental health/SUD (19), childcare (23), and employment support (16). “SUD” refers to substance use disorder.

Source: Maricopa County Community Action Program Needs Assessment Community Survey, 2021

CLIENT SATISFACTION

Client Satisfaction with Services Overall

Most respondents were satisfied with the services they received. Of the respondents who indicated receiving services, they reported to be satisfied with 69 percent of service counts, compared to neutral satisfaction with 18 percent of service counts and unsatisfied with 13 percent of service counts.

Respondents receiving services over the past three years were more likely to report satisfaction with services (satisfaction with 87 percent of services), compared to those receiving services over the past year (satisfaction with 63 percent of services), though both results indicate satisfaction for a strong majority of services received.

RESIDENTS RECEIVING SERVICES IN LAST YEAR WERE LARGELY SATISFIED, BUT LESS SO THAN THOSE RECEIVING SERVICES OVER THE PAST THREE YEARS

Figure 17: Maricopa County Respondents' Perception of Satisfaction with Services Received Shown as Percent of Number of Services Received by When Service was Received, 2021



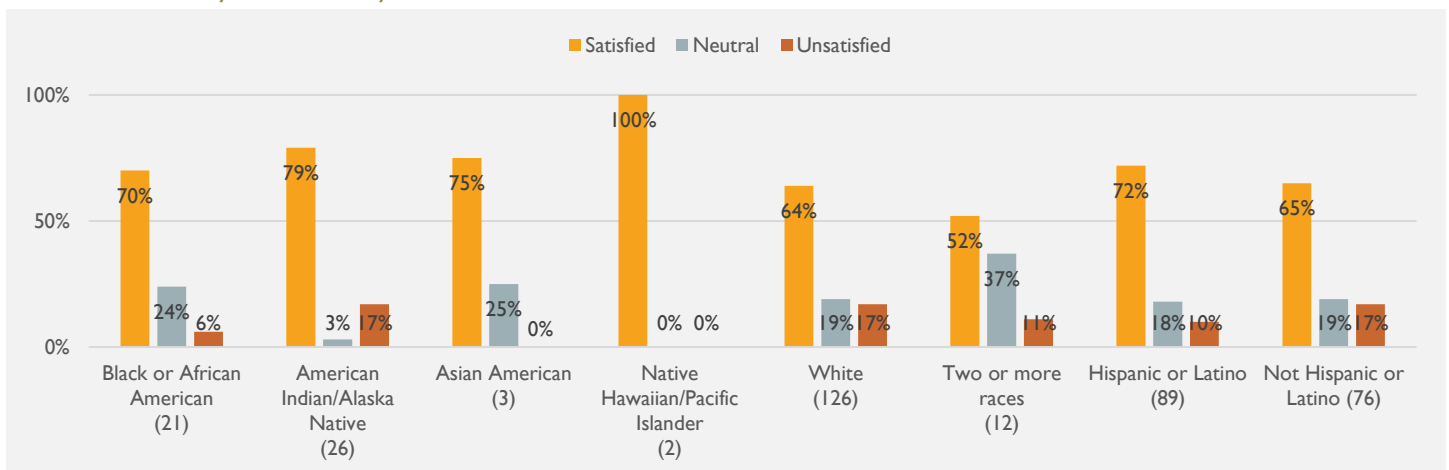
Source: Maricopa County Community Action Program Needs Assessment Community Survey, 2021

Variation in Satisfaction by Racial Identity

Level of satisfaction was high across all racial categories, from respondents of two or more races satisfied with 52 percent of their services to Native American respondents satisfied with 79 percent of their services.

PEOPLE OF MIXED RACE WERE LEAST LIKELY TO BE SATISFIED WITH SERVICES

Figure 18: Maricopa County Respondents' Perception of Satisfaction with Services Received Shown as Percent of Number of Services Received by Race/Ethnicity, 2021



Note: Figures in parentheses under the service area represent the number of respondents who sought out services and indicated their experience accessing services.

Source: Maricopa County Community Action Program Needs Assessment Community Survey, 2021

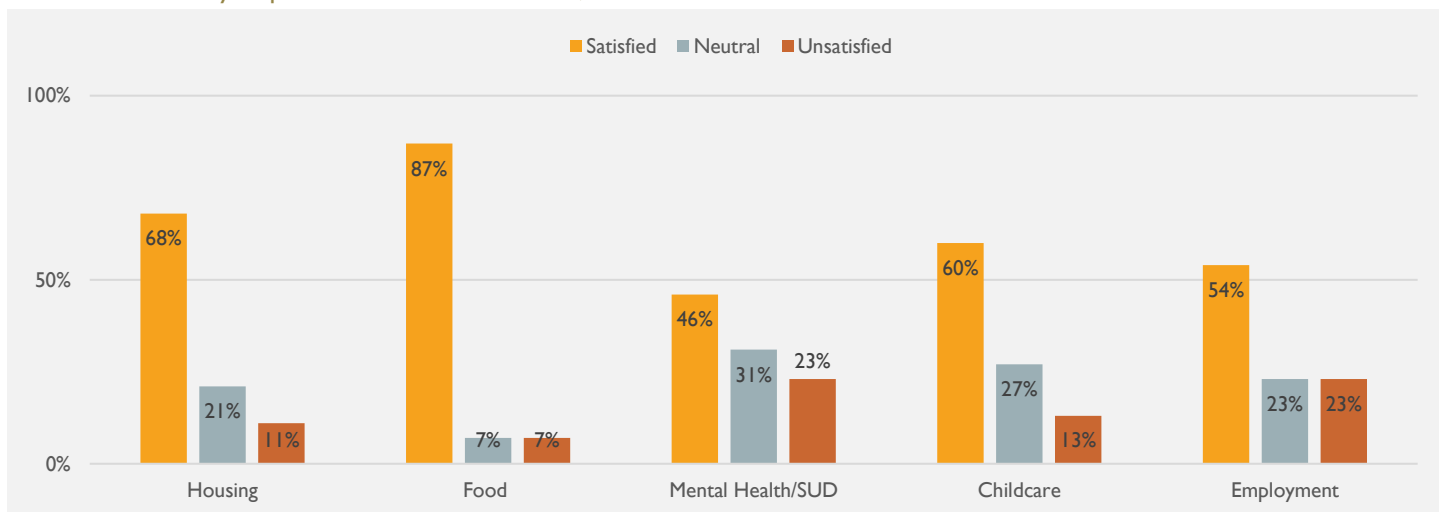
Variation in Satisfaction Across the Top Five Critical Unmet Needs

Satisfaction was strong but somewhat varied across the top five most cited unmet needs. Among respondents that indicated they had received a given service:

- Satisfaction was highest for food/nutrition support (87 percent) and lowest for mental health/substance abuse disorder treatment (46 percent).
- Satisfaction was above 50 percent for employment services (54 percent), childcare (60 percent), and housing (68 percent).

HIGH SATISFACTION WITH FOOD SUPPORT; LESS SATISFACTION WITH MENTAL HEALTH CARE AND EMPLOYMENT SUPPORTS

Figure 19: Maricopa County Respondents' Perception of Satisfaction with Services Received Shown as Percent of Number of Services Received by Top Five Critical Unmet Needs, 2021



Note: These percentages are based on the assessment of the following number of respondents indicating their satisfaction level for a service they received: housing (38), food (89), mental health care (13), childcare (15), and employment support (13). "SUD" refers to substance use disorder.

Source: Maricopa County Community Action Program Needs Assessment Community Survey, 2021

COMMUNITY ASSETS AND STRENGTHS

The focus group with the Maricopa County Community Services Commission surfaced many assets and strengths that support the ability of Maricopa County residents in need to achieve economic stability. As needs increase, stakeholders cited the necessity of getting creative and implementing solutions collaboratively to meet that need. For example:

- **Shifting views on prevention may argue for investing upstream**, before people reach crisis or develop chronic needs. First Things First, which serves young children and their families across Arizona, was cited as an example of a successful and expandable upstream investment.
- **Partnerships** between nonprofits, CAP offices, and municipalities are allowing for holistic services to be offered.

The coronavirus pandemic was an extreme test to the system and there was a sense that the human services network passed the test, showing that the region has the infrastructure to support demand and that CAP is a prevention service, namely eviction prevention supports that CAP has been invested in all along.

“Municipalities are realizing the cost of living is going up too much for residents, and they need and want more affordable housing. There are opportunities here for more collaboration across sectors to communicate and take action on some "out of the box" types of solutions.”

ISSUE AREAS

This section drills down on the 10 issues identified most frequently as critical unmet needs and highlights both primary and secondary data relevant to each issue.

HOUSING AND HOMELESSNESS

Housing was the number one critical unmet need identified by survey respondents and this was corroborated by focus group participants. The high cost of housing is a significant barrier to economic prosperity and housing stability for many residents, pressing an increasing number into homelessness.

- Median rent is \$1,127 per month in Maricopa County, higher than both the state and national medians.
- Fully 47.7 percent of residents spend more than 30 percent of household income on rent. Thirty percent is the standard threshold for “affordability” meaning that families spending more than 30 percent of household income on rent have fewer resources remaining for food, utilities, childcare, and other necessities, placing them in potentially unstable financial conditions.

HALF OF COUNTY RENTERS HAVE A HIGH RENT BURDEN

Figure 20: Median Rent and Percentage of Households Spending more than 30% of Household Income on Rent in Maricopa County, Arizona, and United States, 2019

Median Rent	Percentage of households spending more than 30% of income on rent
\$1,127 Maricopa County	47.7% Maricopa County
\$1,052 Arizona	48.0% Arizona
\$1,062 United States	49.6% United States

Source: American Community Survey 2019 5-Year Estimates

The lack of affordable housing is one contributor to the fact that homelessness increased 12 percent in the one-year period between the 2019 and 2020, according to the point-in-time count of unhoused individuals in Maricopa County.⁷ Focus group participants highlighted the particular challenge for people of color, who are experiencing more homelessness, which is connected to poverty and other systemic factors that tend to impact people of color more than other groups. As shown in Figure 22, point-in-time data compared to population data shows that Black or African American and American Indian or Alaska Native residents experience disproportionately high rates of homelessness. Further, stakeholders point out that a criminal record can be a significant barrier to accessing housing or housing supports.

