



# Human Services Advisory Council (HSAC) Needs Assessments Synthesis Report for 21 Counties 2019-2020 Overview

# Overview

- ✓ Background & Purpose
- ✓ Methods & Data Collection
- ✓ Basic Need Area Priorities
  - Housing
  - Health Care
  - Employment and Career Services
- ✓ Specialized Service Need Area Priorities
  - Behavioral/Mental Health Services for Adults
  - Behavioral/Mental Health Services for Children
  - Substance Use Disorder and Prevention Services
- ✓ Limitations & Next Steps



# Background

DCF funded the 21 County Human Services Advisory Councils (HSACs) to undertake local needs assessments

Between Nov 2019–Jan 2021, counties gathered info about service needs, impact on subpopulations, barriers to delivery

Rutgers IFF analyzed data from needs assessment reports. Information was consolidated into the final synthesis report

# Purpose of Needs Assessment

HSACs gain county-specific qualitative & quantitative information

Utilize information to support DCF's vision and quality improvement efforts

Inform policy, strategic planning and Federal Child and Family Service Plan

Deepen relationships with communities as foundation for collaborative efforts

Collective ability to create the conditions for children and their families to thrive

# Methods & Data Collection

## 1 DCF's 13 Need Areas

- 6 Basic Need Areas
- 7 Specialized Service Needs

## 2 County Data Profiles

- Public and Administrative Data
- Initial reveal of county needs

## 3 Prioritize Need Areas

- Top 4 needs in county
- Selected by the County HSACs

21  
County  
HSACs

## 4 Survey Administration

- Need Areas, availability of services
- Barriers to addressing need

## 5 Focus Groups

- Community discussions
- Offer context around needs

## 6 Key Informant Interviews

- Discussions with professionals
- Additional context

## 1

### Cohort 1

November 1, 2019 – August 31, 2020

- Burlington
- Essex
- Gloucester
- Hunterdon
- Hudson
- Monmouth
- Passaic
- Salem
- Sussex
- Union

## 2

### Cohort 2

February 1, 2020 – January 15, 2021

- Atlantic
- Bergen
- Camden
- Cape May
- Cumberland
- Mercer
- Middlesex
- Morris
- Ocean
- Somerset
- Warren

# Basic Need Areas



# Basic Need Area Priorities

Frequency of Selection by the 21 Counties



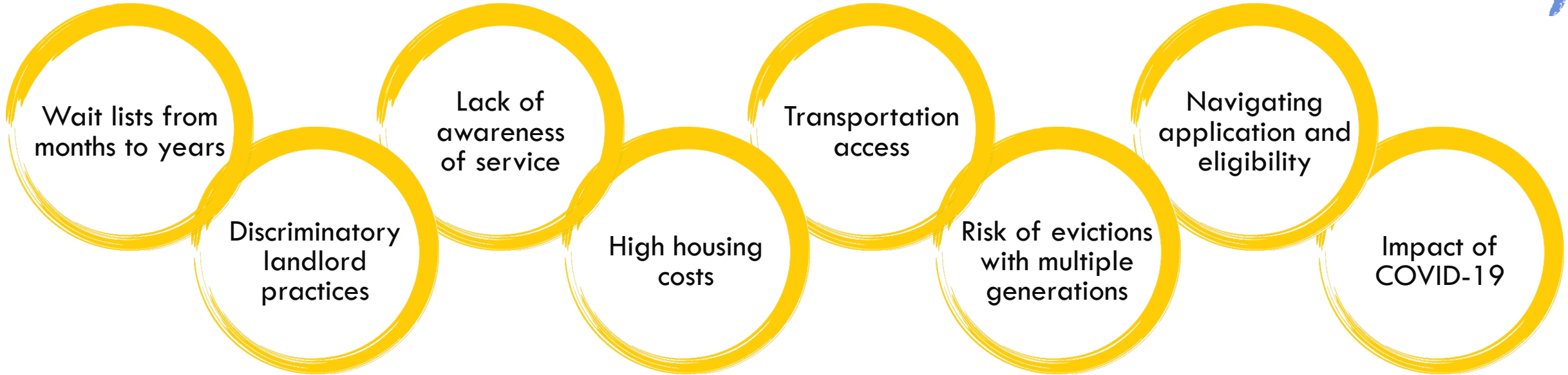


# #1: Housing



## ✘ Barriers & Concerns

Only Need Area Selected by All 21 Counties



## Impacted Subpopulations

- ALICE
- Disabilities
- Black and Latinx
- Undocumented immigrants
- Seniors
- Youth aging out of child welfare
- LGBTQI youth
- Veterans
- Victims of domestic violence

