

2MATCH

To Match, Align Through
Community Hubs

GAP ANALYSIS

Year 5, March 2022

Comparing Community Service Needs to Capacity

A Gap Analysis of the Social Needs of the 2MATCH Service Area as Compared to its Capacity to Meet Those Needs

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Executive Summary

Arizona has a relatively high rates of health related social needs (HRSNs) when compared to national-level statistics. These differences are summarized in Table 1, which provides an overview of national- and state-level statistics in five HRSN domains. The 2MATCH Program was designed to meet these needs and serves a population within targeted geographical areas based on zip codes that have above average levels of needs compared to the rest of the state.

Table 1 National and Arizona HRSN Statistics

<i>Social Determinants of Health</i>	<i>National</i>	<i>Arizona</i>
<u><i>Food Insecurity</i></u>		
Food insecurity rate ¹	10.9%	12.6%
<u><i>Housing</i></u>		
Homelessness (per 10,000 people) ^{2,3}	18	15.1
Rental burden (paying more than 30% of income on rent) ⁴	47.9%	49.6%
Affordable and available units (per 100 extremely low-income households) ⁵	37	26
<u><i>Utility Needs</i></u>		
% of households served by LIHEAP ^{6,7}	16.8%	4%
<u><i>Transportation</i></u>		
Estimated travel time to nearest hospital ⁸	13.1 minutes	13.7 minutes (Mountain West)
<u><i>Violence</i></u>		
Female lifetime prevalence of any sexual or physical violence or stalking ⁹	37.3%	42.6%
Male lifetime prevalence of any sexual or physical violence or stalking	30.9%	33.4%

¹ Feeding America (2019). Food insecurity in the United States: Before COVID-19. Retrieved from: <https://map.feedingamerica.org/>

² National Alliance to End Homelessness (2022). State of homelessness: 2021 Edition. Retrieved from: <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-2021/>

³ U.S. Department of Housing and Urban Development (2021, March 18). HUD releases 2020 annual homeless assessment report part 1: Homelessness increasing even prior to COVID-19 pandemic. Retrieved from https://www.hud.gov/press/press_releases_media_advisories/hud_no_21_041

⁴ Making Action Possible for Southern Arizona (n.d.). Health and social wellbeing: Housing cost burden. Retrieved from <https://mapazdashboard.arizona.edu/health-social-well-being/housing-cost-burden>

⁵ National Low-Income Housing Coalition. (2021). The Gap: A shortage of affordable homes. Retrieved from: <https://reports.nlihc.org/gap>

⁶ Administration of Children and Families (2021). LIHEAP Data Warehouse. Retrieved from <https://liheappm.acf.hhs.gov/datawarehouse>

⁷ Dollar Energy Fund (2021, August 5). Celebrating 40 years of LIHEAP. Retrieved from <https://www.dollarenergy.org/liheap-40-years/#:~:text=More%20than%205.6%20million%20low,and%20For%20children%20under%20six>

⁸ Health Research & Educational Trust. (2017, November). *Social determinants of health series: Transportation and the role of hospitals*. Chicago, IL: Health Research & Educational Trust.

⁹ National Center for Injury Prevention and Control (2015). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 state report. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>

2MATCH SCREENINGS

Figure 1 below shows the prevalence of each need domain as a percentage of the overall needs during each year of implementation of the 2MATCH Program (ordered by the prevalence of Year 4 needs):

- Year 2 (September 2018 [when implementation commenced] to April 30, 2019)
- Year 3 (May 1, 2019 to April 30, 2020)
- Year 4 (May 1, 2020 to April 30, 2021)
- Year 5 (May 1, 2021 to January 31, 2022 [9 month period until the scheduled end of screening]).

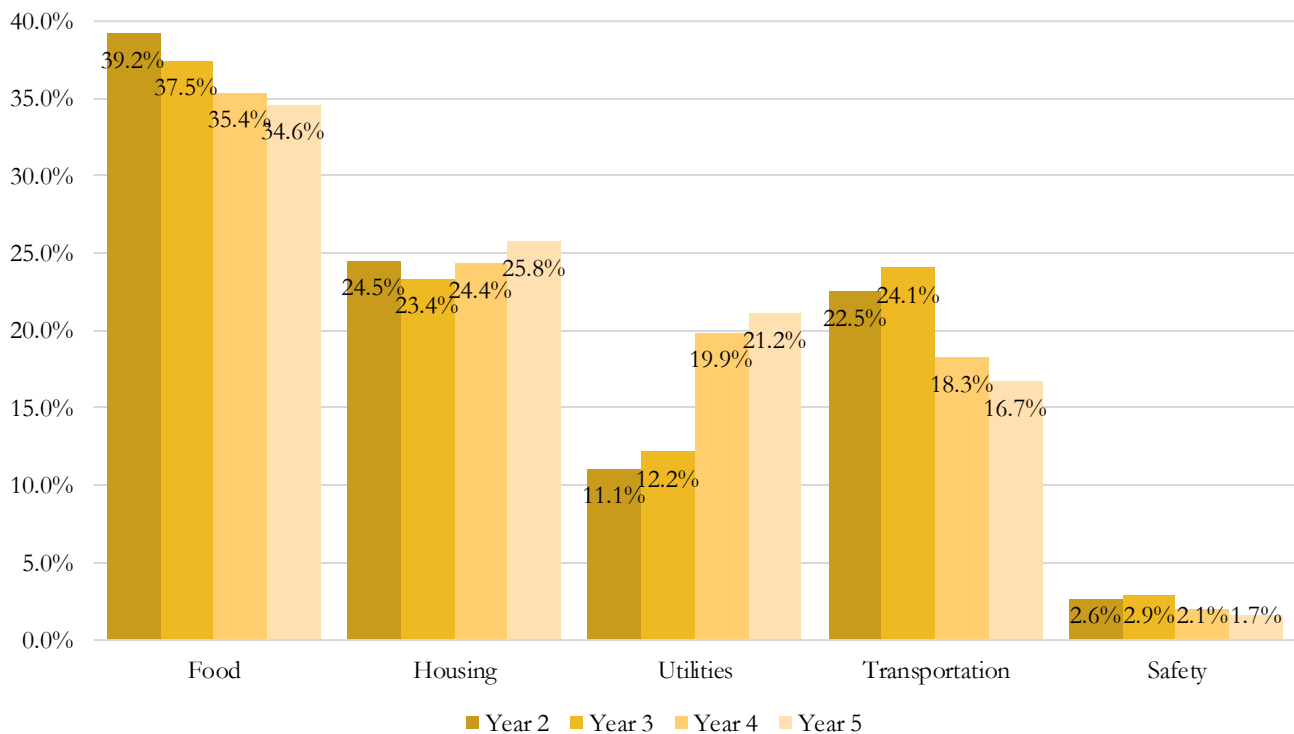


Figure 1 HRSN Domains as a Percentage of Overall Needs

Notably, the 2MATCH Program screened nearly the same number of beneficiaries in the abbreviated Year 5 as in Year 4 (shown in Figure 2). Findings regarding year-to-year differences must be interpreted in the context of the increase in the average monthly number of screenings conducted by the 2MATCH Program, an abbreviated program year, and continued changes in healthcare sought during the COVID-19 pandemic. Specifically, despite similarity in the total number of high risk beneficiaries (2,124 in Year 4 to 2,071 in Year 5), there was a higher proportion of high risk participants in Year 5 (44.4%) when compared to Year 4 (39.5%; see Appendix 1).

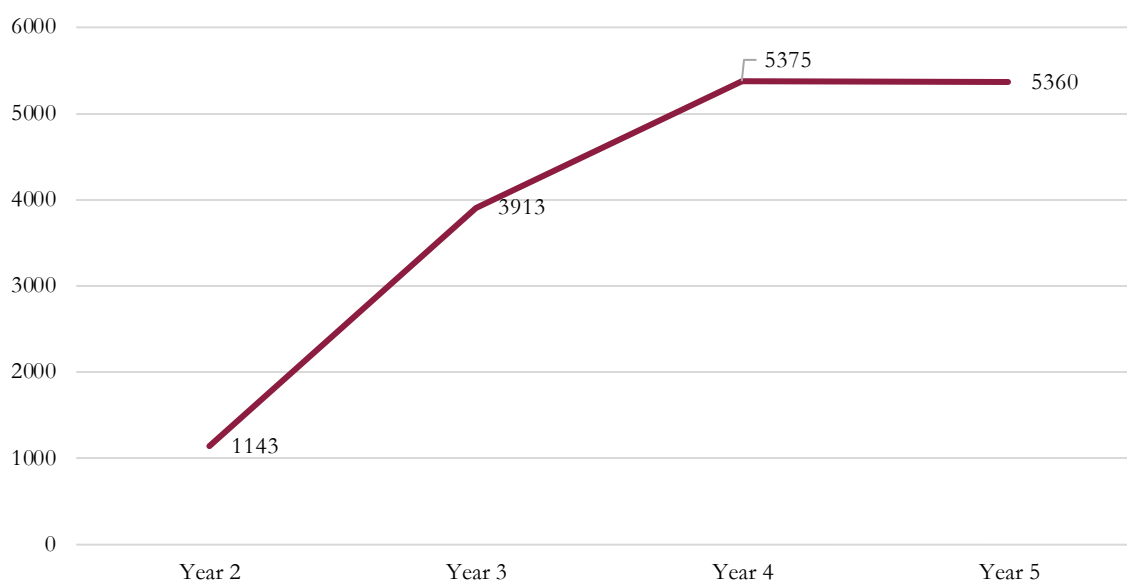


Figure 2 Total Screenings by Year

SUMMARY OF EACH HSRN DOMAIN

Food

Food insecurity continues to be an issue for families across the United States. Compared to the national average on rates of food insecurity (10.9%), Maricopa County (11.7%) and Arizona (12.6%) have higher rates of food insecure households for the last year the data is available, 2019.¹ For Years 3 through 5 of the 2MATCH Program, food insecurity continues to be the most commonly identified HRSN among participants, although it dropped slightly as a percentage of the overall needs (from 34.5% in Year 4 to 34.6% in Year 5). While there are numerous organizations working to help address food insecurity, this continues to be a need by families living in Maricopa County.

Housing

In Arizona, there is a significant shortage of affordable housing. Although the state performs better than others on reducing homelessness and rental burden for individuals, it underserves low-income families. Arizona ranks 46 out of 50 in the country with eleven fewer units per 100 families than the national average in housing availability for extremely low-income households.⁵ Not surprisingly, housing has consistently been one of the most prevalent needs identified in screening 2MATCH participants. Housing was identified by over one in six participants (17.9%) during the current period, a higher proportion than in previous years. From Year 4 to Year 5, housing needs as a proportion of overall needs increased from 24.4% to 25.8%. There are many organizations working to improve housing stability in Arizona, including those receiving referrals from the 2MATCH Program.

Utilities

According to the U.S. Department of Health and Human Services, there are 33.4 million households that qualify for utility assistance according to federal standards.¹⁰ Despite the large number of individuals who need utility assistance, only 16.8% of households received federal support for utility assistance from the Low-Income Home Energy Assistance Program (LIHEAP). These rates are substantially lower for households in Arizona, with only 4%

¹⁰ Administration of Children and Families (2021). LIHEAP data warehouse. Retrieved from <https://liheappm.acf.hhs.gov/datawarehouse>

of households receiving this assistance.⁶ Utility need was the only HRSN domain that was represented a substantially higher proportion of the overall needs in Year 4 when compared to Year 3 (12.2%). This heightened need continued in Year 5, with 21.2% of needs being Utility needs.

Transportation

Each year, 3.6 million individuals in the United States do not obtain medical care due to transportation related-issues.⁸ This can have long-term ramifications for an individual's health. Lack of transportation disproportionately affects those individuals who are older, less educated, female, minority, low-income, or a combination of these factors. Although public transportation routes continue to develop in Arizona, and more specifically in Maricopa County, there is still a tremendous gap in services related to transportation for residents who need access to care, especially as some transit options are still limited or reduced during the COVID-19 pandemic.¹¹ Nearly a quarter (24.1%) of the overall needs in Year 3 were transportation needs; this rate dropped to 18.3% in Year 4 and 16.7% in Year 5.

Safety

Exposure to violence has a substantial impact on the health and wellbeing of those who experience such traumatic events. Intimate partner violence (IPV) is unfortunately common across the U.S., and even more so in Arizona. In Arizona, over four in ten females (42.6%) and a third of males (33.4%) have experienced some form of physical or sexual violence or stalking in their lifetime.¹² Exposure to violence was the least commonly identified HRSN, and dropping from 2.9% of all needs in Year 3 to 2.1% in Year 4 and 1.7% in Year 5. Publicly available data show the substantial need that still exists in Arizona and Maricopa County, which notably overlaps with housing need, as the majority of unmet domestic violence needs were housing-related.

¹¹ Pew Research Center (2018). How far Americans live from the closest hospital differs by community type. Retrieved from: <https://www.pewresearch.org/fact-tank/2018/12/12/how-far-americans-live-from-the-closest-hospital-differs-by-community-type/>

¹² National Coalition Against Domestic Violence (2020). Domestic violence in Arizona. Retrieved from: https://assets.speakdn.com/assets/2497/ncadv_arizona_fact_sheet_2020.pdf

Introduction

Dignity Health of Arizona St. Joseph's Hospital and Medical Center (Dignity SJHMC) was awarded a cooperative agreement (CMS-1P1-17-001) from the Centers for Medicare and Medicaid Services (CMS) in 2016 to serve as a



Bridge Organization for the Accountable Health Communities (AHC) model. Dignity SJHMC established the To MATCH, Align Through Community Hubs Project (2MATCH) with its partners, expanding the Arizona Community of Care Network (AzCCN) to preidentified zip codes. Through this cooperative agreement, the 2MATCH Program is implementing the Alignment Track of the AHC model, which aims to identify health-related social needs (HRSNs), facilitate links to community services, address gaps between health care delivery and community services, and align these efforts to improve health outcomes and decrease health care costs.

The 2MATCH Program does this work by utilizing the cloud-based IT data program, Healthify, Inc. The program's community health workers, called 2MATCH Advocates, screen Medicare and Medicaid beneficiaries for HRSNs and then document screening results electronically. The Healthify system also provides the 2MATCH Advocates a way to manage navigation services for qualified Medicare and Medicaid beneficiaries who meet program parameters. The user-interface for this system also includes a community resource directory that is regularly updated for Advocates to use when navigating high risk beneficiaries. This directory is also useful for sharing information with low risk beneficiaries about Community Service Providers (CSPs) where they can obtain services. Once documentation is entered into the portal by program staff, Healthify tracks data collected from screened beneficiaries, uploads data to the CMS portal, and provides standardized reports.

The 2MATCH Advisory Board was also established to guide and advise the 2MATCH Program staff. One goal of the 2MATCH Advisory Board is to align resources that most effectively address the HRSNs of the beneficiaries in identified underserved areas, and assist in determining strategies for sustaining these efforts beyond the cooperative agreement period. To do this work, the role and responsibilities of the 2MATCH Advisory Board include facilitating data sharing agreements, reviewing and approving the Annual Gap Analysis Report and Quality Improvement Plan, establishing and monitoring progress of quality improvement initiatives to improve alignment between clinical care and community-based services.

This report presents the 5th Annual Gap Analysis Report to the 2MATCH Advisory Board required by the CMS Accountable Health Communities cooperative agreement. CMS defines the Gap Analysis as “a comparison of the actual provision of community services against potential or desired provision of such services, thus revealing areas for improvement, including barriers that are limiting referral completion rates.”¹³ This Gap Analysis Report represents data from the start implementation of the 2MATCH Program in September 2018 to the present as well as information from CSPs and published reports, assessments, and surveys collected in the community.

¹³ CMS (2016). Affordable Care Act funding opportunity: Accountable health communities' cooperative agreement. Retrieved from <https://innovation.cms.gov/initiatives/ahcm>

Methodology

The 2MATCH Project 2022 Gap Analysis Report was conducted during the third and fourth quarters of the fourth year of this cooperative agreement. This Gap Analysis Report serves as a follow-up to the reports completed annually from 2018 to 2021.

SOCIAL DETERMINANTS OF HEALTH AND HEALTH-RELATED SOCIAL NEEDS

The Centers for Disease Control and Prevention (CDC) define SDOH as “conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.” CMS also references SDOH as *health-related social needs* (HRSNs) in this Accountable Health Communities cooperative agreement and defines the term as “needs that potentially impact health care but may not be part of the traditional health care system.”¹⁴

This Gap Analysis Report focuses on five areas: food insecurity, housing instability, utility needs, transportation needs and exposure to violence. Examples of each HRSN domain are provided in Table 2.

Table 2 Examples of Health Related Social Needs

<i>HRSN Domains</i>	<i>Examples</i>
Food Insecurity	Limited or uncertain access to adequate & nutritious food
Housing Instability	Homelessness, unsafe housing quality, inability to pay mortgage/rent, frequent housing disruptions, eviction
Utility Needs	Difficulty paying utility bills, shut off notices, disconnected phone
Transportation Needs	Difficulty accessing/affording transportation (medical or public)
Safety Needs	Intimate partner violence, elder abuse, community violence

SOURCES

This report includes information and data collected from a variety of reputable sources at the local, state, and national levels to illustrate the current status of HRSNs and the capacity to adequately meet these needs in Maricopa County. These data serve to highlight the greatest needs in the community, facilitating decision-making by legislative and organizational leadership in their efforts to address HRSNs among their constituencies. At its core, this report is a foundation to take steps in addressing the needs of the underserved communities who participate in the 2MATCH program.

Much of the data for this and previous Gap Analysis Reports was gleaned from publicly available and published community assessments, reports and surveys, as well as data collected from the 2MATCH screening and navigation processes. Publicly available data were generally reported by governmental agencies, health care providers, non-profits, local coalitions, and other organizations working in connection to these HRSNs. Data from these sources have been updated from prior reports when possible. Each source utilized in this report is noted in the footnotes.

¹⁴ CDC (2018). Social Determinants of Health: Know what affects health. Retrieved from: <https://www.cdc.gov/socialdeterminants/>

2MATCH Program Data

In September of 2018, pilot testing of the 2MATCH Program was completed and official HRSN screenings began. Initially, the program targeted 13 zip codes in Maricopa County, and this target area was expanded to include additional high needs zip codes beginning on January 8, 2020. Since the inception, data have been collected weekly, and a total of 9,618 unique screenings were completed from individuals in the target area. Appendix 2 shows overall needs of 2MATCH participants in Year 5 by zip code. Data from years 3 and 4 may differ from the prior year's report because those data were analyzed prior to the end of the year, and the current report contains the full year's data. Additionally, referral data collected since the beginning of the program will also be examined in this report to better understand the services currently available to residents of Maricopa County.

2MATCH Program Survey

In November 2017, the 2MATCH Program staff developed and administered an online survey to members of the AzCCN for their feedback on the five HRSN areas. This survey was conducted to (a) gather information about HRSNs by the AzCCN, (b) determine which service gaps the 2MATCH Program addressed for members, and (c) solicit recommendations to reduce service gaps in those HRSNs targeted by the 2MATCH Program. This survey was also distributed to a network of over 650 Community Service Providers that partner with Dignity SJHMC including the 2MATCH Program Consortium members between November and December 2017. A total of 61 responses were received. Survey forms and summary data are located in Appendices 3 through 5. Results from this survey were used in this report.

Maricopa County Department of Public Health Coordinated Community Health Assessment (CHA 3.0)

The Maricopa County Department of Public Health conducts a county-wide community health assessment (CHA) to better understand the health needs of its residents. This information is used by health department and local hospitals to better serve their patients. The third and most recent CHA, referred to as CHA 3.0 was completed at the end of 2019, with implications for 2020 through 2023, which are incorporated into this report. In addition to the overall CHA 3.0, 52 focus groups representing over 485 participants from medically underserved communities were conducted across Maricopa County. Specific to this project, focus group data collected from the central region, representing the majority of the City of Phoenix, corresponds with the GTA of the 2MATCH Program. Quotes from these focus groups are used herein to illustrate the health-related needs expressed by residents. Findings from the CHA 3.0 provide information about the communities targeted by the 2MATCH Program.

Dignity Health St. Joseph's Hospital and Medical Center Community Health Needs Assessment

The Patient Protection and Affordability Care Act (ACA) added new requirements that nonprofit hospitals must satisfy to maintain their tax-exempt status under section 501(c)(3) of the Internal Revenue Code. One such requirement added by ACA requires nonprofit hospitals to conduct a community health needs assessment (CHNA) and adopt implementation strategies to meet the identified needs of the community at least once every three years. As part of the CHNA, each hospital is required to collect input from individuals in the community, including public health experts as well as residents, representatives or leaders of low-income, minority, and medically underserved populations.

Since early 2015, Dignity SJHMC has worked in partnership with Synapse to conduct a CHNA of residents of Maricopa County as well as those in the Dignity SJHMC primary service area. Synapse is a coalition of non-profit and federally-qualified health care partners that collaborate with each other and the Maricopa County Department of Public Health to conduct the coordinated CHNA to best identify needs for both individual hospitals and health care centers, as well as the county overall. The information garnered from the CHNA is used by Dignity SJHMC to

better serve patients. The priorities in the CHNA help to guide the health improvement programs and community benefit activities of Dignity SJHMC, as well as its collaborative efforts with other organizations that share a mission to improve health.

Limitations

Details about specific community service gaps and implications of these gaps are difficult to estimate based on the data being collected by the 2MATCH Program. Specifically, definitions for each of the HRSN domains examined for this project are not universal across local, state, and national agencies that report data related to each domain, and the program-specific instruments selected for implementation in the 2MATCH Program are not necessarily the same as what other local organizations use. However, the various measures that are reported on these needs enable a relatively comprehensive assessment of the community's needs. Despite efforts to ensure that the measures were as similar as possible, these data are limited in their generalizability.



Food

The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways.¹⁵ Children exposed to food insecurity are of particular concern given the implications scarce food resources pose to a child's health and development. Children who are food insecure are more likely to be hospitalized and may be at higher risk for developing chronic diseases such as obesity as a result in lower quality diet, anemia and asthma. In addition, food-insecure children may also be at higher risk for behavioral and social issues including fighting, hyperactivity, anxiety and bullying. As noted in Figure 3, the influence of food insecurity on health influences multiple domains of individuals' health and economic wellbeing, and ultimately forms a feedback loop, in which disparities in food security are perpetuated over time.¹⁶ The effects of food insecurity are far reaching and place individuals at risk for numerous negative health outcomes. Adults who experience food insecurity are significantly more likely to rate their physical and mental health as poor.¹⁷ Food insecurity is also associated with postponing medical care, and increased ED



Figure 3 The Cycle of Food Insecurity and Disease



utilization, and hospitalization.¹⁸ Food insecurity is also found to be linked to chronic diseases such as obesity, hypertension, diabetes, and heart disease, and places individuals at greater risk for developing these conditions.¹⁹

As of 2019, the last year for which comprehensive data is available, food insecurity continued to be a problem affecting individuals across the United States. As of 2019, there were over 35 million food insecure people, of whom 10.7 million were children.²⁰ This means that over 1 in 9 (10.9%) individuals and nearly 1 in 6 (14.6%) children did not have consistent access to adequate food, despite slight decreases from the prior

¹⁵ Schroeder, K., & Smaldone, A. (2015, October). Food insecurity: A concept analysis. In *Nursing forum* (Vol. 50, No. 4, pp. 274-284).

¹⁶ Seligman, H. K., & Schillinger, D. (2010). Hunger and socioeconomic disparities in chronic disease. *New England Journal of Medicine*, 363(1), 6-9. and <https://hungerandhealth.feedingamerica.org/understand-food-insecurity/hunger-health-101/>

¹⁷ Stuff, J. E., Casey, P. H., Szeto, K. L., Gossett, J. M., Robbins, J. M., Simpson, P. M., ... & Bogle, M. L. (2004). Household food insecurity is associated with adult health status. *The Journal of Nutrition*, 134(9), 2330-2335.

¹⁸ Kushel, M. B., Gupta, R., Gee, L., & Haas, J. S. (2006). Housing instability and food insecurity as barriers to health care among low-income Americans. *Journal of General Internal Medicine*, 21(1), 71-77.

¹⁹ Stuff, J. E., Casey, P. H., Connell, C. L., Champagne, C. M., Gossett, J. M., Harsha, D., ... & Weber, J. L. (2007). Household food insecurity and obesity, chronic disease, and chronic disease risk factors. *Journal of Hunger & Environmental Nutrition*, 1(2), 43-62.