NUMBER OF HOMELESS CONTINUES TO GROW

Figure 21: Point-in-Time Count of Sheltered and Unsheltered Homeless Individuals in Maricopa County in 2020 and Change in Total Count of Homeless Individuals in Maricopa County Between 2019 and 2020

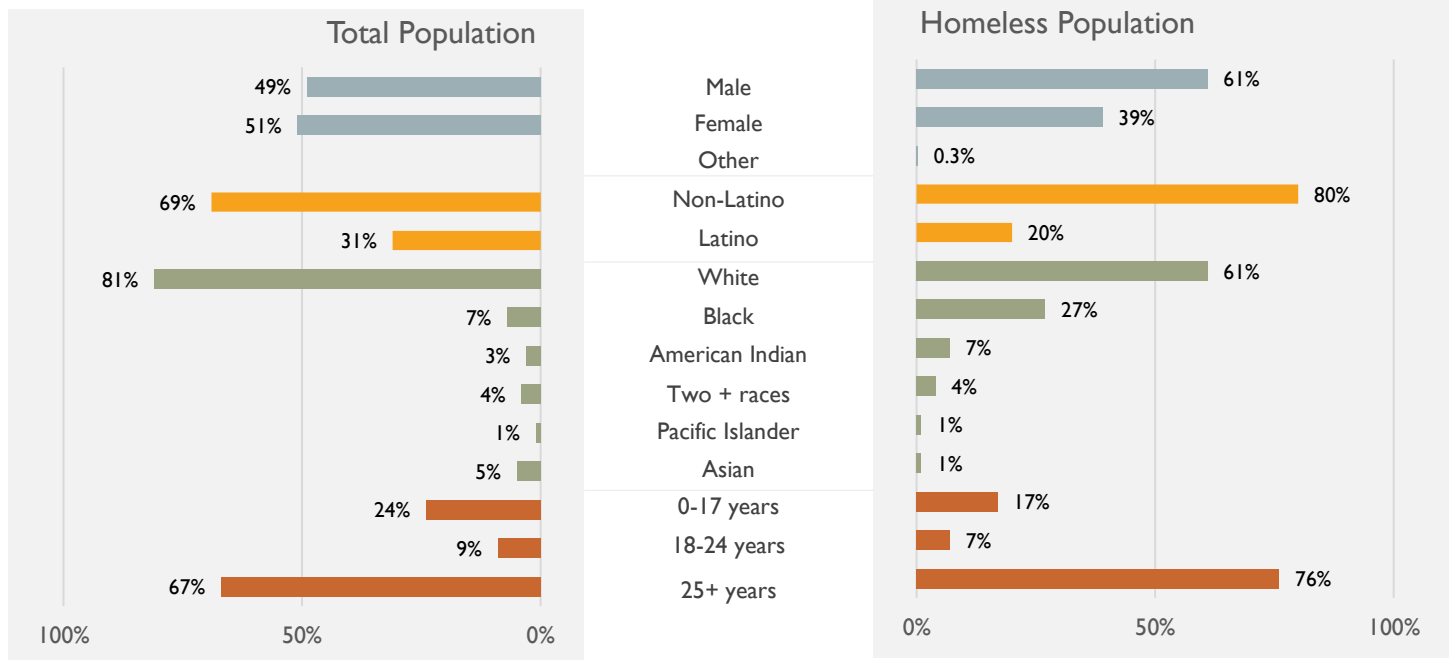
Count of Homeless (Unsheltered)	Count of Homeless (Sheltered)	Change in Total Homeless Count (2019 to 2020)
3,767 Maricopa County	3,652 Maricopa County	+12% Maricopa County

Source: Maricopa County Association of Government, 2020 Point-in-Time Homeless Count

⁷ This increase continues a longer-term trend. The point-in-time count documented a 5 percent increase between 2018 and 2019, which was on top of a 12 percent increase between 2017 and 2018.

MALE, NON-LATINO, AND BLACK RESIDENTS MAKE UP DISPROPORTIONATE SHARE OF HOMELESS POPULATION

Figure 22: Demographic Makeup of the Maricopa County Homeless Population Compared to Maricopa County Overall



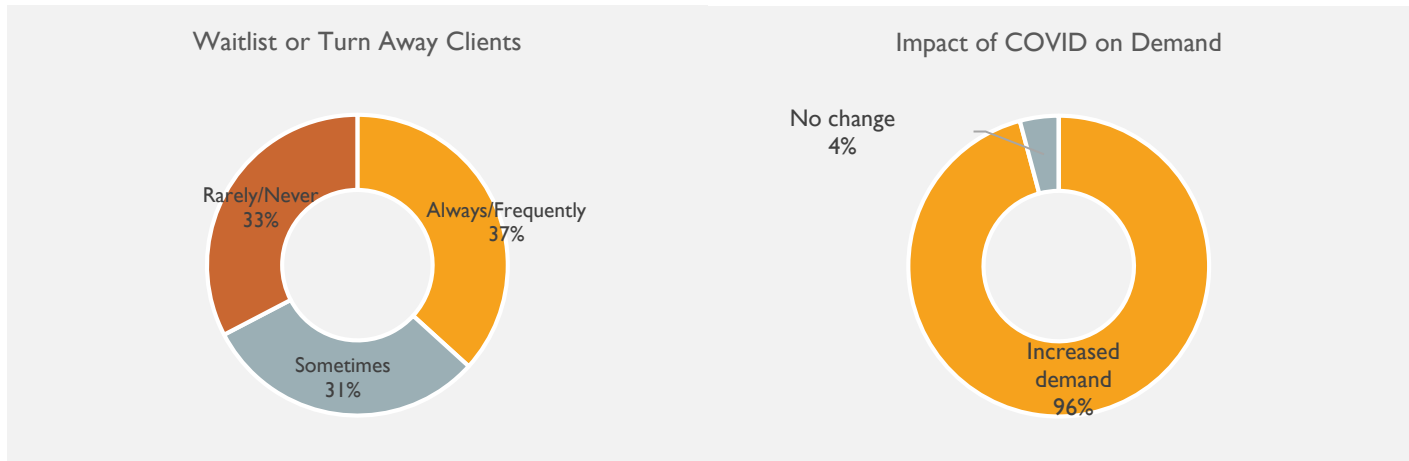
Source: Maricopa County Association of Government, 2020 Point-in-Time Homeless Count; American Community Survey 2019 5-Year Estimates

Service providers were nearly unanimous in reporting the increased demand for housing support services due to COVID. Nearly all service providers responding to the follow up provider survey indicated they provide housing support services, but they were split on whether they were able to meet the current demand for housing support:

- 37 percent indicated that they “always/frequently” had to turn people away or add them to a waiting list for lack of capacity to meet the demand for housing support services.
- Whereas 31 percent said they “sometimes” had to turn people away, and 33 percent indicated that they “rarely/never” had to turn people way.

PROVIDERS SPLIT ON CAPACITY TO SERVE HOUSING NEEDS

Figure 23: Providers Reporting Frequency of Turning Away or Waitlisting People due to Lack of Current (April 2021) Capacity to Meet Demand for Housing Support and Providers Reporting the Impact of COVID on Demand for Housing Support Services, 2021



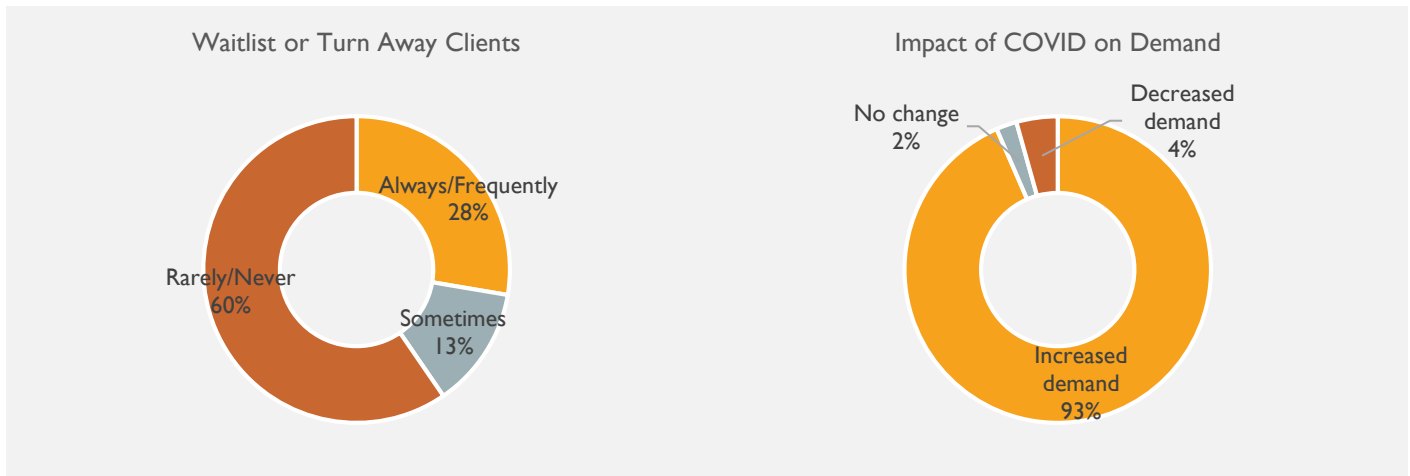
Source: Maricopa County Community Action Program Needs Assessment Provider Follow Up Survey, 2021

FOOD SECURITY

Food support was the 2nd most frequently cited critical unmet need countywide, yet among community survey respondents seeking food support, most (76 percent) reported no difficulties accessing this support and 87 percent were satisfied with the support they got. This is generally supported by reports from providers, of which 60 percent reported that they can meet demand for food support (that is, they rarely or never need to turn someone away). Still, 28 percent reported difficulty meeting demand, indicating that they always or frequently must turn people away. This may be in part due to the increased demand because of the pandemic; fully 93 percent of providers reported increased demand for food support because of the pandemic. In general, however, both the client and provider data signal that the need is great, but the community is doing a good job meeting this need for most residents.

