

# Essex County Needs Assessment 2020

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**County Human Services Advisory Council**

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Needs Assessment Planning Committee

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# PART 1



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# Executive Summary

Narrative: In the Words of the County

Essex County's mission is to "put Essex County first". In so doing the County seeks to put its residents first by improving their quality of life through an integrated approach to resources and services developed for the individuals and families residing here.

In 2019 the Essex County Human Services Advisory Council began the Needs Assessment of Children and Families at risk. A Planning Committee convened to review the guidelines provided by the New Jersey Department of Children and Families and subsequently developed the overall strategy for completing the assessment. Based on data gathered from the local legal services agencies, Monarch Housing NJ Counts Reporting, and community health representatives and other sources, the following are the priority needs for Essex County: housing, healthcare, domestic violence, and substance use disorder.

In March of 2020, the United States declared a pandemic as an outbreak of the novel coronavirus COVID-19 took hold internationally. Since this time the country and its individual states have created policies and procedures to address the outbreaks under their purview. The state of New Jersey has addressed the health safety needs of its residents by restricting public gatherings, communicating curfews locally, providing screenings, suspending evictions, and re-establishing priority within the state budget to accommodate priority human services. Essex County has followed in this practice, providing personal protective equipment to local essential service providers, distributing food to individuals and families who now suffer from food insecurity, and ensuring that all county facilities within the Department of Citizen Services are accessible by phone for all residents, among other things.

Using the Survey Monkey tool, a survey was developed and distributed to providers, government employees, parents and caregivers, youth, community members and advocates. A series of questions regarding service need, availability and barriers was asked.

Finally, the Human Services Advisory Council held twelve focus groups. One meeting was with youth ages 16 - 23 years old. The second meeting was with community-based organizations. The third meeting was held with community members who were currently or had previously been served by the New Jersey Division of Child Protection and Permanency (CP&P). Likewise, a secondary meeting was held with community members who were currently or had previously been serviced by the Children System of Care. The fifth meeting was held with community members at large (this group consisted of sixteen people and therefore had to be broken into two groups to preserve the ability for all focus group members to have their opinion heard). Two separate meetings were held with public service organizations and local community leaders and influential people within the community. And finally, a



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meeting was held with local business owners. All participants were asked their general impressions of the four priority needs (basic: housing and healthcare, specialized: domestic violence and substance use disorder), what could be done to improve the resources dedicated to these needs by the County, and service gaps that needed to be addressed.

Based on the data gathered from the focus groups, key informant interviews, Rutgers University 2017 County report, and other resources, the County found that there is a large disparity within the housing, healthcare, substance use disorder, and domestic violence services provided to residents of the more urban, densely populated municipalities and communities within the county. Specifically, research has shown that this county has a complex disparity within its urban, more densely populated communities, specifically among people of color who identify as African American or Black.

The data and stakeholder groups reflect that wages cannot support ever increasing rental housing prices, and unlike home ownership, each change in housing for the resident is not building financial upward mobility. Essex County residents are often paying more than 50% of their income towards their housing and there is little to no ability for these individuals and families to save or build their finances. It is not uncommon for two generations of family to be crowded into a two-bedroom apartment, causing severe housing crises because in most standard leases this an evictable violation of the terms of occupation of the unit. These issues bleed into homeless services and often times these large families are underserved.

Healthcare, a basic human right, has also been underserved as many families lack healthcare for their youth dependents and as a result do not seek medical attention. Essex County houses eight hospitals, six federally qualified health centers and a host of private and commercial clinics, doctors' offices, and urgent care facilities. It remains however that inner city families often seek emergency rooms for healthcare needs when a symptom becomes overwhelming. There is a lack of engagement on the part of these healthcare providers within the community at a consistent basis providing screening, information on prevalent health conditions and/or diseases, and guidance on preventative care measures. It has become, in Essex County, more convenient for community members to attend urgent care facilities in comparison to developing relationships with primary care physicians.

Substance use disorder services are also limited in the engagement they have with the community. Education must be made both available and accessible to all community members to further decrease the stigma associated with individuals who seek treatment. Community members cited often those with substance use disorders were criminalized for their addiction. This is a large barrier in Essex County as individuals, much like victims of domestic violence, must be met where they are in their addiction and when they seek assistance.

Domestic Violence victims barriers tend to be compounded in Essex County as these victims can face all of the needs addressed in this assessment. Essex County has the highest number of incidents in New

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Jersey and the city of Newark accounts for roughly 42% of these occurrences. This data relies on incidents reported and are assumed to be higher than the total number of reported. While there are not any current data sets reflecting the pandemic, vendors are anecdotally seeing an uptick in the number of incidents occurring throughout the county, with an especially volatile effect on victims because during COVID there may be no way to flee the abuser during travel restrictions/quarantine/lockdowns.

Survey data revealed that while the needs prioritized by the county were relevant and in demand, the needs and services of mental/ behavioral healthcare for youth and adults surmounted that of the aforementioned. Citing that the providers in the county lacked engagement within the community, did not advertise their services in well trafficked public areas, and lacked capacity to the volume of consumers in need of services. Data collected from Rutgers, The State University of New Jersey reflected the consumers opinion that there were minimal service program available within this county for adults in need of mental/behavioral care. Youth in need of these services are also dependent upon local and educational systems to provide information, and in some instances referrals, in order to access the local programs. Additionally, families and individuals alike have indicated that these services are at a cost and prove too expensive, even with insurance, to participate. In Essex County, the Children System of Care's (CSOC) Children's Inter-Agency Coordinating Council (CIACC) provides a wealth of programs through their consortium of providers state and locally funded and are actively seeking ways to integrate into local communities, but often find that community partners remain siloed. The recent Novel Coronavirus COVID-19 pandemic has also created barriers among families who have limited access to technology (i.e., internet access) and teleconference abilities.

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# Introduction

## Purpose

The N.J. Department of Children and Families is partnering with human services organizations in each county to undertake an assessment of local strengths and needs. The goal of this assessment is to collect the information needed to make sure the right mix of services and activities are available in every county in New Jersey to support families. The findings from the needs assessment can be used to support the development of local recommendations to assist with decision making; the identification of high priority human service needs and barriers to service delivery for New Jersey's communities; the coordination and improvement of services to the Departments' target populations; the planning, funding, coordination and implementation of Department Initiatives.

This statewide approach to county-specific needs assessments aligns with DCF's existing county based continuous quality improvement review cycle, in which each county is evaluated every two years. The findings from the needs assessment will be embedded into the DCF's existing ChildStat process and shared with DCF staff and stakeholders during the county's ChildStat session. ChildStat is a learning, management, and accountability tool used by DCF to support continuous quality improvement, foster a shared sense of accountability and promote system-wide problem solving around critical issues affecting child and family outcomes. A ChildStat session incorporates analysis and interpretation of administrative data to support planning and dialogue between DCF executive management and senior leadership and system partners.

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# County Description

## **Narrative: In the Words of the County**

Essex County, New Jersey is governed by an elected County Executive and a nine-member Board of Chosen Freeholders, who administer all county business. The County Executive is elected by a direct vote of the electorate. Nine Freeholders are elected to serve three-year concurrent terms of office. Five of which represent districts; four are elected from the county on an at-large basis. At an annual organization meeting, the freeholders choose a Freeholder President and Vice-President from among its members to serve one-year terms. (The Board of Freeholders will change their name to the Board of Commissioners on January 1, 2021.)

Essex County is one of the most densely developed areas in New Jersey and is the third most populous county in the Garden State. Covering 126.1 square miles, Essex County, New Jersey is the 19th-largest county in New Jersey by area. Essex County is bordered by Passaic County, Bergen County, Morris County, Hudson County, and Union County. Essex County is home to twenty-two municipalities. Its population is very diverse, especially when considering race, ethnicity and socio-economic status. The County boasts an approximate population of 778, 227 and 282,502 households. (These totals are based on the US Census and are not indicative of the undocumented persons residing in the county.) The total number of children in this county is the 2nd highest in NJ currently boasting 190,780 youth under 18 years old, with most of the youth ranging between 12 and 17 years of age. In 2018 this county had the highest number of children served by CP&P of NJ counties. To illustrate the County's diversity the 5-yr American Community Survey estimates from 2017 show a range of race by municipality ranging from mostly White in Fairfield, located in western Essex County, having little to no populations of Black, Asian, or Latino residents to East Orange, which is situated in the eastern region of Essex County, having predominately Black residents to little to no White individuals residing in this community.

The most affluent areas can be found in the southern and western sections of the county, which are primarily suburban in nature. The eastern section of the county can be described as the urban core of Essex. While Essex County boasts an affluent population not all residents can be described in this nature. Unfortunately, due to income, health and behavioral health status, developmental status, family situations and other causes, there are residents in need of support, services and resources from a variety of public, private and non-profit organizations. Currently, the median household income as reported in the US Census is \$59,302 and 54,032 residents fall below 50% of the poverty level. Essex County is the 4th least expensive NJ county to live in, based on the Economic Policy Institute's Family Budget Calculator, which estimates community-specific costs for a two parent-two child family to provide a measure of economic security in America.



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Essex County is home to Newark, the largest and oldest city in New Jersey. While manufacturing played a prominent role in its history, today Newark is home to many corporate headquarters, including Prudential, PSE&G, Panasonic, M&M Mars and Audible, to name just a few. Because of its infrastructure, Essex also can be described as a transportation hub. Penn Station and the Irvington Bus Terminal are the two busiest transit locations in the state.

In addition, there are major highways such as the Garden State Parkway, NJ Turnpike and Interstate Route 280, State Routes 21, 9, 3 and 46, train lines, ocean ports and airports from which have access to anywhere in the world. The Essex County Parks System was created in 1895, which makes it the first county parks system created in the United States. The Parks System boasts the spectacular annual Cherry Blossom Festival and Turtle Back Zoo.

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# Needs Assessment Methodology

Quantitative and qualitative data from various sources and stakeholders related to housing, food, health care, community safety, employment and career services, child care, services for families caring for a child of a relative, behavioral/mental health services for children, behavioral/mental health services for adults, substance use disorder services, domestic violence services, parenting skills services and legal and advocacy services were collected to inform this needs assessment.

## **County Data Profile**

DCF provided a county data profile to the county Human Service Advisory Council (HSAC) to support the HSAC in identifying key topics to be explored in more depth. The data profile consists of the most recently available administrative data related to demographic population and selected indicators of poverty, housing, food security, childcare, health care, transportation, employment, community safety, mental health and substance use. The sources for the data included in the profile include a combination of federal databases. The primary purpose of the county data profiles is to support the HSAC needs assessment team in identifying key areas to prioritize during the focus group data collection efforts.

## ***Approach for Prioritizing Needs***

Essex County Department of Citizen Services Human Services Advisory Council chose to focus on four prioritized need areas during this need's assessment. Those four being housing, healthcare, substance use disorder and domestic violence. The need areas were based on a combination of local data offered in the Profile of Community and Family Indicators provided by Rutgers, The State University of New Jersey and The New Jersey Department of Children and Families, as well as the local data collected in the Monarch Housing NJ Counts Point in Time Report, as well as trends seen within past five plus years in planning discussions within the County Human Services Advisory Council and Continuum of Care / Comprehensive Emergency Assistance System.

The four need areas selected by the county to be the focus areas and primary topics in the qualitative data (e.g. focus groups and key informant interviews) collection included:

1. Housing
2. Healthcare
3. Substance Use Disorder
4. Domestic Violence

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## Focus Groups

In an effort to implement a uniform needs assessment approach across counties to support statewide trend analysis, DCF required HSACs to conduct a series of focus groups. The purpose of the focus groups was to collect qualitative information to better understand the scope, nature and local context related to addressing community needs that influence families.

Focus groups sessions were scheduled for approximately one and half hours with the first thirty minutes being designated for introductions and survey completion and the remaining hour being designated for the focus group dialogue. In each focus group session, participants were asked to complete a standard survey to gather data about the key topic areas outlined in the aforementioned data profiles. The survey was developed to identify areas of strength and areas in need of improvement related to county-based supports and service array. The survey consists of demographic data and approximately 10 questions related to each of the eleven basic and service needs. Six of the questions are based on a five-point Likert scale ranging from Strongly Disagree to Strongly Agree.

Upon completion of the surveys, the focus group participants were asked to transition into the dialogue component of the session. The dialogue requirement was intended to allow participants to highlight their experiences and perceptions as community members and provide opportunity for a deeper discussion and assessment of top barriers in each area of need. Group members discussed two selected basic and service need priority areas. Facilitators use a structured protocol to explain the purpose, goals, confidentiality and informed consent and objectives of the focus group.

### ***Recruitment.***

Focus groups were recruited through a mass social media campaign by the County leadership. All participants were asked to email their desire to participate to the Essex County Human Services Advisory Council Administrator, at which point they were provided the survey and given a time to participate. Direct contact was also made to specific groups required by the DCF. These groups included Community Members Serviced by the Division of Children Protection and Permanency and Community Members Serviced by the Children System of Care. Additionally, emails were sent to the Children Inter -Agency Coordinating Council providers to recruit youth involved with any local programs and/or any of their partnering agencies throughout the County. Likewise, emails were also sent to County One Stop and Small Business Offices to recruit local business owners within the County. A separate email was sent out to all local leaders including Mayors, council people, religious leaders, Freeholders, Assembly people, Senators and Congressmen by County Leadership. Based upon the responses of all recruitment efforts taken the Essex County Human Services Advisory Council chose to randomly choose at minimum six people for each group whose representation spanned across the County, rather than one specific geographical region. Unfortunately, due to the availability of persons identified for the focus groups and strict regulations associated with COVID 19 secondary recruitment efforts were made. These included reaching out to specifically to partners within the County to gain access to community members overall.

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***Focus Group Participants.*** A total of twelve (12) focus groups were conducted in this county as part of this needs assessment. These focus groups were conducted from September 9, 2020 to November 2, 2020. There was a total number of forty-nine (49) participants. The number of participants in each focus group ranged from a minimum of four (4) and a maximum of eight (8) participants. During the focus group sessions, a total of sixty-one (61) surveys were completed.