²⁰ Feeding America (2021). Food insecurity in the United States. Retrieved from: <http://map.feedingamerica.org/>

year. Of those individuals who were food insecure, 31% of all individuals and 23% of children were unlikely to qualify for most federal nutrition programs. During 2020, the first year of the COVID-19 pandemic, the overall food security rate was reported at 10.5% by the USDA. However, for households with children, the food insecurity rate increased from 13.6 in 2019 to almost 15% in 2020. This trend may have been related to a lack of school lunches and closure of businesses.²¹

Despite studies which have found that American Indians suffer from some of the highest rates of food insecurity of all racial groups in the U.S.²², the USDA does not measure the specific rate of food insecurity for this population. Instead, it groups American Indians into the category “other, non-Hispanic” with Asians, Alaskan Natives, Native Hawaiians, and other Pacific Islanders. One of federal programs designed to combat food insecurity in Indian country is called the Food Distribution Program on Indian Reservations (FDPIR), whereby participants receive a packages of food. The program exists as an alternative to the Supplemental Nutrition Assistance Program (SNAP) for individuals and families who can’t easily access food stores.²³ However, research suggests that American Indians want access to more traditional native foods; therefore, remedies to address native food insecurity need to be more culturally relevant and address barriers such restrictive laws and habitat destruction which inhibit harvesting activity.²²

Another subpopulation which is at higher risk of food insecurity than the general population is people experiencing homelessness.²⁴ Although there are many myths about ineligibility for SNAP benefits for people experiencing homelessness (e.g., they are ineligible because they don’t have a mailing address or may not have a place to cook), the USDA encourages people experiencing homelessness to increase their food security using SNAP.²⁵

SCREENING FOR FOOD INSECURITY

Food insecurity represents another core HRSN screened for in the 2MATCH Program. The HRSN Screening tool asks two questions related to food insecurity. A beneficiary is identified as having a food-related need if the individual responds affirmatively to at least one of the two statements below.

Instructions: Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you and your household in the last 12 months

<i>Within the past 12 months, you worried that your food would run out before you got money to buy more.</i>	<i>HRSN is Identified</i>
<i>Often true</i>	✓
<i>Sometimes true</i>	✓
<i>Never true</i>	no

²¹ Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A. & Singh, A. (2021, September). Household food security in the United States in 2020. USDA: Economic Research Service. Economic Research Report Number 298.

<https://www.ers.usda.gov/webdocs/publications/102076/err-298.pdf?v=8963.7>

²² Berkeley Rausser (2019, June 19). Restoring access to Native foods can reduce food insecurity. Retrieved from

<https://nature.berkeley.edu/news/2019/06/restoring-access-native-foods-can-reduce-food-insecurity>

²³ Swinburne, M. (2020, August 12). Addressing Native American food insecurity during the COVID-19 pandemic Food distribution Programs on Indian reservations. Retrieved from <https://www.networkforphl.org/news-insights/addressing-native-american-food-insecurity-during-the-covid-19-pandemic-food-distribution-programs-on-indian-reservations/>

²⁴ Fitzpatrick, K. M. & Willis, D. E. (2021). Homeless and hungry: Food insecurity in the land of plenty. *Food Security*, 13, p. 3–12. <https://link.springer.com/article/10.1007/s12571-020-01115-x>

²⁵ USDA (n.d.). 10 myths and facts about SNAP for homeless persons. Retrieved from https://www.usich.gov/resources/uploads/asset_library/myths-homeless.pdf

Within the past 12 months, the food you bought just didn't last, and you didn't have money to get more.

HRSN is Identified

Often true

✓

Sometimes true

✓

Never true

no

LOCAL DATA ON FOOD INSECURITY

Food insecurity is an indicator of the economic and social health of a community. Although food insecurity rates have improved in recent years, it continues to be a

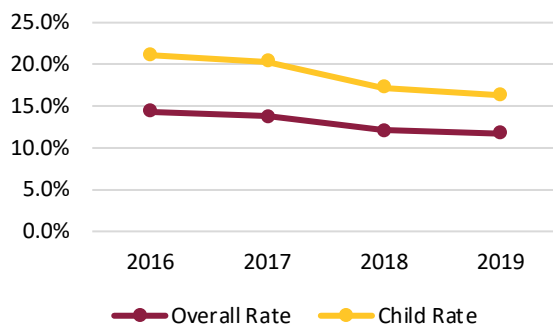


Figure 4 Change in Maricopa County Food Insecurity Rates Since 2016

16.3%

of Maricopa County children were food insecure in 2019.

major issue in Maricopa County.

Despite having lower food insecurity rates than other, more rural parts of Arizona, Maricopa County is home to an estimated 506,640 people experiencing food

insecurity, a rate of 11.7% for all individuals and 16.3% for children, both of which are higher than national rates. Maricopa County is also home to over half (55%) of the 918,940 estimated individuals in Arizona reporting food insecurity. Generally, food insecurity rates for children were trending downward in Maricopa County before the COVID-19 pandemic (see Figure 4).¹

Additional data collected by Feeding America from the St. Mary's Food Bank, which serves the Phoenix metropolitan area, shows that food insecurity rate in their service area in 2019 was 12.4% (vs. 12.8% in 2018), and the child food insecurity rate was 17.3% (vs. 18.4% in 2018). United Food Bank, which also serves the area was found to have in their service area a food insecurity rate of 12.2% in 2019 (vs. 12.6% in 2018), and the child food insecurity rate was 17.1% (vs. 18.2% in 2018). In 2019, this was equivalent to 684,760 individuals overall and 224,470 children for St. Mary's Food Bank, and to 607,270 individuals overall and 206,100 children for United Food Bank. These numbers reflect service overlap and not unique needs, but still represent the vast need for food security in the county and beyond, as both food banks also serve neighboring counties.

American Indian food insecurity in Arizona is also disproportionately high, at least in rural areas. The two counties in Arizona with food insecurity rates over 20% are Apache and Navajo counties, which are 73% and 44% indigenous, respectively.²⁶

Maricopa County Food System Coalition

Beginning in 2015, the Maricopa County Food System Coalition Food Assessment Coordination Team (FACT) started planning for a regional food assessment. The assessment used a community driven approach to understand the food assets and needs in Maricopa County. One critical component of understanding food insecurity is to examine access to foods. Access to quality, healthful food is an issue facing many residents in Maricopa County. Individuals may need to travel over a mile to access a supermarket or full-service grocery store.²⁷ Eating a diet rich

²⁶ Reinhart, K. (2020, Aug. 3). Food insecurity amid COVID-19 prompts Native Americans to return to their roots. Retrieved from <https://cronkitenews.azpbs.org/2020/08/03/covid-indian-country-food-insecurity-native-americans/>

²⁷ Maricopa County Food System Coalition. (2019). *A comprehensive community food assessment for Maricopa County*. Retrieved from https://marcofoodcoalition.org/wp-content/uploads/2020/05/MARCO_Full-Summary-Report_Final_compressed.pdf

in fruits and vegetables is critical for an individual's health, but many Arizonans do not consume an adequate number of fruit and vegetables. In 2015, 39.7% of Arizonans reported eating fruit less than one time per day, and 20.5% of Arizonans consumed vegetables less than one time per day.²⁸

Arizona Hunger Advisory Council

In 2017, the Arizona Hunger Advisory Council of the Arizona Department of Economic Security prepared the Arizonans Preventing Hunger Action Plan. This plan outlined goals and strategies to reduce the prevalence and severity of poverty and hunger in Arizona. The goals outlined can be summarized in three themes: (a) increase economic security for people, communities, and the state of Arizona; (b) cultivate a strong regional food system; and (c) maximize the effectiveness of Arizona's food assistance safety net. Key findings from this report are:

- Demand for services at food banks since the recession of 2008 continues to increase
- Emergency food providers have reached capacity
- Individuals from low-income living in areas lack access to nutritious foods
- About 2 of 3 Arizonans are susceptible to diet-related chronic conditions like obesity
- 30% of food supply originates from Arizona farms
- Access to food assistance programs are significant due to burdensome application forms and barriers including fingerprint requirements and required interview processes
- 1 in 2 Arizona Supplemental Nutrition Assistance Program (SNAP) recipients are children; 3 in 5 recipients are kids, seniors or people with disabilities
- Only 68% of eligible Arizona SNAP recipients are participating
- It is likely that the WIC and School Breakfast programs are underutilized; the federal government oversees all these programs, yet each has a different application process; streamlining and simplification is needed.

Reasons SNAP Eligible People Do Not Participate

- *Unclear about their eligibility*
- *Stigma associated with utilizing food assistance*
- *Burdensome application process*
- *Believing other people deserve the assistance more*

United States Department of Agriculture (USDA) Food Access Research Atlas

The Food Access Research Atlas is a project conducted by the USDA which presents an geographic overview of food access indicators for census tracts across the country. Figure 5 shows the census tracts in Maricopa County where supermarkets were more than a mile away and there is a high proportion of low-income residents in 2019, the last year data was available.²⁹ The areas in Central Phoenix and west of Dignity SJHMC represented on this map also align the areas in which a high prevalence of 2MATCH participants reside.

²⁸ Diet-related health and food access in Maricopa County (n.d.). Retrieved from: <https://insight.livestories.com/s/v2/diet-related-health-and-food-access-in-maricopa-county/b49ae968-d514-4931-b574-bd9fdce870f0/>

²⁹ Economic Research Service U.S. Department of Agriculture (2019). Food Access Research Atlas. Retrieved from <https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/>

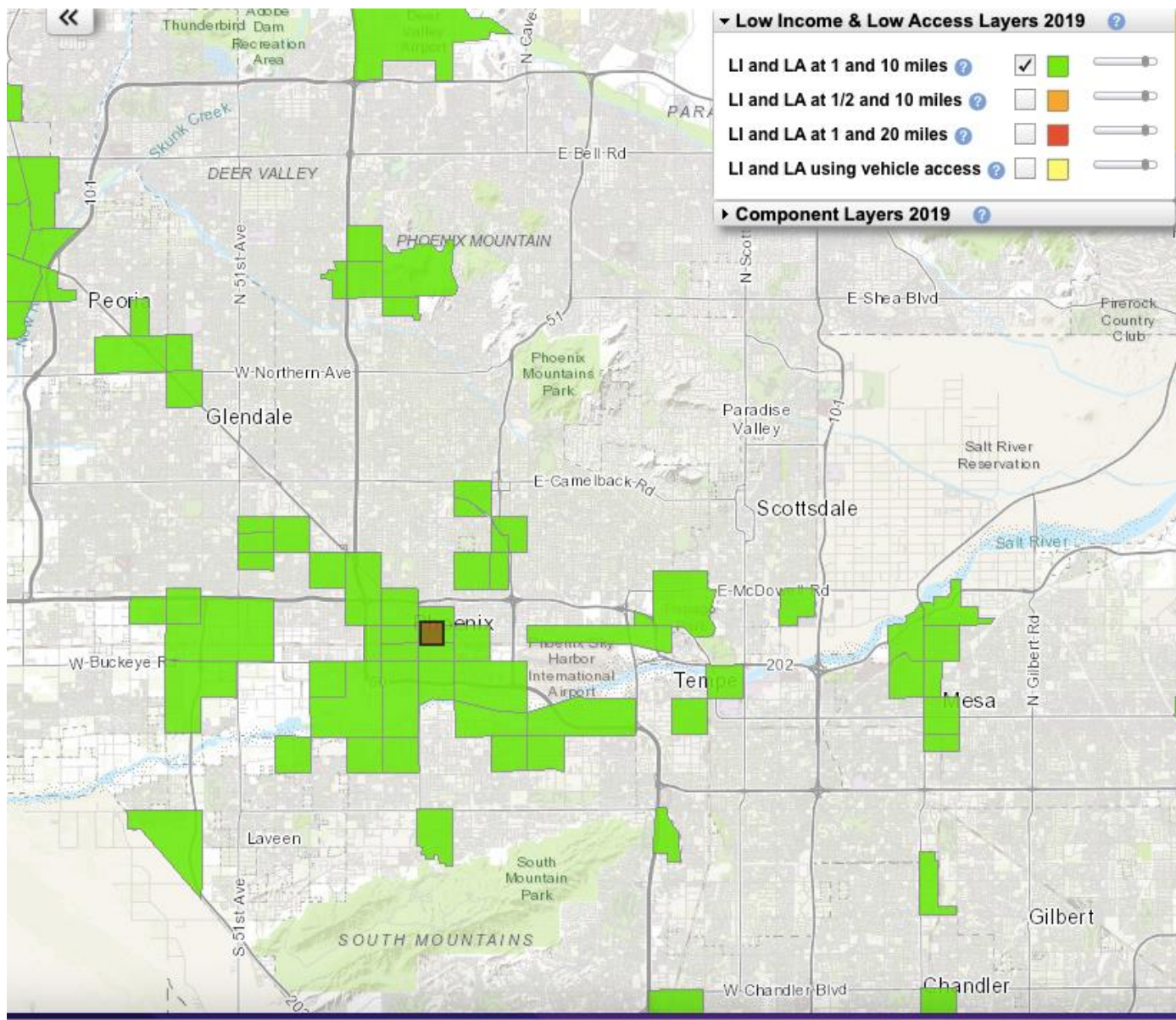


Figure 5 Low-Income and Low-Access (Food Deserts) Census Tracts in Phoenix

2MATCH Data on Food Insecurity

Food insecurity has consistently been the most cited need by 2MATCH participants. In Year 5, 34.6% of needs identified by 2MATCH participants were food needs, which is slightly lower than the Year 4 rate of 35.9% (see Figure 6). Organizations that received referrals from the 2MATCH Program related to food insecurity are listed in Appendix 12.

CHA 3.0 Data on Food Insecurity

Access to food was a major component of the focus group discussions for the CHA, and a focus of the supplemental questionnaire. On this questionnaire, almost 19% of participants indicated that *poor eating habits/choices* had an impact on overall community health. About 18.6% of participants indicated *lack of affordable healthy food* had

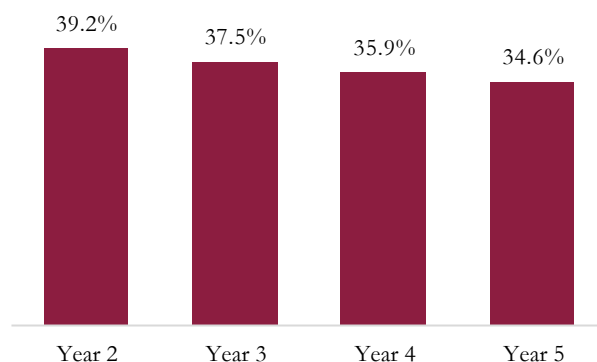


Figure 6 Food Needs as a Percentage of all 2MATCH Needs

an impact on community health. Only 29.2% of participants indicated that access to affordable healthy foods was a strength of their community.

The cost of quality food. So, for example, if you want a good quality head of lettuce that is like...and not full of pesticides, it's expensive to be able to buy good quality food. It's cheaper just to buy something from McDonald's or Taco Bell than it is to provide wholesome food for the children. – CHA Participant

2MATCH Program Survey

Findings from the 2017 2MATCH Program Survey regarding food insecurity were similar across respondents (AZCCN members, CSPs, and 2MATCH Program Consortium members), indicating that food insecurity was perceived to be the second most common need after housing. Additional information indicates that although resources are available to address food insecurity, many individuals have persistent food needs. Proposed ideas from surveyed participants were:

- Increase the number of grocery stores that serve low-income families in neighborhoods
- Increase the number of food pantries in the community

Food Insecurity Trends

Despite progress in the past few years, food insecurity continues to be a major issue facing families across Arizona and Maricopa County. Since 2015, food insecurity rates have decreased in Maricopa County and Arizona but remain higher than the U.S. national rates, which have also declined over that period of time. Table 3 shows the Maricopa County, Arizona, and U.S. food insecurity rates¹ from 2015 to 2019.

Year	U.S. Average	Arizona	Maricopa County
2015	13.4%	15.8%	15.0%
2016	12.9%	14.9%	14.3%
2017	12.5%	14.0%	13.7%
2018	11.5%	13.1%	12.1%
2019	10.9%	12.6%	11.7%

Table 3 Local, State, and National Food Insecurity Rates

RECENT DEVELOPMENTS IN FOOD INSECURITY

Several aspects of federal policy in 2021 increased access to SNAP and other food security benefits.³⁰ Pandemic-related changes to SNAP and other USDA programs based on legislation and directives by the current administration increased funding for SNAP benefits, resulted in an additional \$28 per person per month on average, and increased access to online grocery shopping using SNAP benefits. Additionally, the administration permanently increased SNAP benefits on October 1, 2021, after an evaluation of the cost of a healthy diet in 2021, by an average amount of \$36.24 per person, per month, excluding pandemic related increases. This change reflects the first time the purchasing power of SNAP benefits have changed since they were introduced in 1975.³¹ Related to children, the

³⁰ U.S. Department of Agriculture. (2021). *Biden-Harris administration's actions to reduce food insecurity amid the COVID-19 crisis*. Retrieved from <https://www.usda.gov/media/press-releases/2021/03/03/biden-harris-administrations-actions-reduce-food-insecurity-amid>

³¹ U.S. Department of Agriculture. (2021, August 16). USDA modernizes the Thrifty Food Plan, updates SNAP benefits: First update in more than 45 years reflects current cost realities. Retrieved from: <https://www.fns.usda.gov/news-item/usda-0179.21>

USDA also extended their program of free school meals for *all* school children throughout the 2021-2022 school year, increasing access to this benefit for many kids who may be missed under the more stringent eligibility rules.³²

The local government in Phoenix has taken numerous steps to address food insecurity. The Office of Environmental Programs (OEP) received a grant from the Gila River Indian Community to complete a regional food assessment. Several major findings from this project revealed that the impact food insecurity has on health outcomes, the lack of access to food by diverse populations including ethnic minority groups, low-income families, seniors, and children. These findings were used to inform the 2025 Food Action Plan. On March 4, 2020, the Phoenix City Council approved this plan, which outlines actions and policies to develop and enhance partnerships in an effort to support people impacted by food insecurity and hunger.³³

There are additional, locally-focused initiatives currently underway in Phoenix addressing food insecurity. In 2018, South Phoenix received funds from the Environmental Protection Agency (EPA) to complete a food action plan to address food insecurity in South Phoenix. In conjunction with local school districts and community partners, the Phoenix OEP was awarded a \$400,000 grant from the EPA to redevelop land that contains hazardous materials or substances.³⁴ The proposed redevelopments include increasing the number of healthy food outlets or grocery stores in those communities.³⁵

Finally, Pinnacle Prevention has begun the implementation of the Fair Food Network's national Double Up Food Bucks program in Arizona. This program enables low-income SNAP beneficiaries to double the value of their SNAP benefits at farmers markets across Arizona with the goal of improving access to healthy foods.³⁶ Participating markets allow SNAP users to receive an additional one-dollar voucher for each dollar spent on Arizona grown produce. Although the daily double up limit is usually 20 dollars per day, Double Up Food Bucks has removed this limit in response to the COVID-19 pandemic, making doubling up SNAP or P-EBT unlimited. A map showing participating locations is shown in Appendix 6.



³² EdSource (n.d.). USDA extends free meals through next school year. Retrieved from: <https://edsource.org/2021/usda-extends-free-meals-through-next-school-year/653335>

³³ City of Phoenix (2020). 2025 food action plan: Healthy food for all. Retrieved from: <https://www.phoenix.gov/sustainabilitysite/Documents/FINAL%202025%20Phoenix%20Food%20Action%20Plan%20Jan%202020.pdf>

³⁴ City of Phoenix (2018). Community action plan for South Phoenix. Retrieved from: https://www.phoenix.gov/sustainabilitysite/Documents/Final-LFLP_CommunityActionPlan_South-Phoenix.pdf

³⁵ City of Phoenix (n.d.). Brownfields land recycling program. Retrieved from: <https://www.phoenix.gov/oep/environment/brownfields>

³⁶ Double up Arizona (2021). Locations. Retrieved from <https://www.doubleupaz.org/home-english>



14

Housing

Where people live directly affects their well-being. The quality of individuals' housing has the potential to influence their health at many levels (as shown in Figure 7³⁷). Housing instability can take on many forms including poor sanitation, compromised structural integrity of the home, exposure to allergens or pests, unstable access to housing, or severe rent burden.

About 1.7 million renters live in households that are inadequate according to the U.S. Department of Housing and Urban Development.³⁸ Currently there are over 17.6 million households that spend at least half of their income on rent, and from 2004 to 2019, the nation's rental supply has shifted toward single-family homes and large, multifamily buildings in which rent prices tend to be high.³⁹ A severe housing cost burden also affects health and is associated with a wide array of negative health outcomes.⁴⁰ Individuals who experience housing instability are more likely to have infectious diseases as well as chronic conditions such as diabetes, cardiovascular disease and chronic obstructive pulmonary disease.⁴¹ Housing instability is also associated with a lack of a primary care source, postponing medical care, postponing medications, as well as increased ED and hospital visits.⁴²

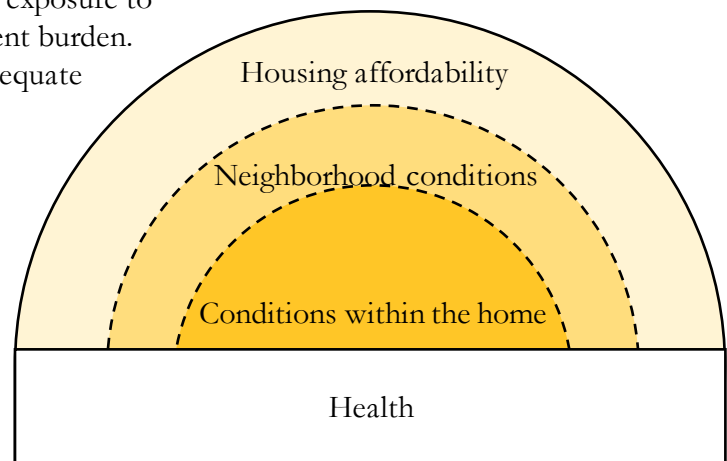


Figure 7 Influences of Housing on Health

The most extreme form of housing instability is homelessness, which is associated with a host of negative health outcomes, including a shortened lifespan, higher burden of infectious diseases such as pneumonia, tuberculosis, HIV, and certain mental health problems. On a single night in 2020, just before the onset of the pandemic, there were 580,466 people experiencing homelessness in the U.S., a 2.2% increase from 2019. Importantly, increases in homeless were already being observed even before the onset of the COVID-19 pandemic.⁴³ Due to pandemic related safety and capacity challenges in communities across the country, data from 2021 is only available for people experiencing *sheltered* homelessness. These data show an 8% decrease in the number of people experiencing homelessness staying in congregate settings.



³⁷ Adapted from Braveman and colleagues (2011). <https://www.rwjf.org/en/library/research/2011/05/housing-and-health.html>

³⁸ Routhier, G. (2019). Beyond worst case needs: Measuring the breadth and severity of housing insecurity among urban renters. *Housing Policy Debate*, 29(2), 235-249

³⁹ Joint Center for Housing Studies of Harvard University (2020). The state of the nation's housing. Retrieved from: https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_The_State_of_the_Nations_Housing_2020_Report_Revised_120720.pdf

⁴⁰ County Health Rankings and Roadmaps (2019). County health rankings key findings report. Retrieved from: <http://www.countyhealthrankings.org/reports/2019-county-health-rankings-key-findings-report>

⁴¹ American Hospital Association (2017). Housing and the Role of Hospitals. Retrieved from: <https://www.aha.org/aharet-guides/2017-08-22-social-determinants-health-series-housing-and-role-hospitals>

⁴² Kushel, M. B., Gupta, R., Gee, L., & Haas, J. S. (2006). Housing instability and food insecurity as barriers to health care among low-income Americans. *Journal of General Internal Medicine*, 21(1), 71-77.