# #1: Housing

Only Need Area Selected by All 21 Counties



## Successes & Progress

Recognition of racial disparities

Increased actions toward fair housing

Increased construction

Stronger matching of available units to need

Greater collaboration with families

Efforts to address insecurity increased

# Recommendations: Housing



## Education & Training

- Promote access to services through community channels
- Advertise in multiple languages
- Educate landlords about crisis services to connect residents and help maintain their housing
- Increase financial literacy and homeowner education



## Service Delivery

- Offer centralized web-based source for housing programs
- Increase affordable housing options
- Increase staff to assist and advocate, including for non-English speaking residents
- Ensure buildings meet needs of people with disabilities

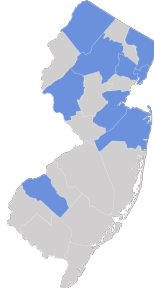


## Policy

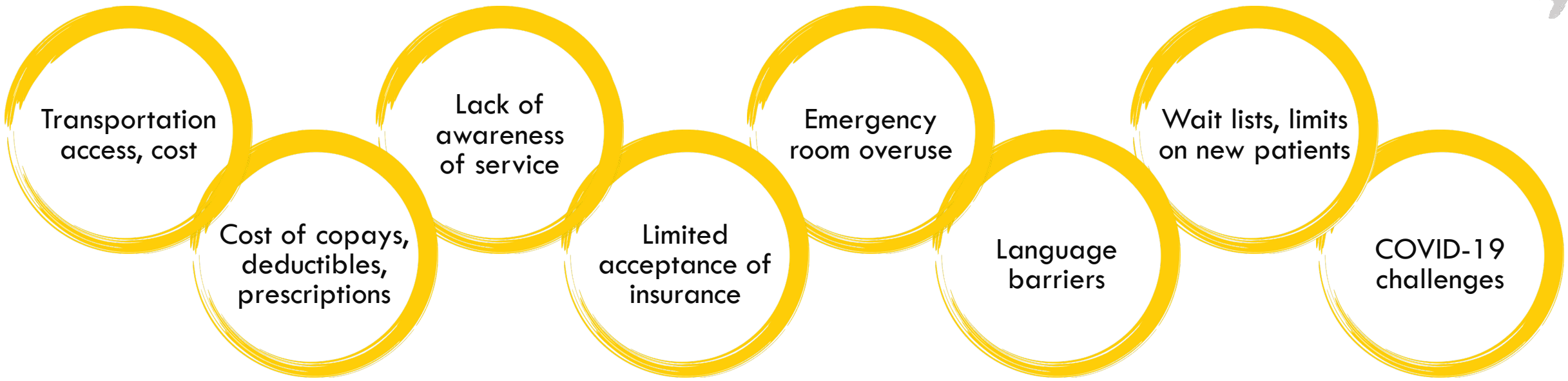
- Engage task force for affordability, disparity issues, such as through incentives
- Collaborate with DCF Office of Adolescent Services to identify housing options and supports for homeless youth
- Expand financial eligibility limits, simplify voucher process, implement rental pricing cap

# #2: Healthcare

Selected by 9 Counties



## ✖ Barriers & Concerns

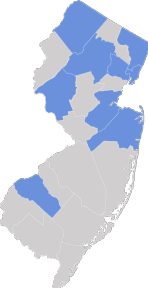


## Impacted Subpopulations

- Undocumented immigrants
- Residents with HIV
- Low-income families
- Women
- Seniors
- Homeless
- LGBTQI residents
- Youth with special needs
- Veterans

# #2: Healthcare

Selected by 9 Counties



## Successes & Progress

FQHCs for  
uninsured and  
insured

Availability for  
sliding scale  
fees

Centralizing  
patient  
information in  
one system

Most  
participants  
satisfied with  
quality of care

# Recommendations: Healthcare



## Education & Training

- Educate on health care options, cultural competency, transitioning care, and Medicaid benefits
- Increase marketing campaigns in various formats
- Feature patient stories to foster awareness, reduce stigma



## Service Delivery

- Increase provider capacity in local communities
- Consider mobile units to treat people where they live
- Provide transportation vouchers for appointments
- Tailor to community needs (Non-English speakers; LGBTQ+)

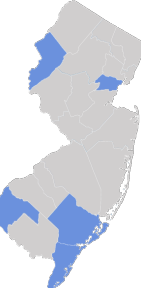


## Policy

- Fund outreach programs that increase access to services
- Expand financial eligibility limits

# #3: Employment and Career Services

Selected by 5 Counties



## ✖ Barriers & Concerns

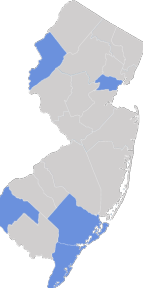


## Impacted Subpopulations

- Younger, older job seekers
- Undocumented immigrants
- People with MH/SU issues
- Individuals with disabilities
- Parents with children
- People with criminal background