### **Key Informant Interviews**

Key informant interviews were conducted to gather additional feedback from County Human Services Directors and other identified individual selected by the HSACs regarding considerations for addressing the needs and concerns that were highlighted in the data profiles and focus group sessions. Facilitators use a structured protocol to explain the purpose, goals and objectives of the focus group.

### ***Recruitment.***

Key Informants were recruited through direct communication asking that they participate because of their experience and knowledge in the specified need areas. An email was sent inviting them to respond to the DCF survey and interview. All requests were met positively.

***Key Informant Interview Participants.*** A total of six (6) interviews were conducted in this county as part of this needs assessment. The total number of participants included was six (6). These interviews were conducted from September 9, 2020 to October 12, 2020. There was a total of six (6) surveys completed during the interview sessions.

## Participant Demographics

As described in the above sections, both focus group and interview participants completed the needs assessment survey. Below we combine information for all participants to provide an overview of the participant demographics.

Role in the Community (not mutually exclusive)	Number of Participants
County Resident	34
Staff or Volunteer with a Community-Based Organization (e.g., Health and Human Services providers, Planning Board Participants)	22
Staff or Volunteer with a Public Service Organization (e.g., paramedics, fire fighter, police officers, air force, judges)	5
Local Business Owner in the County	9
Community leader and advocate in the county (e.g., hold a volunteer office, clergy, activist)	10
Other	8

Age	Number of Participants
Under 18	1
18-24	0
25-34	11
35-44	11
45-54	16
55-64	14
65 and over	8

Gender	Number of Participants
Female	41
Male	19
Non-binary, third gender/transgender	0
Prefer Not to Say	1
Other	0

Race	Number of Participants
American Indian or Alaska Native	0
Asian	2
Black or African-American	36
Native Hawaiian or Other Pacific Islander	0

White or Caucasian	17
Multi-Race (2 or More of the Previous)	4
Other	2

<b>Ethnicity</b>	<b>Number of Participants</b>
Hispanic, Latino or Spanish Origins	10
No Hispanic Latino or Spanish Origins	37

<b>Education Level</b>	<b>Number of Participants</b>
Grades Preschool-8	0
Grades 9-12-Non-Graduate	1
High School Graduate or GED	3
High School/GED <u>and</u> Some College/Trade	12
2 or 4-Year College/Trade School Graduate	21
Graduate or Other Post-Secondary School	24

<b>Employment Status</b>	<b>Number of Participants</b>
Employed: Full-Time	41
Employed: Part-Time	4
Unemployed-Looking for Work	3
Unemployed-Not Looking for Work	0
Retired	3
Student	2
Self Employed	5
Unable to Work	3

<b>Years of Community membership</b>	<b>Number of Participants</b>	<b>Range</b>
How many years have you been a member of this community?	61	<1 to over 30

<b>Services Accessed by a Household Member within the last 2 Years</b>	<b>Number of Participants</b>
Yes	21
No	40

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<b>Household Member History of Involvement with NJ Division of Child Protection and Permanency</b>	<b>Number of Participants</b>
Yes	10
No	49

Participants represented the following municipalities

Participants expressed residence or representation of nine (9) of the County's twenty-two (22) municipalities. The municipal breakdown included: five (5) people from Bloomfield Township, six (6) people from the City of East Orange, one (1) person from Maplewood Township, five (5) people from Montclair Township, twenty five (25) people from the City of Newark, one (1) person from Nutley Township, four (4) people from the City of Orange, two (2) people from Roseland Borough, and two (2) people from West Orange Township. Five (5) participants responded that they were from "Essex", which provided no municipal alliance. One (1) participant responded that they were from "All Counties". One (1) participant responded they represented Linden. One (1) participant represented Mt. Arlington. One (1) participant represented Monmouth County and finally one (1) participant represented Denville, NJ.

### **Additional Data Collection Methodologies**

As was mentioned, the Essex County Human Services Advisory Council had to reach out to conduct secondary recruitment efforts due to lack of response in some focus group populations. Due to the COVID 19 pandemic organizational resource availability to this effort, through County partnerships with State and local agencies County staff were unable to garner the support needed to recruit participants, the overwhelming support the County has typically received in the past. This was done through a targeted correspondence with specific community partners who had access to the focused populations, requesting that they recruit internally. Additionally, calls were made to local business owners randomly selected to include diverse geographic service coverage. Still youth who participated in the focus group did not fill out the online survey citing that it was time consuming and at times difficult to comprehend without explanation. It was observed that some of the survey respondents chose not to respond to questions seven and thirteen of the demographic portion of the survey. These questions asked, 'what is your ethnicity?' and 'have you or someone in your household had DCF Division of Child Protection and Permanency (CP&P) involvement?' respectively. Those who did not respond to the question of ethnicity were not included in the charted data above but totaled fourteen (14) of the sixty-one (61) respondents. Likewise, when asked of their involvement or knowledge of someone in their household's involvement with CP&P two (2) participants chose not to respond.

# PART 2





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# Key Findings Across Needs

## Trends related to Scope Across Needs:

Essex County is greatly impacted by racial disparities which are reflected in most of the needs. This county is the third most populous and second most densely populated county in the state of New Jersey, and also has the most Black or African American persons within its boundaries. Many of the needs that are being described in this report are intertwined, and it is possible to remedy more than one societal need by affecting change in some of the key areas such as: income/poverty, housing, and employment.

A more in-depth approach to the needs of this county have identified three key trends across all thirteen needs addressed in this report: disjointed services, inequity among those of a particular race and ethnicity, and accountability for the quality of services provided. Within the scope of time many of the data sets accounted for (2013-2020) community members have identified the most services as acting in silo. This has caused many consumers to seek out the assistance of multiple providers for similar needs, that may have been able to be remedied by the assistance or guidance of one provider to another via warm referral. Community members have also reported that they are unaware of where to find information about specific need areas like that of healthcare, mental/behavioral care for both youth and adults, and domestic violence services. For a client in distress this can cause them to seek out information from individuals and friends within the community because of lack of professional resource and/or avoid seeking out services entirely.

It is not coincidental that each need area is disparate in the Black or African American community, and less so in any other racial demographic. This is something that needs direct consideration and further studies will need to be done to address the needs of this population. However, they must begin by meeting the population where they are by addressing the key challenges faced as well as educating them in a way that is both relevant and comprehensible. Examples of this trend are most prominent among African American who lack healthcare, especially expecting mothers who have historically been found, in Essex County, to lack prenatal care. The research has also shown that Essex County accounts for the fourth highest population of minors, under the age of 18 years old, who are uninsured. Of this population Black or African American youth and Latino youth was the highest population among race and ethnicity within the county. African Americans also make up the largest population of homeless persons within this county which can be attributed to their needs for healthcare (internal, mental, and behavioral), income, and employment not being addressed adequately.

Each of these trends brought up the need for accountability among both consumers and providers. The need for accountability among providers was consistently identified, among the focus group and survey responses, as a reason for the current disparity among populations of specific race and ethnicity. The services provided, were described as limited and or lacking holistic approaches to case management for individuals who would otherwise not address why they had a specific need and how to avoid this need moving forward, rather providing temporary solutions for more in depth long term needs if not addressed. Community members stated that the lack of quality services reflected the desire for change in the community among the providers. One such example, was that of housing and homelessness. There are multiple emergency shelters within the county; however, focus group respondents stated that until recently they had not seen case management done in many of them, citing the return of many of the shelter residents to return within short periods of time to the facilities seeking emergency housing. Taking a wider view of this trend, the county's Human Services Advisory Council's needs assessment team found that providers also stated that there was a need for accountability among community

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members. This trend identified the lack of cooperation, availability, and accountability by the consumer when seeking services.

**Significant Common Barriers to Services:**

Higher income families have access to simply more resources and generally do not seek out government intervention in order for these needs to be met. They also have access to housing only limited by their income, and generally have employment that is well paying and provide healthcare. Most often the needs addressed were higher when individuals and families were faced with the cost of housing and food over that of childcare and or mental/behavioral service copays and payments. The lack of transportation was also presented as a barrier for community members who felt that the resources and services prior to the pandemic were not easily accessible. The three most recognized barriers throughout the needs assessment were that of lack of awareness, cultural and stigma concerns, and service capacity as it related to the volume of consumers seeking services within each need area. These three barriers were especially relevant to the subpopulations of domestic violence victims, youth and adults seeking mental/behavioral health services, and community members with substance use disorders. Lack of training, for the domestic violence victims and those diagnosed with mental/behavioral health needs, among law enforcement and service providers was also noted as a barrier that deterred community engagement among those needs areas. These needs of consumers also correspond to crime rates when looking at crimes of opportunity, childcare needs, and domestic violence occurrences. Essex County is sensitive to socioeconomic and racial issues across all municipalities, but extra attention must be paid to the urban centers that are affected much more strongly than other municipalities.

While the pandemic has brought some services to a near standstill, other services have been able to take advantage of technology to provide necessary assistance to citizens of the county. Essex County is expanding its ability to serve clients by having more mobile units that can be deployed to other communities as well as having pop up resource giveaways and canvassing at various County parks and partner municipalities.

**Significant or Common Trends in Impact of Needs on Subpopulations:**

Stigma associated with domestic violence victims who seek safety following an incident often causes the victim to fear engagement with local authorities. In studies and focus groups conducted by the Essex County Family Justice Center, participants relayed tensions when reaching out to local law enforcement because officers were not empathic to their situation, did not understand the internal or physical difficulty they faced in pressing charges or obtaining restraining orders, or economic strongholds they were in. Sensitivity training within law enforcement and the access and use of the State trained volunteer advocates available to law enforcement was commonly requested all stakeholders to address this impact on victims of domestic violence.

Essex County has a severe lack of affordable housing opportunities and a lack of housing overall. The current estimates find that the County is behind in the tens of thousands in the amount of housing units that would need to be created in order to meet the status quo of the housing needs of the residents. Because the largest locale in the County, the City of Newark has over a 35% poverty rate, these numbers are magnified and exacerbated when seen on the local level. The county point-in-time count data reflect that Essex County held the largest population among homeless persons in 2019 in the state of New Jersey. Locally this number has been tied to lack of mental health care for adults suffering from severe and persistent mental health illnesses, poverty/income, and substance use disorder; while this is not reflective of the entire homeless population the

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fact remains that the services and resources within the county lack capacity and /or engagement with the community members to inform them of their availability.

Likewise, and more often than not, African Americans are at the center of these disparities here in Essex County. The trends and barriers among all of the needs addressed in this assessment have proven to be intertwined with one another, as aforementioned. These disparities come are most blatantly noticed when the residents interact with the healthcare, criminal justice and housing systems. As noted in the individual needs assessments within this report prenatal and child healthcare, community safety and substance use disorder as they relate to the criminal justice system and services within the county, respectively, are all impediments to a successful interaction for this subpopulation.

**Overarching Local Considerations for Addressing Needs Trends (Differences or Similarities) Across Stakeholders' Perspectives:**

Stakeholders seem to agree with one another in that the overall goals must be to create equal, accessible services for all residents within the county. Stakeholders, residing in the western more affluent region, agree that there is a need for improved housing and healthcare provisions for Black and Latino residents with minimal to no income and that this may be addressed through the creative planning of the state and county governments. Likewise, initiatives should be taken within local service and housing providers to offer medical personnel within their facilities to provide screenings, answer questions, and offer guidance for healthy living. Similarly, to the community members responses, stakeholders agree that there is a lack of information about local services available to the community and because of this lack of engagement that community members feel that services are not accessible. To account for this these stakeholders have recommended providers be held accountable by their funding sources to engage the community both through local events and online/print advertisements. Services must be provided at the level to which community members comprehend, in safe environments and address the overall goals and needs of the population not just the short term need because this action comes at a disservice to the consumer. Work must be done to continue the advancement of all residents and understand the cause of each of the thirteen needs addressed in this county and how the county can address them holistically.





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## Need Area: Housing

## Status: Prioritized Need Area

Housing includes the availability of affordable, stable, permanent and acceptable living accommodations. This need area seeks to assess the sufficiency of housing in the county and the degree to which residents are homeless or threatened with eviction, as well as the existence of community supports (e.g., subsidy, vouchers, etc.) and services aimed at ensuring housing for all (e.g., Homelessness Prevention Program, Housing Resource Center, community shelters, County Board of Social Services, Section 8, affordable housing, housing authorities, etc.)

In Essex County, 25 percent of households experienced severe cost burden (50% of income or more is spent on housing) for housing in 2019. This percentage is greater than the percentage for the state of New Jersey (American Community Survey; see *County Data Profile for Additional Source Information*). In 2019 the latest year of data made available in the county profile packet, 30 percent of households experienced at least one of four severe housing problems: 1.) overcrowding determined by high person-per-room, persons-per-bedroom, or unit square footage-per-person; 2) severe cost burden, 3) lack of kitchen facilities, or 4) lack of plumbing facilities (Comprehensive Housing Affordability Strategy; data compiled by HUD; see *Data Profile for Additional Source Information*).

## Need Assessment Key Findings

### Summary: Scope of the Need

The County's percentage of households experiencing severe housing burden had increased slightly between 2014-2019, however still leads as being the county with the highest amount of persons with severe housing problems, and second in the State of the % of people who have a severe cost burden of housing, only second to Passaic County. Essex County is the 4th least costly county to live in per year at \$91,592 being the average cost of housing. However this is a misleading statistic because this data is collated of all housing, rental AND ownership, but if all data was equal, the median income of a number of Essex County towns would not be able to cover the cost of living if every dollar that person made pre-tax went to their housing. The fact is that consumers bring home their pay as a net expense and are should to be paying less than 50% of their income towards housing. What is seen in Essex County is those 30% percent of households that are experiencing severe housing problems are well behind the income required to maintain housing, even in low income neighborhoods.