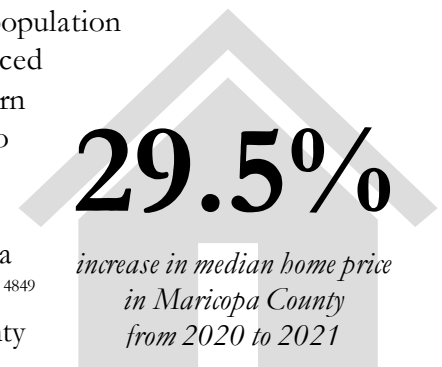
⁴³ U.S. Department of Housing and Urban Development (2020). Part 1 – Point-in-time estimates of homelessness in the U.S.. Retrieved from <https://www.huduser.gov/portal/datasets/ahar/2020-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>

This decrease may reflect the availability of fewer shelter beds as providers responded to COVID-19 protocols by offering more space to each person and decreasing their total number of beds available.⁴⁴

The effects of homelessness extend beyond an individual's wellbeing. There are substantial medical expenditures associated with homelessness. Homeless individuals are five times more likely to be admitted to inpatient hospital units, and on average remain in hospitals four days longer at a cost of \$2,000 to \$4,000 per day.⁴⁵

Out of recognition of the toll homelessness places on individuals and communities, and the disjointed approach that was long taken to address it, a coordinated systems approach is now espoused by community partners (e.g., National Alliance to End Homelessness) and required by HUD for local Continuums of Care to address homelessness. Often referred to as "Community Entry," this approach asks local jurisdictions to centralize their assessment processes, prioritize assistance based on vulnerability and severity of need, collect data, and plan and identify resources. Importantly, this system emphasizes low-barrier entry to services, a housing-first approach (i.e., that people are housed without pre-conditions such as sobriety or service participation) and strives to be fair and provide equal access.⁴⁶

Housing instability remains of high concern in Maricopa County given recent population increases in both the state and county. The most recent Census estimates show that Arizona has experienced the second highest percentage growth in the country,⁴⁷ and both Maricopa County and the Phoenix-Mesa-Chandler metropolitan area remain among the top 10 in the country in terms of overall population and population gains. In addition to population increases, the area has experienced substantial increases in housing costs. As of 2021, individuals would need to earn \$19.85 per hour in Maricopa County and \$18.07 in Arizona overall to be able to afford the rent for a one-bedroom apartment, while the state's minimum wage is currently \$12.15 per hour. These changes reflect a one year 7.76% needed wage increase for Maricopa County and 6.48% needed wage increase in Arizona overall, while the minimum wage changed only 1.25% between 2020 and 2021.^{48,49} Additionally, in the last quarter of 2021, median home prices in Maricopa County have risen to \$417,752, a 29.5% increase from the previous year.⁵⁰



The limited data that exist on housing insecurity among Hispanic or Latino and Native American populations in Maricopa County suggest that these populations experience an disproportionate need and, therefore, are of specific focus in 2MATCH's Health Equity Resource Statement.⁵¹ Native Americans in Maricopa County experience homelessness at a rate more than double their proportion of the general population. Although Hispanic and Latino people experience homelessness at a rate less than their proportion of the population, Hispanic and Latino people

⁴⁴ U.S. Department of Housing and Urban Development (2021). Part 1 – Point-in-time estimates of homelessness in the U.S.. Retrieved from: <https://www.huduser.gov/portal/datasets/ahar/2021-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>

⁴⁵ D'Amore, J., Hung, O., Chiang, W., & Goldfrank, L. (2001). The epidemiology of the homeless population and its impact on an urban emergency department. *Academic Emergency Medicine*, 8(11), 1051-1055.

⁴⁶ US Department of Housing and Urban Development (2022). Coordinated entry policy brief. Retrieved from <https://www.hudexchange.info/resource/4427/coordinated-entry-policy-brief/>

⁴⁷ Pew Research. (2021). Census estimates show population decline in 16 states. Retrieved from <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2021/01/21/census-estimates-show-population-decline-in-16-states>

⁴⁸ National Low Income Housing Coalition. (2021). Out of reach 2020: Arizona. Retrieved from <https://reports.nlihc.org/oor/arizona>

⁴⁹ National Low Income Housing Coalition. (2022). Out of reach 2021: Arizona. Retrieved from <https://reports.nlihc.org/oor/arizona>

⁵⁰ National Association of Realtors. (2022). County median home prices and monthly mortgage payment. Retrieved from <https://www.nar.realtor/research-and-statistics/housing-statistics/county-median-home-prices-and-monthly-mortgage-payment>

⁵¹ Maricopa Regional Continuum of Care. (2021). Race and homelessness in Maricopa County. Retrieved from https://azmag.gov/Portals/0/Documents/MagContent/HSCIC_2021-03-10_item-04_Race-And-Homelessness-in-Maricopa-County.pdf

experiencing homeless experience a longer duration of homelessness than their White and Native American peers. Focus groups and interviews with individuals experiencing homelessness and service providers indicated that racial and ethnic minorities experience racial bias in the coordinated entry process.⁵¹

SCREENING FOR HOUSING INSTABILITY

Housing instability is one of the core health-related social needs (HRSNs) screened for by 2MATCH. Beneficiaries who report a need in at least one of the two questions (housing stability and/or quality from the HRSN Screening Tool) presented below are identified as facing housing insecurity.

<i>What is your living situation today?</i>	<i>HRSN is Identified</i>
<i>I have a place to live today, but I am worried about losing it in the future.</i>	✓
<i>I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)</i>	✓
<i>I have a steady place to live</i>	no

<i>Think about the place you live. Do you have problems with any of the following?</i>	<i>HRSN is Identified</i>
<i>Pest such as bugs, ants, or mice</i>	✓
<i>Mold</i>	✓
<i>Lead paint or pipes</i>	✓
<i>Lack of heat</i>	✓
<i>Oven or stove not working</i>	✓
<i>Smoke detectors missing or not working</i>	✓
<i>Water leaks</i>	✓
<i>None of the above</i>	no

LOCAL DATA

There are several data sources about affordable housing and homelessness for the Phoenix Metropolitan Area that provide relevant information for the 2MATCH Program. The following information can help determine if adequate community services are available for beneficiaries who experience housing insecurity.

Some of these reports are released annually and provide up-to-date information about housing needs and resources in Maricopa County, and other reports are only released periodically. These data sources are reports from the Arizona Housing Coalition and the Arizona Partnership for Healthy Communities, the annual Point-in-Time (PIT) Homeless Count survey conducted by the Maricopa Associations of Governments, a recently published national report on affordable housing, as well as local and county level health assessments. Previous data from the 2MATCH Program survey distributed to stakeholders in Maricopa County was also referenced.

Arizona Housing Coalition and Arizona Partnership for Healthy Communities

Several presentations and reports from the Arizona Housing Coalition and the Arizona Partnership for Healthy Communities, including the “Place Matters” infographic (Figure 8), discuss the significance of where we live and highlight the substantial importance of living conditions in influencing health outcomes.

Several key points regarding housing have arisen from these reports:⁵²

- Only 1 out of every 4 extremely low-income renters can find an affordable apartment in Arizona
- Families who have trouble paying for housing are 84% more likely to delay medical care, and are 116% more likely to postpone buying medications
- Arizona Housing Coalition and Arizona Partnership for Healthy Communities recommend greater coordination between housing and health services (e.g., Arizona’s Medicaid program) to improve delivery systems for both housing and health

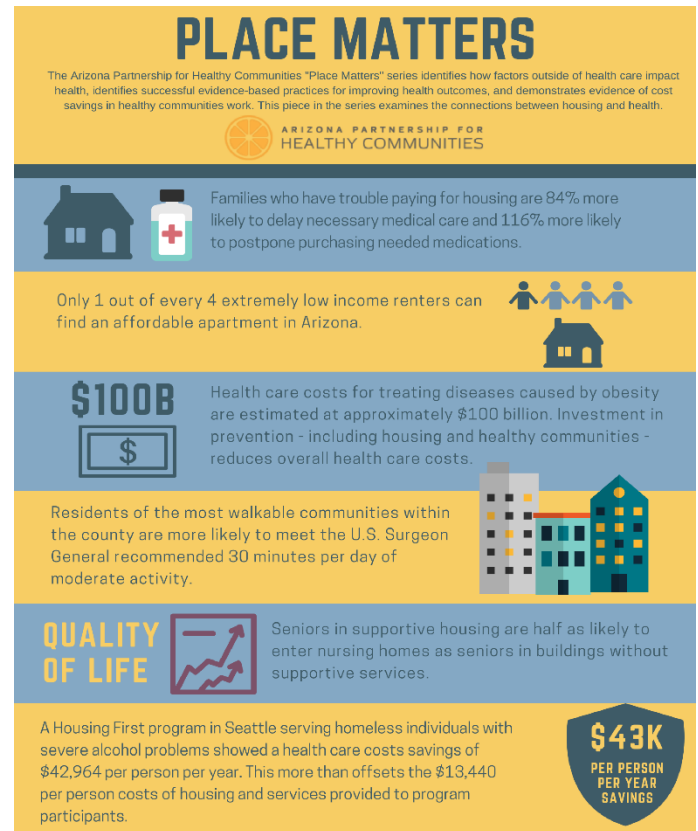


Figure 8 "Place Matters" Infographic

Maricopa County Point-in-Time (PIT) Homeless Count

The Maricopa County Point-in-Time (PIT) Homeless Count is an annual count of the number of people experiencing homelessness (both on the street and in shelters) in Maricopa County at a given point in time and is conducted by the Maricopa Association of Governments.⁵³ In the most recent count in January 2020, there were an estimated 7,419 homeless persons, 3,767 of whom were unsheltered. This is a 11% increase in total homelessness, and a 18% increase in unsheltered homeless from 2019. As shown in Figure 9, the overall count of homeless individuals in Maricopa County grew 17.8% since 2018 and the number of people experiencing unsheltered homelessness has nearly tripled since 2015.⁵⁴ In keeping with many jurisdictions across the country, Maricopa County cancelled their 2021 PIT Homeless Count due to pandemic related concerns. However, the latest count took place January 25, 2022, and new data (only so far available related to unsheltered homelessness) show that there has been a 35% increase in homelessness in the past two years, with 5,029 people counted sleeping on the streets in January.⁵⁵

35%
increase in homelessness in
the past 2 years

⁵² Arizona Partnership for Healthy Communities (2018). Place matters. Retrieved from: <http://arizonahealthycommunities.org/research/place-matters-housing-health>

⁵³ Maricopa Association of Governments (2020). Point in time homeless count. Retrieved from <http://azmag.gov/Programs/Homelessness/Point-In-Time-Homeless-Count>

⁵⁴ Davis-Young, K. (2022, January 18). Maricopa Association of Governments to resume annual homelessness survey. Retrieved from <https://kjzz.org/content/1748661/maricopa-association-governments-resume-annual-homelessness-survey>

⁵⁵ Snow, A. (2022, March 15). Homelessness jumps 35% in 2 years in biggest Arizona county. Retrieved from <https://www.timesunion.com/news/article/Homelessness-jumps-35-in-2-years-in-biggest-17002121.php>

Homeless Counts by Geographic Subregions

Additionally, many subregions in Maricopa County have experienced an increase in the number of unsheltered homeless individuals. Since 2017, most areas in Maricopa County have experienced increases in homeless counts. As of 2020, only five municipalities (Carefree, Cave Creek, Fountain Hills, Litchfield Park, and Paradise Valley) remained at zero individuals counted as homeless in the PIT count, and only two municipalities (Gila Bend and Wickenburg) have experienced decreases in their counts. As noted in Figure 10, unsheltered homelessness has risen throughout the region, with the Central Valley (Phoenix), 2MATCH's primary service area consistently representing both the highest homeless counts as well as the most marked increases in counts since 2017. A map of the PIT homeless count and a table with the number of unsheltered homeless in municipalities throughout Maricopa County are provided in Appendix 7.

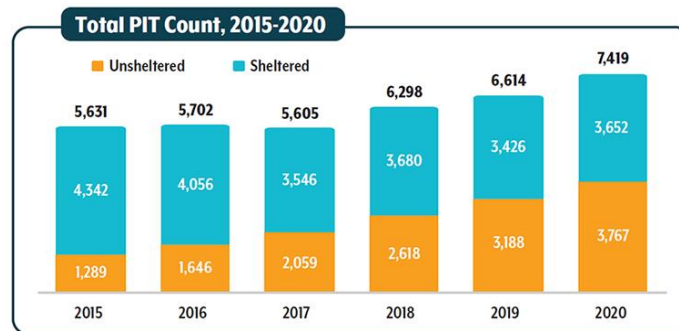


Figure 9 Point in Time Homeless Count in Maricopa County

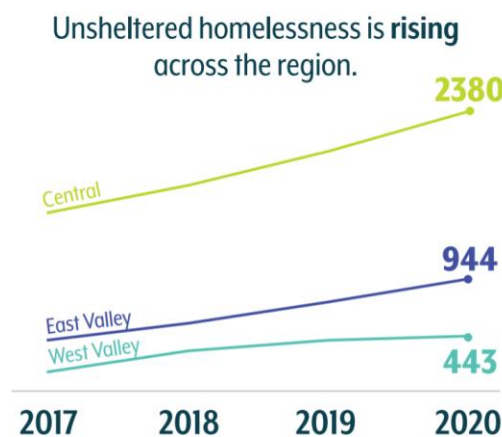


Figure 10 Unsheltered Homeless by Subregion

Homeless Counts for Special Populations

In addition to the substantial increases in the overall number of homeless individuals, certain subgroups were also highly represented in this change, as shown in Table 4. Despite a decrease in the number of homeless families from 2018 to 2019, all subgroups (unaccompanied young adults, families, veterans, and chronic homeless) reported in the PIT count experienced increases in homelessness from 2019 to 2020. In fact, the greatest increase among these subgroups from 2019 to 2020 were families.

Table 4 Changes in Homeless Counts by Subgroup

	2018	2019	2020	Change from 2019 to 2020
<i>Total PIT Count</i>	4,504	6,614	7,419	12.2%
<i>Chronic Homeless</i>	974	962	1,052	9.4%
<i>Families</i>	519	483	548	13.5%
<i>Veterans</i>	413	475	494	4.0%
<i>Unaccompanied Young Adults (18-24)</i>	377	387	416	7.5%

Table 5 shows the demographic characteristics of those individuals sampled in the 2020 PIT Homeless Count in Maricopa County (note that race and ethnicity was reported only as percentages and not counts in the 2020 PIT report). In 2020, the homeless population was: most were male (60.9%), adults over age 24 (76.1%), non-Hispanic or Latino (80%), and White (61%) or Black/African American (27%).

Table 5 2020 PIT Homeless Count Demographics

<i>Demographic Characteristic</i>	<i>Total</i>	<i>%</i>
<u><i>Gender</i></u>		
Female	2,882	38.8%
Male	4,516	60.9%
Transgender or Gender Non-Conforming	21	0.3%
<u><i>Age</i></u>		
Children 0 to 17	1,243	16.8%
Adults 18 to 24	530	7.1%
Adults over 24	5,646	76.1%
<u><i>Race and Ethnicity</i></u>		
Non-Hispanic/Non-Latino		80%
Hispanic/Latino		20%
White		61%
Black or African-American		27%
American Indian or Alaska Native		7%
Multiple races		7%
Asian		1%
Native Hawaiian or other Pacific Islander		1%

National Housing Gap Report

The National Low Income Housing Coalition⁵ publishes an annual report called *The Gap: A Shortage of Affordable Homes*, which highlights the affordable housing gap particularly for those in lower income brackets on both national and state levels. Findings from the report indicate that there is a substantial housing deficit for low income ($\leq 80\%$ of the area median income [AMI]), and that the shortage is particularly pronounced for those who are very low income ($\leq 50\%$ AMI) and extremely low-income (ELI; $\leq 30\%$ AMI or at or below the poverty guideline). In the U.S., there is a 6.8 million-unit rental deficit for those individuals who are ELI. There are also significant racial disparities in who makes up the population of extremely low-income renters, renters, and homeowners across the U.S. Compared to White (non-Latino) Americans, who are 6% extremely low-income renters, 28% renters, and 72% homeowners, American Indians or Alaskan Natives are 18% extremely low-income renters, 49% renters, and 51% homeowners. Similarly, Latinos are 14% extremely low-income renters, 54% renters, and 46% homeowners.⁵

The state of Arizona at large and the Phoenix-Mesa-Scottsdale metropolitan area rank fifth and fourth from the bottom in terms of availability of affordable housing units with a supply of only 26 and 21 affordable and available rental homes per 100 renter households, respectively. This reflects no change in availability in the state at large, and an increase from 18 affordable and available rental homes per 100 renter households in the metropolitan area the year prior. In 2021, this equated to a deficit of nearly 90,000 available and affordable housing units for ELI households in the metropolitan area alone. Appendix 8 highlights several graphics from this report.

People experiencing homelessness are often the Arizonans who face the most barriers to access and retain affordable housing. Maricopa Association of Governments (MAG) administers the Maricopa Regional Continuum of Care which serves as the local coordinated entry system to help people experiencing homelessness access housing as fairly and swiftly as possible.

Evictions and Housing Loss

Given the large deficit of low-income housing, it is not surprising that evictions are a growing problem in the U.S. The immediate impact of eviction can be devastating as individuals and families are forced to leave their homes, children are forced to leave their schools and families are separated from their communities and local supports.⁵⁶ Beyond these immediate effects, eviction has been shown to have serious detrimental effects on health. For example, people who experience eviction are more likely to experience depression, report lower levels of health for themselves and their children, and have higher rates of parental stress.⁵⁷

Evictions are an exceedingly prevalent problem in Maricopa County. Between 2015 and 2017, Phoenix ranked second highest in eviction rates (5.9%) out of the 50 largest metropolitan areas in the U.S.⁵⁸ In 2018 alone, Maricopa County court issued 43,409 financial judgements.⁵⁹ Analyses of housing data at the Census-tract level by New America⁶⁰ show that Maricopa County faces a housing loss rate (a combination of evictions and foreclosures) of 2.23 times the national rate, among the highest rates in the country. Spatial analyses of the same data also found that the areas surrounding Dignity SJHMC, which has some of the highest participation in the 2MATCH Program, also experience some of the highest rates of evictions in the county.

In response to the COVID-19 pandemic, the Centers for Disease Control and Prevention issued a temporary moratorium on residential evictions, which ended with a Supreme Court decision August 26, 2021. Although national emergency rental assistance funds are credited with slowing the tide of evictions in Arizona after the moratorium was lifted, more than 5,000 eviction filings were recorded in January 2022 in Maricopa County.⁶¹ In response to this reality as well as the growing number of people experiencing homelessness in AZ, a bipartisan duo of legislators have introduced legislation which would seek to increase the state's supply of low-income rental units and direct \$89 million to combat homelessness.⁶¹

⁵⁶ Eviction Lab (n.d.) Why eviction matters. Retrieved from:

<https://evictionlab.org/why-eviction-matters/#understanding-eviction>

⁵⁷ Desmond, M., & Kimbro, R. T. (2015). Eviction's fallout: housing, hardship, and health. *Social Forces*, 94(1), 295-324.

⁵⁸ Chris Salviati (2017). Rental insecurity: The threat of evictions to America's renters. Retrieved from:

<https://apartmentlist.com/rentonomics/rental-insecurity-the-threat-of-evictions-to-americas-renters>

⁵⁹ Arizona Department of Housing (2019). Arizona: Housing at a glance. Retrieved from:

https://housing.az.gov/sites/default/files/documents/files/AZ_Housing_At_a_Glance_%202019.pdf

⁶⁰ New America. (2020). Displaced in America: Mapping housing loss across the United States. Retrieved from

<https://www.newamerica.org/future-land-housing/reports/displaced-america/>

⁶¹ Associated Press (2022, February 3). Arizona's housing crisis focus of new bipartisan legislation. Retrieved from

<https://www.kold.com/2022/02/03/arizonas-housing-crisis-focus-new-bipartisan-legislation/>

2MATCH Data on Housing Insecurity

In Year 5, housing was the second most identified HRSN among 2MATCH participants, representing of needs during that year (Figure 11). This represented a slight increase from Year 4, when 23.9% of needs were housing needs. Referral data were also collected for those individuals screening positive for housing instability. Appendix 11 provides a detailed breakdown of all the organizations that received referrals for housing needs.

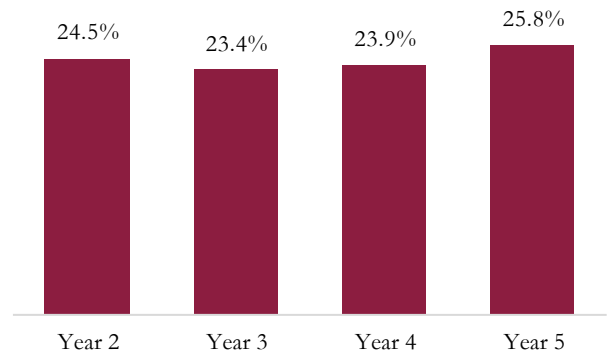


Figure 11 Housing Needs as a Percentage of all 2MATCH Needs

CHA 3.0 Data on Housing Insecurity

Housing was a frequently cited barrier to healthcare access by those participants in the CHA Focus Groups. Over 50% of participants identified homelessness as one of the conditions that greatly impacts community health. Focus groups conducted specifically with homeless youth also revealed that mental health problems and access to mental health care as a primary community health concern. Further, about 26.8% of participants identified *affordable housing* as an issue greatly impacting community health.

I mean, probably helping the homeless people because I think that, you know, the homeless people a lot are really their issue isn't that they want to live on the street. They're just mentally, you know, have mental issues. And, you know, and if it was a perfect world would have enough money. I think, you know, we should, you know, not put them on the streets and help them as much as you can, but I know that we don't have the resources for that. –

CHA Focus Group Participant

I think personally, with me, with the struggle with, you know, going to the doctor, getting, you know, help...my biggest issue in the past was having suicidal tendencies. Instead of getting the help I needed, I was put into a psych ward. And that wasn't the help I needed. So I feel like, sometimes some people don't feel safe at a doctor. They don't feel safe saying hey, I'm having this problem, and I need help for it, whether that's a good doctor like, you know, with physical health, mental health, whatever that looks like. 'Cause some people, they don't wanna be in a psych ward. They, you know. So. And also like, counseling and stuff, I feel like that's...finding someone to trust, not a lot of people trust other people. You know what I'm saying? –

Participant

2MATCH Program Survey

The 2MATCH Program Survey reflected a similar need for affordable housing. Survey responses indicated that housing is a prominent area of need, with few services currently available.

Suggested solutions and/or ideas to remedy the need include:

- Increase affordable housing in safe neighborhoods
- Increase affordable housing for seniors
- Increase government investment in affordable housing
- Increase rent subsidies to align with increasing rental rates
- Implement shared housing, a doable solution that has worked in other parts of the country

- Increase transition housing structures where the homeless can come to seek basic shelter, food, and clothing and provision of a structured program
- Bridge housing for Seriously Mentally Ill (SMI) service recipients, transition housing for high service impact individuals, sex offender housing
- Establish a viable path to self-reliance and financial means that will lead to an independent living situation
- Improve collaboration with Central Arizona Shelter Services (CASS), Foundation for Senior Living (FSL), Circle the City and other community agencies as well as corporate donors
- More safe, affordable options for women and children; longer stay options at shelters; remove barriers to housing because of felony charges
- Increase continuum of housing-- more transitional housing in addition to rapid, quicker access, increase subsidized housing and influence landlords to accept people with vouchers
- State policy changes that mandate affordable housing and expand transitional housing
- Eliminate discrimination in housing policy for vulnerable people and rely on evidenced based programming instead; the capacity needs to be improved at the state level before the gaps can be closed
- Improve city planning, provide jobs closer to affordable housing
- Free up public dollars to incentivize landlords to create affordable low-income housing

Existing Resources and Community Service Providers

There are resources and Community Service Providers in the greater Phoenix area that assist with housing and home stability. Below is a list of the 2MATCH Premier Community Service Providers that are also members of the 2MATCH Consortium. These stakeholders meet monthly with project and clinical staff to develop and implement the 2MATCH Program.

- ABC Housing Advocates
- Arizona Coalition to End Sexual and Domestic Violence in Arizona (shelter referrals)
- Arizona Community Action Association
- Catholic Charities
- Foundation for Senior Living
- St. Vincent de Paul
- Bridge to Permanency Housing Program
- Estancia de Sol Apartment Community
- Cedar Crossing and Patina Wellness Center

Housing Trends

Overall counts and rates of homelessness in Arizona generally trended downward between 2007 and 2019. However, since 2017, the state's overall homeless population has increased two years in a row to an estimated 10,007 in 2019, and rates increased from 12.9 homeless individuals per 10,000 in 2017 to 14.1 per 10,000 in 2018 and 14.0 per 10,100 in 2019; it also increased again by 15.1 per 10,000 in 2020.⁶² As shown in Figure 10, the overall downward trend has also not been observed in Maricopa County, where total homelessness has increased 12.2% between the two most recent PIT counts alone.