MOST, BUT NOT ALL, PROVIDERS HAVE CAPACITY TO MEET FOOD SUPPORT DEMAND

Figure 24: Providers Reporting Frequency of Turning Away or Waitlisting People due to Lack of Current (April 2021) Capacity to Meet Demand for Food Support and Providers Reporting the Impact of COVID on Demand for Food Support, 2021



Source: Maricopa County Community Action Program Needs Assessment Provider Follow Up Survey, 2021

The Supplemental Nutrition Assistance Program (SNAP), which is referred to as Nutrition Assistance in Arizona, provides funds to buy food. Families with gross incomes up to 130 percent FPL (Federal Poverty Level) and 100 percent net FPL are eligible in addition to people who are categorically eligible (e.g., because of disability). In Maricopa County, it has a relatively low participation rate overall – 9.4 percent of all households – as well as low participation among poverty-level households, with only 35 percent participating in this program. When looking at participation rates by race/ethnicity compared to poverty, some groups may be underutilizing SNAP more than others.

MOST POVERTY-LEVEL HOUSEHOLDS DO NOT RECEIVE SNAP

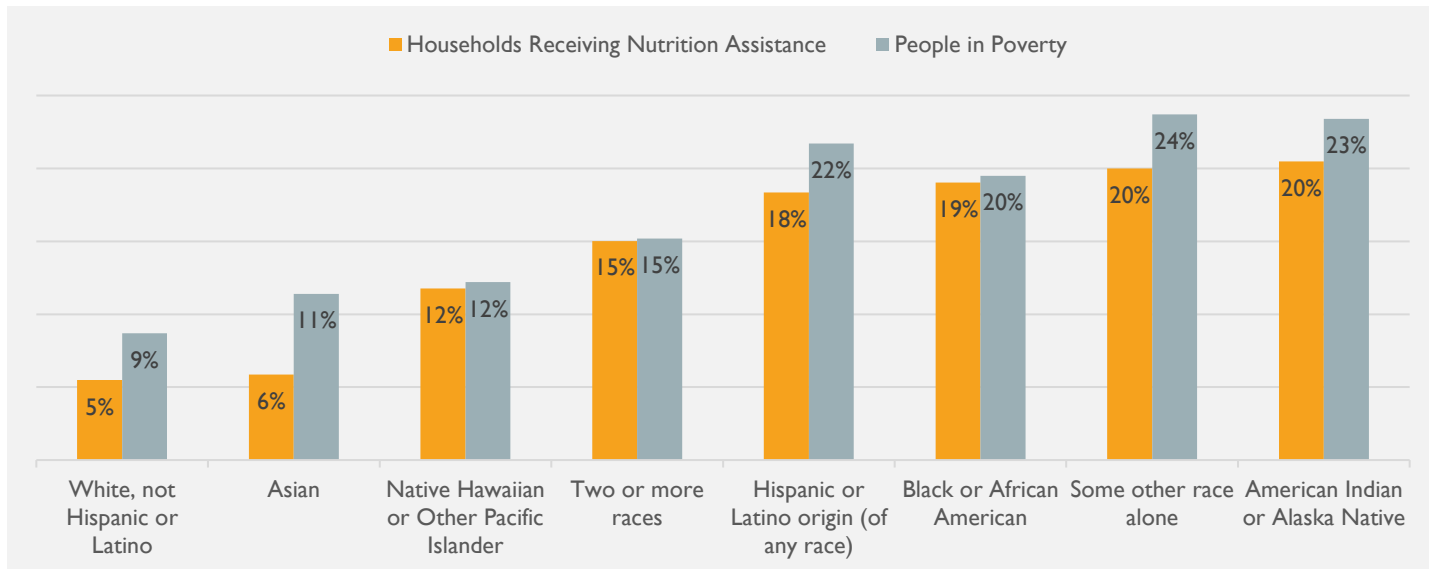
Figure 25: Maricopa County Households (all income levels and poverty level) Receiving SNAP, 2019

Households receiving SNAP	Households below poverty level receiving SNAP
9.4%	34.9%
(145,510)	(65,655)
Maricopa County	Maricopa County
11.1%	38.1%
Arizona	Arizona
11.7%	43.0%
United States	United States

Source: American Community Survey 2019 5-Year Estimates

SEVERAL RACE/ETHNIC GROUPS MAY BE UNDERUTILIZING SNAP

Figure 26: Households Receiving SNAP (Nutrition Assistance) and Percent in Poverty by Race/Ethnicity in Maricopa County, 2019



Note: Persons in poverty is shown to provide a rough estimate of need; it does not constitute eligibility.

Source: American Community Survey 2019 5-Year Estimates

HEALTH

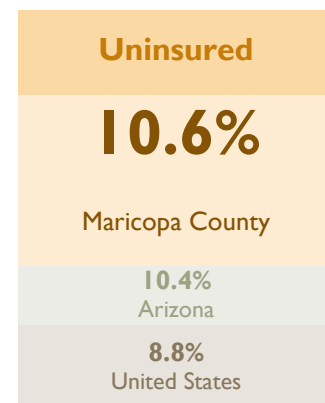
Access to mental health care or substance use disorder treatment was the 3rd most frequently cited critical unmet need by survey respondents and access to physical health care was the 6th most frequently cited critical unmet need. According to focus group participants, cost, culture, and COVID are reported to be barriers to optimal health. For example, one stakeholder reported that the cost of care is a barrier to many low-income households, particularly for people who lack health insurance coverage. Further, the impact of systemic racism and anti-immigrant policies on the quality and availability of care for people of color leads to lower access. Stakeholders also report that COVID is exacerbating mental health issues and increased social isolation for many populations, particularly seniors.

Provider shortages both before and during the pandemic have negatively impacted people's ability to receive timely care, and this shortage impacts people with insurance as well as those without:

- In Maricopa County, the ratio of population to primary care physicians in 2018 was 1,450:1. This ratio is somewhat poorer than the national average of 1,319 people per primary care physician, and it is well under the ratio of the top U.S. performers (defined as counties in the 90th percentile), which had a ratio of 1,030 residents to 1 provider. Since 2010, there has been a slight improvement in the Maricopa County ratio, when the ratio was 1,587:1.⁸
- The ratio of population to mental health care providers in Maricopa County in 2018 was 700:1. The top U.S. performers had a ratio of 270:1.

While provider shortages are a barrier, a primary barrier to timely care is the lack of health insurance coverage:

- Fewer Maricopa County residents have health insurance coverage than the state and national averages.
- Residents identifying as American Indian or Alaska Native, some other race alone, and Hispanic or Latino (of any race) had the highest rates of being uninsured: 22 percent, 22 percent, and 19 percent, respectively.
- Some of this variation may be attributable to the 2019 "public charge" rule, which required that applicants requesting a change in immigration status must submit a "Declaration of Self-Sufficiency" indicating they were not in receipt of



Source: American Community Survey 2019 5-Year Estimates

⁸ County Health Rankings and Roadmaps (www.countyhealthrankings.org)
Countywide Analysis

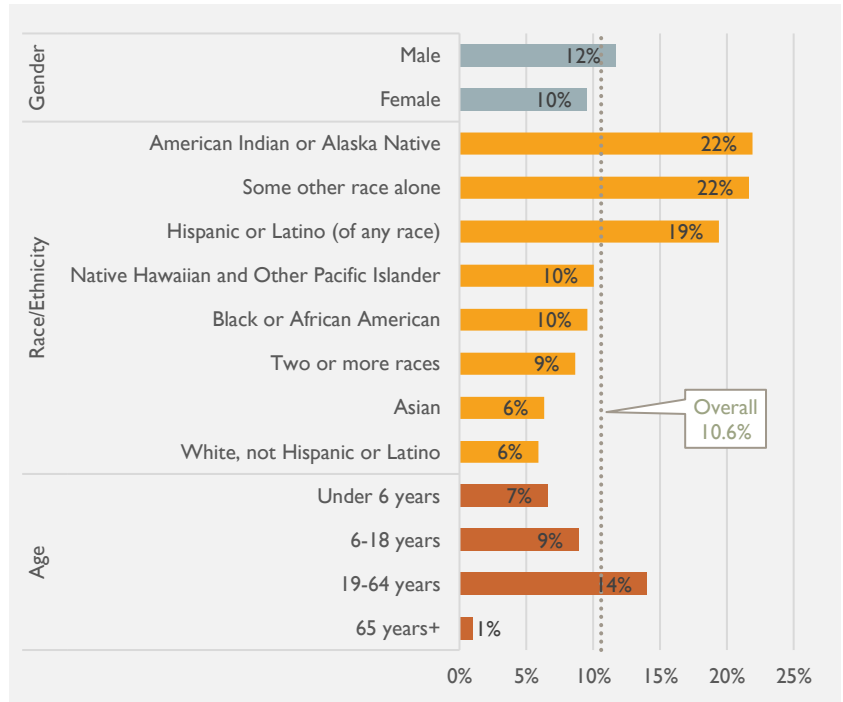
public benefits. As of March 2021, the Department of Homeland Security no longer applies the “public charge” rule on the grounds that the rule was confusing and may have prevented immigrants and their families from lawfully accessing critical government services available to them. However, focus group input prior to this ruling corroborates this fear, with participants indicating that immigrants disenrolled from SNAP, Medicaid, and other services in order to apply to change their immigration status.