Essex County has a severe lack of affordable housing opportunities and a lack of housing overall. The current estimates find that the County is behind in the tens of thousands in the amount of housing units that would need to be created in order to meet the status quo of the housing needs of the residents. Because the largest locale in the County, the City of Newark has over a 35% poverty rate, these numbers are magnified and exacerbated when seen on the local level. Waitlists for housing authority based housing options can exceed 50,000 persons and can take 5-10 years for someone's

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housing opportunity to become live. Part of the issue is that parts of the County border New York City and landlords are going to want to market more expensive, and higher "quality" units to entice New Yorkers to come to Essex County. This is not unique to the Cities in Essex County as the majority of Townships off the New York train lines have experienced similar trends and housing expense increases. What is unique to the City of Newark, along with East Orange, Orange and Irvington are the racial disparities that go along with how housing is built, allocated and maintained in those communities. These communities are predominantly black, comprised of renters, and have a much lower income than the State or County averages. The City of Newark gives the best opportunity to be able to seek out employment, as there are some very large corporations that are headquartered within the City , and there is a direct connection to the job pool of New York City.

Rental Housing is unique in the problem it has created across urban centers around the US, and in New Jersey. It is one of the facets of society that has accelerated in cost at an exponential rate, while wages have largely remained stagnant, and while well paying, low skill job opportunities have become more scarce and harder to acquire. Higher paying jobs correspondingly usually require higher education, which is another expense that most people, especially those who are low income, cannot afford. What this leads to is a point to which most job wages cannot support ever increasing rental housing prices, and unlike home ownership, each change in housing for that person or family is not building financial upward mobility. Essex County residents are often paying more than 50% of their income towards their housing and there is little to no ability for these individuals and families to save or build their finances.

There is also a disparate difference in quality of units and amenities based on income and many individuals and families are simply priced out of units that fit their needs best. Many Essex County residents are doubled and tripled up with many generations living within one household, often in incompatible units for the size of the family. It is not uncommon for two generations of family to be crowded into a two bedroom apartment, and this causes severe housing crises because in most standard leases this an evictable violation of the terms of occupation of the unit. These issues bleed into homeless services and often times these large families are underserved.

Housing is the largest expense in almost all households, and there is no real controls over the rents that can be charged, as rent control only affects a small amount of units within the County. Housing authorities are most likely the largest single landlord within their municipalities, but they still do not have in their portfolio anywhere near the units that are required to house all of our residents. Permanent housing construction is costly, takes a long time to be constructed and then occupied, and usually comes with tremendous overhead as the building ages, which can eventually price out consumers who have been there a long time, especially those with fixed incomes (those with disabilities, seniors, etc). There is also a lack of funding for housing opportunities for subpopulations such as LGBT, seniors, veterans, victims of domestic violence, and those who suffer from various disabilities. Permanent supportive housing is wildly successful in it's housing outcomes and ability to retain consumers in a permanent housing solution longterm (over a 95% success rate) but this housing

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is even more expensive than the usual permanent housing construction projects because of service components that are essential to their success.

Homeownership has also become increasingly difficult to obtain, as there are many barriers in mortgage underwriting that excludes large portions of the Essex County populations. Many of these barriers are racial in nature, and while not all are overtly so, things like credit, access to down payment and other barriers affect minority communities much more strongly than other communities. This is part of the reason why most of these data trends for housing instability or severe housing burdens trend overwhelmingly black in their occurrence as these items are intertwined. As long as incomes stay low, and housing opportunities are not built that are sensitive to the cultural and racial demographics of a municipality there will be a disparate impact on those communities. Without organizations like COA (council on affordable housing) enforcing the creation, retention, and marketing of affordable housing units in municipalities other than the low income urban centers that dominate this sector, options are limited for families on what job opportunities they can choose, what education choices they can make, and all of these things are correlated to the ability to make further housing choices that fit their need in the future. Social mobility gives more ability for a variety of units to be created and increases the tenant/homeowner pool for those institutions that create and maintain the housing. Housing issues often correlate with other societal issues such as food instability, crime rates, domestic violence occurrence etc. At its core, housing should be a societal right, and less influenced by private markets that are not concerned with consumers. This shift alone would save the taxpayer a tremendous amount of money while generating income for struggling municipal budgets.

Right now, COVID has not yet adversely affected housing because there still remains a moratorium on evictions. This is only a temporary moratorium on evictions and at some point, these landlords will need to be made whole, and these consumers given relief of their rental/mortgage burden. It has been estimated that the eviction backlog is over 30,000 and this would be an untenable situation for not only the Courts, but Essex County as a whole. Essex County does not produce enough units per year to compensate for the current population of need, this increase in need would be devastating without extreme government intervention.

### **Summary: Nature of the Need**

The three most prevalent areas of concern around the housing need are: wait lists, education about availability of services, and barriers around program eligibility. Wait lists for housing authorities, senior housing, affordable housing can be lists that can be thousands of persons long and not every landlord is receptive of having a program participant in their unit. This is a discriminatory practice but there are a lot of smaller landlords that not all of the laws apply to, and the ability to investigate and/or sanction landlords that violate these laws is limited. There is not a lot of funding for these programs, and for most tenants it is more cost effective to just search for a different unit. There are also a lot of programs

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that can be utilized but each of them have different program eligibility criteria and is not always clear to the consumer what is needed prior to applying. This causes a delay in the ability for a consumer to find out if they are eligible for a program or not and slows down the housing search clock until the consumer knows that they are eligible. Homeownership is another hurdle for many consumers as there is little education around building and maintaining a credit score (which takes some time especially if the score is low), being able to afford a down payment, and being able to qualify for a mortgage. With most consumers only being able to afford a mortgage that will be over 50% of their income, most banks will not want to underwrite a loan, or will underwrite it at an interest rate that will make it difficult for the consumer to pay long term. Essex County is also first in foreclosures in the entire state and it's largely because of the types of income that many residents have which are subject to fluctuation and instability. There are also not very many first-time homebuyer programs and the ones that do exist are generally very restrictive and difficult to qualify for. These programs also usually are not completely forgivable so this may restrict the ability for the consumer to utilize the assistance to make their next purchase more affordable.

#### **Summary: Local Considerations for Addressing the Need for County Prioritized Need Area**

Essex County has been involved in many facets of the rental and mortgage markets, by becoming involved in tax credit approval processes and advisement at the County level as well as instituting various programs that attempt to spur development of housing and the maintenance of rental units. The County has also made restrictions laxer and has become sensitive to the racial disparities that exist in housing. We have multiple vendors to assist in analyses of impediments to fair housing and to investigate fair housing claims. There is a Statewide housing resource that has been formed to allow for consumers to widen their housing search and is searchable but landlords that accept vouchers and have preferences for different subpopulation. Essex County and various cities are also meeting very frequently with township and housing authority officials to help plan for the construction of more units and to be able to match people who are in current need to units that are available. Essex County has coordinated entry, and a partnership with various housing and community development offices and are matching consumers to housing opportunities. Essex County has solicited the private sector in an effort to construct and find more housing opportunities and there are various grants and loan programs available to spur development. At the writing of this study there are some 50+ unit developments that will be constructed within the next year and we are looking to do more.

#### **If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area**

As with every section, COVID will greatly impact this prioritized need area. When the eviction moratorium is lifted, if there is no massive government intervention our reported percentages of those with severe housing crises will rise exponentially.

## Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	57	35.09 %	42.11 %	5.26 %	7.02 %	10.53 %	100.1 %
2. Anyone in the county is able to access services.	57	14.04 %	40.35 %	19.30 %	14.04 %	12.28 %	100.01 %
3. Services are widely advertised and known by the county.	57	21.05 %	49.12 %	15.79 %	7.02 %	7.02 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	57	7.02 %	28.07 %	31.58 %	14.04 %	19.30 %	100.01 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	57	8.77 %	21.05 %	47.37 %	3.51 %	19.30 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	57	10.53 %	24.56 %	42.11 %	5.26 %	17.54 %	100 %

### Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	57	38	66.67
Services do not exist	57	16	28.07
Transportation	57	22	38.60
Cannot contact the service provider	57	21	36.84
Too expensive	57	16	28.07
Lack of awareness of service	57	41	71.93
Cultural Barriers	57	24	42.11
Services provided are one-size fits all, and don't meet individual needs	57	24	42.11
Stigma Leads to Avoidance	57	28	49.12
Eligibility Requirement (explain below)	57	33	57.89
Other (explain below)	57	14	24.56

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## Need Area: Food

## Status: General Need Area

Food security is the availability and ability to acquire nutritionally adequate and safe foods. This area of need seeks to assess the level to which residents throughout the county have adequate food and the existence of community services and supports to address unmet food needs (e.g., food banks, soup kitchen, local pantry, community-based organization, Supplemental Nutrition Assistance Program (SNAP), food stamps, Women, Infants, Children (WIC) Supplemental Nutrition Program, etc.)

In **Essex County**, the food insecurity rate for households was approximately 16.3 percent, percent in **2017**, the most recent date of available data (U.S. Census Bureau Current Population Survey and U.S. Department of Agriculture Economic Research Service; see *County Data Profile for Additional Source Information*). This percentage is **greater than** the percentage rate for New Jersey.

### Need Assessment Key Findings

#### Summary: Scope of the Need

In the most recent data sets including the Census ACS survey, Essex County experienced reductions in the enrollment in food insecurity programs by consumers over a three-year period (2015-2017). Essex County, however, is far above the State of New Jersey and United States averages at a 16.3% food insecurity rate. Essex County was experiencing a slight reduction, if not outright flattening in SNAP and WIC enrollment over the past couple of years, until COVID 19 caused people to once again become food insecure. Unfortunately, there currently is not a data set as means tested and with strong methodology as the Census ACS survey, and we are currently still in the middle of the pandemic, but Essex County has supplemented the WIC, SNAP and reduced lunch programs with a weekly food distribution program. This program gives out thousands of boxes of pre-packaged food out directly to whomever is in need via a car-based distribution event that travels around the County to a different township/municipality weekly on Thursdays. This program has been up and running since early in the pandemic funded by specifically County designated COVID funding. The County is to assume that post COVID, the enrollment in all of the food-based programs will increase, as there are tens of millions of persons across the US still unemployed, and likely a non-insignificant portion of them also food insecure.

#### Summary: Nature of the Need

Consumers have responded that transportation and lack of education about services and their availability are the key barriers to seeking out and receiving services. The County has responded by ensuring that there are transportation hubs, and programs, which are at no cost to the consumer and advertisement campaigns through social media, billboards and other ads. What has been seen, however is that there are less consumers in aggregate enrolling in County services in order to meet their food security needs when it comes to women, infants, and children; and there has been a large



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uptick in the amount of children enrolled free or reduced lunch programs. What can be gleaned from this data is that more families are opting to utilize their children's school district as an avenue to solving food insecurity. The reasons for this are not completely clear but it could be that there is less stigma in the school food related programs, do not involve the parent having to come to County facilities during times which ostensibly be work hours, and not having to coordinate childcare for any infants or non-school age children in the household. For whatever reason these reductions are, by our estimation, going to become upticks in the post COVID world. There will need to be more data collected but families are likely to utilize any means available in order to solve their food insecurity. Previously the demographics of the families of those who are food insecure trended as African-American families, but since the COVID pandemic affected many different races, creeds, and nationalities, the cross-section of who will be apply for and seeking out food related programs, will become much more heterogeneous in nature.

**Summary: Local Considerations for Addressing the Need for County Prioritized Need Area**

Food was not identified as a priority need in Essex County.

**If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area**

Not applicable.

## Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	50	8.00 %	26.00 %	38.00 %	18.00 %	10.00 %	100 %
2. Anyone in the county is able to access services.	50	6.00 %	32.00 %	40.00 %	12.00 %	10.00 %	100 %
3. Services are widely advertised and known by the county.	50	14.00 %	36.00 %	40.00 %	8.00 %	2.00 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	50	10.00 %	28.00 %	36.00 %	8.00 %	18.00 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	50	8.00 %	12.00 %	54.00 %	8.00 %	18.00 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	50	8.00 %	10.00 %	52.00 %	10.00 %	20.00 %	100 %

### Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	50	8	16.00
Services do not exist	50	6	12.00
Transportation	50	34	68.00
Cannot contact the service provider	50	9	18.00
Too expensive	50	4	8.00
Lack of awareness of service	50	33	66.00
Cultural Barriers	50	11	22.00
Services provided are one-size fits all, and don't meet individual needs	50	16	32.00
Stigma Leads to Avoidance	50	17	34.00
Eligibility Requirement (explain below)	50	13	26.00
Other (explain below)	50	7	14.00

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## Need Area: Health Care

## Status: Prioritized Need Area

Health care service providers deliver medical care, including health promotion, disease prevention and diagnosis and treatment services, to children and adults. This need area seeks to determine the level of residents in the county with health care needs, the availability of insurance coverage, and the existence of community services and supports that address health and wellness (e.g., doctors and clinics, hospitals, Medicaid Services, Home Visiting Programs, Family Success Centers, etc.)

In **Essex County** , the estimated proportion of children under 18 years old (minors) with no health insurance coverage was 5.7 percent in 2017. This percentage is **greater than** the estimated percentage of minors with no health insurance for New Jersey in the same year (ACS; see Data Profile for Additional Source Information).

In Essex County in **2018**, there were 1,069 reports of lack of or no prenatal care. This was **increase** of eight (8) reports from the previous year (Center for Disease Control and Prevention; see *Data Profile for Additional Source Information*).

## Need Assessment Key Findings

### Summary: Scope of the Need

In 2017, Essex County held the fourth highest percentage (5.7%) of minors, under the age of 18, without insurance than the state average (4.4%). This percentage has steadily decreased since its 7.1% total in 2013 (American Community Survey. See data profile for additional source information). Of the municipalities with available data, Irvington and Newark held the largest populations of minors without health insurance. In comparison to the County's more suburban municipalities (i.e., Cedar Grove and Nutley) Newark and Irvington, highly populated urban areas consisting of higher populations of Black and Latino residents, held the largest populations of minors without health insurance. This county has the highest population of youth throughout the state who participate in Medicaid in comparison to the nearly 60,000 difference in adults receiving Medicaid in the county. The County's immunization rates have remained steady between 2013 and 2019 across all municipalities at 94% of the county's overall population. Evidence and survey participants alike agree that the more affluent municipalities in this county do not face these needs as often as the residents have a higher economic status, participate in healthcare insurance, and are more likely to visit a primary care physician for preventative care, in addition to specialized needs.