⁶² National Alliance to End Homelessness (2018). Arizona. Retrieved from: <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-report/arizona/>

As noted previously, the availability of affordable housing for ELI households also demonstrates the need for affordable housing. Although both the state and county continue to perform poorly compared to the national average (as shown in Table 6), there have been improvements particularly at the state level since 2016, which seem to have plateaued in recent years. The Phoenix metropolitan area, however, continues to perform poorly on affordable housing availability, with consistently lower availability than both the national and state levels, and despite increases in availability, including in 2021. In sum, there continues to be a substantial gap in housing across Arizona, and particularly so in the Phoenix metropolitan area.

Table 6 Local, State, and National Housing Availability per 100 Extremely Low-Income Households

Year	U.S. Average	Arizona	Phoenix Metro
2016 ⁵	31	21	18
2017	35	26	21
2018	35	26	20
2019	37	25	21
2020	36	26	18
2021	37	26	21

RECENT DEVELOPMENTS IN HOUSING INSECURITY

Over the past 15 years, the Arizona Health Care Cost Containment System (AHCCCS), Arizona’s Medicaid Program, has purchased hundreds of housing units for individuals with severe mental illness (SMI). AHCCCS spends around \$2 million dollars a year on the development of affordable housing for individuals with SMI. AHCCCS has a portfolio of nearly 800 units.⁶³

In 2017 AHCCCS partnered with the Arizona Department of Housing, PNC Bank, Thomas Development Co., and Catholic Charities to help fund part of an affordable housing development in Phoenix, Arizona. According to the agreement, 18 of the 30 affordable housing units will be available for Medicaid members with SMI determinations.⁶⁴ An additional housing development providing 30 units is being developed in Surprise in partnership with the Maricopa County Housing Authority.

In conjunction with multiple partners across Maricopa County, AHCCCS also initiated Project H2: Healthcare and Housing to reduce homelessness in downtown Phoenix by 80% by 2021. Project H2 will use multiple funding sources to create a pool of flexible housing subsidy dollars that can be used to house homeless individuals in downtown Phoenix. The Housing Authorities will then “bridge” about 100 individuals with permanent Housing Choice Voucher programs in partnership with health plans and supported housing providers.⁶⁵

AHCCCS also recently announced a single housing administrator (Arizona Behavioral Health Corporation), which will administer its housing program statewide until at least September 30, 2024.⁶⁶ In doing so, AHCCCS indicated its intent to standardize housing practices across the state, reduce barriers for its participants, and improve the overall

⁶³ Arizona Health Care Cost Containment Systems (2018). State Medicaid Advisory Committee. Retrieved from: <https://www.azahcccs.gov/AHCCCS/Downloads/SMAC/agendas/SMACAgenda101718.pdf>

⁶⁴ Crites, J. (2019). A trailblazing partnership between housers and healthcare providers. *Journal of Housing and Community Development*. https://www.nahro.org/journal_article/a-trailblazing-partnership-between-housers-and-health-care-providers/

⁶⁵ Arizona Health Care Cost Containment System. (2018). *AHCCCS Update*. Retrieved from <https://www.azahcccs.gov/PlansProviders/Downloads/HealthPlans/Mar2019/AHCCCSUpdate.pdf>

⁶⁶ Arizona Health Care Cost Containment System. (2021). *AHCCCS announces housing administrator contract award*. Retrieved from <https://www.azahcccs.gov/shared/News/PressRelease/HousingAdministratorContract.html>

experience for individuals experiencing mental health issues and homelessness. In another recent development, AHCCCS recently announced that one of their priorities for 2022 is working on the Housing and Health Opportunities (H2O) demonstration waiver to the Centers for Medicare and Medicaid Services, which among other services would allow for reimbursement for transitional housing for up to 18 months for individuals leaving an institutional placement.⁶⁷

There are several other housing developments underway in Maricopa County. In 2021, the Arizona Department of Housing issued an informational bulletin regarding the availability of funds to develop affordable rental housing,⁶⁸ and the Housing Authority of Maricopa County recently released an invitation to develop affordable housing in Maricopa County, noting the substantial shortage of affordable housing in the county and its exacerbation by the COVID-19 pandemic.⁶⁹ The county is also administering federal Emergency Rental Assistance funds through December 2022 for individuals living outside of the cities of Chandler, Gilbert, Glendale, Mesa, or Phoenix, which each administer their own programs or partner with organizations like AZCEND or Save the Family to administer the programs. The Emergency Rental Assistance can provide up to 15 months of payments for rent and utilities and is aimed at households at or below 50% AMI as well as households at or below 80% AMI who also have one or more members who have been unemployed for 90 days.⁷⁰ The funding is available to cover rental and utility assistance from April 2020 through December 2022; however, funding for these programs were provided in response to the COVID-19 pandemic and are not ongoing funding sources.

⁶⁷ Marashi, S. (2022, February 23). AHCCCS will focus on Medicaid redetermination and Housing and Health Opportunities demonstration waiver in 2022. Retrieved from <https://stateofreform.com/featured/2022/02/ahcccs-medicaid-redetermination-housing-waiver/>

⁶⁸ Arizona Department of Housing. (2021). *IB 07-21 Notice of funds available - Rental housing development*. Retrieved from <https://housing.az.gov/sites/default/files/documents/files/IB-07-21-SHF-NOFA.pdf>

⁶⁹ Housing Authority of Maricopa County (2021). *Invitation to develop affordable housing in Maricopa County*. Retrieved from: https://maricopahousing.org/wp-content/uploads/2021/04/Invitation-to-Developers_04.06.21.pdf

⁷⁰ Maricopa County. (2021). *Emergency rental assistance*. Retrieved from <https://www.maricopa.gov/5691/Emergency-Rental-Assistance>



Utilities



Access to clean water and functioning utilities are important to health.⁷¹ There is evidence that energy insecurity contributes to chronic stress among individuals. Given the scope of utility needs and the potentially detrimental effects of utility insecurity, there have been programs developed to provide utility assistance to individuals in need. The Low-Income Home Energy Assistance Program (LIHEAP) was developed by the U.S. Administration for Children and Families to meet these needs. In 2019, LIHEAP reported⁶ \$3.74 billion in total

program funding and provided an estimated 5.8 million households with assistance. However, during the same year, about 33.8 million households qualified for LIHEAP based on Federal Guidelines. Often heating or cooling costs for low-income families come at the expense of other necessities such as food or rent. Since a high percentage of families' incomes are spent on utilities each month, services that are energy efficient can help to lessen the financial impact on low-income families.



A recent study⁷² documented the prevalence of energy insecurity in low-income households, and certain demographics experience energy insecurity and disconnection at disproportionate rates, including Black and Hispanic or Latino households, households with young children, individuals who use electronic medical devices, and individuals who live in dwellings with poor or inefficient conditions. They further found that the COVID-19 pandemic has exacerbated the already high prevalence of energy insecurity.

SCREENING FOR UTILITY NEEDS

Utility needs represents another core HRSN screened for in the 2MATCH Program. The HRSN Screening tool asks one question related to utility needs. Beneficiaries who indicate *Yes* or *Already shut off* to the question below are identified as experiencing utility needs.

<i>In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?</i>		<i>HRSN is Identified</i>
<i>Already shut off</i>		✓
<i>Yes</i>		✓
<i>No</i>	<i>no</i>	

⁷¹ American Academy of Family Physicians (2019). *Social determinants of health: Guide to social needs screening*. Retrieved from: https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/sdoh-guide.pdf

⁷² Memmott, T., Carley, S., Graff, M., & Konisky, D. M. (2021). Sociodemographic disparities in energy insecurity among low-income households before and during the COVID-19 pandemic. *Nature Energy*.

LOCAL DATA ON UTILITIES NEEDS

Utility assistance programs, usually managed by community agencies, provide services and/or funding to meet the needs of low-income families and individuals who struggle with meeting their monthly utility payments.

Low-Income Home Energy Assistance Program (LIHEAP)

Up from \$28.7 million in 2019, \$45.7 million was available from the Low-Income Home Energy Assistance Program (LIHEAP) to Arizona in 2020. Additionally, \$3.5 million was available to tribes, which was up from 1.3 million in 2019. American Indians can access LIHEAP assistance directly from one of nine tribes in Arizona.⁷³

While there was a state income-eligible population of 636,794 in 2020, 23,669 households received assistance, representing 4% of Arizona income-eligible households. Of these households, 15,143 received cooling assistance; 8,890 received heating assistance; 9,587 received year round crisis assistance.⁶ At the national level, 16.8% of eligible households received assistance, compared to Arizona's 4%. On the other hand, of the population Arizona served with the assistance, 74% had a vulnerable household member (i.e., elderly, disabled, and/or child under 6), while the national rate was 71.7%.^{6,7}

2MATCH Data on Utility Needs

Utility needs was the third most commonly cited need by participants in Year 5 at 21.2% of all needs (Figure 12), substantially higher than 12.2% in Year 3 and slightly higher than 20.3% in Year 4. Appendix 13 lists organizations providing services for utility services.

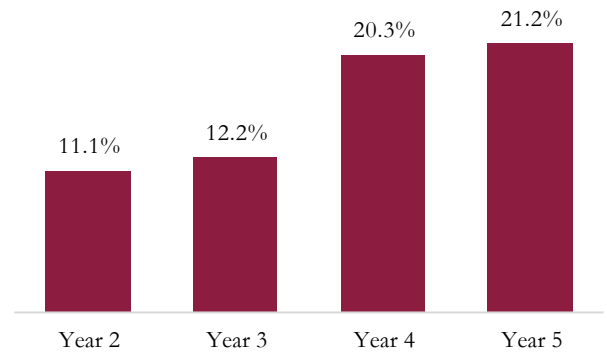


Figure 12 Utility Needs as a Percentage of all 2MATCH Needs

CHA 3.0 Data on Utility Needs

While utility assistance was not directly asked on the CHA 3.0 questionnaire, it was mentioned on several occasions in the focus group discussions, specifically in relation to balancing financial needs. This quote from one of the participants illustrates how paying bills has affected the ability to manage health:

I can't afford to pay for the electric bill, the air conditioning broke down and everything around the house is falling apart... I haven't taken my medicine since March, because I can't afford it. – CHA Participant

2MATCH Program Survey

Findings from the 2MATCH Program Survey listed utility assistance as a low priority need. Participants provided several suggestions regarding utility assistance.

- Preventive efforts in partnership with utility companies
- Advocacy for additional funding to provide utility assistance
- Assist individuals with chronic need through case management

⁷³ U.S. Department of Health and Human Services (n.d.). LIHEAP map tribal contract listing. Retrieved from https://www.acf.hhs.gov/ocs/map/liheap-map-tribal-contact-listing#AZ_5212

- Increase public awareness of assistance programs

Resources and Community Service Partners

Community Service Providers in the Phoenix metropolitan area that provide utility assistance include Wildfire (formerly Arizona Community Action Association [AZCAA]) and Foundation for Senior Living. Both organizations are 2MATCH Premier Community Service Providers and are also members of the 2MATCH Advisory Board and Consortium.

The county and municipal governments, as well as many other community organizations, provide utility assistance in various capacities, including those who partner with Wildfire to administer the Home Energy Assistance Fund (HEAF) program in Maricopa County. HEAF is a collaborative effort by utilities, private individuals, and local and state governments, specifically designed to serve low-income Arizona residents. HEAF was created as a short-term solution to meet the demand for energy assistance. HEAF leverages resources through advocacy, partnerships and collaborations to maximize funding to under resourced communities. Organizations that partner with Wildfire in Maricopa County include:

- A New Leaf / Mesa CAN
- Avondale Community Action Program
- AZCEND
- Buckeye Community Action Program
- City of Phoenix Human Services Department
- Foundation for Senior Living
- Friendly House
- Glendale Community Action Program
- Guadalupe Community Action Agency
- Lutheran Social Services of the Southwest
- Maricopa County Human Services Department
- Peoria Senior Center
- Pilgrim Rest Foundation, Inc.
- Salvation Army, Phoenix Family Services
- St. Vincent de Paul – Phoenix
- Sun City Community Assistance Network
- Sunnyslope Family Service Center
- Tempe Community Action Agency
- Tolleson Community Action Program
- UMOM New Day Centers
- Valleywise Family Learning Centers at Comprehensive Healthcare Center, Maryvale Family Health Center, South Central Family Health Center, and Chandler Family Health Center
- Wickenburg Community Action Program

Utility Assistance Trends

The number of households eligible for utility assistance based on federal/state standards has decreased modestly in the past five years, the proportion of those households actually served by LIHEAP has also increased slightly in each of the past four years.⁶ Still, less than five percent of Arizona households eligible for LIHEAP actually receive benefits. This change in eligible and service provision since 2015 is shown in Table 7.

Table 7 LIHEAP Qualification and Participation in Arizona

<i>Fiscal Year</i>	<i># Income-Eligible Households</i>	<i>% Income-Eligible Households Served by any LIHEAP Assistance</i>
2015	664,660	4.4%
2016	653,338	3.6%
2017	655,219	3.8%
2018	654,898	4.0%
2019	637,191	4.6%

Note. All years other than 2015 are based on preliminary LIHEAP data.

RECENT DEVELOPMENTS IN UTILITIES ASSISTANCE IN ARIZONA

One prominent development related to utility assistance is the rebranding of Arizona Community Action Association as Wildfire. Wildfire shares the same mission as the AZCAA, with the goal of eliminating poverty through community action initiatives. Wildfire currently works in employment, food assistance, energy assistance, and other fields related to the utility HRSN.⁷⁴

As noted the section regarding recent developments in housing insecurity, Maricopa County and local municipalities have also temporarily expanded their rent and utility assistance programs in the wake of COVID-19.

⁷⁴ Wildfire (n.d.) Who we are. Retrieved from: <https://wildfireaz.org/about/who-we-are/#who-we-are>



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Transportation

Access to transportation extends far beyond the need for a vehicle or access to rideshare services. Transportation issues also include inadequate road infrastructure, long distances and lengthy travel times to reach services, and high transportation costs. Each year, 3.6 million individuals in the U.S. do not obtain medical care due to transportation issues. Lack of transportation disproportionately affects those individuals who are older, less educated, female, minority, low-income, or a combination of these factors. Annually, four percent of children in the U.S. miss a healthcare appointment because their caregivers lack access to transportation. For families with incomes less than \$50,000, this percentage is about 9%.⁷⁵ As shown in Figure 13, transportation is linked to public health in three interconnected domains: social, economic, and environmental.⁷⁶

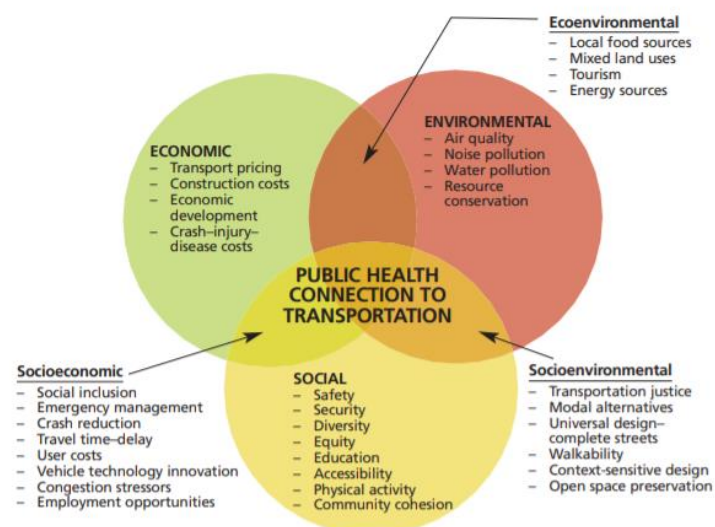


Figure 13 The Public Health Connection to Transportation

SCREENING FOR TRANSPORTATION NEEDS

Transportation needs are another HRSN screened for by the 2MATCH Program. Beneficiaries who select Yes on the transportation item in the HRSN screening tool are identified as having a HRSN in that domain.

In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting to things needed for daily living?

Yes	✓
No	no

LOCAL DATA

Public transportation is the primary option for many individuals who lack personal vehicles and live in Phoenix. According to the American Community Survey,⁷⁷ in 2020, 2.7% of individuals living in Phoenix commuted to work via public transportation. This is higher than the average for Maricopa County as a whole (1.8%), but below the national average of 4.6%. That same year, 1.5% of individuals in both Phoenix and Maricopa County walked to work, compared to 2.6% in the U.S. nationally. Most Phoenix and Maricopa County residents commuted to work alone by car (at 72.9 and 73.7%, respectively), which is slightly lower than the U.S. national estimate (74.9%).

⁷⁵ Health Research & Educational Trust. (2017, November). *Social determinants of health series: Transportation and the role of hospitals*. Chicago, IL: Health Research & Educational Trust.

⁷⁶ Figure from <http://onlinepubs.trb.org/onlinepubs/tnews/tnews299.pdf>

⁷⁷ United States Census Bureau. (2021). Commuting characteristics by sex. Retrieved from <https://data.census.gov>

Although public transportation (including fixed route buses and light rail) is not a common mode of transportation for commuting to work, there is a notable public transportation ridership in Maricopa County and Phoenix. Public

27.3 Million

Valley Metro boardings in 2020

transportation boardings were substantially decreased during the height of the COVID-19 pandemic. Valley Metro reported a ridership of 27.3 million in fiscal year 2021 (vs. 52.5 million in 2020), with the majority of ridership occurring in Phoenix (66.4%). Individuals who have limited financial resources can pay reduced or no ridership fees for public transportation, and in fiscal year 2021 over two thirds (68%) of Phoenix

boardings on Valley Metro routes were by passengers receiving reduced fares; a further 14.4% of passengers rode for free.⁷⁸ Dial-a-Ride same day services are also available to adults over 65 years of age and individuals with disabilities through the City of Phoenix and, for the East Valley (Chandler, Gilbert, Guadalupe, Mesa, Paradise Valley, Scottsdale, and Tempe), through Valley Metro.

Valley Metro Rail provides a public transportation option for many individuals in the Phoenix metropolitan area. The light rail system in Maricopa County is continuing to grow. Plans expand further east to Gilbert Road in Mesa have been completed; two projects are underway to connect South Central Phoenix and the Northwest Valley to the regional light rail; the new Tempe Streetcar is nearing completion and will also connect to the regional light rail; and new station with enhanced accessibility designs was added to connect to Ability360, a local organization promoting independence for people with disabilities,⁷⁹ as shown on the map in Figure 14.⁸⁰ Appendix 9 provides additional information about Valley Metro ridership.

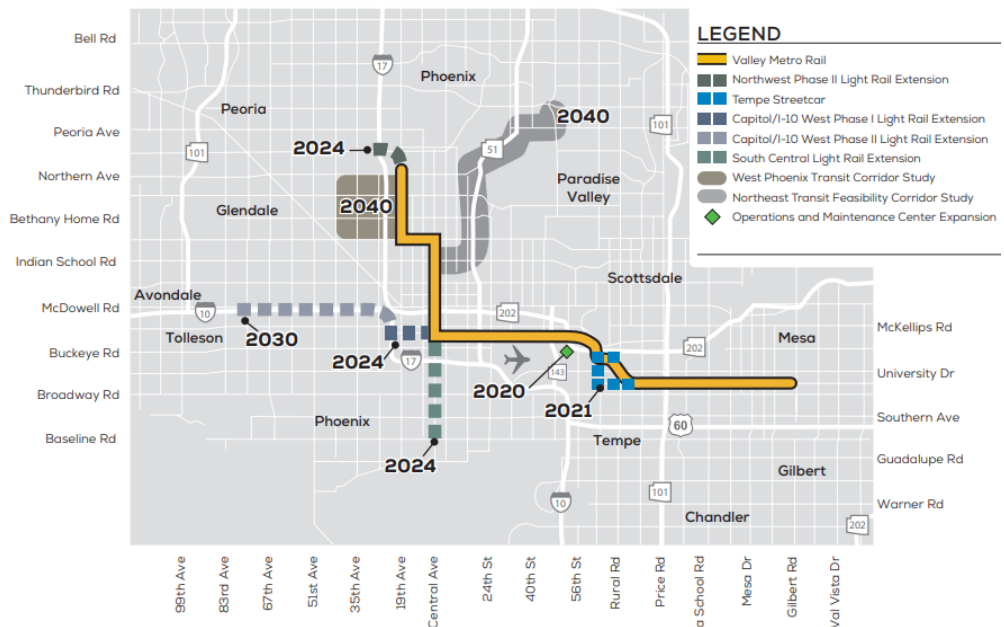


Figure 14 Expansion of Maricopa County Rail System

2MATCH Data on Transportation Needs

Transportation was the second most common need identified in Year 3 at 24.1% of all needs, but the fourth most common in Years 4 (18.0%) and 5 (16.7%; Figure 15). Appendix 14 lists the organizations that received referrals from the 2MATCH Program to assist beneficiaries with transportation needs.

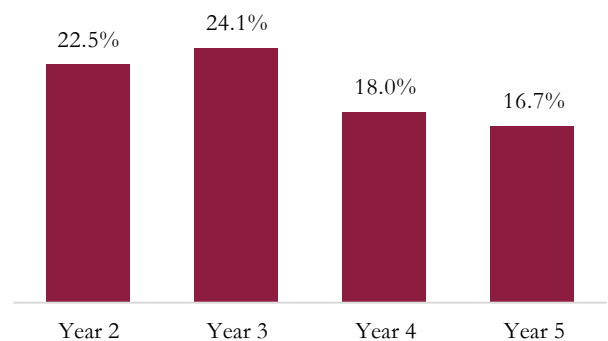


Figure 15 Transportation Needs as a Percentage of all 2MATCH Needs

⁷⁸ Valley Metro (2022). *Ridership reports*. Retrieved from <https://www.valleymetro.org/ridership-reports>

⁷⁹ Valley Metro (2021). *Projects and planning*. Retrieved from <https://www.valleymetro.org/projects>

⁸⁰ Valley Metro (2020). *Rail system fact sheet*. Retrieved from: https://www.valleymetro.org/sites/default/files/uploads/event-resources/light_rail_system_fact_sheet_-_january_2020_v5.pdf

CHA 3.0 Data on Transportation Needs

Transportation was a common theme discussed during focus groups for the CHA 3.0, and a topic explored on the questionnaire. Many participants identified transportation as a challenge for them interfering in their ability to manage their health. Specifically, 34.4% of participants reported that accessing transportation to go to appointments was a major barrier to accessing healthcare services. While transportation was identified as a barrier to some, it was identified as an asset for other individuals. About 47.1% of participants reported that access to public transportation was a community strength.

I feel like the clinics and everything, they should be more abundant, like in my area I got nothing. I mean I health issues and mental issues but there was nothing because there is not enough resources around me to reach out to, they're either very far away or too expensive and that is like the biggest problem that like I face and a lot of people out here face. It's either not enough, or it is too far or too expensive. – CHA Participant

2MATCH Program Survey

Results from the 2MATCH Program Survey identified transportation as third most frequent HRSN. Suggestions regarding transportation needs are described below:

- Partner with Lyft or Uber to provide accessible and reliable transportation to beneficiaries
- Provide beneficiaries with free transportation or gift cards/vouchers to access rideshare services for medical and behavioral health appointments

Transportation Trends

Data on public transportation ridership is collected monthly by Valley Metro.⁷⁸ Public transportation ridership has decreased since 2015, and noticeably so during 2020 amid the COVID-19 pandemic. Table 8 shows annual Valley Metro ridership in Maricopa County for the past five years

Table 8 Maricopa County Valley Metro Ridership

<i>Year</i>	<i>Annual Ridership (in millions)</i>
2015	71
2016	67
2017	66
2018	67
2019	64
2020	53
2021	27

Resources and Community Service Providers

At this time, there is only one 2MATCH Premier Community Service Provider, DUET, listed for transportation needs, and DUET is a member of the 2MATCH Consortium.

RECENT DEVELOPMENTS IN TRANSPORTATION NEEDS

In Maricopa County and the greater Phoenix area, public transportation plans are being continually developed and modified as resources and information become available. In 2015, Phoenix voters approved Transportation 2050, which expanded investment in public transportation including expanding bus services, increasing light rail construction and improving streets. The Transportation 2050 plan emphasizes street maintenance, new pavement, bike lanes, sidewalks and ADA accessibility which complements the goal to increase transit services. Since the program began, more than 257 shade structures have been installed at bus stops, with another 400 to be installed by 2050. Likewise, more than 359 new buses and 97 new Dial-a-Ride vehicles have been added to Phoenix's total capacity.⁸¹



Additionally, the Maricopa County Department of Transportation (MCDOT) has taken multiple steps to improve the transportation infrastructure. In 2018, MCDOT invested in 2,138 miles of paved highway, and an additional 1,296 tons of asphalt to preserve existing roadways and improve rideability.⁸² In 2019, MCDOT began their Transportation System Plan 2040,⁸³ a study to guide transportation planning in the county in partnership with municipalities, tribal governments, state and county agencies, and private organizations. Highlights from the plan include expanding active transportation (e.g., biking and pedestrian facilities; ensuring transit stops comply with the Americans with Disabilities Act), adding left turn lanes, and expanding road maintenance. The 2040 plan is currently in its final stages of development.