Survey responses from Maricopa County CAP providers echo some of the access challenges prevalent in the data:

- Among the 12 providers responding to the provider follow up survey that provide mental health and/or substance abuse treatment services, 40 percent reported that they rarely or never have to turn away prospective clients seeking services, whereas 30 percent report that they have to turn away prospective clients sometimes and another 30 percent indicate they have to turn away clients always or frequently.
- Among the nine providers responding to survey that provide physical health services, 67 percent report that they always or frequently have to turn prospective clients away or put them on a waiting list.
- Providers of both mental health and physical health services report an increase in demand resulting from the pandemic.

LARGE INEQUITIES IN INSURANCE COVERAGE

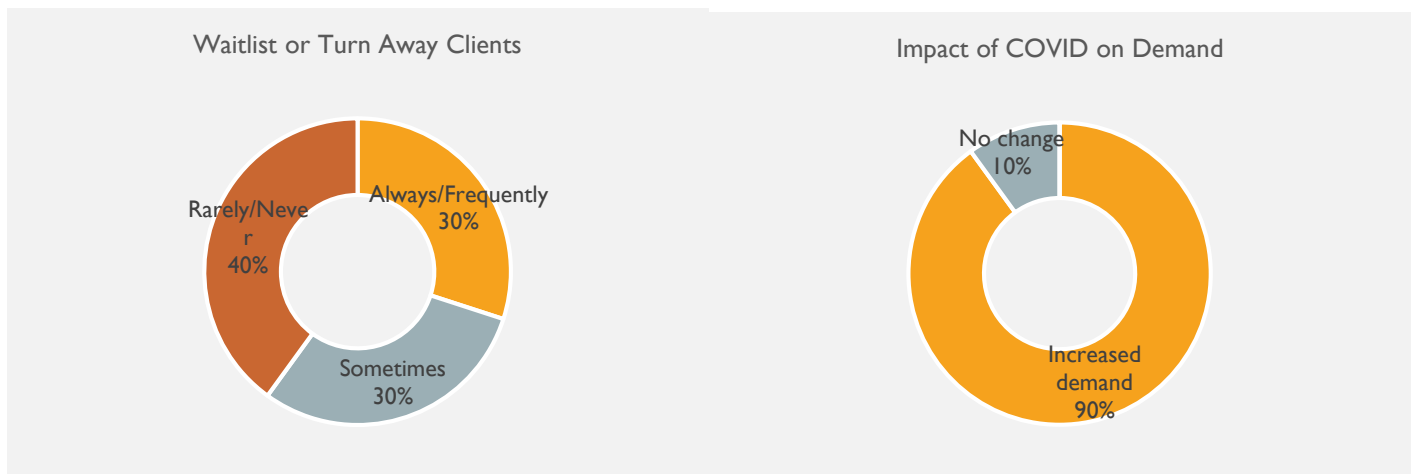
Figure 27: Percentage of Residents in Maricopa County Lacking Health Insurance Coverage by Gender, Age, and Race/Ethnicity, 2019



Source: American Community Survey 2019 5-Year Estimates

PROVIDERS DIFFER IN ABILITY TO SERVE PEOPLE SEEKING MENTAL HEALTH CARE

Figure 28: Providers Reporting Frequency of Turning Away or Waitlisting People due to Lack of Current (April 2021) Capacity to Meet Demand for Mental Health/SUD Services and Providers Reporting the Impact of COVID on Demand for Mental Health/SUD Services, 2021

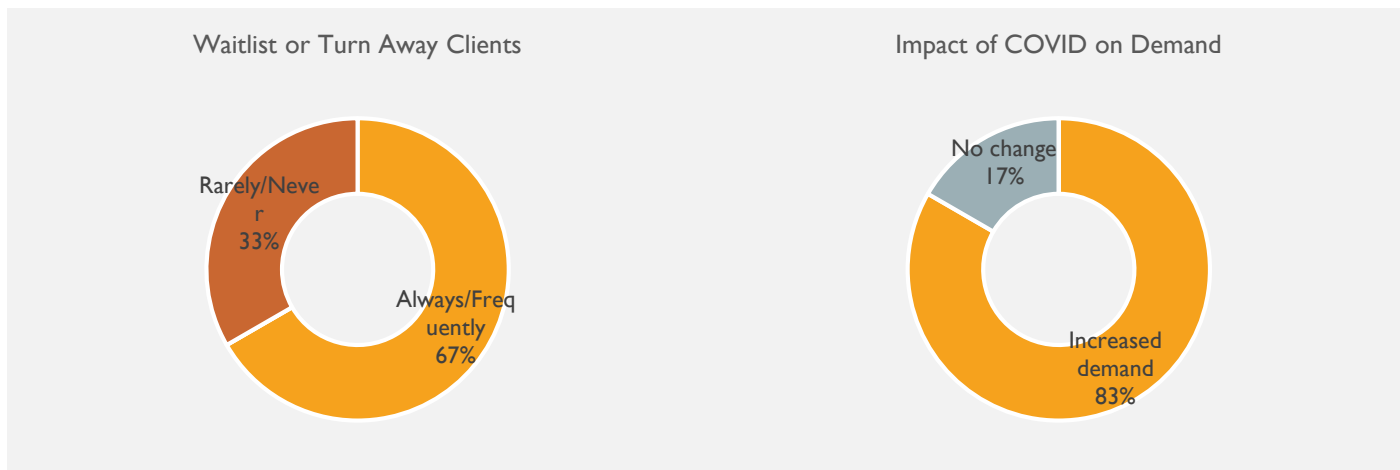


Note: “SUD” refers to substance use disorder.

Source: Maricopa County Community Action Program Needs Assessment Provider Follow Up Survey, 2021

MOST PROVIDERS OF PHYSICAL HEALTH CARE HAVE CHALLENGES MEETING DEMAND

Figure 29: Providers Reporting Frequency of Turning Away or Waitlisting People due to Lack of Current (April 2021) Capacity to Meet Demand for Physical Health Services and Providers Reporting the Impact of COVID on Demand for Physical Health Services, 2021



Source: Maricopa County Community Action Program Needs Assessment Provider Follow Up Survey, 2021

CHILDCARE

Childcare was the 4th most frequently cited critical unmet need among survey respondents, and it was commonly cited among focus group participants, as well. Cost is significant barrier for residents:

- Statewide center-based infant care costs average at \$11,017 per year, which equates to 38 percent of median income for single parent and 13 percent of median income for a married couple.
- Average preschool (serving age 4) costs range from \$7,060 in a family childcare home to \$8,881 in a center-based facility.

Capacity at the state level shows a match between need for care (children with all parents in the workforce) and the number of licensed childcare spaces, but capacity can vary greatly by location.⁹ The [Center for American Progress's interactive childcare desert analysis](#) shows many pockets of low access to licensed care in Maricopa County, particularly in rural areas. A childcare desert reflects areas that have insufficient licensed childcare slots for the number of children under age five in the area. The interactive map shows access in range from adequate supply to scarce supply.

Providers surveyed who provide childcare services (10) had different experiences to report regarding their ability to meet demand and the impact of COVID on demand for childcare services:

- Providers who offer childcare related services and supports were nearly evenly split in their ability to meet the demand for these services.
- Most providers (60 percent) indicated that COVID increased demand for childcare related services, but 30 percent indicated a decrease in demand and 10 percent cited no change in demand due to COVID.

⁹ Child Care Aware, Arizona 2020 Fact Sheet (<https://www.childcareaware.org/ccdc/state/az/>)
Countywide Analysis

CHILDCARE ACCESS AND DEMAND VARIES BY PROVIDER

Figure 30: Providers Reporting Frequency of Turning Away or Waitlisting People due to Lack of Current (April 2021) Capacity to Meet Demand for Childcare Services and Providers Reporting the Impact of COVID on Demand for Childcare Services, 2021



Source: Maricopa County Community Action Program Needs Assessment Provider Follow Up Survey, 2021

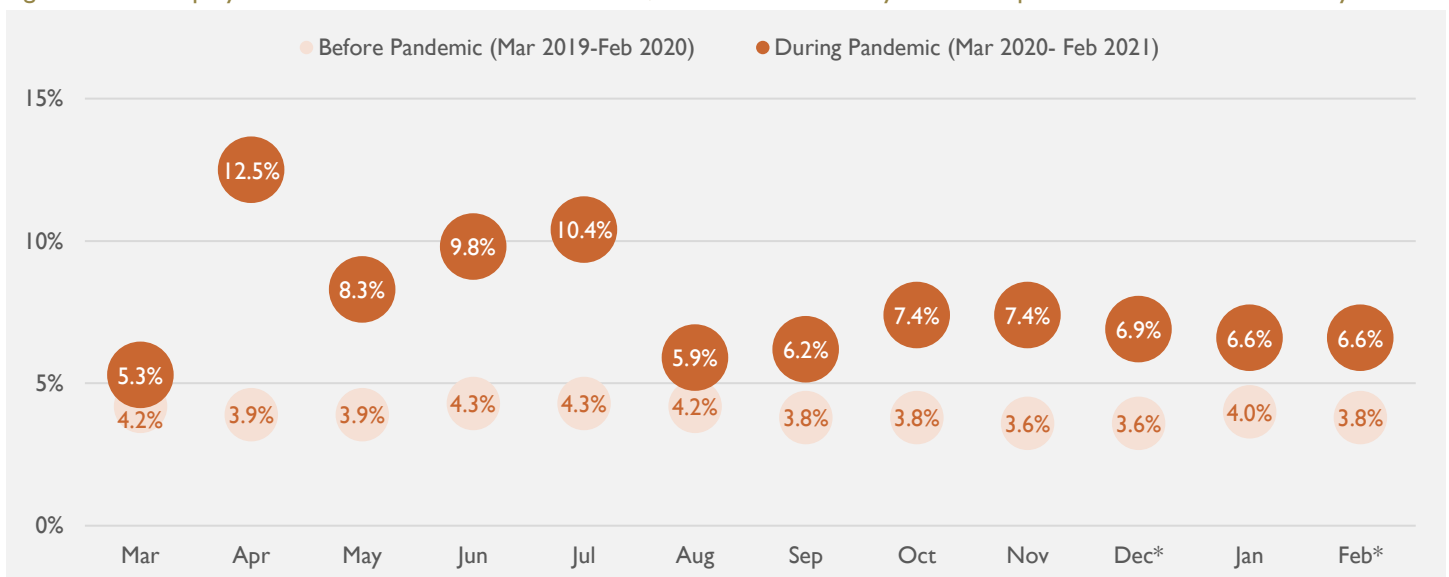
EMPLOYMENT SUPPORT

Employment support was the 5th most commonly cited critical unmet need by Maricopa County survey respondents. While employment support is an ongoing need, clearly the pandemic pressed many more into the ranks of the unemployed who newly sought out employment support services:

- As of February 2021, unemployment is still nearly two points above February 2020 – prior to the start of the pandemic – however, the unemployment rate has recovered in large part from the double-digit rates in the spring and summer of 2020.
- Service providers report a high level of access to employment-related services and supports, with 70 percent reporting that they rarely or never have to turn prospective clients away or put them on a waiting list.
- Most providers (64 percent) indicate that COVID increased demand for employment services, while 21 percent report no change and 14 percent report decreased demand.

EMPLOYMENT RECOVERING AFTER HIGH PANDEMIC-INDUCED UNEMPLOYMENT

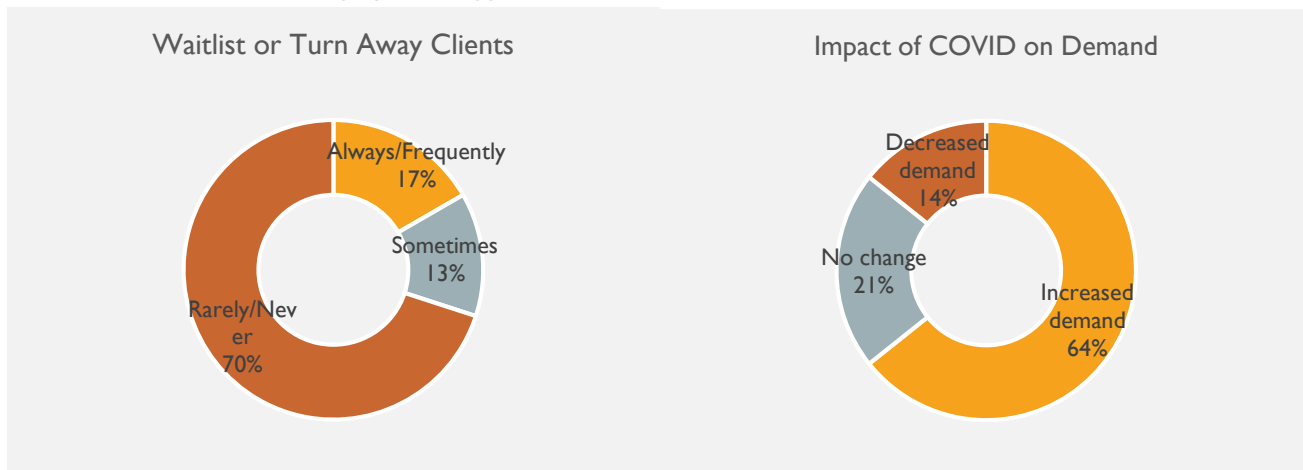
Figure 31: Unemployment Rate in the Phoenix Metro Area, March 2019-February 2020 Compared to March 2020-February 2021



Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics, Not Seasonally Adjusted

PROVIDERS REPORT RARELY NEEDING TO TURN AWAY CLIENTS FOR EMPLOYMENT SUPPORT SERVICES; MAJORITY REPORT INCREASED DEMAND DUE TO COVID

Figure 32: Providers Reporting Frequency of Turning Away or Waitlisting People due to Lack of Current (April 2021) Capacity to Meet Demand for Employment Support and Providers Reporting the Impact of COVID-19 on Demand for Employment Support Services, 2021



Source: Maricopa County Community Action Program Needs Assessment Provider Follow Up Survey, 2021

INCOME SUPPORT

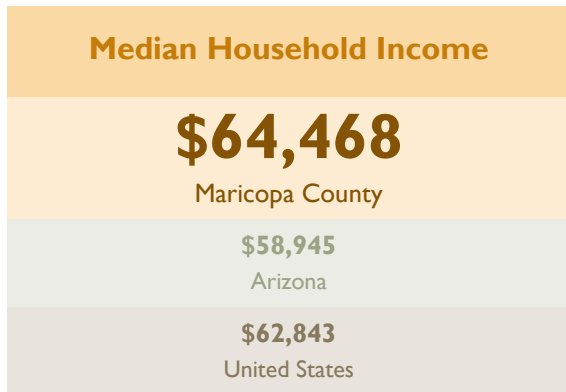
Income support was the 6th most frequently cited critical unmet need in Maricopa County. The Maricopa County median household income was \$64,468 in 2019. This is higher than the median household income for both the state (\$58,945) and the nation (\$62,843). Income varies by demographic characteristics:

- Maricopa County households headed by single females have a lower median income (\$42,053) than single male headed households (\$54,563).

- Among race or ethnic groups, households headed by Black or African American residents in Maricopa County have the lowest median household income (\$47,923), compared to households headed by Asian American residents (\$85,479).
- Households where the householder is age 15-24 have the lowest median income (\$36,406). Median income rises through adulthood, but falls for seniors ages 65 and over (\$50,452).

YOUNG HOUSEHOLDS HAVE LOWEST INCOME

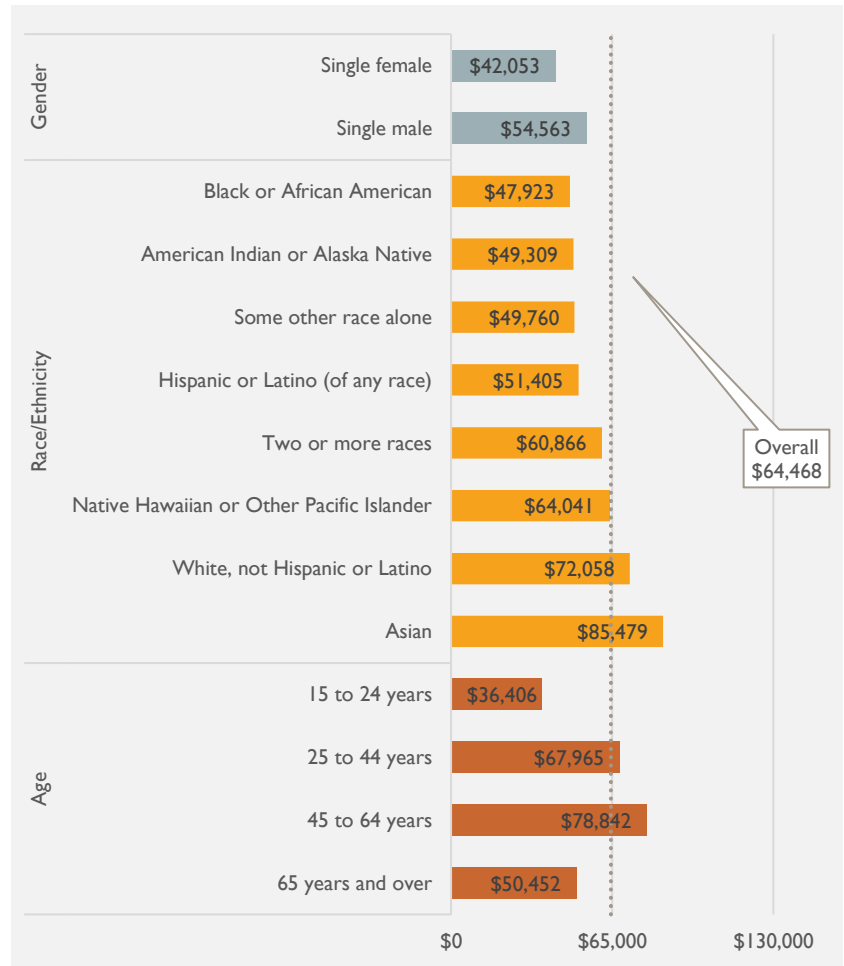
Figure 33: Median Household Income by the Gender, Race/Ethnicity, or Age of the Householder in Maricopa County, 2019



Source: American Community Survey 2019 5-Year Estimates

Demand for income support increased due to the pandemic, but providers were mixed in their experience with meeting that demand:

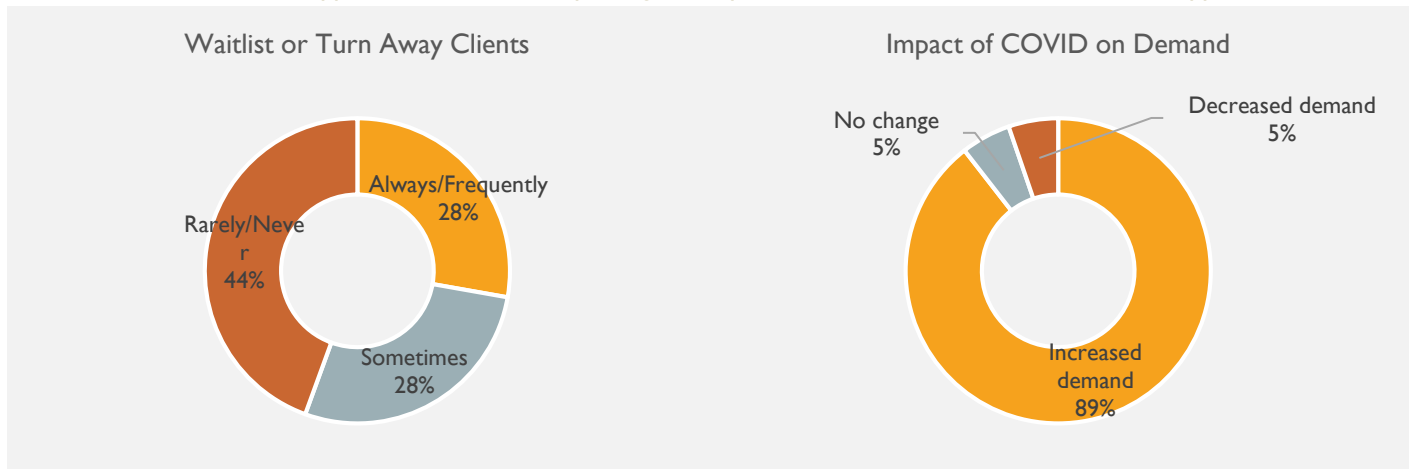
- 28 percent reporting that they always or frequently cannot meet demand,
- 28 percent sometimes cannot meet demand, and
- 44 percent rarely or never can meet demand.