Women in Essex County are reported to have late or no prenatal care in increased amounts over time during the years 2016 through 2018. This data is "calculated as the percentage of births that occur to mothers who, on their child's birth certificate, reported receiving prenatal care only the third trimester

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of their pregnancy, or who reported having no prenatal care” (Center for Disease Control. See data set for more information).

Survey participants identified healthcare as a priority need, coming in second only to housing and tallying the same number of votes as employment. When asked whether there were enough healthcare resources available in Essex county 33.43% of the survey respondents stated that there were not enough resources for Essex County residents. In keeping with this response most respondents also stated that the services were not widely advertised (44.48%) and known in the County, and that resources were not readily available to the community members (39.13%). When given a list of barriers impacting this need area, 56.52% of respondents chose “lack of awareness” as a significant barrier to receiving adequate healthcare. 45.65% of the survey respondents identified cost and transportation respectively as the second and third highest barriers preventing community members from proper healthcare for individuals and families.

Currently, according to the New Jersey Department of Health there are eight hospitals in Essex County. These eight hospitals are located throughout the county and range in specialty. Additionally, there are six organizations which operate federally qualified healthcare centers in Essex County. New Jersey’s federally qualified healthcare centers (FQHCs) offer healthcare to all people regardless of their ability to pay for services. FQHCs have the capacity to take on patients who have insurance (i.e., private insurance, Medicaid, NJ FamilyCare, or Medicaid) as well as those who are uninsured by allowing these individuals to pay based on income using a sliding fee scale. No patients are turned away. In Essex County these FQHCs are located in East Orange, Irvington, Newark, and West Orange; Newark being the most populous. FQHCs offer comprehensive primary care, preventative health care, pediatric and women’s health services, dental care, and behavioral/ mental health services among other services and resources.

### **Summary: Nature of the Need**

Healthcare, as it was addressed in the focus groups is a “basic human right”, implying that regardless of race, sex, ethnicity, religion, economic standing, or any other status healthcare is a right for all people. The need for better access to healthcare in Essex County, according to focus group respondents, survey participants, and local commission meeting minutes, is directly correlated, as the data has shown, to lack of knowledge. This lack of knowledge can and should be addressed in two parts: knowledge of resource and knowledge of importance of preventative care.

This county houses eight hospitals, six federally qualified healthcare centers (some of which have multiple locations throughout their catchment area), and a host of privately owned medi-centers, urgent care providers and doctors’ offices. Community members have stated however that there are not enough advertisements and or outreaches done informing them of the healthcare services available to them within the county. Additionally, while all of these facilities exist community members

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have identified the lack of advertisements and or outreaches performed informing residents of the availability of insurances, what their qualifications are, and how to apply for them.

Essex County community members who do participate in healthcare insurance must also be informed of the need for preventative care. Preventative care is necessary because it allows the person to access prompt treatment when necessary and remain healthy by taking the necessary steps to screen for and address symptoms of illness and or pain. While Essex County met the State's average of 94% of the youth in Essex County having met all immunization requirements, the county's overall population of youth without health insurance exceeded that of the state average and all other counties in New Jersey. Immunizations have been required by the Department of Education for a youth to attend schools within any district in the state. This does not indicate knowledge of importance of preventative care, rather it indicates understanding of requirement. FQHCs may also not be able to provide the necessary time to addressing all of a patients' needs, making visits more episodic than emergent due to the ration and capacity of staff to patients seen in a given time.

A third barrier addressed by the focus group respondents, key informants and surveys was that of cost. Cost of medication, copayment for visits to a medical practitioner, and transportation to and from the healthcare provider all proved burdensome for community members. The cost depending upon the type of insurance, participation or lack thereof in insurance, and the specialty need range in amount and can be burdensome on a population of low to mid income residents, especially during the recent Novel Coronavirus COVID-19 pandemic. Individuals are concerned with their health but are weighing the priority of visiting their local practitioner to address ailments and illnesses with saving money for housing and or food necessities. Consequently, people in the county tend to share medication and or split medications to avoid purchasing more.

All of these barriers and concerns are compounded for the population of undocumented persons residing in the county. Essex County houses a large Immigrant population, some of which are not legal citizens of the country and despite the efforts to declare some municipalities, like the City of Newark, a 'safe haven' have avoided seeking preventative care. These residents lack knowledge of the county's welfare system and the healthcare benefits afforded to their children born within the United States. These individuals also tend to be more likely to seek medical treatment only when it is an emergency, attending hospital emergency rooms when necessary. Cultural stigma and trust also play a role in the participation in preventative care as the current federal government mandate is to detain illegal residents, regardless of the decision of the local authority.

### **Summary: Local Considerations for Addressing the Need for County Prioritized Need Area**

Healthcare in Essex County is an urgent need and should be addressed within the next one to three years. Healthcare can be addressed by both County and State governments by providing outreach to

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areas within the county that have high percentages of residents without healthcare. This outreach would consist of local events held in open public settings at easily accessible community centers, libraries, hospitals or public offices. Currently, Essex County's Division of Family Assistance and Benefits employs a Community Service Worker who performs outreach throughout the county when made aware of and invited to local community events. Prior to the pandemic this employee traveled the county providing technical assistance to seniors, local families, and individuals seeking to fill out applications for welfare Emergency Assistance, General Assistance, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, and Medicaid. The county also was a former participant of the University Hospital Community Advisory Board which included a subcommittee dedicated to the outreach of hospital staff to the community to share information about local health screening events, preventative care measures that can be taken, and clinic availability for specified healthcare needs. Due to turnover in hospital administration the county's participation has ceased until recently. It is the county's interest to resume this subcommittee if it is not already active and to share this information throughout the Human Services Advisory Board network of stakeholders so that the community can be made aware of the resources available to them. Likewise, the county Human Services Advisory Committee can establish a healthcare subcommittee to address outreach across the county and include local providers (i.e. local hospitals, county Community Health staff, FQHCs, and medi/urgent care centers). It would also prove beneficial if the hospitals host of participate in some form of advisory board that the State Department of Health or State Department of Children and Families encourage these providers to include the local Human Services Advisory Councils as they seek to accomplish the same goal and can often assist in the placement of the patients at discharge depending on their housing need. Outreach to community members should also be tailored to the population and the background of the specific community. For example, if the community is undocumented the outreach and information provided must be relevant for this population explaining the importance of receiving care and the options for healthcare all while taking into account the fears and cultural barriers that they may face.

A key informant interview of a local physician, with nineteen years of experience treating and advocating locally for patients throughout Essex County, offered the recommendation to integrate housing and healthcare such that anyone in government subsidized housing should also have health and social services as a part of their housing and should maintain healthcare report cards to continue receiving access to their housing. As part of the healthcare report card tenants would have to demonstrate that they received screenings for conditions such as diabetes, high cholesterol, and cancer among other conditions. The physician stated that the report card would not inform the housing authority of any specifics regarding their health, a violation of their rights, as they are imposed by HIPPA; rather it would give a satisfactory response when all screenings and services have been done. If the county and state were to take this approach, as it was outlined by the physician, it would force accountability on community members and healthcare providers alike.

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The key informant also suggested that the county, state or local organizations repurpose abandoned buildings for housing specifically for persons with disabilities, stating that this is need for the county overall. Adding to the creation of new dormitory style housing for residents with severe and persistent disabilities, be they mental or behavioral in nature, he stated that the placement of senior citizens and individuals with mental health diagnosis in buildings should be discontinued as it often poses a threat to the senior residents. These new facilities would in theory offer both social services and healthcare services to the residents. Costs would be covered through Medicaid, organizational funding, and funding from both federal and state funds for through the department of health. Currently many individuals with behavioral and mental health illnesses are undiagnosed and seek treatment in the emergency rooms which is costly, but if a wholistic approach is taken then the state could potentially save money otherwise spent reactively.

Another recommendation put forth by a focus group of local community service providers was that of a life skills program that included health. This program would offer and incentivize residents of shelters and participants of local service providers to attend a day where local physicians would come into the facility to offer screening, answer questions, and take appointments. The group gave the suggestion of this being called “Doctor in the House” day that would take place on a continuous basis within the facility in small groups to maintain engagement. This program would also allow for anonymous questions to be asked of the physicians through a closed box that would stay at the facility and be opened by the physician and responded to at the next visit.

**If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area**

Most of the focus groups identified the ways in which community members currently seek assistance regarding healthcare as going to the emergency room, urgent care, and primary physician. Citing challenges including generational trends and fears of medical risks, age being reason for not seeing a physician (being too young to see a physician for preventive care), and lack of space at medical facilities. During the Novel Coronavirus COVID-19 pandemic focus group members stated that they felt it more difficult to receive information regarding preventative healthcare.



## Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	46	15.22 %	30.43 %	28.26 %	8.70 %	17.39 %	100 %
2. Anyone in the county is able to access services.	46	8.70 %	39.13 %	32.61 %	8.70 %	10.87 %	100.01 %
3. Services are widely advertised and known by the county.	46	13.04 %	43.48 %	30.43 %	6.52 %	5.52 %	98.99 %
4. Services take race, age, gender, ethnicity and more into account.	46	8.70 %	28.26 %	41.30 %	6.52 %	15.22 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	46	8.70 %	19.57 %	41.30 %	6.52 %	23.91 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	46	10.87 %	23.91 %	39.13 %	6.52 %	19.57 %	100 %

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	46	16	37.78
Services do not exist	46	12	26.09
Transportation	46	21	45.65
Cannot contact the service provider	46	15	32.61
Too expensive	46	21	45.65
Lack of awareness of service	46	26	56.52
Cultural Barriers	46	20	43.48
Services provided are one-size fits all, and don't meet individual needs	46	17	36.96
Stigma Leads to Avoidance	46	16	34.78
Eligibility Requirement (explain below)	46	15	32.61
Other (explain below)	46	6	13.04

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## Need Area: Community Safety

Status: General Need Area

Community safety is the ability to be and feel safe from crime or violence in one's community and public spaces. This need area seeks to assess the level to which residents throughout the county are safe from crime or violence and the existence of community services and supports to assist residents with being and feeling safe in their community (e.g., local police, DCF's Child Protection and Permanency, Family Success Centers, security companies, neighborhood watch, safe havens, hospitals, etc.)

In Essex County there was a total of four thousand five hundred and twenty seven (4,527) violent crimes in 2016 and the *violent crime* rate per 1,000 was six (6) percent (NJ Department of Law and Public Safety, Division of NJ State Police, Uniform Crime Reports, Updated 8/15/19; see Data Profile for Additional Source Information). Of the *non-violent* crimes committed there was a total of seventy seven (77) arson, three thousand four hundred and eighteen (3,418) motor vehicle theft, nine thousand three hundred and fifty one (9,351) larceny and two thousand six hundred and sixty eight (2,628) burglary in Essex County (NJ Department of Law and Public Safety, Division of NJ State Police, Uniform Crime Report, Updated 8/15/19; see *Data Profile for Additional Source Information*).

## Need Assessment Key Findings

### Summary: Scope of the Need

Essex County has the largest crime rate in the state of New Jersey. According to the New Jersey County Municipal offense and demographic data reported in 2016, the total violent crimes reported was 4,527. This number is based on "permanent, year-round populations and refer to instances of murder, rape, robbery and aggravated assault". This total also takes into account the county's seasonal population volume, transience, tourism, and labor forces. The 2016 report summarizes that among the categories for violent crime (murder, rape, aggravated assault and robbery) the most crimes committed in this county were that of murder and aggravated assault. In retrospect, data collected in 2017 within the NJ State Health Assessment by the NJ Department of Health, Office of Vital Statistics and Registry places Essex County's homicide rate higher than Camden County, Mercer County, Passaic County, Union County and Hudson County. Data from prior years show a decreasing rate of homicides within the county suggesting increased efforts to curtail the rate of crime within the county. Additionally, totals are based on the decedent's county of residence, not the county where the crime occurred. Likewise, a study was done to demonstrate the most non-violent crimes in Essex County finding that these crimes were attributed to larceny. According to the New Jersey State Police uniform crime report for Essex County for January 2019 through December 2019, larceny remains the largest sum of non-violent crimes committed in Essex County.

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Taking the Essex County adult population's race and ethnicity into account the New Jersey Department of Health, Office of Vital Statistics and Registry has identified this county's homicide rates for Black, non-Hispanic residents as higher than those for Hispanic residents. Males had significantly higher homicide rates than Female residents. The total number of White, Asian American and those identifying as two or more other non-Hispanic were too small to calculate reliable rates and therefore were left blank in the data reported for 2013-2017. Total crimes accounted for in the New Jersey Uniform Crime Report account for varied rates at which specific crimes occur within law enforcement jurisdictions across the state, including those of municipalities, state-run universities, transit, the County Prosecutor's Office, and County Sheriff's Department. Of these jurisdictions those within the eastern region account for more violent crimes committed whereas municipalities like Essex Fells, a suburban municipality located in the western region.

Juvenile data reported in this county report that juvenile arrest rates between 2012 and 2016 show a decrease between this time period and are similar to the New Jersey average. The Annie E. Casey Kids Count Data reported that Essex County saw a rate of 10 juvenile arrests (per 1,000) over this four-year period. The account does not factor population size. More recent reporting from the New Jersey Office of the Attorney General Juvenile Justice Commission identify Essex County as having a steady decline in reported offenses committed by juveniles between the months of January and November of 2020, with 29 total offenders accounted for in January and 16 in November, despite the pandemic causing most youth within the county to attend school virtually and have more down time to become involved in criminal activity. Juvenile offense categories include but are not limited to drugs, persons, property, public order, violations of parole and weapons. Juveniles may have multiple offenses among those aforementioned at the time of their arrest.