Recent developments in Maricopa County include a planned expansion of the light rail in the West Valley which was delayed after a vote by the Phoenix City Council. This, is in addition to the elimination of the expansion of the light rail to Glendale, which was also rejected by the Phoenix City Council in 2017, and the indefinite delay of expanding the light rail to the Paradise Valley Mall. In August 2019, Phoenix residents voted to expand all light-rail lines.⁸⁴ These high capacity transit extensions will create a 50-mile system by 2030. Valley Metro also offers transit options including alternative transportation programs for seniors and people with disabilities, commuter vanpools, online carpool matching, bus trip mapping, bicycle safety and telework assistance.⁸⁵ A new streetcar in the City of Tempe, slated for completion spring 2022, will serve a portion of downtown Tempe and surrounding areas. The streetcar is being developed in order to reduce congestion in Tempe's dense urban core.⁸⁶ The streetcar route will also connect to the existing Valley Metro Rail.



⁸¹ Signals AZ (2020, December 30). *Major Phoenix Transportation 2050 Improvements Continue*. Retrieved from <https://www.signalsaz.com/artides/major-phoenix-transportation-2050-improvements-continue/>

⁸² Maricopa County Department of Transportation (2018). *Annual report: Providing connections that improve people's lives*. Retrieved from <https://www.maricopa.gov/DocumentCenter/View/44001/MCDOT-2018-Annual-Report>

⁸³ Maricopa County Department of Transportation. (2021). *Transportation system plan 2040*. Retrieved from <https://www.maricopa.gov/5132/Transportation-System-Plan-2040>

⁸⁴ Hsieh, S. (2019, September 4). *South Phoenix and Sal DiCiccio's constituents voted to keep light rail*. Retrieved from <https://www.phoenixnewtimes.com/news/south-phoenix-voted-for-light-rail-despite-business-concerns-11353553>

⁸⁵ Valley Metro (n.d). New app, construct VM, now available. Retrieved from: <https://www.valleymetro.org/news/new-app-construct-vm-now-available>

⁸⁶ Valley Metro (2019). Tempe streetcar. Retrieved from: <https://www.valleymetro.org/project/tempe-streetcar>

Additionally, the expansion of the South Mountain Freeway⁸⁷ (a map of which is show in Appendix 10) was completed in Fall 2020, connecting the East and West Valley by adding 22 miles of freeway to relieve congested streets and freeway corridors. The expansion also included a 6-mile recreational shared use path in the South Mountain portion of the project.

One population for which transportation is a specific issue is rural American Indians in Arizona. American Indians living on tribal lands outside of major metropolitan areas, such as Maricopa County, access some of their medical treatment in these areas.⁸⁸ Quality highway systems connecting tribal and urban areas are crucial to address these needs. The Arizona Tribal Transportation, the Tribal Transportation Working Group, and Arizona Department of Transportation are involved in these efforts. In a recent development, Arizona tribal nations will receive more than \$350,000 from the federal government grants to improve transportation systems including transit.⁸⁹

⁸⁷ Arizona Department of Transportation. *Loop 202 (South Mountain Freeway)*. Retrieved from <https://azdot.gov/projects/central-district-projects/loop-202-south-mountain-freeway>

⁸⁸ National Conference of American Indians (n.d.). Tribes and transportation: Policy challenges and opportunities. Retrieved from https://www.ncai.org/attachments/PolicyPaper_YqsLwhwKqnsoykhODfdqeLvPgtHrddwCuXqohOzVyrIdnOXPFpV_NCAI%20Tribal%20Transportation%20Report.pdf

⁸⁹ Dungan, R. (2022, January 19). U.S. Department of Transportation awards more than \$350,000 in grants to Arizona tribes. KJZZ. Retrieved from <https://fronterasdesk.org/content/1748956/us-department-transportation-awards-more-350000-grants-arizona-tribes>



Violence

Individuals who experience violence or who are exposed to violence are more likely to suffer from adverse health outcomes. Beyond the direct effects of violence in the form of death and injury, exposure to violence is also associated with poorer health and has a tremendous economic cost to society.



\$3.6 Trillion

economic cost associated with intimate partner violence

As shown in Figure 16, about 1 in 5 women and 1 in 7 men report a history of severe physical violence from an intimate partner in their lifetime, which is associated with a \$3.6 trillion dollar lifetime economic cost (e.g., lost productivity, legal costs).⁹⁰ Health implications associated with intimate partner violence (IPV) include asthma, bladder and kidney infections, cardiovascular disease, and fibromyalgia. IPV is also associated with psychological conditions including anxiety, depression, posttraumatic stress disorder (PTSD), antisocial behavior and suicidal behavior. Previous research indicates that victims of IPV make more visits to health providers and have longer, more frequent, hospital stays.⁹¹



Figure 16 Intimate Partner Violence Statistics

Elder abuse is another common form of violence in the United States.⁹² Elder abuse includes physical, emotional or sexual abuse, as well as exploitation, neglect and abandonment. It is estimated that as many as 1 in 10 Americans age 60 and over have experienced some form of elder abuse, meaning there could be as many as five million elders who experienced abuse. Due to fear of retaliation, shame, and other factors, elder abuse is likely underreported; for every one case of elder abuse reported, as many as 24 cases may go unreported. Elder victims of abuse are three times

⁹⁰ Centers for Disease Control and Prevention (n.d.). *Preventing intimate partner violence*. Retrieved from <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>

⁹¹ Black, M., Basile, K., Breiding, M., Chen, J., Merrick, M., Smith, S., Walters, M. (2011). *National Intimate Partner and Sexual Violence Survey*.

⁹² National Council on Aging (2021). *Elder abuse facts*. Retrieved from <https://www.ncoa.org/public-policy-action/elder-justice/elder-abuse-facts/>

more likely to be admitted to a hospital, and elder abuse contributes an additional \$5.3 billion dollars to the nation’s annual health expenditures.⁹³

SCREENING FOR EXPOSURE TO VIOLENCE

Exposure to violence is referred to as a ‘safety’ domain by CMS and it is one of the HRSNs screened for in the 2MATCH Program. The HRSN Screening tool asks four questions related to violence and/or elder or child abuse. These include the following instructions and questions. Each question (shown below) is scored from 1 to 5 based on the answer option. The data system sums the values for all four questions, with summed scores ranging between 4 and 20. A score of 11 or higher indicates that an HRSN has been identified.

How often does anyone, including family and friends, physically hurt you?

How often does anyone, including family and friends, insult or talk down to you?

How often does anyone, including family and friends, threaten you with harm?

How often does anyone, including family and friends, scream or curse at you?

Response	Never	Rarely	Sometimes	Fairly often	Frequently
Score	1	2	3	4	5

LOCAL DATA

Domestic violence is a pattern of coercive control where one partner uses their power to control their spouse, partner, or intimate family member and can take many forms, including physical, sexual, emotional, and financial abuse.⁹⁴

- **Physical abuse** includes but is not limited to, hitting, slapping, shoving, or biting.
- **Sexual abuse** is described as coercing or attempting to coerce sexual contact without consent.
- **Emotional abuse** is an attempt to undermine an individual’s self-worth or self-esteem. This includes but is not limited to psychological forms of abuse such as fear, intimidation and threats of violence.
- **Financial abuse** includes using financial tools and money to maintain control.

National Census of Domestic Violence Services

The National Census of Domestic Violence Services is an annual count of adults and children seeking services from shelter programs in the U.S. on a single 24-hour survey period. Staff from shelter programs across the country track specific information (e.g., counts and types of services provided, unmet needs) and enter it into the only survey administered by the National Network to End Domestic Violence. On the survey day in 2021, Arizona programs served 861 victims, nearly two thirds of whom (62.8%) utilized emergency or transitional housing. During the same time period, 50 requests for services by victims of domestic violence were unable to be met due to a lack of resources, nearly all (96%) of which were requests for housing services. Other prevalent services provided during this time were children’s support, transportation, and court accompaniment or legal advocacy.⁹⁵

⁹³ Dong, X. (2011). Consequences of elder abuse: The needs for social justice and policy implications. In *Social and Economic Costs of Violence: Workshop Summary*.
⁹⁴ Arizona Coalition to End Sexual and Domestic Violence. *About domestic violence*. Retrieved from <https://www.acesdv.org/domestic-violence-graphics/>
⁹⁵ National Network to End Domestic Violence (2022). 16th Annual domestic violence counts report: Arizona summary. Retrieved from <https://nnev.org/wp-content/uploads/2022/03/16th-Annual-Domestic-Violence-Counts-Arizona-Summary-FINAL.pdf>

City of Phoenix and Maricopa County

The City of Phoenix has established a Domestic Violence Fatality Review Team⁹⁶ with members appointed by the Mayor. Based on the data collected by this team, the Arizona Coalition to End Sexual and Domestic Violence publishes lists and reports each year. The most current list indicates an increase in domestic violence homicides from 29 in 2016, 17 in 2019, and most recently, 36 homicides in Phoenix in 2021. Annual reports, developed for the state Attorney General's office, include legislative and community level recommendations. The most recent report is the 2019-2020 report. Despite an overall reduction in crime, the rates of domestic violence have remained high. This report highlights that in 2019, the Phoenix Police Department received 40,787 calls related to domestic violence. In recognition of the increase in fatalities related to domestic violence in Phoenix, and also Maricopa County (64% of the state's 102 deaths in 2020), Maricopa County made a \$15 million dollar investment of COVID relief funds into support services for victims of domestic violence.⁹⁷

Arizona – Domestic Violence Services

For fiscal year 2018, \$4.0 million were appropriated from the Domestic Violence Services Fund, and in 2020 an additional \$500,000 was allocated from the U.S. Department of Housing and Urban Development's Emergency Solutions Grant.⁹⁸ From these funds, 6,138 clients were served in emergency shelters, representing 252,806 bed nights. A total of 22,293 clients received assistance from mobile and community-based services, and 38,674 clients were served by Hotline phone call.⁹⁹ In Maricopa County there were 2,218 clients served in emergency shelters, equating to 129,023 bed nights, and a further 26,387 clients were served in with Hotline phone calls. The department also noted that based on surveys of their partners, housing, child care, and transportation remain high needs for domestic violence services.¹⁰⁰ Two additional sources of funding available in Arizona to prevent and respond to domestic and sexual violence are administered through the Governor's Office of Youth, Faith and Family: the Sexual Assault Services Program, which provides funding to organizations who provide direct services to people who have experienced sexual assault, and STOP Violence Against Women, which provides funding to organizations who provide victim services, sexual assault response teams, trainings, and special projects.¹⁰¹

Public Safety Agencies

Although violent crime in Arizona has decreased since the 1990's, it continues to be a problem across the state. The Arizona Department of Public Safety categorizes the following as violent crimes: murder, rape, robbery and human trafficking. In 2020 there were a total of 28,777 violent crimes reported, which accounts for 16% of the total crimes committed. This roughly translates to a violent crime being committed in Arizona about every 18.26 minutes (up

⁹⁶ City of Phoenix Domestic Violence Fatality Review Team (2017). *Domestic violence fatality review team annual report*. Retrieved from: <https://www.phoenix.gov/humanservicesite/Documents/DVFRT%20Report%202016-17.pdf>

⁹⁷ Stone, K (2021, September 28). *Maricopa County commits \$15M to address domestic violence*. Retrieved from <https://ktar.com/story/4704905/maricopa-county-commits-15m-to-address-domestic-violence/>

⁹⁸ Arizona Office of the Governor. (2020). Governor Ducey announces nearly \$6 million to prevent homelessness, support those in need. Retrieved from <https://azgovernor.gov/governor/news/2020/07/governor-ducey-announces-nearly-6-million-prevent-homelessness-support-those>

⁹⁹ Arizona Department of Economic Security (2018). *Domestic violence services fund report*. Retrieved from: https://des.az.gov/sites/default/files/media/DVSF_Report_2018.pdf

¹⁰⁰ Arizona Department of Economic Security Division of Aging and Adult Services (2018). *Domestic violence service fund report*. Retrieved from: https://des.az.gov/sites/default/files/media/DV_Monies_Report_2018.pdf

¹⁰¹ Governor's Office of Youth, Faith and Family (n.d.). Domestic and sexual violence grants. Retrieved from <https://goyff.az.gov/content/domestic-sexual-violence-grants>

from every 39.5 minutes in 2019). Aggravated assault was the most common form of violent crime with 19,751 instances.¹⁰²

The FBI categorizes four crimes – murder, rape, robbery, and aggravated assault – as violent crimes. According to FBI statistics, the rate of violent crime in the United States dropped from 2016 to 2019 and then increased from 2019 to 2020. Similarly, the rate in Arizona dropped between 2017 and 2019 and also rose between 2019 and 2020. However, Arizona remains at substantially higher rates of violent crimes when compared to national rates (i.e., 484.8 per 100,000 people per year in Arizona vs. 398.5 in the U.S.).¹⁰³

2MATCH Data on Violence

Safety has consistently been the least commonly identified HRSN in the 2MATCH Program. In Year 5, 1.7% of the needs identified by individuals participating in the 2MATCH Program identified safety needs, which is slightly less than the 1.9% who identified this need in Year 4 (Figure 17). Appendix 15 lists the organizations that received a referral from the 2MATCH Program to address safety issues reported by beneficiaries.

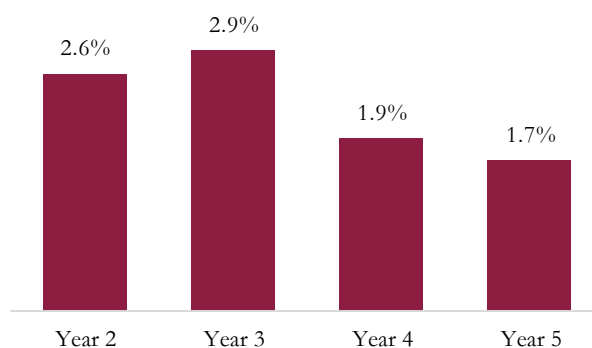


Figure 17 Safety Needs as a Percentage of all 2MATCH Needs

CHA 3.0 Data on Safety

In both the CHA 3.0 survey results and focus group discussions, violence and domestic violence were mentioned by participants. About 29.5% of participants identified domestic violence as a major concern in their community. Further, 24.4% of participants identified child abuse/neglect as a community concern. Also, when asked about community strengths, less than 1 in 5 (19.2%) identified having a safe neighborhood as a strength.

Growing up you see violence and maybe there's domestic violence happening to you and general generational trauma.
– CHA Participant

2MATCH Program Survey

Results from the 2MATCH Program Survey listed exposure to violence as the fourth most frequent HRSN; comments regarding safety are provided below:

- Access to safe, affordable housing for women and children including longer stay option at shelters
- Promote neighborhood/community public education events about IPV and DV
- Partner with law enforcement and health agencies to disseminate information to communities with high rates of violence
- Train police and first responders on de-escalation tactics when responding to IPV and DV situations
- Increase public awareness about safety and violence
- Expand services to children who were exposed to violence or who were victims of violence
- Develop evidence-based interventions and best practices for work with families exposed to violence

¹⁰² Arizona Department of Public Safety (2020). *Crime in Arizona reports*. Retrieved from <https://www.azdps.gov/about/reports/crime>

¹⁰³ Federal Bureau of Investigation (n.d.). *Crime data explorer*. Retrieved from <https://crime-data-explorer.app.doud.gov/pages/explorer/crime/crime-trend>

- Partner with AHCCCS to increase funding for shelters and rehabilitation services
- Provide public education specific to gun safety

Domestic Violence Trends

Domestic violence continues to be a growing problem in Arizona. Table 9 shows the number of justice court and municipal petitions in Arizona since 2015.¹⁰⁴ The total number of court petitions in Arizona have varied since 2015, with 2018 representing the highest number of petitions in that period. Domestic violence petitions (both justice courts and municipal petitions) decreased from 2019 to 2020.

Table 9 Arizona Domestic Violence Petitions

<i>Year</i>	<i>Justice Court Petitions</i>	<i>Municipal Petitions</i>	<i>Total</i>
2015	8,734	13,484	22,218
2016	9,102	13,238	22,340
2017	8,973	13,697	22,670
2018	9,028	13,674	22,702
2019	8,664	13,479	22,143
2020	8,013	11,986	19,999

RECENT DEVELOPMENTS IN SAFETY

The Phoenix Police Department recently released its 2021-2023 strategic plan¹⁰⁵ outlining the goals and targets for the coming years, including protection and prevention as well as responsibility and respect by (among other goals):

- improving partnerships between investigations and patrols
- focusing on community engagement, education, and prevention
- implementing prevention strategies based on the needs of each community
- expanding partnerships with mental health providers for non-emergency mental health calls
- enhancing transparency

The Arizona Coalition to End Sexual and Domestic Violence operates the Arizona Sexual and Domestic Violence Helpline by phone and text as well as an online chat service to provide support, referrals, and assistance navigating the legal system for victims, as well as their families and professionals working with them.

¹⁰⁴ Arizona Judicial Branch (2020). *Arizona Judicial Branch annual report home*. Retrieved from <https://www.azcourts.gov/annualreport>

¹⁰⁵ Phoenix Police Department (2020). *Strategic Plan*. Retrieved from <https://www.phoenix.gov/police>

COVID-19

On March 11, 2020, Arizona Governor Doug Ducey issued a declaration of a Public Health State of Emergency in response to COVID-19, setting in motion measures to address the spread of the disease in Arizona. This declaration was soon followed by a series of Executive Orders defining and limiting the closure of essential services (EO 2020-17 Continuity of Work, March 26) the implementation and lifting of a stay-at-home policy (EO 202-18 Stay Home, Stay Health, Stay Connected, March 30) and a host of other directives.

The Coronavirus spread at unprecedented rates throughout the United States and worldwide. Daily case rates in the U.S. spiked substantially between November 2020 and January 2021, in August 2021 as a result of the Delta variant, and again in January 2022 due to the Omicron variant. Since January 2022, case numbers have gone down drastically across the U.S. and in Arizona.¹⁰⁶

The rollout of the COVID-19 vaccination in Arizona is ongoing, with the Arizona Department of Health Services, county health departments, and community health clinics and pharmacies administering vaccinations. Up from an estimated 30-40% of Arizona's population in April of 2021, as of March 24, 2022, 70.1% of the population of Arizona has been vaccinated.¹⁰⁷¹⁰⁸ COVID-19 testing has also ramped up significantly across Arizona; including free saliva testing in high-need underserved communities. Free at-home tests are also available to order through the federal government's covidtests.gov.¹⁰⁹ Although Arizona has never had a statewide mask mandate, many major institutions such as the public universities had them in place until recently. Following the latest Centers for Disease Control and Prevention Guidance issued on February 25, 2022 that masks are no longer necessary in areas with low to medium transmission rates, Arizona State University, Northern Arizona University and the University of Arizona have all lifted their indoor mask mandates.¹¹⁰

As noted throughout this report, the COVID-19 pandemic has already been documented as influencing need across many HRSN domains, and the potential for additional repercussions has been noted. COVID-19 also affected the manner in which the 2MATCH Program screened beneficiaries. In-person screenings that were regularly conducted throughout the twelve 2MATCH Clinical Delivery Sites were discontinued and telephonic screenings were incorporated, greatly increasing the ability for the 2MATCH Advocates to survey beneficiaries. Several additional areas to address the influence of the pandemic on the HRSNs associated with the 2MATCH Program are described below.

¹⁰⁶ The New York Times (2022, March 24). Coronavirus in the U.S.: Latest map and case count. Retrieved from <https://www.nytimes.com/interactive/2021/us/covid-cases.html>

¹⁰⁷ Arizona Department of Health Services (2022). [Rates of COVID-19 by vaccination status in Arizona](https://www.azdhs.gov/covid19/documents/data/covid-19-variant-report.pdf) and [COVID-19 variant report](https://www.azdhs.gov/covid19/documents/data/covid-19-variant-report.pdf). Retrieved from <https://www.azdhs.gov/covid19/documents/data/covid-19-variant-report.pdf>

¹⁰⁸ Arizona Department of Health Services. (2021). *Vaccine administration dashboard*. Retrieved from <https://www.azdhs.gov/covid19/data/index.php#vaccine-admin>

¹⁰⁹ Arizona Department of Health Services (n.d.). Everyone – Get tested. Retrieved from <https://www.azdhs.gov/covid19/index.php#everyone-get-tested>

¹¹⁰ Fontanez, E. (2022, March 14). Arizona's public universities lift mask mandates under new CDC guidelines. Retrieved from <https://cronkitenews.azpbs.org/2022/03/14/arizonas-public-universities-lift-mask-mandates-under-new-cdc-guidelines/>

LOCAL COVID-19 RESPONSE RELATED TO HRSNS

Food

On March 19, 2020, Governor Ducey activated the National Guard to assist grocery stores and food banks due to heightened demand. Governor Ducey also requested permission to expand access to the SNAP by allowing access to SNAP without interviews, allowing the purchase of prepared meals, waiving work requirements for eligible students, allowing families maximum allotment for up to two months, and extending certification periods beyond 90 days.¹¹¹ Among other waivers and flexibilities, Arizona was approved for emergency allotments of SNAP, which will expire March 2022.¹¹²

Arizona also received more than \$5.3 million in grant funding from the Department of Health and Human Services (HHS) to help Arizona communities provide meals for older adults¹¹³ Senior centers in Phoenix have re-opened at half capacity using a reservation process. They offer both congregate and home delivered meals.¹¹⁴

St. Mary's Food Bank is still offering home food delivery for individuals unable to travel to the food bank, as well as mobile pantries at various locations. The AZ Hunger Hotline is also available for individuals facing food insecurity to seek resources over the phone.¹¹⁵

Housing

Given the prevalence of evictions, an Executive Order was issued on March 24, 2020 to postpone all eviction actions statewide, which has now expired.¹¹⁶ The City of Phoenix Housing Department also took preventative steps in its public housing properties in an attempt to minimize the impact of the COVID-19 outbreak including suspension of Notices to Vacate for non-criminal activity, suspension of late fees, suspension of home visits, suspension of routine work orders, suspension of all resident activities, an extension of repayment agreements, and increased frequency of cleaning and disinfecting the common areas. The City of Phoenix Housing Department and Family Service Centers, which assist with eviction prevention, emergency rental and utility assistance, and housing repair referrals, remain in operation on an appointment-only basis. In January 2021, the City received \$51.1 million from the U.S. Department of Treasury to accommodate emergency rental and utility needs.¹¹⁷ As noted above, this funding made available Emergency Rental Assistance which can provide up to 15 months of payments for rent and utilities from April 2020 through December 2022.

¹¹¹ Office of the Governor Douglas Ducey (2020). *Governor Ducey requests changes to food assistance program*. Retrieved from <https://azgovernor.gov/governor/news/2020/03/governor-ducey-requests-changes-food-assistance-program>

¹¹² U.S. Department of Agriculture (2022, February 28). Arizona: COVID-19 waivers & flexibilities. Retrieved from <https://www.fns.usda.gov/disaster/pandemic/covid-19/arizona#snap>

¹¹³ Office of the Governor Douglas Ducey (2020). *Governor Ducey announces \$5.3 million for meals for Arizona seniors*. Retrieved from <https://azgovernor.gov/governor/news/2020/03/governor-ducey-announces-53-million-meals-arizona-seniors>

¹¹⁴ City of Phoenix (2022). Older adult programs. Retrieved from <https://www.phoenix.gov/humanservices/programs/older#:~:text=All%2015%20Senior%20Centers%20are,required%20to%20enter%20the%20facilities>

¹¹⁵ St. Mary's Food Bank. (2021). *Get help*. Retrieved from <https://www.firstfoodbank.org/get-help/>

¹¹⁶ Office of the Governor Douglas Ducey (2020). *Postponement of eviction actions*. Retrieved from https://azgovernor.gov/sites/default/files/co_2020-14_0.pdf

¹¹⁷ City of Phoenix Human Services Department. (2021). *Family service centers*. Retrieved from <https://www.phoenix.gov/humanservices/programs/emergency>

Utilities

On March 26, 2020, Governor Ducey announced a cooperative agreement with state utilities to ensure the continued delivery of reliable electricity to homes, hospitals and businesses.¹¹⁸ Arizona Public Service (APS) and Salt River Project (SRP) agreed to: not shut off power for any customer due to the inability, not assess late or interest during the crisis, and provide flexible options for the payment of utility bills, which remained in place through 2020. Currently, utility assistance is offered through the AZ Department of Economic Security's Community Action Programs and in Phoenix through the Emergency Rental Assistance Program at local family services centers.