Source: American Community Survey 2019 5-Year Estimates

PROVIDER EXPERIENCE VARIES ON THE ABILITY TO MEET DEMAND FOR INCOME SUPPORT; 9-IN-10 PROVIDERS REPORT INCREASED DEMAND DUE TO COVID

Figure 34: Providers Reporting Frequency of Turning Away or Waitlisting People due to Lack of Current (April 2021) Capacity to Meet Demand for Income Support and Providers Reporting the Impact of COVID on Demand for Income Support, 2021



Source: Maricopa County Community Action Program Needs Assessment Provider Follow Up Survey, 2021

UTILITIES SUPPORT

Utilities support was the 7th most frequently cited critical unmet need according to the needs assessment community survey. Record temperatures and a long-term rise in energy costs likely contributed to this being a top 10 critical unmet need. Additionally, according to a focus group participant, “utilities” now includes Internet service, which has become a basic need in our digital economy.

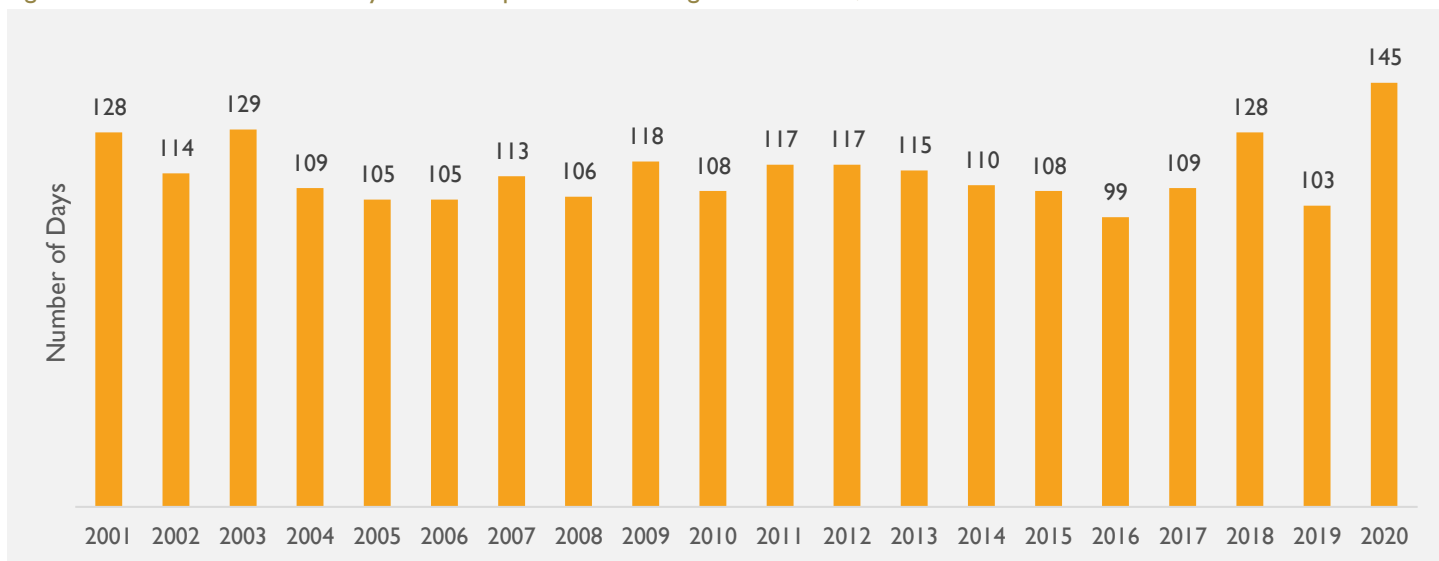
“It’s not just about the rate increase – also now Internet is a basic need and has to be factored in to increased utility costs”

Climate and Energy Costs

Despite lower average energy prices in recent years, household energy cost burden grows due to a record number of extreme heat days in 2020. The year 2020 marked a milestone for the region: the greatest number of days with temperatures of 100 degrees Fahrenheit and over in at least 20 years. Of the 145 days of 100+ degree days in 2020, 44 were over 110 degrees. Meanwhile, the average cost of electricity statewide spiked in 2009 and 2010, outpacing inflation. Since that time, electricity costs rose in step with inflation until falling in 2019. Overall, increases in electricity prices statewide modestly outpaced inflation in the 15-year period between 2005-2019. In the Phoenix Metro Area, average monthly electricity prices declined somewhat in the 3-year period of 2018 through 2020. However, in spite of slightly lower average prices, community stakeholders reported greater household energy cost burden due to the extreme temperatures in 2020.

2020 MARKS GREATEST NUMBER OF DAYS WITH TEMPS 100 DEGREES OR ABOVE

Figure 35: Annual Number of Days with Temperatures 100 degrees or Above, 2001-2020

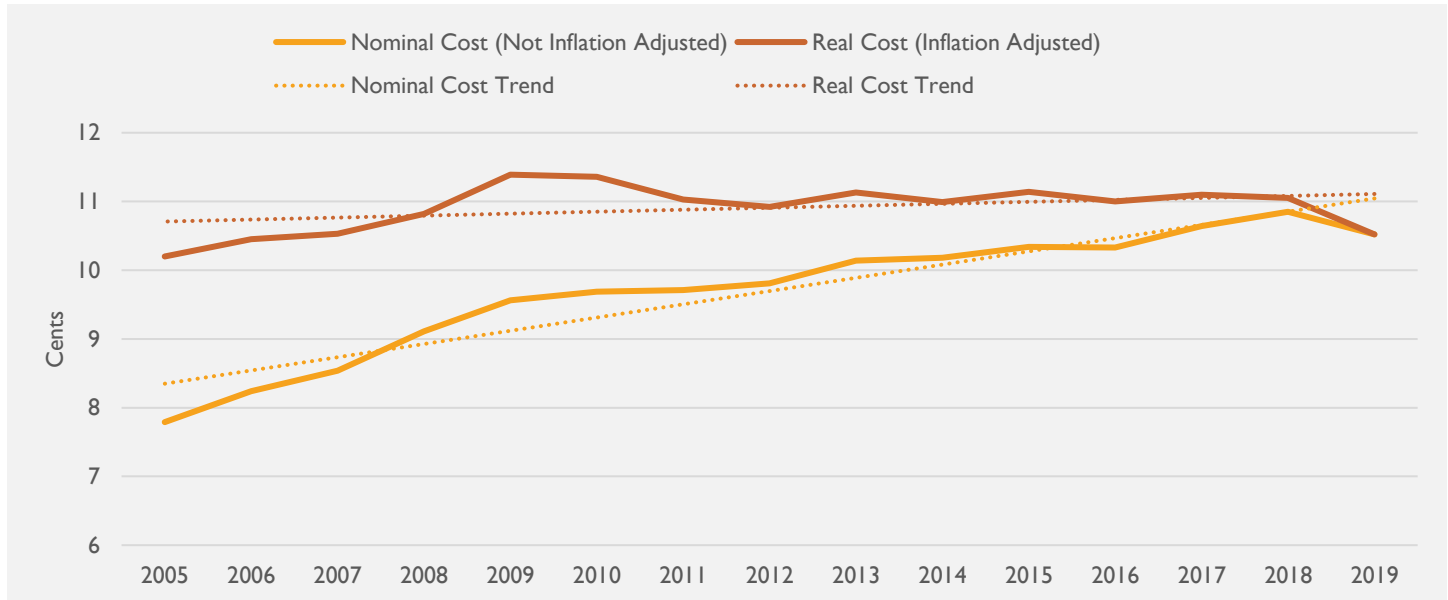


Note: Data are from the Phoenix Airport weather station, based on hourly dry bulb temperature readings. Years shown are March of the year shown through February of the following year (e.g., 2001 captures data from March 2001 through February 2002).