### **Summary: Nature of the Need**

Community Safety resources, including but not limited to increased community policing initiatives, expansion and advertisement of local community-based resources, increase in neighborhood watch participation, easily accessible safety tips, phone numbers, access points, and trained personnel would better provide community members with a protected community. Currently, Essex County, like all other counties within New Jersey, allow residents and visitors to contact local law enforcement via phone or face to face interaction at a local precinct. Residents who call are guided between non-emergency and emergency operators who dispatch police, fire, and medical personnel to the scene of an incident. The availability of this service, however, lacks in municipalities like Newark, the core of Essex County's eastern region and metropolitan area, who faced severe financial upset in 2010. The City's Public Safety Director was faced with laying off approximately 160 police officers. This was a part of a plan to close a deficit in the city's overall budget. Since 2010 the City of Newark has taken on multiple classes to account for the loss of law enforcement due to the mass lay off and retirement. As a result, community members who responded to the survey and participated in focus groups identified Newark as a lacking immediate response to all incidents equally (i.e the immediate response to a

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shooting in comparison to the less immediate response to victims of a robbery). Likewise, participants identified lack of empathy when speaking to police personnel, lack of security in public housing, cultural bias and stigma, and mental health training among the barriers across the county municipalities. Youth and adults alike identified the lack of trust held by both law enforcement and citizens in urban communities as a barrier causing individuals of Black, Hispanic, and Indigenous descent to fear interactions with officers.

Municipalities like Newark have addressed these barriers and are taking steps to provide community policing. Officers, prior to the pandemic, were placed on walking posts to engage the community and establish presence within the municipality's most criminally impacted communities, in addition to communicating with local business owners to ensure that all community members feel safe and protected. Business checks are particularly important because often these establishments are threatened by local gang organizations, serve as safe havens to local youth, and can provide a wealth of information to local officials about the nature of the community.

**Summary: Local Considerations for Addressing the Need for County Prioritized Need Area**

This area was not categorized as a prioritized need area by the County Human Services Advisory Council Needs Assessment Committee or community members who participated in the survey.

**If Applicable: Additional Notable Focus Group Trends for County Prioritized Need Area**

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### Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	44	15.91 %	47.73 %	29.55 %	0.00 %	6.82 %	100.01 %
2. Anyone in the county is able to access services.	44	11.36 %	36.36 %	40.91 %	4.55 %	6.82 %	100 %
3. Services are widely advertised and known by the county.	44	11.36 %	43.18 %	36.36 %	0.00 %	9.09 %	99.99 %
4. Services take race, age, gender, ethnicity and more into account.	44	18.18 %	25.00 %	31.82 %	2.27 %	22.73 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	44	13.64 %	22.73 %	34.09 %	2.27 %	27.27 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	44	13.64 %	27.27 %	34.09 %	4.55 %	20.45 %	100 %

### Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	44	1	2.27
Services do not exist	44	10	22.73
Transportation	44	2	4.55
Cannot contact the service provider	44	7	15.91
Too expensive	44	1	2.27
Lack of awareness of service	44	18	40.91
Cultural Barriers	44	23	52.27
Services provided are one-size fits all, and don't meet individual needs	44	8	18.18
Stigma Leads to Avoidance	44	18	40.91
Eligibility Requirement (explain below)	44	1	2.27
Other (explain below)	44	9	20.45

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**Need Area: Employment and Career Services****Status: General Need Area**

Employment is the condition of having paid work or an alternate ability to earn a living. This need area seeks to determine the employment status (e.g., full or part-time, permanent or temporary) of county residents and the employment opportunities within a county, as well as the existence of community services and supports to assist in ensuring employment (e.g., unemployment services, career development, County One-Stop Centers, Family Success Centers, County Board of Social Services, etc.)

Essex County has average weekly wages of \$1,354 which is slightly higher than the state averages yet experienced a higher than average monthly unemployment rate from June 2018-May 2019 of 3.8%. For reference, the State unemployment is 3% within the same time frame data set. Essex County is also above the median unemployment rate comparative to all other counties in the State, and was the fifth highest unemployment rate behind Cape May, Cumberland, Atlantic, and Salem Counties.

For those who are employed Essex has a bottom five adjusted median income of \$46,013 for women and \$54,160, as measured from 2013-2017 by the American Community Survey within the Census. The disparity between the sexes is one that is experienced by all Counties within the State, and is not unique to Essex County, nor the United States at large. Essex County has median incomes that are slightly higher than the US averages but are lower than the median incomes across New Jersey. Median incomes for men and women have both stayed stagnant throughout the ACS reporting period, showing only a 6% increase for men over a four-year span, and women experiencing less than a percent increase over the same four-year span. These numbers do not beat the average 2% per year inflation that has been experienced by the US in the recent past and led to consumers struggling to keep up with other issues covered in different sections of the need assessment (especially housing).

There is also an extreme disparity of incomes varied by municipality in Essex County, which also tied into racial and socioeconomic disparities. For example, one of the most affluent and largely homogenous and white communities in Essex County: North Caldwell, has a median income for men at \$182,586 which is about five times higher than the median income for men in the least affluent and most heterogenous, yet predominantly black community, the City of Newark; this municipality only has a median male income of \$36,711. Even Townships with more middling median incomes such as the Township of Verona are still incomes that are around three times the median income of a Township like the City of Newark at \$90,401 for a man. Women also experience more of a depressed income rate, which is exacerbated as the income disparities become higher and the Townships become more affluent. The City of Newark's income disparity by sex is only 12% but in a middle-income Township such as Verona this disparity grows to 22% and grows even larger in the most affluent of Townships like North Caldwell at a staggering 58% income disparity between the sexes.

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## **Need Assessment Key Findings**

### **Summary: Scope of the Need**

The data shows that there is a pronounced need for employment services, as even those who are employed in Townships such as the City of Newark are still employed with wages that often time have not been able to keep up with inflation and the rising housing costs in Essex County, which traditionally were higher than national averages. Those Townships with lower median incomes also correspond with part time, gig economy, largely not unionized and non-salaried employment. This leads to precariously employed residents that cannot absorb fluctuations in their work schedules, "slow" seasons, company downsizing or any other common work disruptions that may happen throughout a year. This leads a large number of residents to carry more than one job, and often more than two jobs to ensure that they work enough hours and piece together enough income to cover basic needs. Job training is key and essential to making sure that there is the ability for residents to seek out higher paying and more specialized jobs, since the minimum wage of \$10.00 is not enough without working much more than 40 hour work weeks, or holding multiple jobs. These economic and employment factors lead to issues in other facets of the needs of our residents such as housing, food, education and by extension - community safety as it pertains to crimes of opportunity such as theft, larceny and robbery. Improvements in this facet of the needs of consumers would directly lead to improvements in these other areas.

COVID will make these issues much more pronounced as an unprecedented number of Essex County residents were affected by the loss of their hours, wages, and even the jobs themselves. The cross section of those who will be seeking out services will become much more heterogeneous, since COVID has affected people of all different races, creeds, and socioeconomic strata.

### **Summary: Nature of the Need**

The biggest factors impacting the ability for consumers to be able to access these services are: transportation to services, advertisement and awareness around the availability and scope of services, and cultural barriers in accessing services. County buildings are accessible by public transportation, but this can become expensive for consumers who must be in a 28-day workforce program, or is constantly traveling for job training, applying for and interviewing for jobs, etc. Advertisement for services is good, as the County has various billboards and postings all across County and Municipal buildings, but the social media and internet presence is still being improved and may not be reaching as many consumers as it should. Cultural barriers are something that needs looking into, it was unclear via the services what barriers exist but there may just be a societal stigma to be attached to a board of social services program. The County has deal with this issue directly by changing the name of our "welfare" agency to the "Division of Family Assistance and Benefits" since the word "welfare" has become a politically charged pejorative term that could lead a consumer to not seek out services.



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The data also shows there exists pronounced disparities along sex and racial lines depending on the Municipality. There is a direct correlation between the racial demographics of a community and the median income of its residents. As the municipalities trend a higher median income, the disparity between the sexes becomes MUCH more pronounced with more than two-fold expansion of the gap in income.

**Summary: Local Considerations for Addressing the Need for County Prioritized Need Area**

Employment and Career Services were not identified as a priority need in Essex County.

**If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area**

## Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	41	12.20 %	39.02 %	31.71 %	4.88 %	12.20 %	100.01 %
2. Anyone in the county is able to access services.	41	12.20 %	34.15 %	34.15 %	4.88 %	14.63 %	100.01 %
3. Services are widely advertised and known by the county.	41	14.63 %	41.46 %	31.71 %	4.88 %	7.32 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	41	17.07 %	31.71 %	24.39 %	2.44 %	24.39 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	41	7.32 %	17.07 %	31.71 %	2.44 %	41.46 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	41	7.32 %	17.07 %	43.90 %	2.40 %	29.27 %	99.96 %

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	41	10	24.39
Services do not exist	41	8	19.51
Transportation	41	17	41.46
Cannot contact the service provider	41	10	24.39
Too expensive	41	0	0
Lack of awareness of service	41	30	73.17
Cultural Barriers	41	18	43.90
Services provided are one-size fits all, and don't meet individual needs	41	10	24.39
Stigma Leads to Avoidance	41	8	19.51
Eligibility Requirement (explain below)	41	8	19.51
Other (explain below)	41	9	21.95

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**Need Area: CHILD CARE****Status: General Need Area**

Child care services include agencies that provide care and supervision to children; as well as, before- and after- school care programs. This need area seeks to assess the level to which residents throughout the county need child care and before and after school care and the existence of community services and supports that address the need for child care (e.g., licensed daycares providers, subsidized and unsubsidized childcare, Child Care Resource and Referral Agencies, Boys & Girls Clubs, YMCAs, Family Success Centers, County Board of Social Services, etc.)

In Essex County in 2020 the median monthly center-based child care cost for an infant was less than the median monthly cost for NJ. The median monthly center-based child care cost for a toddler was less than the median monthly cost for NJ. Median monthly center-based child care cost child care cost for Pre-K in Essex County was less than the median monthly cost for NJ.

**Need Assessment Key Findings****Summary: Scope of the Need**

Median childcare costs, in Essex County, for infant, toddler, and pre-K expenses tend to be at the state average. Data provided by the New Jersey Department of Human Services in 2017 includes responses from more than 1,000 daycare centers, and excludes free daycare programs, such as Head Start. Median monthly based childcare cost of center-based care for infants was \$840, toddlers was slightly less at a median cost of \$758, and pre-K aged youth care was \$900. In comparison to the median household income of \$57,365 Essex County families identified as paying a median cost of childcare slightly higher than the median income. In 2018, the Kids Counts county profile identified Essex County as having the 16th ranking among the other state counties for children and family economics. The rankings compare all counties on 12 measures of child well-being and education. In this category, 2016 data identified 54% of households spending 30% or more of their income on rent. Additionally, 21% of children were identified as living below the poverty threshold.

**Summary: Nature of the Need**

Most, 41.03% of the, respondents to the survey when asked if “there are enough services available in the county to help those who have this need’ responded that they disagreed. Likewise, most respondents stated that they disagreed that there was equal access to childcare services throughout the County. Additional barriers identified by survey respondents consider lack of awareness, expense, transportation, cultural barriers (i.e. language, cultural beliefs), and waitlists as barring families from accessing resources for childcare. One participant stated that the eligibility requirements vary amongst childcare subsidy programs and that other household expenses and net income are not taken into consideration when determining eligibility.

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Income is directly correlated to the barriers responsible for community members not having adequate access to childcare in Essex County. Programs like Programs for Parents, located in Newark, offer referral to childcare providers and participate in state subsidy programs, however recipients must be meet specific requirements and apply to receive discounted childcare. Respondents mention that urban families, more so than families located in suburban areas, choose to place their children in Family Childcare centers and PODs due to increasing cost among licensed childcare centers.

**Additional Data Provided through a Secondary Assessment for the Purpose of this Report by Programs for Parents:** Programs for Parents is the Child Care Resource and Referral agency for Essex County. They work to ensure that children get the best possible start in life. They do this by supporting children, families and child care providers in Essex County through advocacy and action, providing education and referrals, sharing best practices and helping families access available financial resources. Programs for Parents conducted this needs assessment and collected data from the 2020 Kids Count Report, Advocates for Children of NJ, NJ Child Care Office of Licensing, National Institute of Early Education Research, Rutgers University and Programs for Parents data systems.

### ***Demographics***

According to the 2020 Kids Count report child care continues to be a challenge for families and providers. In 2019, the median income of families with children in Essex County was \$74,896. However, the data indicated that 34, 918 children were living below the poverty threshold and that 48% of households spent 30% or more of their income on rent.

As of 11/30/2020 there were 14,590 children receiving child care subsidy in Essex County. However, 1,581 subsidy parents discontinued their child care subsidy due to the inability to validate their income/employment. In addition, 32.8 % of 1211 new applications were deemed ineligible because the applicants' gross income exceeded 200% of the federal poverty index.

### ***Focus Group and Results***

Programs for Parents conducted a focus group with parents/guardians to discuss access to quality childcare and to identify what barriers made it difficult to address their child care needs in Essex County. The survey yielded the following results:

- 50% of respondents indicated that quality child care was too expensive
- 12.5% of respondents indicated that income eligibility requirements were too stringent
- 12.5% of respondents indicated that they were unable to look for a job due to lack of child care
- 12.5% of respondents indicated that there was a lack of available childcare slots for infants
- 12.5% of respondents indicated that there was a lack of quality childcare centers for children with autism.

When reviewing the results from the survey it indicated that the largest challenge to quality child care in Essex County for these families was affordability. According to a recent state survey, the median full-time day care for an infant enrolled at a licensed child care center in Essex County was \$840.00 per

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month. For those providers that participate in the New Jersey Cares for Kids and Work First New Jersey child care subsidy programs the weekly rates are as follows:

- Infant \$229.66
- Toddler \$ 191.68
- Preschool \$159.38

### ***Parent Surveys***

Programs for Parents had 1755 low to moderate income families who receive child care subsidy completed a parent survey. These families indicated that it was challenging to afford quality child care when they were facing high costs:

- Housing
- Groceries
- Health care

These needs were exasperated by the COVID-19 health emergency.