Transportation

To minimize the need for visits to the Arizona Department of Transportation (ADOT) Motor Vehicle Division's offices, license renewal requirements for seniors (Arizona's standard driver licenses need to be renewed at age 65) and commercial drivers were waived between March 2020 and February 2021, extending the expiration date by one year for individuals whose driver licenses would have otherwise expired during this period.¹¹⁹ Near the end of the extension period, ADOT also announced that driver licenses could be renewed online rather than in person as long as individuals have a photo on file from no more than 12 years prior.¹²⁰

In the Phoenix metropolitan area, several changes related to public transportation have resulted from the COVID-19 pandemic. On March 23, 2020, all customer service windows at public transit centers were closed and are currently open by appointment only.¹²¹ Express and RAPID commuter bus service are currently operating on limited schedules, as well as under limited passenger capacity.¹²² Phoenix public transit users have been required since June 20, 2020 to wear face masks while on board, and as of January 21, 2021, masks were federally mandated on public transportation and at transportation hubs, including trains and airplanes. In response, Phoenix and Valley Metro also provide free masks at transit centers and libraries.¹²³

Safety

During the COVID-19 outbreak families spent more time together at home, leading to fears that the incidence of domestic violence could increase. Other countries and cities in the United States have experienced an increase in reports of domestic violence.¹²⁴ The Arizona Coalition to End Sexual and Domestic Violence continues to run its helpline, assist those who are experiencing domestic violence, and track changes to violence-related services due to COVID-19.¹²⁵

¹¹⁸ Arizona Office of the Governor (2020). *Governor Ducey announces electric utility relief package*. Retrieved from <https://azgovernor.gov/governor/news/2020/03/governor-ducey-announces-electric-utility-relief-package>

¹¹⁹ Office of the Governor Douglas Ducey (2020). *Limiting in-person motor vehicle division visits for driver license renewal*. Retrieved from <https://azgovernor.gov/file/34238/download?token=G6chs-ZS>

¹²⁰ Arizona Department of Transportation. (2021). *Arizonans can now renew driver licenses online*. Retrieved from <https://azdot.gov/adot-news/arizonans-can-now-renew-driver-licenses-online>

¹²¹ City of Phoenix (2020). *Coronavirus city service update*. Retrieved from <https://www.phoenix.gov/newsroom/public-transit/1078>

¹²² City of Phoenix (2021). *City of Phoenix impacted city services update*. Retrieved from <https://www.phoenix.gov/newsroom/em-and-hs/1054>

¹²³ City of Phoenix Public Transit. *Face coverings on public transit now a federal mandate*. Retrieved from <https://www.phoenix.gov/newsroom/public-transit/1740>

¹²⁴ Godin, M., (2020). *As cities around the world go on lockdown, victims of domestic violence look for a way out*. Retrieved from <https://time.com/5803887/coronavirus-domestic-violence-victims/>

¹²⁵ Arizona Coalition to End Domestic Violence (2020). COVID-19. Retrieved from <https://www.acesdv.org/covid-19/>

Findings

FOOD NEEDS

- Food insecurity has been the most commonly identified need of participants screened in the 2MATCH Program, and was one of the top needs identified in the initial 2MATCH Program Survey.
- Diets poor in fruit and vegetables are also a major challenge in Arizona. About 40% of Arizona residents eat fruit less than one time per day, and 21% eat vegetables less than one time per day.¹²⁶
- Food access is an issue facing approximately 200,000 residents of Maricopa County who have to travel over a mile to access a supermarket or full-service grocery store.
- Food insecurity rates have improved in recent years, but 11.7% of individuals in Maricopa County and 16.3% of children in Maricopa County were food insecure in 2019. These rates are higher than the United States for adults and children, 10.9% and 14.6% respectively.¹

HOUSING NEEDS

- Housing continues to be a substantial need among beneficiaries. Housing was the most frequently cited HRSN in the initial 2MATCH Program Survey, which aligns with the findings from 2MATCH screenings.
- In Years 3 through 5 of the 2MATCH Program, housing has remained the second most frequent HRSN domain despite changing rates of needs overall.
- Only 1 out of every 4 extremely low-income renters can find an affordable apartment in Arizona⁵²
- Between 2014 and 2017 the number of homeless individuals in Maricopa County remained generally consistent, but between 2018 and 2020 there was been a 17.8% increase. Over this same period, there has also been a consistent increase in the number of unsheltered homeless persons.⁵³ Additionally, between 2020 and 2022, there was a 35% increase in unsheltered homelessness.
- In 2022, there were 5,029 unsheltered homeless persons counted in Maricopa County, compared to 3,767 counted in 2020. This is a 35% increase in unsheltered homeless from 2020.
- Arizona ranks near the bottom nationally for affordable housing. The Phoenix metropolitan area has a supply of only 21 affordable houses per 100 renter households. There is a deficit of over 90,000 affordable housing units in the metropolitan area alone.⁵
- Of the 50 largest metropolitan areas in the U.S., Phoenix has the second highest rate for evictions in 2017 at 5.9%.⁵⁸ In 2018, Maricopa County's court system issued 43,409 financial judgements related to housing.⁵⁹

UTILITIES NEEDS

- Utility needs were frequently cited in both the 2MATCH Program Survey and among 2MATCH participants, becoming the third most cited need in Years 4 and 5.
- Arizona received over \$45.7 million for the Low-Income Home Energy Assistance Program in 2020. There were 636,794 income-eligible participants for the LIHEAP program, but only 4% of eligible participants received assistance.⁶

¹²⁶ Maricopa County Food System Coalition. (2019). *A comprehensive community food assessment for Maricopa County*. Retrieved from https://marcofoodcoalition.org/wp-content/uploads/2020/05/MARCO_Full-Summary-Report_Final_compressed.pdf

- The Arizona Community Action Association is now called Wildfire and continues to partner with community agencies to provide utility assistance.

TRANSPORTATION NEEDS

- Transportation was the fourth most cited need by participants in the 2MATCH Program, after what appears to have been a temporary decrease in transportation needs during the height of COVID-19 in 2020.
- Stakeholders completing the staff survey also identified transportation as an area of need in Maricopa County.
- Participants in the Community Health Assessment 3.0 for Maricopa County also identified transportation as a need, and identified it as one of the major barriers for accessing healthcare services.
- Over the past few years, some planned expansions of the light rail system in Maricopa County have been delayed after ballot initiatives. Construction to extend Valley Metro rail into South Central Phoenix and the Northwest Valley is underway. The Tempe streetcar will open in 2022. Due to the COVID-19 pandemic, some public transit continues to operate under limited capacity and reduced schedules. Several planning efforts and transit studies are underway to explore additional routes and transit options across Maricopa County.
- Public transportation ridership is very common in Maricopa County with a total of 27.3 million public transportation boardings in 2021, despite decreases during the ongoing pandemic, and 82.5% of Phoenix riders received free or reduced fares or passes.⁷⁸
- Valley Metro and several municipalities, including Phoenix, provide Dial-a-Ride and paratransit services for individuals 65 years and older as well as those with disabilities.

SAFETY NEEDS

- Recent estimates show that about in 5 women and 1 in 7 men have experienced domestic violence in their lifetime. Native American women experience domestic violence at higher rates than other groups.
- Domestic violence rates have remained steady despite an overall reduction in crime. Phoenix police receive over 40,000 calls annually related to domestic violence.
- Housing is a frequent need for survivors of domestic violence. Based on the single-day National Census of Domestic Violence Services, in one day in 2020, there were 50 unmet needs in Arizona shelter programs, nearly all of which were requests for housing services.
- In 2020 there were a total of 28,777 violent crimes reported in Arizona. The state violent crime rate was 484.8 per 100,000 people per year.¹⁰²

Conclusion

Dignity Health of Arizona St. Joseph's Hospital and Medical Center (Dignity SJHMC) is the Bridge Organization for the CMS Accountable Health Communities cooperative agreement (CMS-1P1-17-001). For four years, Dignity Health has worked with community partners in high needs zip codes to identify the HRSN needs of residents, and connect 2MATCH Program participants with relevant services in Phoenix. For this project, Dignity Health aims to (a) address the gaps between health care delivery and community services and (b) align those efforts to improve health outcomes while simultaneously decreasing health care costs.

Healthify Inc. is the cloud-based IT platform used to collect and store data for the 2MATCH Program. This platform facilitates the screening for beneficiaries' HRSN needs, and integrates with state healthcare data systems such as the Arizona Health Information Exchange. Data collected from the beneficiary screenings enable the 2MATCH Program staff to help program beneficiaries navigate relevant community services and resources. Healthify also generates monthly reports via data dashboards to track the progress made by the 2MATCH Program.

The Year 5 Gap Analysis Report builds on data reported in Years 1 through 4 of the project by updating public reports and data sources and providing new data from the 2MATCH Program, as well as information relevant to the ongoing COVID-19 pandemic. These data sources highlight the current state of the community's needs related to the five core HRSNs examined for this project. Although there are many service providers working in the various HRSN domains targeted in the 2MATCH Program, it is clear that demand for these services exceeds the supply. Additional resources and services are needed to address the gaps in the various HRSN domains.

In Maricopa County, over half a million individuals are **food insecure**,¹²⁷ and access to food is a challenge facing 200,000 residents.¹²⁸ Given these numbers, it is not surprising that the most common HRSN from the 2MATCH Program is food insecurity. The number of unsheltered **homeless** individuals has consistently grown over the past four years in Maricopa County. A lack of affordable housing is a major contributor to increasing rates of housing instability. It is estimated there are only 21 affordable rental homes per 100 renter households in the Phoenix metropolitan area.¹²⁹ These findings illustrate the gap that currently exists in Maricopa County in housing. **Utility assistance** is the third most prevalent need in Year 5 of the project. A total of 636,794 individuals in Arizona who qualify for energy assistance from the LIHEAP program, but only 4% received assistance.⁶ This means that 96% of those who may need such assistance did not receive it. **Transportation** was the fourth most commonly cited area of need for participants in the 2MATCH Program in Year 5. Additionally, 18% of participants in CHA 3.0 focus groups identified public transport as an important need to improve their communities' quality of life. Finally, there is a gap in services associated with **safety** in Phoenix. There is a substantial gap in unmet needs, as evidenced by the National Census of Domestic Violence Services as well as relatively stable rates of domestic violence reported to public safety agencies despite lower crime overall.

Given the growing body of evidence about the role of HRSNs in contributing to health disparities, it is unsurprising that more organizations are taking steps to address these issues. Health Current, the health information exchange for Arizona, has recently announced its selection of a technology partner to implement a closed loop referral system

¹²⁷ Feeding America (2017). Food insecurity in Maricopa County Retrieved from: <https://map.feedingamerica.org/county/2017/overall/arizona/county/maricopa>

¹²⁸ Retrieved from: <https://insight.livestories.com/s/v2/copy-of-a-comprehensive-food-assessment-for-maricopa-county/5959211b-dca3-41f5-97fc-4d4b6301d22c/>

¹²⁹ National Low Income Housing Coalition (2019). The Gap: A shortage of affordable homes. Retrieved from: https://reports.nlihc.org/sites/default/files/gap/Gap-Report_2019.pdf

in Arizona to address social determinants of health.¹³⁰ In addition to its 30 social determinants of health workgroup members, Health Current lists the projects below as Arizona-based efforts to address social determinants of health.

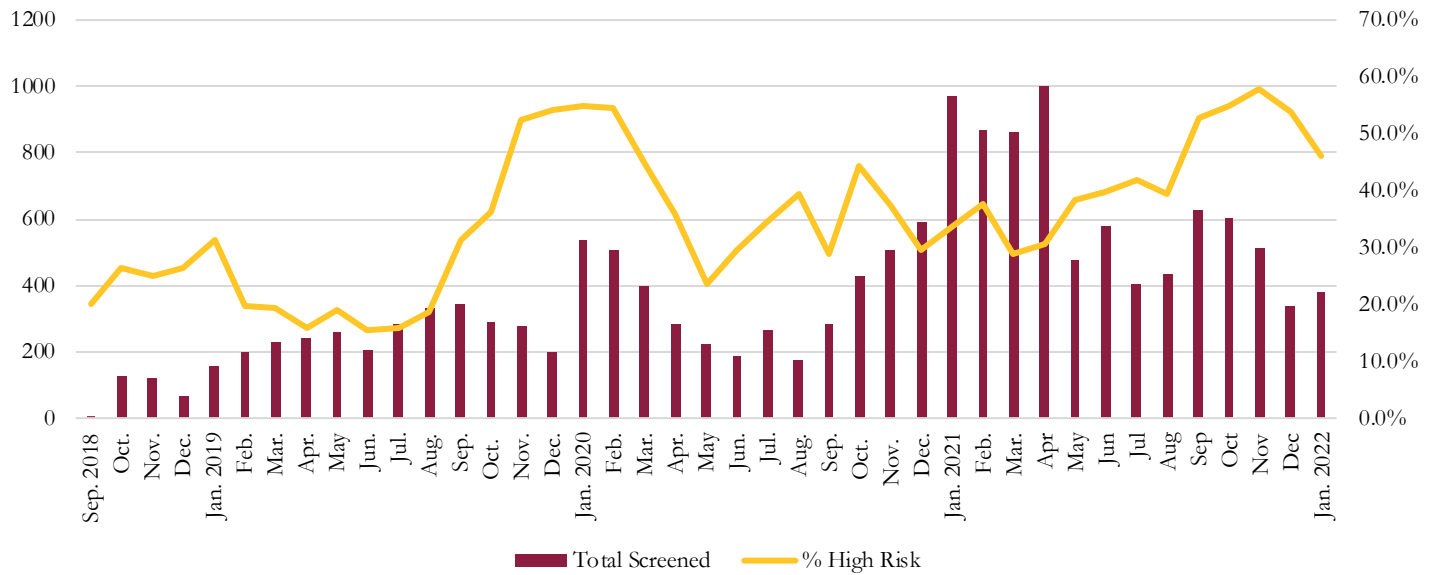
- AHCCCS Targeted Investment Program
- AHCCCS Provider Z-Code Reporting
- AACHC – PRAPARE
- Dignity’s 2MATCH Program – CMS Accountable Health Communities cooperative agreement
- Equality Health
- Health Current CommunityCares
- Pima County Corrections
- UnitedHealthcare – Proposed new Z-codes
- Arizona 2-1-1

As this work continues, the 2MATCH Program will continue to be a positive step forward in understanding and addressing health disparities in high need communities in Maricopa County, as well as a substantial contribution to the next iterations of the statewide referral system.

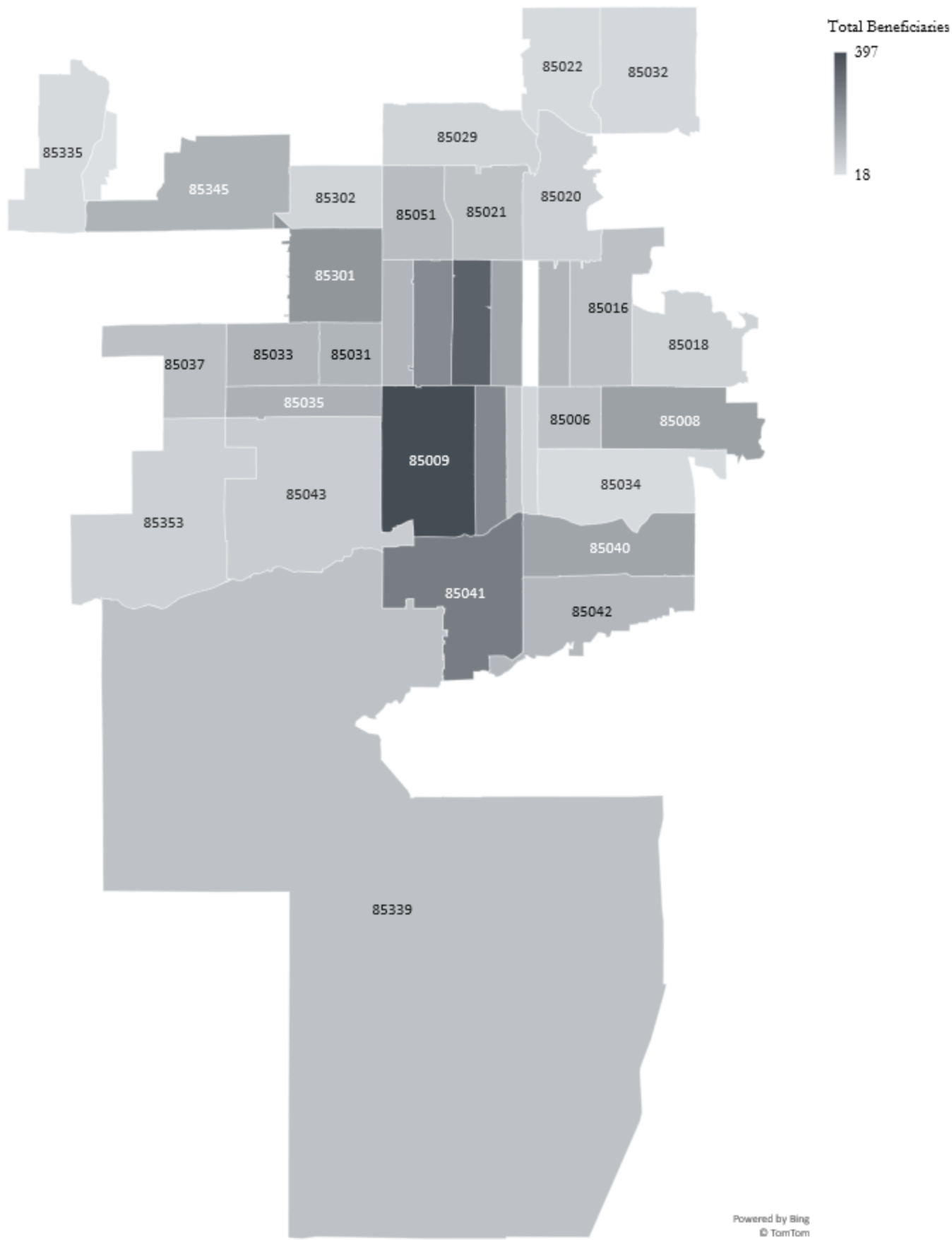
¹³⁰ Health Current. (2021). Health Current selects NowPow as technology partner to implement a statewide social determinants of health dosed loop referral system in Arizona. Retrieved from <https://healthcurrent.org/health-current-selects-nowpow-as-technology-partner-to-implement-a-statewide-social-determinants-of-health-dosed-loop-referral-system-in-arizona/>

Appendices

APPENDIX I: TRENDS IN 2MATCH SCREENINGS



APPENDIX 2: MAP OF NEEDS WITHIN GEOGRAPHIC TARGET AREA



APPENDIX 3: 2MATCH PROGRAM STAFF SURVEY ARIZONA COMMUNITIES OF CARE NETWORK

Q1 Please rank this list from 1 to 5 with 1 being the most need seen in your community and 5 being the least need seen in your community. [There is no right or wrong answer, you should rank the list based on your knowledge and experience in the community]

	1	2	3	4	5	TOTAL	SCORE
Food Insecurity (Limited or uncertain access to adequate and nutritious food)	4.35%	43.48%	30.43%	8.70%	13.04%		
	1	10	7	2	3	23	3.17
Housing Instability (Homelessness, unsafe housing quality, inability to pay mortgage/rest, frequent housing disruptions, eviction)	69.57%	8.70%	13.04%	8.70%	0.00%		
	16	2	3	2	0	23	4.39
Utility Needs (Difficulty paying utility bills, shut off notices, disconnected phone)	4.35%	4.35%	21.74%	52.17%	17.39%		
	1	1	5	12	4	23	2.26
Transportation (Difficulty accessing/affording transportation, i.e. medical or public)	13.04%	30.43%	13.04%	13.04%	30.43%		
	3	7	3	3	7	23	2.83
Exposure to Violence (Intimate partner violence, elder abuse, community violence)	8.70%	13.04%	21.74%	17.39%	39.13%		
	2	3	5	4	9	23	2.35

Q2 Please rank the SDOH that has the least services and largest gap in need. When considering these five SDOH's, please rank the SDOH that goes unmet or is least likely resolved as 1 and the one that has the most resources and is readily resolved when it occurs as 5.

	1	2	3	4	5	TOTAL	SCORE
Food Insecurity (Limited or uncertain access to adequate and nutritious food)	4.35%	21.74%	13.04%	21.74%	39.13%		
	1	5	3	5	9	23	2.30
Housing Instability (Homelessness, unsafe housing quality, inability to pay mortgage/rest, frequent housing disruptions, eviction)	65.22%	17.39%	17.39%	0.00%	0.00%		
	15	4	4	0	0	23	4.48
Utility Needs (Difficulty paying utility bills, shut off notices, disconnected phone)	4.35%	17.39%	30.43%	26.09%	21.74%		
	1	4	7	6	5	23	2.57

Transportation (Difficulty accessing/affording transportation, i.e. medical or public)	13.04%	26.09%	17.39%	26.09%	17.39%		
	3	6	4	6	4	23	2.91
Exposure to Violence (Intimate partner violence, elder abuse, community violence)	13.04%	17.39%	21.74%	26.09%	21.74%		
	3	4	5	6	5	23	2.74

Q3 Please consider the SDOH you listed as #1, the one that has the least available services and takes the longest to resolve or has the most unresolved cases in the community. In the box below share ideas you may have regarding solutions to the gap in services and what ideas you have to increase services in this high needs area.

- 1 Expand awareness. Help people understand that even though there are high upfront costs that the return on investment is great!
- 2 Promotes unconventional forms of pay
- 3 Greater education focusing on prevention strategies and healthy families. Services that are culturally competent and linguistically appropriate for immigrant, refugee, and LEP clients.
- 4 Having accessible low-income housing is a strong need
- 5 There is a need for more affordable housing based on income that is in a safe neighborhood. Using grants it is possible to build or upgrade apartments along transportation sites
- 6 Low-income housing, funding to help support payment in current renting situation until housing resources become available
- 7 We know that housing is one of the best ways to help people be healthy and thriving, but there is a lack of government investment in housing. There has been excellent work on permanent supportive housing, but for long-term, systemic progress on housing, we really need some sort of state or county funding for housing
- 8 As the area grows affordable, attainable housing is less and less. SHARED HOUSING is a do able answer. It's been done in other areas of the country and could be easily done here. It's a win-win situation. Some group or agency just needs to take it on.
- 9 Gun control; police training with the community
- 10 More affordable housing and services for those that don't make enough money to get a decent place to stay but make more than the limit to get any type of aid.
- 11 Build more shelters Create affordable housing
- 12 Connection to social service agencies/Education of agencies and organizations
- 13 Establish a Non-profit org that manages a furnished transition housing structure where the homeless can come to seek basic shelter, food, and clothing and provides a structured program including counseling and employment placement services to help restore dignity and hope and establish a viable path to self-reliance and financial means that will lead to an independent living situation
- 14 Support and advocate for more affordable housing options for the vulnerable. There is not enough available to meet demands
- 15 Bridge housing for SMI service recipients, transition housing for high service impact individuals, sex offender housing
- 16 The SDOH that I chose has more to do with the interpersonal broad maps of the low-income community that is not addressed. Every person entering Jr. high school or other agencies that address need should have their personal strategies addressed. TMF chooses to engage each participant through a point of entry called a Personal Strategy Road-map which addresses an individual's personal and community transformation and transition

- 17 Increased financing for tax advantaged housing projects. Increased rent subsidy as rents have risen above what existing public service will provide. River guides and Navigators to help homeless folks work the system
- 18 Increase the number of safe, subsidized apartment living with utilities included
- 19 I ranked them because the question forced me to, however I think they are all equally challenging. And the root cause of economics is not a choice - lack of economic stability is at the root of the other five
- 20 Recruiting property owners to contribute affordable housing units to end homelessness; coordinate connections to housing resources in order to maximize utilization - no unit should be vacant for more than one month!; map the available funding to make sure we have units available that align with need.
- 21 More diverse and robust mass transit. connected communities with less food deserts
- 22 Closer connection to public resources (alignment of section 8 vouchers) combined with a mandatory PSH set aside in new developments
- 23 Additional funding from the federal government; additional collaboration amongst agencies that provide this service

APPENDIX 4: 2MATCH PROGRAM STAFF SURVEY GENERAL COMMUNITY SERVICE PROVIDERS SURVEY RESULTS

Q1 Beneficiaries. Please rank this list from 1 to 5 with 1 being the most need seen in your community and 5 being the least need seen in your community. [There is no right or wrong answer, you should rank the list based on your knowledge and experience in the community]

	1	2	3	4	5	TOTAL	SCORE
Food Insecurity (Limited or uncertain access to adequate and nutritious food)	6.90%	34.48%	37.93%	6.90%	13.79%		
	2	10	11	2	4	29	3.14
Housing Instability (Homelessness, unsafe housing quality, inability to pay mortgage/rest, frequent housing disruptions, eviction)	58.62%	24.14%	10.34%	6.90%	0.00%		
	17	7	3	2	0	29	4.34
Utility Needs (Difficulty paying utility bills, shut off notices, disconnected phone)	3.45%	13.79%	10.34%	34.48%	37.93%		
	1	4	3	10	11	29	2.10
Transportation (Difficulty accessing/affording transportation, i.e. medical or public)	17.24%	20.69%	10.34%	31.03%	20.69%		
	5	6	3	9	6	29	2.83
Exposure to Violence (Intimate partner violence, elder abuse, community violence)	13.79%	6.90%	31.03%	20.69%	27.59%		
	4	2	9	6	8	29	2.59

Q2 Please rank the SDOH that has the least services and largest gap in need. When considering these five SDOH's, please rank the SDOH that goes unmet or is least likely resolved as 1 and the one that has the most resources and is readily resolved when it occurs as 5.