Source: National Oceanic and Atmospheric Administration, National Centers for Environmental Information, Local Climatological Data, March 2001-February 2021 (www.ncdc.noaa.gov/cdo-web/datasets)

AVERAGE COST OF ELECTRICITY IN ARIZONA MODESTLY OUTPACES INFLATION OVER PAST 15 YEARS

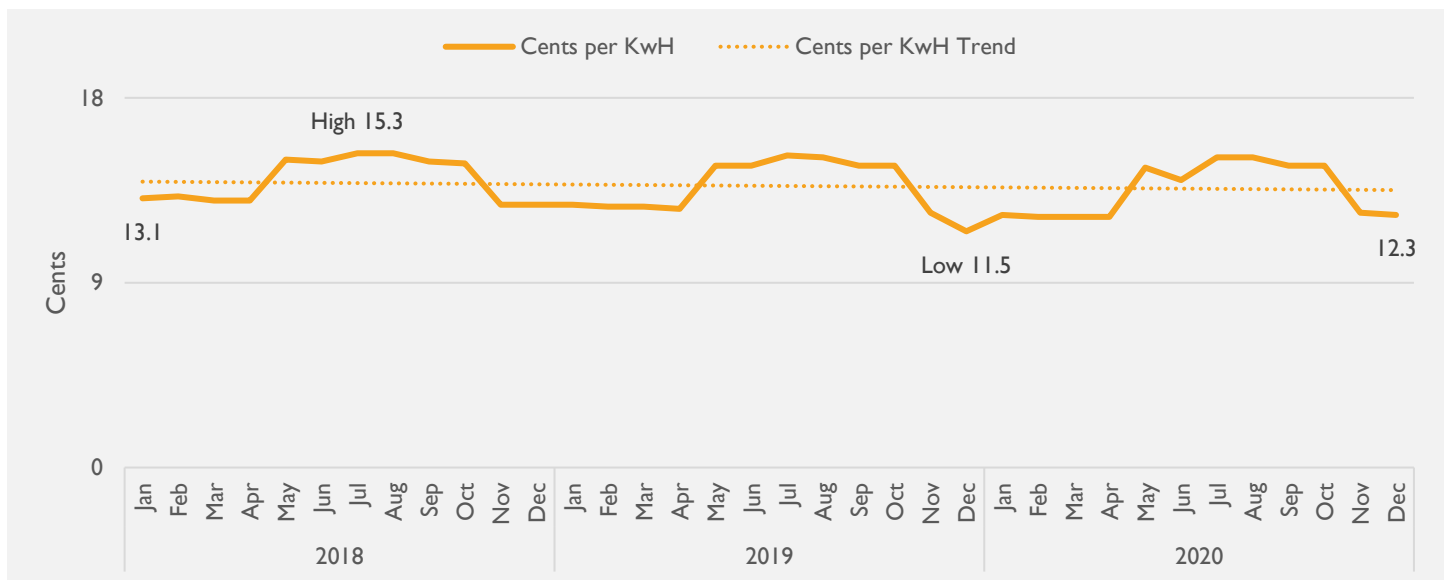
Figure 36: Average Annual Real (Inflation Adjusted) Retail Price (cents/kWh) of Electricity in Arizona, 2005-2019



Source: U.S. Energy Information Administration, State Electricity Profiles (www.eia.gov/electricity/state/arizona/); U.S. Bureau of Labor Statistics Consumer Price Index Inflation Calculator (www.bls.gov/data/inflation_calculator.htm)

PRICE OF ELECTRICITY IN PHOENIX METRO TRENDED DOWN IN LAST 3 YEARS

Figure 37: Average Monthly Price of Electricity per Kilowatt Hour (KwH) in the Phoenix Metro Area, 2018-2020



Source: U.S. Bureau of Labor Statistics, Consumer Price Index Average Price Data, Electricity per kWh in Phoenix-Mesa-Scottsdale, AZ

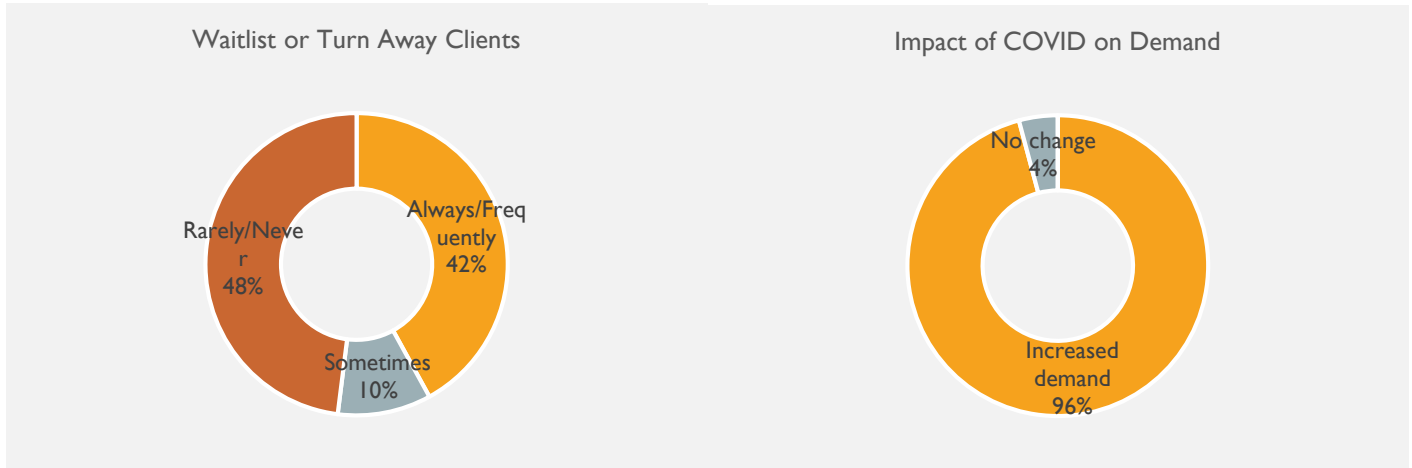
Utilities Support Service Access

Among the 50 providers assessing their ability to meet the demand for utilities:

- Nearly half (48 percent) report rarely or never having to turn people away or put them on a waiting list, 42 percent report always or frequently having to turn people away.
- Fully 96 percent of providers report an increase in demand for utilities support due to COVID.

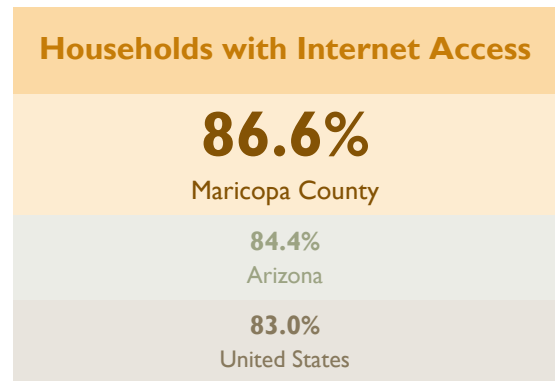
PROVIDERS SPLIT ON THEIR ABILITY TO MEET DEMAND FOR UTILITIES SUPPORT; NEARLY ALL PROVIDERS REPORT INCREASED DEMAND DUE TO COVID

Figure 38: Providers Reporting Frequency of Turning Away or Waitlisting People due to Lack of Current (April 2021) Capacity to Meet Demand for Utilities Support and Providers Reporting the Impact of COVID on Demand for Utilities Support Services, 2021



Source: Maricopa County Community Action Program Needs Assessment Provider Follow Up Survey, 2021

Most Maricopa County households have Internet access, and at a higher rate than the state and nation, but **13 percent of Maricopa County households still do not have an Internet connected device** – computer, tablet, or phone – in their household.



Source: American Community Survey 2019 5-Year Estimates

EDUCATION AND SKILLS TRAINING

Education and skills training was the 9th most commonly cited critical unmet need in Maricopa County.

Educational attainment is highly correlated with income levels. U.S. Census data consistently shows that lower educational attainment is associated with higher levels of poverty. Therefore, as several stakeholders noted, increasing educational attainment can have profound and lasting impacts on financial stability, particularly for marginalized groups with below average educational attainment rates.

- At 87.7 percent of all residents age 25 and over, Maricopa County has similar rates of high school completion as the state and nation.
- Maricopa County’s rate of 32.7 percent of residents age 25 and over with a bachelor’s degree or higher is similar to the national rate of 32.1 percent, but substantially higher than the statewide rate of 29.5 percent.
- As shown in Figure 39, educational attainment varies widely by race/ethnicity in Maricopa County. Fully 60 percent of Asian residents age 25 and over have a bachelor’s degree or higher. This rate is substantially higher than the 10 percent of residents who identify as some other race alone.
- This equates to an educational equity gap of 6.0, meaning that the Asian rate of educational attainment is six times higher than the rate of educational attainment among people identifying as some other race alone.



COUNTY HAS SIMILAR EDUCATIONAL ATTAINMENT LEVELS AS THE NATION OVERALL

Figure 39: Educational Attainment of Maricopa County Adults by Gender, Race/Ethnicity, and Age, 2019