### ***Impact of COVID-19 on Child Care***

In 2019, 73% of children in Essex County ages 0 to 5 had parents in the labor force. The COVID-19 health emergency had a significant impact on employment as non-essential businesses were required to close. For many families, the closure of non-essential businesses resulted in the loss of jobs. Effective April 1, 2020 in an effort to flatten the curve of COVID-19 cases in New Jersey, Governor Murphy ordered for child care centers that were not operating as Emergency Child Care Centers for children of essential workers to close. During the same time many schools began to implement remote instruction for school-aged children. There were 60 Emergency Child Care Centers in Essex County, 17 of those child care centers were located in Newark. A study by the National Institute for Early Education Research found that COVID-19 restrictions in decreased class sizes and increased health and safety measures placed significant financial hardships on child care centers because of reduced revenue and increased fixed costs. There were many families who chose not to send their children to child care. While the Department of Human Services, Division of Family Development launched several initiatives to support families and child care providers (i.e. Emergency Child Care Assistance Program, School Age-Tuition Assistance Program, and COVID-19 Child Care Stabilization Grant) sustainability remained a concern as these funds were available until 12/31/2020.

### ***Child Care Re-Opens in New Jersey***

On June 15, 2020 Governor Murphy gave permission for all licensed child care center to re-open. However, only 40% of child care centers in Essex County re-opened. Many child care centers did not re-open due to low enrollment, inability to locate PPE supplies, loss of staff, outbreak of COVID-19 cases within their facilities, and the increased health and safety measures. In an effort to support those child care centers that were re-opening ACNJ and Programs for Parents conducted a webinar on Reopening Child Care in New Jersey. These webinars discussed Operation Readiness, Creating a Blueprint for Reopening and Employer Rights.

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In 2019 there were 469 licensed child care centers in Essex County, NJ. According to the New Jersey Child Care Information System (NJCCIS) out of the 469 licensed centers there are currently 360 licensed child care centers open. In addition, there are 165 registered family child care providers and 71 family, friend, and neighbor providers open in Essex County.

National data show that for the months of August and September 2020, roughly 42 percent of households with children suffered some kind of job or income loss. Of those households, 24% indicated that their loss of job was directly tied to a lack of child care. School closings and lack of child care negatively impact a parent's ability to work. Many parents are still not comfortable with sending their children to day care. As we move forward how do we get schools open and parents working?

As of December 2020, nearly 20% of New Jersey's licensed child care centers remained closed. Even as programs reopen, just 20% report that they will bring back their entire staff, according to a survey by Advocates for Children of New Jersey. The majority of open providers are operating well below their licensed capacity. NJ has invested in stabilization grants however, the funding ends on 12/31/2020. Many providers have indicated that they may not be able to sustain their businesses without additional financial resources. A critical need is for an assessment of the availability of child care staff and the need to make this a Department of Labor issue.

**Summary: Local Considerations for Addressing the Need for County Prioritized Need Area**

Childcare is not a prioritized need in Essex County.

**If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area**



### Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	39	12.82 %	41.03 %	15.38 %	7.69 %	23.08 %	100 %
2. Anyone in the county is able to access services.	39	12.82 %	38.46 %	23.08 %	2.56 %	23.08 %	100 %
3. Services are widely advertised and known by the county.	39	15.38 %	41.03 %	20.51 %	0.00 %	23.08 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	39	7.69 %	33.33 %	23.08 %	2.56 %	33.33 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	39	7.69 %	17.95 %	30.77 %	2.56 %	41.03 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	39	7.69 %	20.51 %	33.33 %	2.56 %	35.90 %	99.99 %

### Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	39	12	30.77
Services do not exist	39	8	20.51
Transportation	39	15	38.46
Cannot contact the service provider	39	5	12.82
Too expensive	39	22	56.41
Lack of awareness of service	39	18	46.15
Cultural Barriers	39	15	38.46
Services provided are one-size fits all, and don't meet individual needs	39	8	20.51
Stigma Leads to Avoidance	39	4	10.26
Eligibility Requirement (explain below)	39	11	28.21
Other (explain below)	39	9	23.08

# PART 3

## Results: Specialized Service Needs



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## **Need Area: Services for Families Caring for a Child of a Relative**

### **Status: General Need Area**

Kinship services are supports for caregivers who have taken on the responsibility of caring for kin, including financial assistance, support groups, navigation of government benefits and assistance, and more. This need area seeks to assess the level to which residents require kinship services and the existence of community services and supports to support caregivers' ability to care for their kin (e.g., Kinship Navigator Program, DCF's Division of Child Protection and Permanency, Family Success Centers, County Board of Social Services, etc.)

### **Need Assessment Key Findings**

#### **Summary: Scope of the Need**

In Essex County, individuals seeking financial support for youth in their care who are non-biological children are directed to the Salvation Army located in the city of Newark. The Salvation Army, who is funded through the New Jersey Department of Children and Families, provides caregivers with resources and tools to navigate services available to them, help with immediate needs like clothing and furniture, as well as support in navigating legal guardianship through the Essex County Family Courts. Staff from the Newark Salvation Army will also make families aware of the availability of their eligibility of the Department of Family Assistance and Benefits' Temporary Assistance for Needy Families (TANF), Medicaid, and Supplemental Nutrition Assistance Program (SNAP). This program is designed to also assist eligible families receive a stipend for kinship once the guardian establishes guardianship within the courts. The case management may cover needs like, but not limited to, housing, child support collection assistance, legal services and fees, and support groups. In this county the stipend for a non-blood relative, or a relative who is unable to prove biological relationship, is averaged at \$200. The kinship program is income based and is governed by the federal poverty level (FPL). If clients do not meet the eligibility requirement for the FPL then a referral would be made for the Department of Children and Families. In 2018, Essex County had a total of 3,431 grandparents who reported caring for their grandchildren.

If a biological family member can prove their relationship to the child, has had the child in their care for over a year, and has legally obtained guardianship rights through the legal system, this family member may apply for the TANF program. The TANF program is not income based and can offer financial supports to the family by way of stipend. The guardian would receive a referral into the kinship navigator program, Salvation Army, and the Salvation Army would provide the case management for this family's kinship needs as they were outlined above. The board of social services is often the first stop for families.

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As of November 2020, Essex County has had 109 active cases to the kinship navigator program. This is a decrease from the November 2019, which had 153 active cases within the kinship navigator. This may have been caused by the aging out of the youth within the program. Youth are eligible for this program until their 18th birthday/ must graduate high school before their 19th birthday. This is the same guideline for the program TANF. The Human Services Advisory Council did not identify this as a prioritized need. This need was categorized as the least prioritized need among the specialized needs addressed in the survey, having only 20% response.

### **Summary: Nature of the Need**

While the kinship program offers a multitude of funds and supports for local families it is widely unknown to community members in this county. 63% of survey respondents replied that they were unaware of the resources available to them. Although the state advertisements of the kinship navigator are available in great detail on the New Jersey State Department of Children and Families website including both the NJ-211 and directory of contacts throughout the state, community members state that the website for the Salvation Army Newark does not offer interactive capabilities for those seeking to gain information about the program and that if they are unaware of the service that they would not know to seek their agency. The ability for one to learn about this program therefore becomes strictly word of mouth or direct referral through the Salvation Army or County Department of Family Assistance and Benefits.

This program is income based and does not practice any discriminatory practices. All community members eligible for this support may contact the county's board of social services in person (after social distancing sanctions have been lifted) or via phone to access more information. Community members may also call or arrive in person to the Newark Salvation Army to receive information if they are not comfortable or familiar with the NJ-211 hotline.

### **Summary: Local Considerations for Addressing the Need for County Prioritized Need Area**

### **If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area**

## Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	38	7.89 %	31.58 %	10.53 %	5.26 %	44.47 %	99.73 %
2. Anyone in the county is able to access services.	38	5.26 %	28.95%	18.42 %	2.63 %	44.47 %	99.73 %
3. Services are widely advertised and known by the county.	38	23.68 %	21.05 %	23.68 %	0.00 %	31.58 %	99.99 %
4. Services take race, age, gender, ethnicity and more into account.	38	10.53 %	21.05 %	23.68 %	0.00 %	44.74 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	38	10.53 %	10.53 %	26.32 %	0.00 %	52.63 %	100.01 %
6. Staff are well-trained, knowledgeable and provide good customer service.	38	7.89 %	15.79 %	31.58 %	0.00 %	44.74 %	100 %

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	38	6	15.79
Services do not exist	38	11	28.95
Transportation	38	6	15.79
Cannot contact the service provider	38	1	2.63
Too expensive	38	5	13.16
Lack of awareness of service	38	24	63.16
Cultural Barriers	38	10	26.32
Services provided are one-size fits all, and don't meet individual needs	38	7	18.42
Stigma Leads to Avoidance	38	5	13.16
Eligibility Requirement (explain below)	38	4	10.53
Other (explain below)	38	9	23.68

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## **Need Area: Behavioral/Mental Health Services for Children**

### **Status: General Need Area**

Child behavioral/mental health services are services designed to assess, address and support the emotional, psychological and social well-being of children. This need area seeks to assess the level to which children throughout the county have behavioral/mental health disorders, their ability to cope and function, and the existence of community services and supports to address children's behavioral/mental health needs (e.g., hospitals, in/out-patient therapy, individualized counseling, medication management, PerformCare, DCF's Children's System of Care, Family Support Organizations, etc.)

### **Need Assessment Key Findings**

#### **Summary: Scope of the Need**

Essex County has a significant amount of youth involved with the Children System of Care (CSOC). These youth participate in either the Care Management Organization (CMO), Family Service Organization (FSO), and/or Children's Mobile Response and Stabilization Services (CMRSS). In September of 2020 the NJ Children's System of Care contracted Administrator, PerformCare, reported that there was call activity for a total population of 479 unique youth in Essex County who accessed the CSOC for the month of September. Of this number 184 youth were newly registered. At the time of call youth ages 5-10 years of age represented the largest population at 32.4% of calls and those ages 14-17 years old represented the second largest at 30.3% of the overall population. The race of 43.8% of these callers was unknown, 35.5% were Black or African American, and 10.4% were White, 1.5% were Asian, American Indian were 0.2%, and all other races and mixed-race youth identified were less 6%. 57% of the youth identified as ethnicity unknown, 24% identified as Hispanic, and 18.4% identified as non-Hispanic. Of the call types 3.0% were from a children's inpatient or partial patient hospital provider. No call types included psychiatric emergency service staff. Within the CSOC 4.3% of the call types included behavioral assistance/ intensive community. 18% were Care management system, 0.05% were family functional or multi-systemic therapy, and 33% were Mobile Response Stabilization Services. Calls were resolved by referrals for bio-psycho-social assessment (4.5%), referrals to external system partners (19.8%), developmental disability /internal disability family support applications were completed (3.1%), and 32.6% of the youth were transferred internally to clinical, care, connector, quality or service desk representatives among other resolutions. On average, during this pandemic the percentages reported were reflected each month within the CMO and MRSS.

Active children and youth, those who have an authorization for service, within the CSOC Essex County saw a total of 2,093 unique youth. Of this group the White, Black or African American, and youth identified as "some other race" accessed the CSOC the most during the month of September 2020. 24.5% of the youth identified as Hispanic or Latino, 25.9% identified as some other race and 49.6% did

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not have ethnicity data available. The two largest authorized CSOC services accessed during this time period were care management and intensive in community. Out of Home Treatment in Essex County is 12.63% of the overall state total for this time period. CSOC providers state that the number of youth accessing services has decreased dramatically because of and during the recent Novel Coronavirus COVID-19 pandemic. This decrease is attributed to lack of supportive assistance previously located in schools, that have now closed buildings in precaution, and communication from families and guardians as they navigate their housing and healthcare amid the crisis.

### **Summary: Nature of the Need**

The most significant finding during this needs assessment was that community members are unaware of the Children System of Care (CSOC) and its branches within the community (CMO, FSO, MRSS). Additionally, members of the community were unaware of the other mental /behavioral health services available to all Essex County residents, specifically for children and youth with mental health/behavioral challenges. 45.95% of the community members who responded to the survey reported that there were not enough services available in the county to help those who had this need. 37.84% of the survey respondents disagreed with the statement that services were widely advertised throughout the county for this need. The needs identified within the scope have both short-term and long-term negative impact on the community if not treated properly through immediate Mobile dispatch or case management organizations. Among the barriers respondents identified stigma leading to avoidance and cultural barriers ranked highest following lack of awareness. The concern for undocumented families was also addressed by respondents when asked what barriers existed that may not have been mentioned. In this county there is a large population of undocumented residents some of which have youth. These individuals are less likely to seek assistance and support due to fear, cost, and stigma. This is a challenge that also extends to healthcare, mental /behavioral health for adults, safety, and housing within this county.

### **Summary: Local Considerations for Addressing the Need for County Prioritized Need Area**

Behavioral/Mental Health for Children was not an identified need for Essex County.

### **If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area**



## Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	37	18.92 %	45.95 %	8.11 %	5.41 %	21.62 %	100.01 %
2. Anyone in the county is able to access services.	37	16.22 %	32.43 %	27.03 %	2.70 %	21.62 %	100 %
3. Services are widely advertised and known by the county.	37	16.22 %	37.84 %	16.22 %	2.70 %	27.03 %	100.01 %
4. Services take race, age, gender, ethnicity and more into account.	37	10.81 %	29.73 %	21.62 %	2.70 %	35.14 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	37	13.51 %	21.62 %	21.62 %	5.41 %	37.84 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	37	13.51 %	24.32 %	27.03 %	5.41 %	29.73 %	100 %

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	37	12	32.43
Services do not exist	37	5	13.51
Transportation	37	12	32.43
Cannot contact the service provider	37	6	16.22
Too expensive	37	9	24.32
Lack of awareness of service	37	23	62.16
Cultural Barriers	37	15	40.54
Services provided are one-size fits all, and don't meet individual needs	37	12	32.43
Stigma Leads to Avoidance	37	18	48.65
Eligibility Requirement (explain below)	37	8	21.62
Other (explain below)	37	9	24.32

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## **Need Area: Behavioral/Mental Health Services for Adults**

### **Status: General Need Area**

Adult behavioral/mental health services include services designed to assess, address and support the emotional, psychological and social well-being of adults. This need area seeks to assess the level to which adult residents throughout the county have behavioral/mental health disorders, their ability to function and the existence of community services and supports to address adult behavioral/mental health needs (e.g., hospitals, in/out-patient therapy, individualized counseling, medication management, Statewide Parent Advocacy Network, Division of Mental Health and Addiction Services, PerformCare, etc.)