	1	2	3	4	5	TOTAL	SCORE
Food Insecurity (Limited or uncertain access to adequate and nutritious food)	3.45%	17.24%	27.59%	17.24%	34.48%		
	1	5	8	5	10	29	2.38
Housing Instability (Homelessness, unsafe housing quality, inability to pay mortgage/rest, frequent housing disruptions, eviction)	62.07%	20.69%	10.34%	6.90%	0.00%		
	18	6	3	2	0	29	4.38
Utility Needs (Difficulty paying utility bills, shut off notices, disconnected phone)	6.90%	13.79%	31.03%	34.48%	13.79%		
	2	4	9	10	4	29	2.66
Transportation (Difficulty accessing/affording transportation, i.e. medical or public)	10.34%	27.59%	17.24%	17.24%	27.59%		
	3	8	5	5	8	29	2.76
Exposure to Violence (Intimate partner violence, elder abuse, community violence)	17.24%	20.69%	13.79%	24.14%	24.14%		
	5	6	4	7	7	29	2.83

Q3 Please consider the SDOH you listed as #1, the one that has the least available services and takes the longest to resolve or has the most unresolved cases in the community. In the box below share ideas you may have regarding solutions to the gap in services and what ideas you have to increase services in this high needs area.

1. Increase Affordable housing for seniors making \$700+ of retirement income.
2. Work with CASS, FSL, Circle the City and other community agencies as well as corporate donors
3. There is a need to increase housing opportunities for all populations but the housing stock for some special populations have decreased in Maricopa County in recent years such as youth and families. There is a need for more shelter beds as well as long-term housing options. Additionally, homeless prevention and outreach funding is an area that divert people from experiencing homelessness as well as connecting them to community resources (outreach). Some prevention strategies could include short-term rental/mortgage assistance, funding to secure housing, increased workforce programming
4. More grocery stores that serve low-income families within their neighborhood.
5. There is a need for more affordable/insurance covered counseling and mental health services for adults and children impacted by family violence/community violence
6. More safe, affordable options for women and children. Longer stay option at shelters. Remove barriers to housing because of felony charges
7. Neighborhood/community safety and violence awareness projects and events can make a difference. Work closely with law enforcement and health agencies to target specific neighborhoods, families
8. Find new financing options to increase the affordable and supportive housing stock.
9. Increase affordable housing, increase continuum of housing-- more transitional housing in addition to rapid, quicker access, increase subsidized housing and influence landlords. to accept people with vouchers
10. homeless I don't know what more can be done
11. more general resources not only for specific populations of folks
12. Exposure to violence is directly related to instability and/or availability to safe affordable housing
13. There is housing and supportive services in the community, but providers fail really to work in collaboration and come together to solve the problem. We need to get rid of things that do not work. The Continuum of Care does not work thinking that providers will give up their control of housing assets to a housing pool, when it feeds contracts and business revenue for services. Simply saying we need more housing is not realistic. Short term navigation programs with warm hand offs are inadequate. Rapid Re-Housing is a disaster. People need to take a serious look at the gross failure of our homeless campus, which is now a one provider monopoly doing ineffective in-reach. The solution is to get providers and fund sources to come together and come up with a method of resolving the problem through a collective model of mutual benefit to the provider and the problem. AHCCCS needs to cover Street Out Reach and recognize that the end result is far more cost effective with having workers connect to people on the street. Navigation programs need to extend to as long as the client needs the service. Transitional housing needs to come back with a strong emphasis on permanent supported housing teams and supportive services that help individuals be successful in housing search, finances, and life skills.
14. More first responder training to reduce victims' fear that calling 911 will result in police violence. Public education to increase trust would need to occur, too.
15. Violence and how we treat one another goes hand in hand with how we treat and feel about ourselves. The dual effect of what we eat and what is available to consume (unhealthy food, drugs) effects how we treat ourselves (bad mental and physical health) and others (violence, apathy).
16. Lyft or Uber must be approached to find a way to get cheap transport for certain folks given cards or vouchers to get them to access housing and work and Dr. visits
17. Alternative housing options should be explored. Shared housing with younger adults in reduced priced housing centers

18. Additional affordable housing units. Landlord engagement to encourage landlords to rent to low-income clients. Eviction prevention through access to legal services
19. More energy efficient items available to everyone
20. More emphasis on support for those who have been involved in violence, especially children
21. Develop more affordable housing options, with vouchers, grants, and subsidies in all areas of the county
22. Improve city planning provide jobs closer to affordable housing
23. Free up public dollars to incentivize landlords to create affordable low-income housing
24. When a person is diagnosed with a life threatening illness their situation drastically changes almost overnight, they suddenly have to stop working, they may or not qualify for SSD or SSI and if they do, the process takes more than 3 months. Meanwhile they struggle with paying mortgage, utilities, transportation and food. More education about who qualifies for SSD, SSI or other financial resources would definitely benefit them. Additionally, the demands of treatment and the sometimes physical limitations that come with illness may impede these patients to advocate for themselves or have the energy to seek resources or follow up with applications.
25. Violence is prevalent, but few resources are available and little evidence based interventions are documented
26. Just keep plugging along. Obviously families, women and veterans then SMI and drug abusers next.
27. work with banks and CDFIs to finance more affordable housing
28. I actually think it is poor communication from the initial encounter and the program address that issue.

APPENDIX 5: 2MATCH PROGRAM STAFF SURVEY CONSORTIUM MEMBERS

Q1 Beneficiaries. Please rank this list from 1 to 5 with 1 being the most need seen in your community and 5 being the least need seen in your community. [There is no right or wrong answer, you should rank the list based on your knowledge and experience in the community]

	1	2	3	4	5	TOTAL	SCORE
Food Insecurity (Limited or uncertain access to adequate and nutritious food)	11.11%	22.22%	33.33%	33.33%	0.00%		
	1	2	3	3	0	9	3.11
Housing Instability (Homelessness, unsafe housing quality, inability to pay mortgage/rest, frequent housing disruptions, eviction)	55.56%	22.22%	22.22%	0.00%	0.00%		
	5	2	2	0	0	9	4.33
Utility Needs (Difficulty paying utility bills, shut off notices, disconnected phone)	11.11%	22.22%	22.22%	0.00%	44.44%		
	1	2	2	0	4	9	2.56
Transportation (Difficulty accessing/affording transportation, i.e. medical or public)	22.22%	22.22%	0.00%	44.44%	11.11%		
	2	2	0	4	1	9	3.00
Exposure to Violence (Intimate partner violence, elder abuse, community violence)	0.00%	11.11%	22.22%	22.22%	44.44%		
	0	1	2	2	4	9	2.00

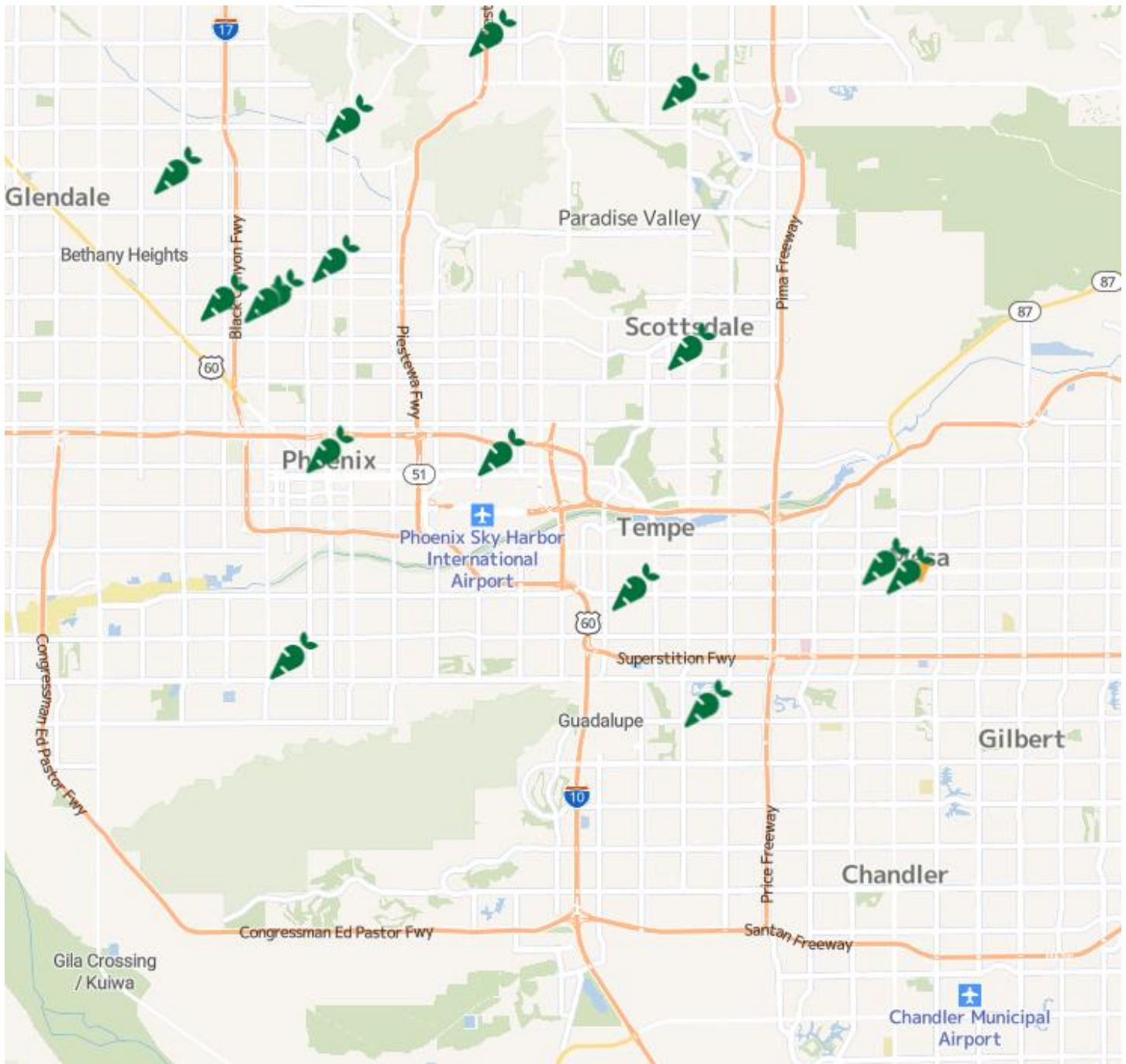
Q2 Please rank the SDOH that has the least services and largest gap in need. When considering these five SDOH's, please rank the SDOH that goes unmet or is least likely resolved as 1 and the one that has the most resources and is readily resolved when it occurs as 5.

	1	2	3	4	5	TOTAL	SCORE
Food Insecurity (Limited or uncertain access to adequate and nutritious food)	0.00%	33.33%	22.22%	22.22%	22.22%		
	0	3	2	2	2	9	2.67
Housing Instability (Homelessness, unsafe housing quality, inability to pay mortgage/rest, frequent housing disruptions, eviction)	55.56%	11.11%	0.00%	22.22%	11.11%		
	5	1	0	2	1	9	3.78
Utility Needs (Difficulty paying utility bills, shut off notices,	11.11%	33.33%	22.22%	22.22%	11.11%		
	1	3	2	2	1	9	3.11
Transportation (Difficulty accessing/affording transportation, i.e. medical or public)	11.11%	11.11%	33.33%	0.00%	44.44%		
	1	1	3	0	4	9	2.44
Exposure to Violence (Intimate partner violence, elder abuse, community violence)	22.22%	11.11%	22.22%	33.33%	11.11%		
	2	1	2	3	1	9	3.00

Q3 Please consider the SDOH you listed as #1, the one that has the least available services and takes the longest to resolve or has the most unresolved cases in the community. In the box below share ideas you may have regarding solutions to the gap in services and what ideas you have to increase services in this high needs area.

1. state policy changes that mandate affordable housing and expand transitional housing. Eliminate discrimination in housing policy for vulnerable people and rely on evidenced based programming instead. The capacity needs to be improved at the state level before the gaps can be closed
2. This complicated because of the limited availability to treat the whole family. More counseling and programs designed to treat the root of the problem and resolve stressors
3. Structured grant programs and collaboration between agency would be beneficial.
4. Preventive efforts taken in partnership with the utilities, collaborating with some other groups working on this issue; advocacy for additional funding; a technical solution to triage need and allow applicants to apply using technology within three categories: seniors, disabled, children: just need help paying a bill; chronic need and therefore needs case management
5. Increase funding for variety of shelters. Increase funding through AHCCCS for more rehabs. Provide those on AHCCCS monthly bus passes.
6. Alternative housing solutions to address gaps in HUD funding and insufficient funding to meet need
7. The city needs more subsidies for individuals in need. Free or nearly free rides for people to doctor appointments
8. Housing, shelters, placements. Community capacity is always maxed out, this takes the longest to get approved or set up and is the most costly, yet it is essential because homeless is the next option. My idea would be to have more funding go towards meeting the unmet need
9. There are more plentiful housing resources for folks that are chronically homeless or those who are working and can enter affordable housing. For anyone falling in the middle of those two extremes, there is a significant lack of resources. In addition, significant lack of resource for family housing vs. housing for individuals

APPENDIX 6: DOUBLE UP FOOD SERVICE LOCATIONS

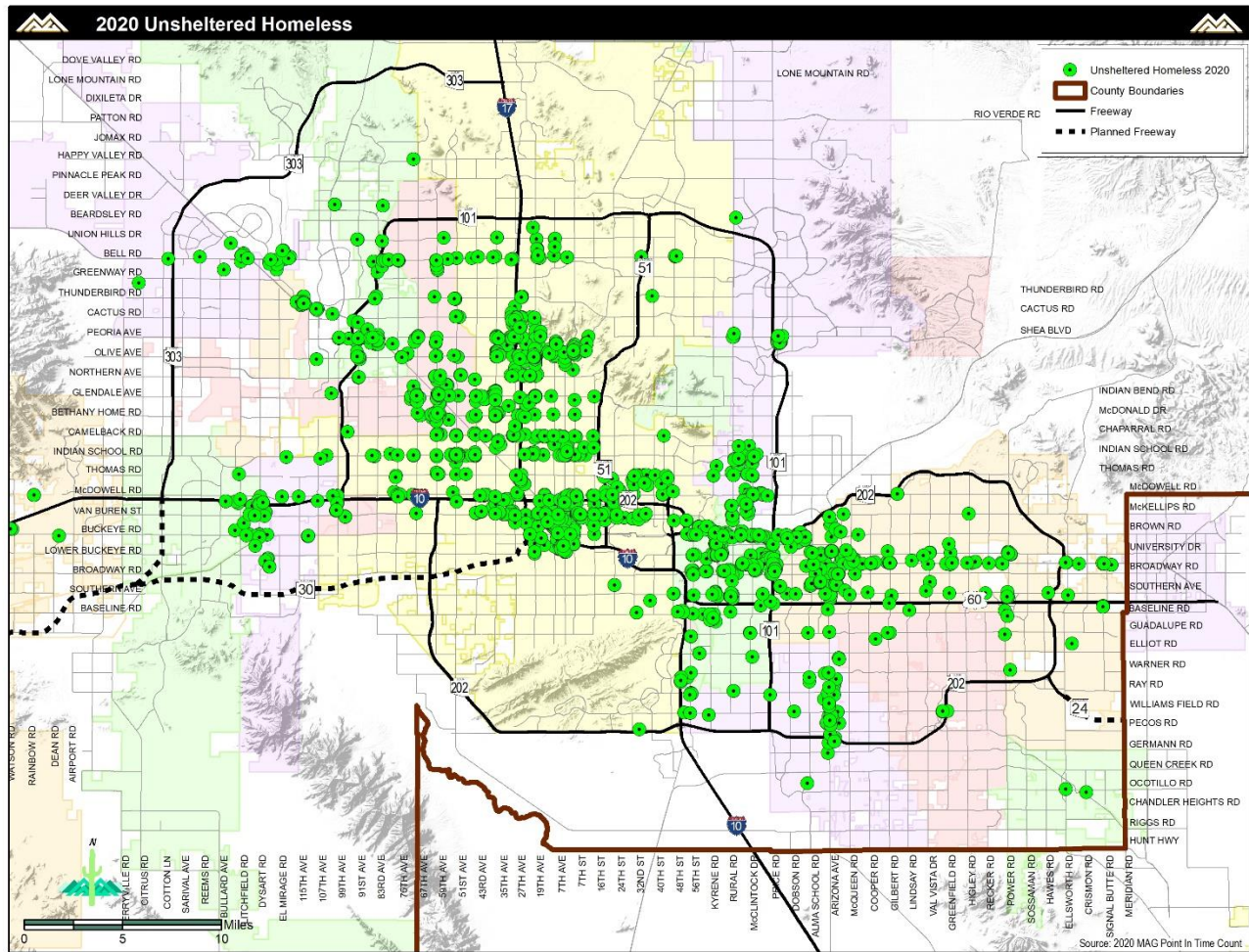


Note. Icons on the map represent different types of Double Up locations (i.e., farmers markets, community supported agriculture (CSAs), mobile markets, farm stands, grocery stores, and food banks)

Source: Double Up AZ³⁶

APPENDIX 7: 2020 UNSHELTERED HOMELESS MAP AND COUNTS

Map of Unsheltered Homelessness in Maricopa County



Trends in Maricopa County Homelessness

<i>Municipality</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>	<i>2020</i>	<i>% or # Change between 2017 and 2020</i>
<i>Youngtown</i>	2	4	18	11	450%
<i>Gilbert</i>	2	4	2	9	350%
<i>Peoria</i>	22	38	78	83	277%
<i>Goodyear</i>	7	22	22	23	229%
<i>Glendale</i>	57	164	194	170	198%
<i>Chandler</i>	27	54	54	75	178%
<i>Mesa</i>	130	144	206	338	160%
<i>Avondale</i>	27	13	35	56	107%
<i>Scottsdale</i>	50	67	76	102	104%
<i>Queen Creek</i>	1	5	4	2	100%
<i>Tempe</i>	202	276	373	396	96%
<i>Surprise</i>	16	39	33	29	81%
<i>Phoenix</i>	1,508	1,735	2,030	2,380	58%
<i>Buckeye</i>	0	22	24	41	41
<i>Guadalupe</i>	0	9	21	22	22
<i>El Mirage</i>	0	2	7	9	9
<i>Tolleson</i>	0	9	5	5	5
<i>Carefree</i>	0	0	0	0	0%
<i>Cave Creek</i>	0	1	0	0	0%
<i>Fountain Hills</i>	0	0	0	0	0%
<i>Litchfield Park</i>	0	0	0	0	0%
<i>Paradise Valley</i>	0	0	0	0	0%
<i>Gila Bend</i>	7	8	4	4	-43%
<i>Wickenburg</i>	1	2	2	0	-100%
<i>Sun City*</i>	n/a	n/a	n/a	12	n/a

*Notes. *Sun City was not counted prior to 2020.*

Municipalities with 0 counts in 2017 are represented as integers rather than percentages in the Change column.

Source: Maricopa Association of Governments⁵³

APPENDIX 8: THE AFFORDABLE HOUSING GAP REPORT 2021

2021 ARIZONA HOUSING PROFILE



Across Arizona, there is a shortage of rental homes affordable and available to extremely low income households (ELI), whose incomes are at or below the poverty guideline or 30% of their area median income (AMI). Many of these households are severely cost burdened, spending more than half of their income on housing. Severely cost burdened poor households are more likely than other renters to sacrifice other necessities like healthy food and healthcare to pay the rent, and to experience unstable housing situations like evictions.

SENATORS: Kyrsten Sinema and Mark Kelly

KEY FACTS

183,652
OR
20%

Renter Households that are extremely low income

\$25,750

Maximum income of 4-person extremely low income households (state level)

-136,032

Shortage of rental homes affordable and available for extremely low income renters

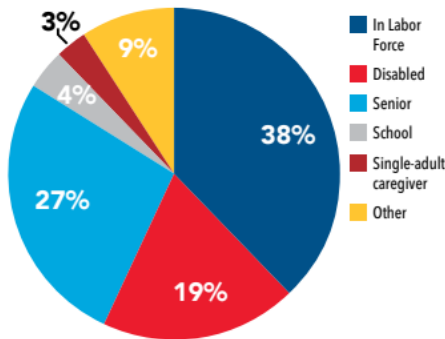
\$46,387

Annual household income needed to afford a two-bedroom rental home at HUD's Fair Market Rent.

75%

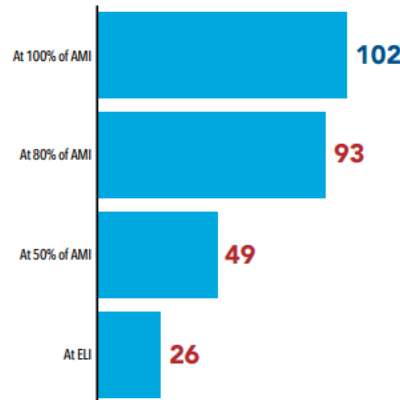
Percent of extremely low income renter households with severe cost burden

EXTREMELY LOW INCOME RENTER HOUSEHOLDS



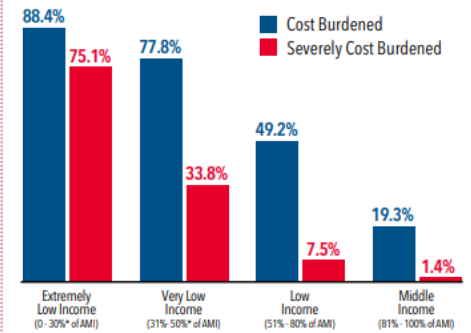
Note: Mutually exclusive categories applied in the following order: senior, disabled, in labor force, enrolled in school, single adult caregiver of a child under 7 or of a household member with a disability, and other. Nationally, 14% of extremely low-income renter households are single adult caregivers, more than half of whom usually work more than 20 hours per week. Source: 2019 ACS PUMS.

AFFORDABLE AND AVAILABLE HOMES PER 100 RENTER HOUSEHOLDS



Source: NLIHC tabulations of 2019 ACS PUMS.

HOUSING COST BURDEN BY INCOME GROUP



Note: Renter households spending more than 30% of their income on housing costs and utilities are cost burdened; those spending more than half of their income are severely cost burdened. Source: NLIHC tabulations of 2019 ACS PUMS.

Updated: 07/19/2021

1000 Vermont Avenue, NW, Suite 500, Washington, DC 20005 WWW.NLIHC.ORG

Extremely Low Income = 0-30%* of AMI
Low Income = 51-80% of AMI
Note:*Or poverty guideline, if higher.