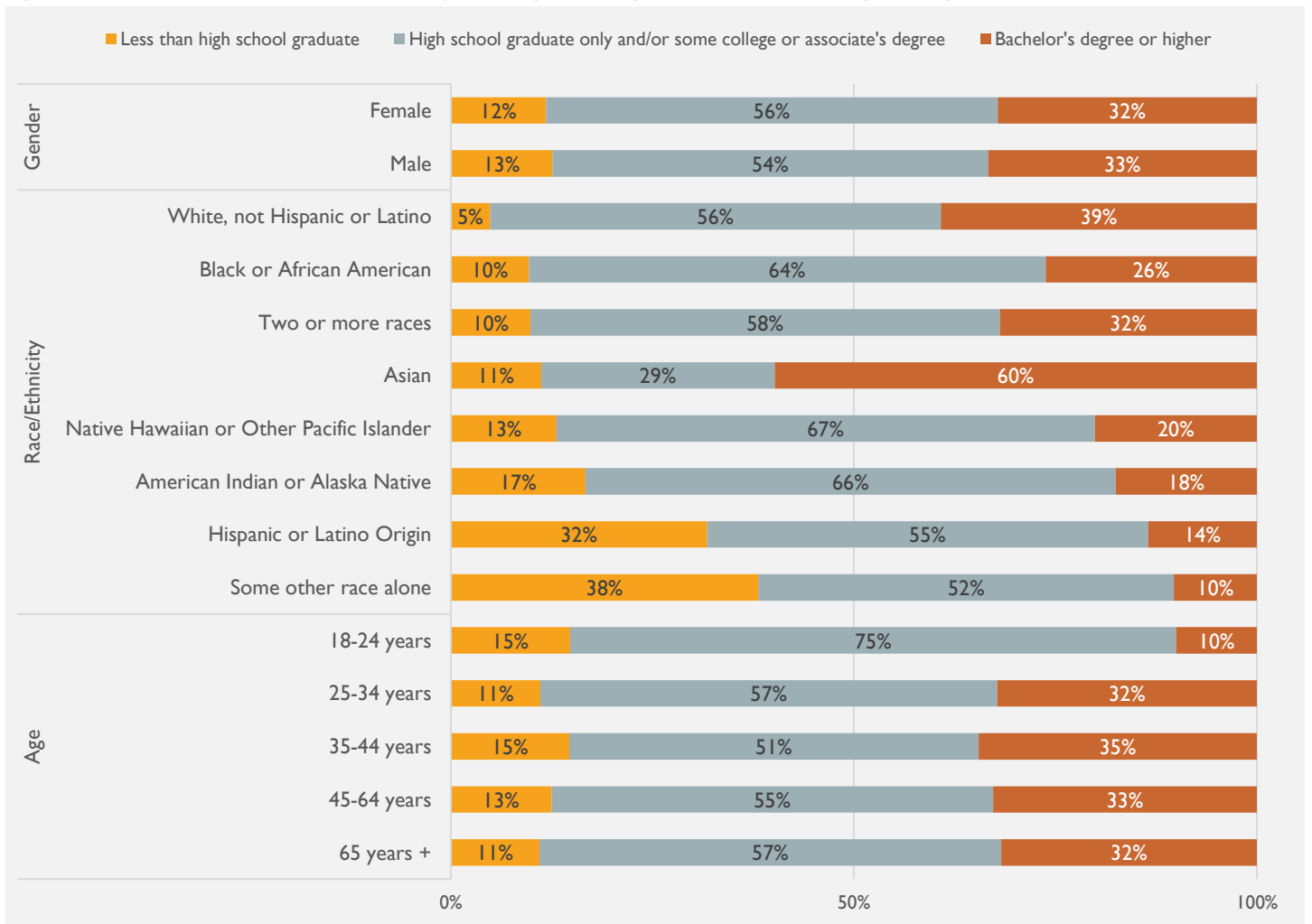
Less than high school graduate	High school graduate or higher	Bachelor's degree or higher
12.3% Maricopa County	87.7% Maricopa County	32.7% Maricopa County
13.9% Arizona	87.1% Arizona	29.5% Arizona
12.0% United States	88.0% United States	32.1% United States

Note: Educational attainment for the population age 25 and over.

Source: American Community Survey 2019 5-Year Estimates

LARGE GAPS IN EDUCATIONAL ATTAINMENT BY RACE/ETHNICITY

Figure 40: Educational Attainment of Maricopa County Adults by Gender, Race/Ethnicity, and Age, 2019



Note: Data by gender and race/ethnicity are for the population age 25 and over.

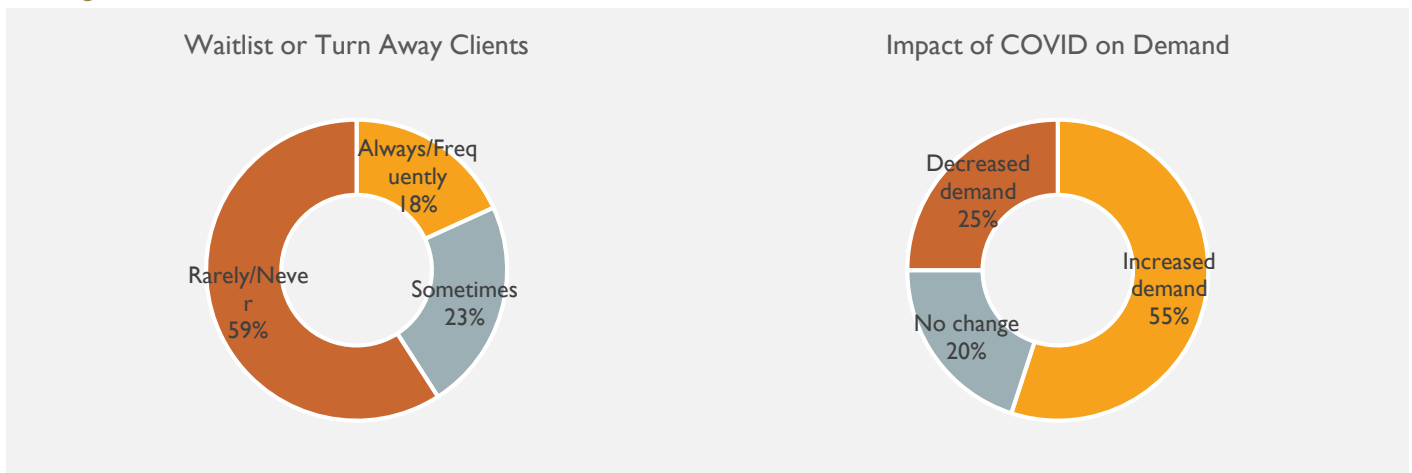
Source: American Community Survey 2019 5-Year Estimates

Providers report relatively good access to education and skills training services:

- Among the 22 providers responding to the provider follow up survey who offer education and skills training services and who assessed their ability to meet demand for these services, 59 percent reported that they rarely or never had to turn people away, 23 percent reported they sometimes must turn people away, and 18 percent reported that they always have to turn people away or put them on a waiting list.
- According to providers, COVID-19 had a mixed effect on the demand for services, with 55 percent reporting increased demand, 25 percent reporting decreased demand, and 20 percent reporting no change.

ABILITY TO PROVIDE TRAINING IS HIGH; MIXED IMPACT ON DEMAND DUE TO COVID

Figure 41: Providers Reporting Frequency of Turning Away or Waitlisting People due to Lack of Current (April 2021) Capacity to Meet Demand for Education and Skills Training and Providers Reporting the Impact of COVID on Demand for Education and Skills Training Services, 2021



Source: Maricopa County Community Action Program Needs Assessment Provider Follow Up Survey, 2021

TRANSPORTATION ASSISTANCE

Transportation assistance was the 10th most frequently cited critical unmet need.

- While only 2.7 percent of Maricopa County workers have no access to a vehicle, this equates to 54,441 workers who are entirely transit or rideshare dependent for traveling to/from work. This can be a barrier to workforce attachment particularly for families with children who need to get children to and from school or childcare, as well as for people living in rural areas who must commute long distances.
- Equal percentages of providers who offer transportation assistance indicate they rarely or never have to turn people away (39 percent) or sometimes have to turn people away (39 percent), while 22 percent report always or frequently having to turn people away or add them to a wait list.

OVER 50,000 COUNTY WORKERS ARE TRANSIT DEPENDENT

Figure 42: Maricopa County Workers with No Access to a Vehicle by Gender, 2019

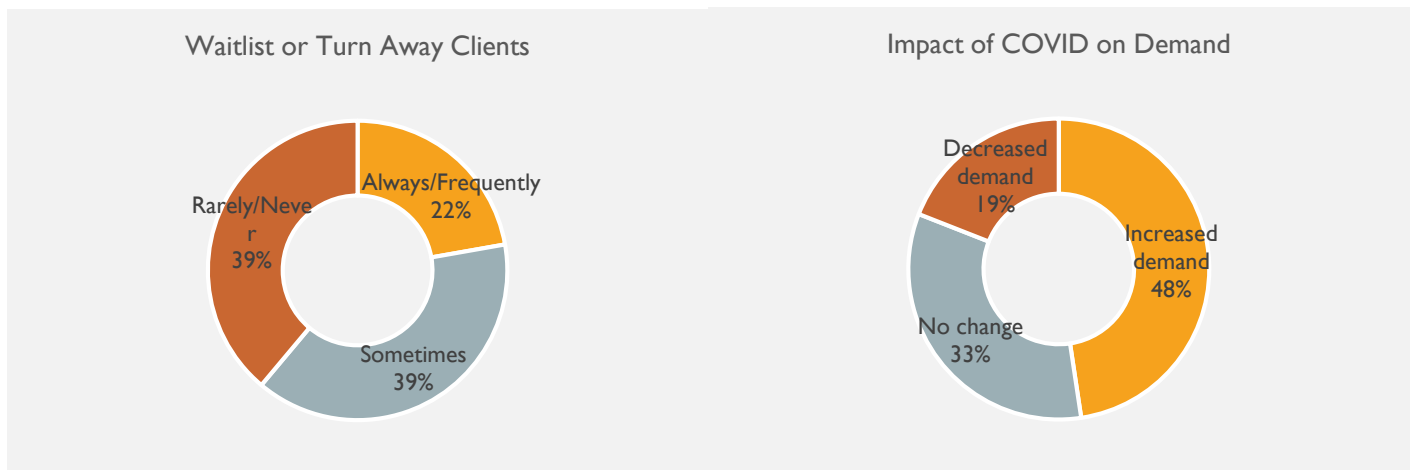
Workers with No Access to a Vehicle		
Male	Female	All
2.7%	2.6%	2.7%
(30,018)	(24,423)	(54,441)

Maricopa County

Source: American Community Survey 2019 5-Year Estimates

TRANSPORTATION ASSISTANCE IS GENERALLY AVAILABLE; MIXED IMPACT ON DEMAND DUE TO COVID

Figure 43: Providers Reporting Frequency of Turning Away or Waitlisting People due to Lack of Current (April 2021) Capacity to Meet Demand for Transportation Assistance and Providers Reporting the Impact of COVID on Demand for Transportation Assistance, 2021



Note: 26 providers reported on service capacity and the impact of COVID on service demand for transportation assistance.

Source: Maricopa County Community Action Program Needs Assessment Provider Follow Up Survey, 2021