### **Need Assessment Key Findings**

#### **Summary: Scope of the Need**

According to the NJ State health Assessment data from the NJ Behavioral Risk Factor Survey of 2017, Essex County's estimated frequency of mental health distress found is below the state average. This data has shown a decline over time. Frequent mental health distress in this study is based on responses during phone surveys indicating 14 or more of the past 30 days as "not good". Individuals residing in group housing such as dormitories, military barracks, and prisons are excluded from this survey. In this county women respondents reported symptoms of mental health distress at a similar rate to men. White, non-Hispanic adults surveyed represented the highest frequency of mental health distress in this assessment at a rate of 11%, whereas Black or African American adults represented a rate of 8% and Hispanic/Latino respondents 7.7%. In this county, according to the NJ State Health Assessment data from the NJ Behavioral Risk Factor Survey conducted between 2013-2017 the estimated frequency of diagnosed depression was below the state average. This percentage has varied slightly, both increasing and decreasing, over the five-year period. Diagnosed depression, during this study, reported a higher frequency among women than men. Hispanic/Latino residents reported diagnosed depression most frequently in Essex County, followed by White, non-Hispanic, then Black, non-Hispanic residents. Essex County has more mental health programs available as outpatient services than all other programs, followed by supportive housing. There are six (6) supportive housing programs in Essex County and eight (8) outpatient programs. There is only one primary screening services program, self-help center, program of assertive community treatment (PACT), involuntary outpatient commitment program, supported education program, supported employment program, acute care family support, justice involved service program and intensive family support program. The county lacks entirely residential intensive support teams (RIST) and emergency services.

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## **Summary: Nature of the Need**

The Essex County Needs Assessment had the goal of examining not only the needs that exist among this county's adult residents, but also to learn the strengths, capacity and interests of the residents and within their respective communities. The approach determined needs, or the existing gaps, within what is currently in place and what the community wants to enhance their current challenges. A large majority of those community members who participated in the focus groups were not aware of the mental/behavioral services and supports available to them. Historically, when communities fail to address challenges, the challenges identified include lack of funding, resources, and commitment from local and county based providers. Survey respondents reported that residents, particularly immigrant and undocumented persons often do not know about or have difficulty accessing and navigating resources available. Access includes making services available that are culturally and linguistically appropriate, as well as geographically available. Many residents emphatically indicated there were a lack of mental health services/behavioral health services in urban communities. 36.11% of the survey respondents indicated that waitlists were a barrier in this county. 38.89% of the respondents also indicated that cost was a barrier. The lack of mental health programs available in Essex County as identified in the scope is evident that there is a deficiency in the county as this county's population of residents exceeds 770,000 and the amount of services offered do not offer a holistic approach to the immediate and long term care and support for individuals who are diagnosed with mental health conditions.

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**Summary: Local Considerations for Addressing the Need for County Prioritized Need Area**

Mental/Behavioral Health Services were not an identified priority for Essex County.

**If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area**

## Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	36	27.78 %	36.11 %	13.89 %	2.78 %	19.44 %	100 %
2. Anyone in the county is able to access services.	36	30.56 %	25.00 %	22.22 %	0.00 %	22.22 %	100%
3. Services are widely advertised and known by the county.	36	30.56 %	25.00 %	25.00 %	0.00 %	19.44 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	36	19.44 %	25.00 %	30.56 %	0.00 %	25.00 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	36	19.44 %	19.44 %	27.78 %	2.78 %	30.56 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	36	16.67 %	19.44 %	33.33 %	2.78 %	27.78 %	100 %

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	36	13	36.11
Services do not exist	36	11	30.56
Transportation	36	15	41.67
Cannot contact the service provider	36	8	22.22
Too expensive	36	14	38.89
Lack of awareness of service	36	24	66.67
Cultural Barriers	36	21	58.33
Services provided are one-size fits all, and don't meet individual needs	36	8	22.22
Stigma Leads to Avoidance	36	16	44.44
Eligibility Requirement (explain below)	36	5	13.89
Other (explain below)	36	6	16.67

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## **Need Area: Substance Use Disorder and Prevention Services (Adults and Adolescents)**

### **Status: Prioritized Need Area**

Substance use treatment services includes services that provide a range of assessment and supportive treatment for substance use disorders. This need area seeks to gauge the substance use needs and the existence of community services and supports to address substance use disorder needs throughout the county (e.g., detoxification, short- and long-term inpatient treatment services, outpatient treatment services, medication management, Division of Mental Health and Addiction Services, NJ 2-1-1, etc.)

### **Need Assessment Key Findings**

#### **Summary: Scope of the Need**

Across a two-year period (2016 to 2018), Essex County experienced an increase in percentage for suspected opioid deaths. Further study by the New Jersey Office of the Attorney General also shows that between 2014 and 2018, the number of suspected opioid deaths grew increasingly, showing no sign of decrease; rather, this county had 5.4% of the state's overall average of increase. Over a five-year period, 2014 to 2018, the suspected number of opioid deaths nearly tripled from 114 to 390 (See Rutgers, Essex County Profile data). Over time, Essex County has shown an increasing trend of overdose deaths in relationship to the population. The Department of Mental health and Addiction Services Office of Planning Research, Evaluation and Prevention stated in a 2012 report that in this county most treatment center admissions identified heroin usage as the primary reason for admission at 44%. The second most identified substance at treatment center admissions in Essex County was that of alcohol (23%). Marijuana (18%), cocaine (6%), other opioids (5%), and other drugs (4%) were also identified at the time of admission to treatment centers in this county. "This statewide Substance Abuse Overview provides statistics on substance abuse treatment in New Jersey for calendar year 2017. In 2017, there were 82,644 treatment admissions and 79,326 discharges reported to the New Jersey Department of Health, Division of Mental Health and Addiction Services by substance abuse treatment providers. These data were submitted through the web-based New Jersey Substance Abuse Monitoring System (NJSAMS). This report is based on the information provided in the May 2018 NJSAMS download data" (Department of Health Division of Mental Health and Addiction Services Office of Planning, Research, Evaluation and Prevention, June 2012 Report).

#### **Summary: Nature of the Need**

The three most prevalent areas around substance use disorder are: stigma leading to avoidance, lack of awareness of services, and transportation, respectively. Healthcare providers offer various medications, treatments, and residential/ non-residential rehabilitation options for opioid and alcohol abuse disorders, that if used could prevent many deaths, however the individuals who need them most often are unaware of them or do not seek them out. 55.56% of the survey participants stated that

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stigma was a significant barrier in accessing resources related to substance use disorder. Stigma is associated with many conditions including substance use disorder and other illnesses like HIV/AIDs, Cancer, and mental illness. Some gains have been made in the reduction of stigma surrounding medical conditions like depression through public education and widespread of medications that reduce symptoms. Little however has been done to demystify substance use disorder as those suffering from the disorder are blamed for their use of the substance and therefore their illness. Despite the fact that medical articles have identified addiction as a complex brain disorder, many in the public, healthcare and judicial system still believe that it is a result of flawed character and moral weakness. Often the stigma on the part of healthcare providers is demonstrated in the provider's expelling individuals showing signs of acute intoxication or withdrawal for fear of their behavior or that the individual is only seeking drugs. People suffering from addiction may and have in the past internalized this stigma and rejected treatment moving forward. Beyond impeding on the provision of care, stigma may actually cause the individual to increase their substance intake. Furthermore, the stigmatization of people with substance use disorder may be more problematic during the current pandemic. In addition to the individual's risk of enhanced drug use and homelessness, first responders and bystanders may be less likely to administer naloxone for fear of contagion during this pandemic.

Lack of awareness among individuals suffering from addiction is also common among the residents of Essex County. Respondents of the survey and focus groups alike stated that the availability of information around local rehabilitation centers was scarce and rather the only known information was the location of methadone clinics throughout the county. Focus group respondents indicated that when seeking resources for substance use disorder community members sought advice from trusted friends or family, attended a hospital emergency room, called the County Division of Community Health, or researched facilities on their own. For individuals suffering from severe addiction this, according to focus group respondents, is not always beneficial as they may not be able to advocate on their own behalf.

Community members who are able to advocate for their recovery or have an advocate also face the challenge of transportation to the facility. There are few residential programs in Essex County for residents to attend so they must travel out of county for assistance. One survey respondent stated that there is, "... a lack of services for youth who may need substance abuse treatment whether outpatient or in-patient" in the inner cities forcing families to seek services outside of Essex County to address their youths' needs.



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## **Summary: Local Considerations for Addressing the Need for County Prioritized Need Area**

Essex County lacks sufficient residential treatment beds within the county for residents of the county. A recommendation of the key informant is to create a county owned detox center that would allow for consumers to participate on an immediate need basis. The key informant recognized the difficulty faced when consumers attempt to advocate on their own behalf to the existing facilities, citing that in some instances it has been more beneficial for an agency to provide a warm referral to the accepting facility than it is for the consumer to call directly. A county owned facility then would allow for direct placement of consumers into eligible beds and receive specific support depending upon their need and level of addiction. A refocus of funding could account for the deficit not accounted for in Medicaid or other insurance reimbursement. The key informant also stated that while the addicted consumer is often the focus, those who have children also face the trauma certainly placed on the child. It is for this reason that supports must also be put in place for the youth.

If prioritized the existing constellation of supports and resources would most certainly benefit but there would still be gaps in service if the study is on the continuity of care. For this reason focus group participants and the key informant agreed that the state would have to do more to provide specified consistent funding for the creation of facilities, both in-patient and outpatient within the county. It was also recommended that the Department of Children and Families along with the Department of Mental Health and Addiction Services address the current treatment models as they relate to specific populations rather than a ‘one size fits all approach’ where “failure is blamed on the consumer not the process” (See survey responses, Question 52, pg. 81).

## **If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area**

Youth identified the prevalence of youth who suffer from addictions to performance drugs and their fear of the inability to pursue athletic goals, disappointment among family members and school staff. Participants also identified substance use services as directly correlated to healthcare, having barriers related to insurance and lack thereof, cost, and clear understanding of benefits provided for under the various public and private insurance carriers. A considerable challenge discussed in the focus groups was that of the training needed to address victims of domestic violence who also suffered from addiction.

## Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	36	25.00 %	19.44 %	27.78 %	5.56 %	22.22 %	100%
2. Anyone in the county is able to access services.	36	22.22 %	16.67 %	33.33 %	5.56 %	22.22 %	100%
3. Services are widely advertised and known by the county.	36	22.22 %	13.89 %	33.33 %	5.56 %	25.00 %	100%
4. Services take race, age, gender, ethnicity and more into account.	36	16.67 %	22.22 %	27.78 %	2.78 %	30.56 %	100.01 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	36	16.67 %	16.67 %	25.00 %	2.78 %	38.89 %	100.01 %
6. Staff are well-trained, knowledgeable and provide good customer service.	36	13.89 %	13.89 %	33.33 %	2.78 %	36.11 %	100%

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	36	14	38.89
Services do not exist	36	10	27.78
Transportation	36	17	47.22
Cannot contact the service provider	36	8	22.22
Too expensive	36	12	33.33
Lack of awareness of service	36	18	50.00
Cultural Barriers	36	16	44.44
Services provided are one-size fits all, and don't meet individual needs	36	9	25.00
Stigma Leads to Avoidance	36	20	55.56
Eligibility Requirement (explain below)	36	8	22.22
Other (explain below)	36	8	22.22



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## **Need Area: Domestic Violence Services**

### **Status: Prioritized Need Area**

Domestic violence is violence or other forms of abuse by one person against another in a domestic setting, e.g., husband and wife, child and parent, sibling and sibling, etc. This need area seeks to assess the level to which domestic violence impact residents throughout the county and the existence of community services and supports that will keep families safe from physical, sexual, financial, digital, mental and emotional forms of domestic violence (e.g., shelter services, victim services, batterers intervention services, DCF's Office of Domestic Violence Services, domestic violence liaisons, domestic violence hotline, Family Success Centers, etc.)

### **Need Assessment Key Findings**

#### **Summary: Scope of the Need**

Without accounting for population size and other factors, Essex County has the highest number of domestic violence incidents in New Jersey of any County at 6,437 instances as of the most recent and reliable data collected in 2016. Essex County accounts for slightly more than 10% of all domestic violence cases across the state as well. The data shows that these numbers have more than doubled since 2012, but it is unclear on whether that number is more instances of domestic violence being committed or better education and better accessibility for victims to report these crimes - our data set is reliant on the New Jersey Police UCR report which relies on self-reporting of agencies, and domestic violence victims do not report these crimes as often as any of the other crimes and leads to underreporting. The City of Newark had the most instances of domestic violence of municipalities that have systems of tracking and reporting statistics at 2709 instances. This translates to the City of Newark accounting for 42% of all domestic violence incidences, which is a larger number of instances than 10 entire counties instances of DV and is more than the bottom 3 counties combined.

The preponderance of domestic violence incidents are manifested as assaults or harassment, which make up more than 80% of all incidents. The next two highest manifestations of domestic violence, terroristic threats and criminal mischief only account for around 10% of the grand total of reported incidences. Again, this data relies on reported incidences of domestic violence, and this cohort is usually one that does not report crimes against them for fear of retaliation, further violence, or psychological or economic factors leading to not reporting.