Very Low Income = 31%-50% of AMI
Middle Income = 81%-100% of AMI

Source: National Low Income Housing Coalition⁵

APPENDIX 9: VALLEY METRO OVERVIEW AND RIDERSHIP

Light Rail Overview

SYSTEM OVERVIEW

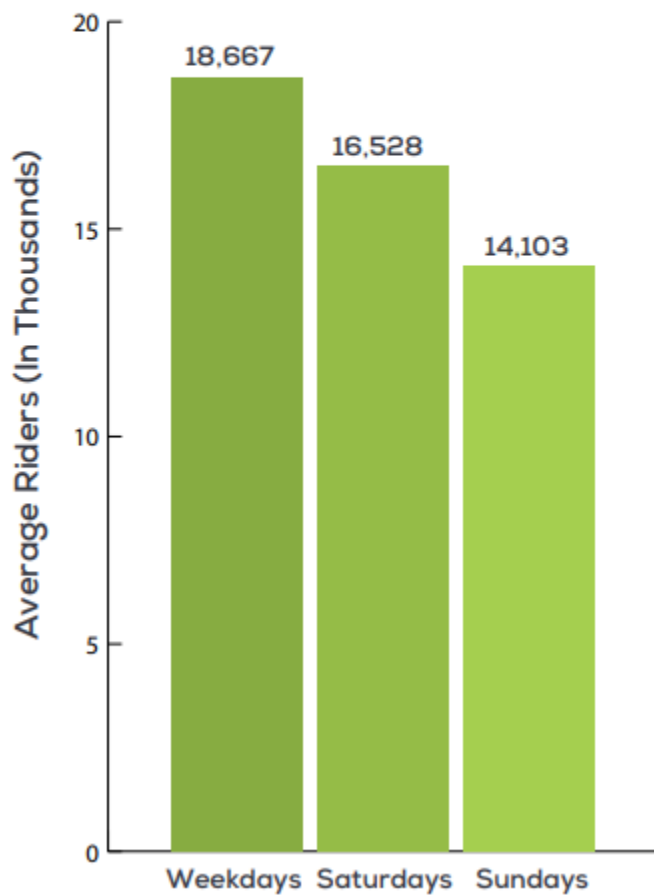
- Number of miles: 28
- Number of stations: 38
- Number of vehicles: 50
- Number of parking spaces: 4,488
- Total travel time: 90 minutes
- Cost to ride: \$2.00 per ride
\$4.00 1-Day Pass

Light Rail Ridership

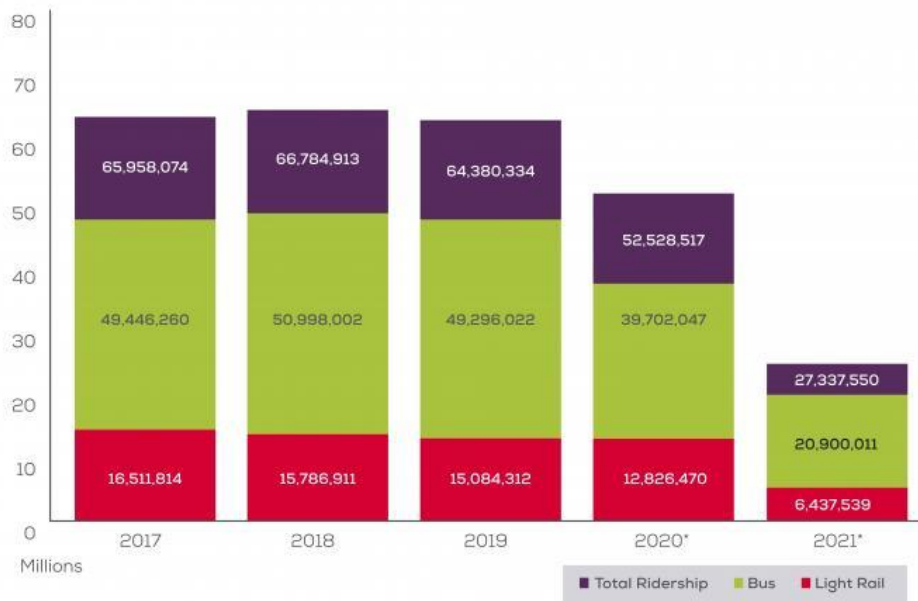


FY21 Rail Ridership
6.4 million rail riders

Daily Average Riders



Fiscal Years 2017-2021 Annual Ridership



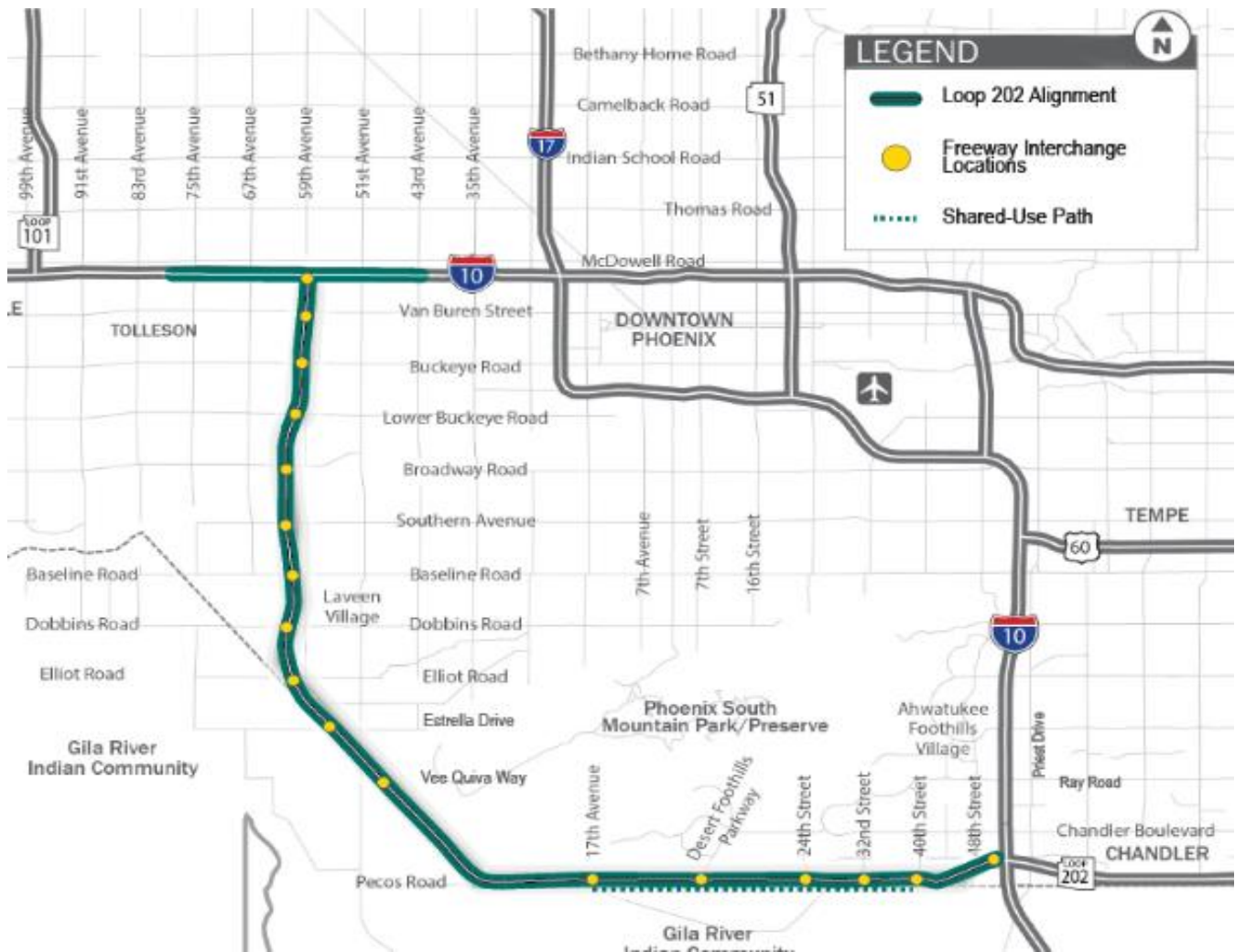
*In FY20 and FY21, ridership was significantly lower due to the impacts of COVID-19.

Source: Valley Metro^{131,132}

¹³¹ Valley Metro. (2022). *Fact sheets*. Retrieved from <https://www.valleymetro.org/about/agency/fact-sheets-brochures/fact-sheets>

¹³² Valley Metro (2021). *Annual ridership report 2020*. Retrieved from <https://www.valleymetro.org/about/agency/transit-performance/ridership-reports>

APPENDIX 10: COMPLETED EXPANSION OF SOUTH MOUNTAIN FREEWAY



Source: Arizona Department of Transportation⁸⁷

APPENDIX II: ORGANIZATIONS RECEIVING HOUSING REFERRALS

A New Leaf	Childhelp
AARP (American Association of Retired Persons)	Christian Care Manors I and II Apartments
Ability 360 Central Office	Christian Family Care
Ability 360 Mesa Office	Chrysalis
Administration of Resources & Choices (ARC) - Glendale/Phoenix Metro Area	City of Avondale
Advantage Point Apartments	City of Gilbert
Ambassador West Apartments	City of Glendale - Arizona Bridge to Independent Living (ABIL)
Amber Point Apartments	City of Glendale Community Revitalization
American Legion Department of Arizona	City of Mesa
Angels on Call	City of Peoria Emergency Home Repair Program
Area Agency on Aging, Region One	City of Phoenix Neighborhood Services Department
Arizona Area Agency on Aging Region 1	City of Phoenix Senior Services Intake Line for 60+
Arizona Area Agency on Aging Region 2	City of Scottsdale
Arizona Attorney General	City of Scottsdale Community Assistance Office
Arizona Baptist Children's Services	City of Tempe
Arizona Behavioral Health Corporation (ABC)	City Place Apartments
Arizona Bridge to Independent Living	Collins Court Apartments
Arizona Department of Economic Security	Colonia Del Ray Apartments
Arizona Department of Economic Security Division of Developmental Disabilities	Colter Commons Apartments
Arizona Department of Housing	Community Housing Partnership
Arizona Department of Veterans' Services	Community Housing Resources AZ
Arizona Health Care Cost Containment System	Community Legal Services
Arizona Housing Coalition	CONTACS Shelter Hotline - 211 Arizona
Arizona Housing, Inc. Apartments	Cornerstone Mission Project, Inc
Arizona Public Service	Courtyard at Encanto Apartments

Arizona Self Help	Cypress Manor Apartments
Arroyo Terrace Apartments	DAWCAS Domestic Violence and Sexual Assault Hotline
Avondale Neighborhood & Family Services Department	Deck Park Vista Apartments
AZ Department of Economic Security (DES)	Desert Star Apartments
AZ Spinal Cord Injury Association	Domestic Violence and Rape Crisis Center (Dickinson)
Bella Gardens Apartments	Duet
Bella Norte Apartments	East Valley Adult Resources
Bonfire Apartments	Faith Service Life
Broadway House Apartments	Family Housing Hub
Brookside Apartments	Fellowship Towers Apartments
Camelback Properties Apartments	Fillmore Gardens Apartments
Casa West Apartments	First Southern Baptist Church of Avondale
Catholic Charities	Foothills Court Apartments
Catholic Charities Arizona	Foundation for Senior Living
Catholic Charities Community Services	Fountain Oaks Apartments
Catholic Charities Community Services Arizona	Friendly House Inc
Central Arizona Shelter Services (CASS)	Friends of St Anne
Chandler Christian Community Center	Garfield Commons Apartments
Chandler Gardens Apartments	Gift of Mary
Chandler Housing and Redevelopment Division	Glendale (City of)
Chicanos Por La Causa	Glendale Community Services Department
Chicanos Por La Causa, Inc.	Greater Phoenix Urban League
Guadalupe Huerta Apartments	Pio Decimo Center
Highland Metro Apartments	Radius Apartments
Hong Ning House of Phoenix Apartments	Raising Special Kids
House of Refuge	Red Mountain Springs Apartments
House of Refuge Sunnyslope	Reflections on Portland Apartments
Ironwood Village Apartments	Rehoboth Place Apartments

Labor's Community Service Agency	Resolve Family Abuse Program
Ladera Del North Apartments	Rezide At Uptown Apartments
Legacy Crossing I & II Apartments	Ronald McDonald House Charities of Phoenix
Lifewell Behavioral Wellness	Rosewood Court Apartments
Lodestar Day Resource Center	Sahuaro West Apartments
Los Compadres Apartments	Salvation Army Family Services
Los Robles Apartments	Salvation Army of Arizona
Lutheran Social Services of the Southwest	Salvation Army Social Services
Madison Gardens Apartments	Santa Fe Springs Apartments
Madison Pointe Apartments	Siesta Pointe Apartments
Maricopa County Environmental Services Department	Sisters of Notre Dame De Namur
Maricopa County Home Improvement Programs (McHIP)	Society of Saint Vincent de Paul Diocese of Phoenix
Maricopa County Human Services Department	Society of St Vincent de Paul: St Gregorys
Maricopa County Human Services Department Community Development Division	Sonora Vista I Apartments
Maricopa Housing Authority	Sonora Vista II Apartments
Maryvale myCommunity Connect Center	Southern Arizona Legal Aid, Inc
Meals on Wheels	Southwest Behavioral Health
Melrose Villas Apartments	Spirit of God Ministries
Mercy Housing Southwest	Step By Step
Mihalic's Project Apartments	Sun Terrace Apartments
National Church Residences	Sunland Terrance Apartments
National Lead Information Center	Sunrise Vista Apartments
National Pesticide Information Center	Tampico Apartments
North 17 Apartments	Tanner Terrace Apartments
Northern Chateau Apartments	Tempe Community Action Agency
Oasis On Grand Apartments	Tempe Housing Services Division Homeless Assistance
Ocotillio Apartments	Temple Square Apartments

One-n-ten	The Abbey Apartments
Palm Terrace Apartments	The Arizona Community Action Association (ACAA)
Palms at Glendale Apartments	The Bridge To Hope
Paradise Palms I Apartments	The Crossroads
Paradise Palms II Apartments	The Department of Housing and Urban Development (HUD)
Park Lee Apartments	The Hacienda Apartments
Phoenix Children's Hospital	The Loft at McKinley Apartments
Phoenix Downtown YMCA	The Salvation Army Chandler Corps
Phoenix Housing Department	The Salvation Army Laura Danieli Senior Activity Center
Phoenix Human Services Department	The Salvation Army Phoenix Social Services
Phoenix Rescue Mission	The Sherry House/The Viola House
Pinchot Towers Apartments	The View Apartments
Pine Crest Apartments	Thunderbird Terrace Apartments
Topaz Pointe Apartments	TMM Family Services, Inc
Transitional Living Communities	
Trellis - Phoenix	
Tumbleweed Center for Youth Development	
Turbocourt	
United Way	
Urban League Manor Apartments	
US Department of Housing and Urban Development (HUD) - Phoenix Office	
US Vets	
Valle del Sol	
Valley of The Sun II Apartments	
Valley of The Sun III Apartments	
Valley of the Sun United Way	
Valley of the Sun YMCA	

Ventana Estates Apartments	
Villa Agave Apartments	
Villa De Confianza Apartments	
Vineyard Estate Apartments	
Vista Colina	
Waymarks Gardens Apartments	
West Eleventh Apartments	
Windrose Villas Apartments	

APPENDIX 12: ORGANIZATIONS RECEIVING FOOD REFERRALS

2-1-1 Helpline	East Valley Adult Resources
3000 Club, The	Escalante Community Center
A New Leaf	Esther Angulo Community Center - Tolleson Senior Center
AARP (American Association of Retired Persons)	Faith Service Life
Ability 360 Central Office	Feed Our Babies USA
ACCEL Metro Campus	FIBCO Family Services
Adelante Healthcare	Foundation for Senior Living
All Faith Community Services	Fountain Hills Community Services Department
All Tribes Assembly of God Church	Fresh Start Church
American Academy of Pediatrics, AZ Chapter	Friendly House Inc
AmeriCorps Arizona	Friends of St Anne
Area Agency on Aging - Southern Crescent	Furnishing Hope
Area Agency on Aging, Region One	Gilbert (Town of)
Arizona Area Agency on Aging Region 1	Guadalupe
Arizona Area Agency on Aging Region 2	Harvest Compassion Center - Maryvale
Arizona Area Agency on Aging Region 3	Hope for Hunger
Arizona Area Agency on Aging Region 8	ICM Food & Clothing Bank
Arizona Community Action Association (ACAA)	Jewish Family & Children's Service
Arizona Department of Economic Security	Joshua Tree Feeding Program
Arizona Department of Economic Security Division of Benefits & Medical Eligibility Family Assistance	Labor's Community Service Agency
Arizona Department of Health Services Women, Infants, and Children Program	LDS Bishop's Storehouse
Arizona Self Help	Lifewell Behavioral Wellness
Arizona's Children Association	Living Streams Church Food Pantry
Avondale Senior Center	Love Inc
AZ Department of Economic Security (DES)	Lutheran Social Services of the Southwest
AZCEND	Maricopa County

Banner Boswell Medical Center	Maricopa County Human Services Department
Banner Olive Branch Senior Center	Maricopa County Public Health Services Women, Infants, and Children Programs
Benevilla	Meals of Joy
Catholic Community Services of Northern Utah	Meals on Wheels
Catholic Social Service	Mercy Hill Church
Chandler Christian Community Center	Mercy Hill Church Mercy Ministries
Chandler Community Services Department	Mountain Park Health Center Corporate Office
Chicanos Por La Causa, Inc.	National Council on Aging
Chrysalis	Native Health
City of Phoenix Senior Services Intake Line for 60+	New Life Church
City of Scottsdale	One n ten
Civitan Foundation	Open Door Fellowship Church
Community Fund of Sun City West	Operation Care
Cornerstone Mission Project, Inc	Peoria Community Center
Cultural Cup Food Bank	Phoenix Human Services Department
Desert Christian Fellowship Oasis of Hope Mobile Pantry	Phoenix Human Services Department Community & Senior Services Division
Desert Mission	Phoenix Rescue Mission
Devonshire Senior Center	Pilgrim Rest Baptist Church
Disaster Supplemental Nutrition Assistance Program	Rio Vista Center
Disasterassistance.gov	Salvation Army of Arizona
Dream City Church	Scottsdale Community Services Human Services Division
Society of Saint Vincent de Paul Diocese of Phoenix	Valley View Community Food Bank: El Mirage
Society of St Vincent de Paul: Human Services Campus Dining Room	West Valley Community Food Pantry
Society of St. Vincent de Paul	Valley Christian Center
South Phoenix Missionary Baptist Church	Under God Ministries

Southwest Human Development	United Food Bank
St Mary's Food Bank Alliance	United Way
Step By Step	Valle del Sol
Surprise Resource Center	
Tanner Chapel AME Church Food Pantry	
Tempe Community Action Agency	
The 3000 Club	
The 3000 Club: Market on the Move	
The Anchor House	
The Arizona Community Action Association (ACAA)	
The Bridge To Hope	
The Salvation Army Chandler Corps	
The Salvation Army Laura Danieli Senior Activity Center	
The Salvation Army Phoenix Social Services	
Tolleson Food Bank	
Town of Guadalupe Community Action Program (CAP)	
Tumbleweed Center for Youth Development	
U.S. Department of Agriculture	
U.S. Department of Health & Human Services - Department of Social Services	

APPENDIX 13: ORGANIZATIONS RECEIVING UTILITY ASSISTANCE REFERRALS

A New Leaf

Arizona Community Action Association (ACAA)

Arizona Public Service

Arizona Self Help

AZ Department of Economic Security (DES)

Chandler Christian Community Center

Chicanos Por La Causa

Childhelp

City of Avondale

City of Phoenix Senior Services Intake Line for 60+

City of Scottsdale

City of Tempe

City Of Tolleson

Community Fund of Sun City West

Disasterassistance.gov

Faith Service Life

Fresh Start Church

Friendly House Inc

Friends of St Anne

Glendale (City of)

Guadalupe

Hope Women's Center

Lifeline

Lodestar Day Resource Center

Lutheran Social Services of the Southwest

Maricopa County Home Improvement Programs (McHIP)

Maricopa County Human Services Department

National Council on Aging

Phoenix Human Services Department

Phoenix Neighborhood Services Department

Salvation Army Family Services

Salvation Army Social Services

Society of St Vincent de Paul: St Gregory

Step By Step

Surprise Community and Recreation Services

Surprise Resource Center

Tempe Community Action Agency

The Arizona Community Action Association (ACAA)

The Salvation Army Chandler Corps

The Salvation Army Laura Danieli Senior Activity Center

The Salvation Army Phoenix Social Services

U.S. Department of Health & Human Services - Department of Social Services

United Way

APPENDIX 14: ORGANIZATIONS RECEIVING TRANSPORTATION REFERRALS

AAA Transportation/Yellow Cab - Phoenix	Labor's Community Service Agency
Ability 360 Main Office	Lifewell Behavioral Wellness
Ability 360 Mesa Office	Love Inc
Air Charity Network	Maryvale myCommunity Connect Center
All Around Town at Airport Direct	Meals on Wheels
American Cancer Society(ACS)	MO Med Trans, LLC
AmeriCorps Arizona	Motor Vehicle Division, Special Plates Unit
Amtrak	MV Transport Alternative Transportation
Amyotrophic Lateral Sclerosis Association	Native Health
Area Agency on Aging Region One	Northwest Valley Metro Dial-A-Ride
Area Agency on Aging, Region One	Paralyzed Veterans of Arizona, Inc
Arizona Area Agency on Aging Region 1	Peoria Valley Metro Dial-A-Ride
Arizona Area Agency on Aging Region 3	Performance Mobility - Phoenix
Arizona Department of Economic Security Division of Developmental Disabilities	Phoenix Human Services Department
Arizona Foundation for the Handicapped	Phoenix Parks and Recreation Department
Arizona Health Care Cost Containment System	Phoenix Valley Metro Dial-A-Ride
Arizona Recreation Center for the Handicapped	Pio Decimo Center
Arizona Women's Education and Employment	Quality Transport Services of AZ
Arizona Workforce Connection	Receiving Organization Name
Avondale Senior Center	Scottsdale Cab Connection
Banner Olive Branch Senior Center	St. Joseph the Worker
Caring Senior Services	Stand Together And Recover (S.T.A.R.) East
Catholic Charities	Stand Together And Recover (S.T.A.R.) West
Catholic Charities Community Services	Supervisory Care-Phoenix
Central Arizona Shelter Services (CASS)	Taxicab, Limousine & Paratransit Association
Chandler Christian Community Center	The Crossroads
Chicanos Por La Causa, Inc.	The Salvation Army Laura Danieli Senior Activity Center

Christian Family Care	Total Ride
City of Phoenix	Transportation to Medical Appointments
City of Scottsdale	United Way
City Of Tolleson	US Vets
Community Fund of Sun City West	Valley Metro
Crisis Response Network	Vantage Mobility International
Crisis Response Network (CRN)	VerdeCares Inc.
Developmental Enrichment Centers	Woodward Foundation for the Disabled
Dial-A-Ride	Foundation for Senior Living
Directed Care-Sun City/Sun City West	Glendale Transit
DriveAble Solutions	Gompers Habilitation Center
Driving to Independence	Home Instead Senior Care
Duet	Hope Medical Transportation
Eldercare Locator	In Trans Power, LLC
Jewish Family & Children's Service	

APPENDIX 15: ORGANIZATIONS RECEIVING SAFETY REFERRALS

A New Leaf
Area Agency on Aging, Region One
Arizona Address Confidentiality Program
Arizona Area Agency on Aging Region 1
Arizona's Children Association Outpatient Behavioral Health Services
Catholic Charities Community Services Arizona
Chicanos por la Causa
Childhelp National Child Abuse Hotline
Chrysalis
Community Legal Services
CONTACS Shelter Hotline - 211 Arizona
DAWCAS Domestic Violence and Sexual Assault Hotline
Domestic Violence and Rape Crisis Center (Dickinson)
Family Service Agency
LAF
Lifewell Behavioral Wellness
Marc Community Resources
Maricopa Integrated Health System
Mary's Mission & Developmental Center
National Domestic Violence Hotline
Peoria Police Department
Phoenix Human Services Department
Receiving Organization Name
Resolve Family Abuse Program
River Valley Shelter for Battered Women and Children
Salvation Army of Arizona
Southwest Behavioral Health
Spanish Domestic Violence Hotline - New York Office

The Bridge To Hope

The New Foundation

The Safe Place

United Way

Valle del Sol

Voices of Hope