The majority of arrests for domestic violence are for assaults, which account for just under 75% of all arrests for domestic violence. Unfortunately, harassment arrests account for less than 20% of all arrests, while being more than 40% of all reported cases. The reason for the lack of arrests is unclear in the data the surveys of service providers indicated that disclosures of domestic violence may be made to third parties rather than directly to law enforcement. A victim may seek out clergy, a close

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friend or other trusted friend for guidance in their disclosure or may end up at a hospital or other non-law enforcement institution and inferences are made on the behalf on the client who may or may not substantiate those inferences because of stigma, fear or other causes. There is also a lack of education for non-law enforcement institutions around resources, cultural and societal barriers, as well as how to identify victims.

There are not any current data sets on the post COVID domestic violence landscape but anecdotally our vendors are seeing that there is an uptick in incidences of domestic violence, with an especially volatile effect on victims because during COVID there may be no way to flee the abuser during travel restrictions/quarantine/lockdowns. Hospitals are also beginning to become overwhelmed with COVID patients again and may not be able to fully serve the needs of a victim during these times.

### **Summary: Nature of the Need**

The preponderance of victims are women, but a non-insignificant number of victims are men. There is a very archaic image of who the average domestic violence victim is, but in reality, domestic violence cuts across class, race, and creed. The majority of reported cases come from the black community, but this may be a cultural factor more than a racial one.

The three main factors listed in the community survey of what barriers are currently in front of DV victims were: transportation to services safely, education about services, and social stigma leading to not seeking out services. These factors track well with the data, as seeking out and finding services are the main factors for those who are in need of services. The other subgroup, those who are not willing to report their domestic violence are a large cohort but one that further education and destigmatization would go a long way to have them increase the frequency in which they report their abuse.

There needs to a better education and understanding of resources, laws, and anonymity efforts surrounding the DV populations. There needs to be more training of the line workers about how to identify someone who is a DV victim by analyzing specific body language, spoken language, and inuendo that could lead someone to attempt to ascertain if the consumer is a victim, especially if they are in the midst of fleeing their abuser. This will not only lead to more consumers seeking out and receiving services but will also save lives.

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## **Summary: Local Considerations for Addressing the Need for County Prioritized Need Area**

Local partners want to partner more closely with our boards of social services, housing agencies, healthcare providers, and law enforcement and courts. There needs to be joint planning about how to craft safety planning, support networks, financial and housing resources as well as a smooth and anonymous referral of a consumer to a program without fear of their abuser following them or finding out they enrolled in a particular program. Essex County has established policies and procedures that require automatic cessation of program assessment and direct referral to DV programs as soon as someone ascertains that a consumer is fleeing domestic violence. There has been various trainings in all levels of government with regard to sensitivity, identification, and referral processes and we continue to go to the DV community of vendors, victims and advocates to frequently update and streamline these policies

Federal law established automatic eligibility for consumers in various programs if they report if they are actively fleeing domestic violence programs, and State and County programs need to adopt the same rules and regulations. Screening at the first contact should be brief and focused on safety planning, and full assessment must be done in conjunction with a referral with a qualified and trained vendor. There needs to be increased funding for training, education, and safety planning and relocation efforts. Many times, victims are in danger and do not have good resources to flee or are still financially tied to their abuser.

The County is seeking out to identify gaps and challenges and to expand funding to include family justice centers, transitional and permanent housing opportunities. The County is seeking corporate partners to help with the education around domestic violence, and campaigns to increase awareness have already been done in partnership with DV victim service agencies and advocates. The County is looking to reduce barriers to various groups within the DV population - LGBT populations, substance abuse and mental illness populations, veterans' populations, etc. These groups are underrepresented and underreported and the County wants to ensure it is serving every consumer it can.

Finally, the County is looking to join or help create a Statewide and even Countrywide coalition so that better planning, better resource allocation and education can be done, as partners across the Country have a wealth of information and data that can be useful.

## **If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area**

Like all other facets of the needs assessment, this data was mostly collected prior to the COVID pandemic. The County will be analyzing data around the changes in DV due to COVID and will be updating the data sets and policies when these findings become clearer. The County will rely on

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vendors to keep the data as updated as possible, even if anecdotal in nature in the near future, but so planning for the future. can begin before the pandemic is over.



## Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	36	16.67 %	30.56 %	19.44 %	11.11 %	22.22 %	100 %
2. Anyone in the county is able to access services.	36	13.89 %	19.44 %	41.67 %	8.33 %	16.67 %	100 %
3. Services are widely advertised and known by the county.	36	16.67 %	30.56 %	30.56 %	8.33 %	13.89 %	100.01 %
4. Services take race, age, gender, ethnicity and more into account.	36	11.11 %	33.33 %	13.89 %	11.11 %	30.56 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	36	8.33 %	16.67 %	25.00 %	11.11 %	38.89 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	36	8.33 %	11.11 %	36.11 %	13.89 %	30.56 %	100 %

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	36	7	19.44
Services do not exist	36	5	13.89
Transportation	36	12	33.33
Cannot contact the service provider	36	7	19.44
Too expensive	36	1	2.78
Lack of awareness of service	36	21	58.33
Cultural Barriers	36	17	47.22
Services provided are one-size fits all, and don't meet individual needs	36	4	11.11
Stigma Leads to Avoidance	36	21	58.33
Eligibility Requirement (explain below)	36	2	5.56
Other (explain below)	36	7	19.44



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## **Need Area: Parenting Skills Services**

### **Status: General Need Area**

Parenting skills services are programs that aim to enhance parental capacity and skills, improve parenting practices and behaviors, and teach age appropriate child development skills and milestones. This need area seeks to assess the level to which residents require parenting skills services and the existence of community services and supports which address parenting skills (e.g., Home Visiting Program, Nurse-Family Partnership, Family Preservation, Family Success Centers, Family Service Organizations, Parents Anonymous, Parent Mentors, SPAN, etc.).

### **Need Assessment Key Findings**

#### **Summary: Scope of the Need**

The New Jersey Department of Human Services Division of Family Development offers the NJ Healthy Families (HF)-TANF Initiative for Parents (TIP) Program. The HF/TIP program takes a holistic approach to parenting which provides mothers with a trained family specialist who will inform the mother about how to care for the health and well-being of herself and her family, provide screenings to identify developmental delays in the youth, access healthcare and other important resources in the community, as well as job training. Each family is provided with a tailored experience to better meet the needs and goals of the family. These services extend from pregnancy until the youth is three years old. This program is offered to recipients of General Assistance (GA) and Temporary Assistance for Needy Families (TANF).

In Essex County the HF/TIP program is a referral-based program that can initiate from the county Department of Family Assistance and Benefits to the Partnership for Child and Maternal Health for Northern New Jersey or VNA Health Group, or individually by the client as a self-referral. (Essex County is the only County with two vendors for this program). Most often the referrals are sent to the Essex Pregnancy and Parenting Connection and are then referred out to the aforementioned providers. In the calendar year 2019 the Essex Pregnancy and Parenting Connection referred a total of 618 expectant mothers and families to Partnership for Children and Maternal Health of Northern New Jersey. During this same calendar year, they referred 269 expectant mothers and families to VNA Health Group. The majority of these clients were GA/TANF eligible or based on other indicators would be considered G/A or TANF eligible, but not all clients fit the requirements for these programs. Not all participants within the TIPs programs must receive TANF benefits from the county's local board of social services, but what is found is that most are eligible for TANF, Medicaid, and SNAPs. The Essex Pregnancy and Parenting Connection accepts all referrals and if a client is deemed ineligible for these agencies, then they would be referred to Nurse Family Partnership, Parents And Teachers or other family support services. During the recent pandemic Essex Pregnancy and Parenting Connection has seen an increase in the call volume

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for immediate assistance with this population as mothers are seeking necessary care products (i.e. pampers, milk) for their children.

Through partnership, Program for Parents, a local comprehensive service organization, also provides local events, webinars, and in person trainings for both community members and local childcare practitioners and providers.

### **Summary: Nature of the Need**

Members of this county, when responding to the survey, stated that they were widely unaware of the services provided for this need area and that they disagreed with the statement that there were enough services available in Essex County for this need. 34.29% cited cultural barriers causing individuals to avoid the use of these services and 28.57% of the respondents cited transportation and stigma as barriers for not making use of this service. Since these services are provided at no cost, rather they are provided by eligibility of TANF subsidy and at will by local organizations, there were little to no concerns of expense within this need. 57.14% of the respondents to the survey stated that they were unaware of the quality of the facilities and services provided by the providers or the training and knowledge of those providing this service. This was not identified as a priority need by Essex County and ranked 31.43% among survey respondents as a priority overall in this county.

The local providers of these services have identified several barriers as well, including some but not all of the barriers identified by community members within this survey. Barriers addressed by the providers include timing and the availability of appointments after regular work hours, the lack of incentive for TANF clients who are required to participate in work activity. In the past, clients were provided credits to accommodate for the hours missed in a work first activity; however, credits are no longer provided, and clients are forced to decide between attending their work activity and allowing the vendor representatives in the home. Vendors also recognize that there are a lack of undocumented families involved in the program, crediting the families' fear of being involved with local agencies as a means to track their legal status. Finally, the vendors stated that the transition to telehealth services have been a barrier for lower income families who do not have access to reliable technology.

### **Summary: Local Considerations for Addressing the Need for County Prioritized Need Area**

Parenting skills services was not identified as a prioritized need in Essex County at this time.

### **If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area**



## Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	35	8.57 %	37.14 %	14.29 %	2.86 %	37.14 %	100 %
2. Anyone in the county is able to access services.	35	8.57 %	22.86 %	25.71 %	0.00 %	42.86 %	100 %
3. Services are widely advertised and known by the county.	35	8.57 %	42.86 %	11.43 %	0.00 %	37.14 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	35	2.86 %	34.29 %	11.43 %	2.86 %	48.57 %	100.01 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	35	5.71 %	17.14 %	17.14 %	2.86 %	57.14 %	99.99 %
6. Staff are well-trained, knowledgeable and provide good customer service.	35	2.86 %	20.00 %	17.14 %	2.86 %	57.14 %	100 %

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	35	7	20.00
Services do not exist	35	4	11.43
Transportation	35	10	28.57
Cannot contact the service provider	35	4	11.43
Too expensive	35	1	2.86
Lack of awareness of service	35	22	62.86
Cultural Barriers	35	12	34.29
Services provided are one-size fits all, and don't meet individual needs	35	4	11.43
Stigma Leads to Avoidance	35	10	28.57
Eligibility Requirement (explain below)	35	4	11.43
Other (explain below)	35	9	25.71



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**Need Area: Legal and Advocacy Services****Status: General Need Area**

Legal and advisory services include legal assistance, advocacy and support in various types of legal matters, including child support, child custody, paternity, immigration, domestic violence, housing and eviction, criminal, etc. This need area seeks to assess if the level to which residents throughout the county have unresolved legal issues for which they need assistance and the existence of legal and advisory services to meet those needs (e.g., Legal Aid, pro-bono attorneys and clinics, court system, ombudsman, etc.)

**Need Assessment Key Findings****Summary: Scope of the Need**

Essex County is the third most populous county but the second most densely populated County. Essex County also has the largest percentage of African American population by far, registering a 41.9% population percentage. There is a glaring and obvious need for legal and advocacy services because of the racial disparity within the criminal justice system and the racial disparity correlation between race and income or lack thereof. Essex County Courts and their caseloads are gargantuan, and a large percentage of these cases involve African American residents/households. There are some pro bono legal and advocacy services here in Essex County but nowhere near the amount of funding for these services nor the number of lawyers required to meet the needs of our residents. Many Essex County residents are left with unresolved legal issues which causes problems for consumers as they seek out jobs, housing opportunities and other resources. There is a huge need for more services as well as coordination with the courts and other court related resources to better help serve clients

**Summary: Nature of the Need**

COVID has changed the way the needs of consumers have been met and has turned out to be a positive at least where interaction with the Courts and resolving of issues is concerned. Ever since the stay-at-home orders were rescinded by Governor Murphy, the Courts now have the ability to perform virtual hearings, and to be able to resolve or close out matters dealing with consumers without requiring them to take time off of to work to travel, or any of the barriers that consumers had run into in the past. This mode of interacting with the courts also allows for more people with disabilities to be able to interact with the courts, as these interactions can be done through audio or video, do not require accommodations for residents with physical disabilities, and accommodations can be made for consumers with other forms of disabilities. While there is still a disparate nature of the racial cross-section of who is required to interact with law-enforcement and thus, the legal system, the Courts themselves have expressed the necessity to resolve legal issues that are minor without harsh court intervention such as crippling fees and surcharges, pretrial incarceration, excessive bail, and or long-term incarceration for minor offenses. The Court utilizing various methods to avoid those listed



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sanctions should lead to a reduction in their case load, reduce recidivism, and help even out the racial disparities in the criminal justice system. These efforts alone will not completely resolve issues, but it will lessen the burden on Essex County legal and advocacy services and residents.

**Summary: Local Considerations for Addressing the Need for County Prioritized Need Area**

Legal and Advocacy Services were not identified as priority needs for Essex County.

**If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area**

### Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	35	17.14 %	34.29 %	20.00 %	0.00 %	28.57 %	100 %
2. Anyone in the county is able to access services.	35	14.29 %	28.57 %	28.57 %	2.86 %	25.71 %	100 %
3. Services are widely advertised and known by the county.	35	11.43 %	25.71 %	31.43 %	5.71 %	25.71 %	99.99 %
4. Services take race, age, gender, ethnicity and more into account.	35	11.43 %	28.57 %	25.71 %	5.71 %	28.57 %	99.99 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	35	8.57 %	17.14 %	34.29 %	5.71 %	34.29 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	35	8.57 %	11.43 %	45.71 %	8.57 %	25.71 %	99.99 %

### Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	35	13	37.14
Services do not exist	35	4	11.43
Transportation	35	6	17.14
Cannot contact the service provider	35	7	20.00
Too expensive	35	5	14.29
Lack of awareness of service	35	21	60.00
Cultural Barriers	35	9	25.71
Services provided are one-size fits all, and don't meet individual needs	35	4	11.43
Stigma Leads to Avoidance	35	7	20.00
Eligibility Requirement (explain below)	35	8	22.86
Other (explain below)	35	10	28.57