# #3: Employment and Career Services

Selected by 5 Counties



## Successes & Progress

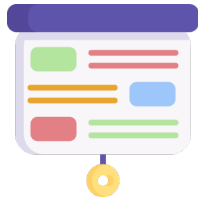
Centralized  
resources often  
available

TANF, SNAP  
eligible for  
assistance

County buildings  
accessible by  
public  
transportation



# Recommendations: Employment and Career Services



## Education & Training

- Increase programs and job training for trade and technology industries
- Create educational programs about employment opportunities
- Provide high school students with job-readiness, financial literacy, socio-emotional, and life skills



## Service Delivery

- Provide re-training for young adults to support full time work
- Create website with local employment, training
- Provide internet access and devices to complete online applications



## Policy

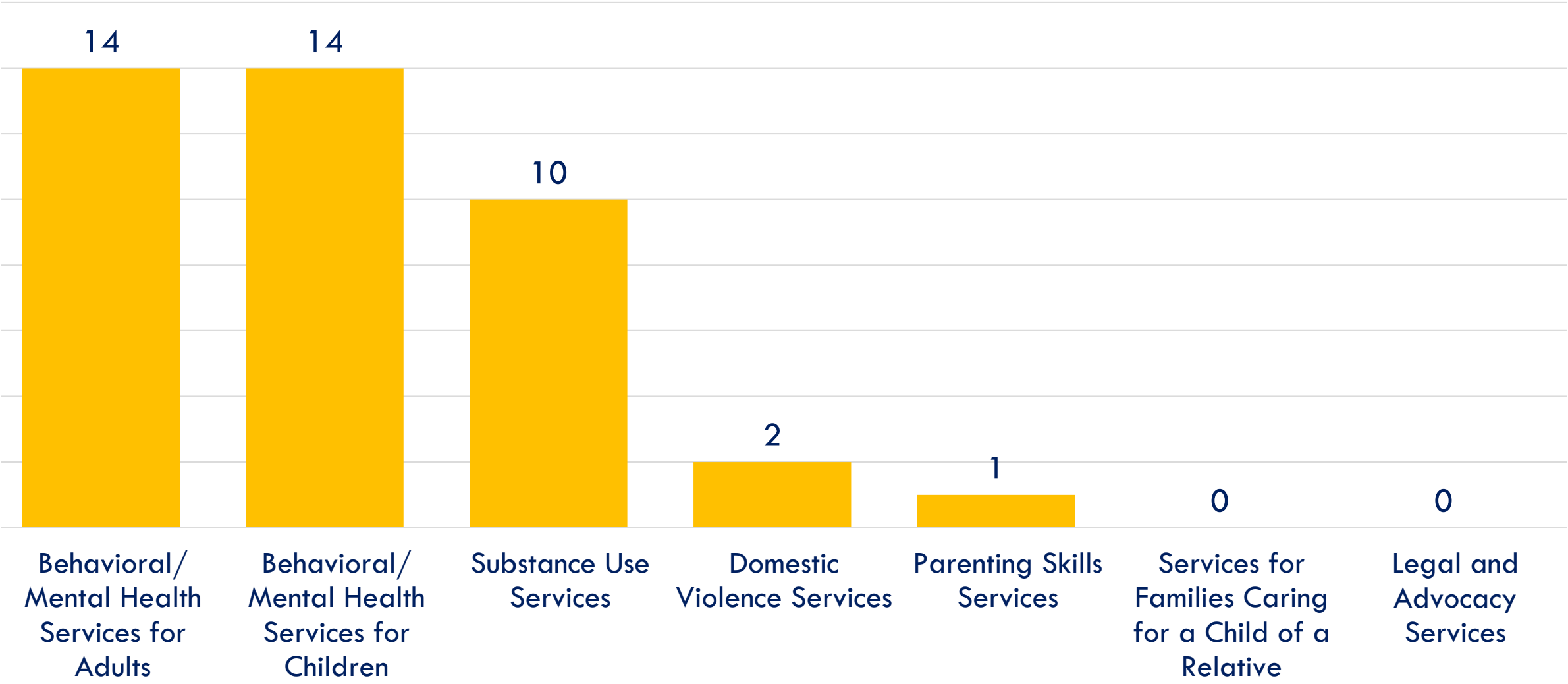
- Provide subsidies for people enrolled in training programs
- Grant work ID cards as path to legalize immigration status

# Specialized Service Need Areas

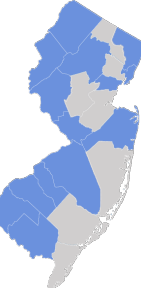


# Specialized Service Priorities

Frequency of Selection by the 21 Counties

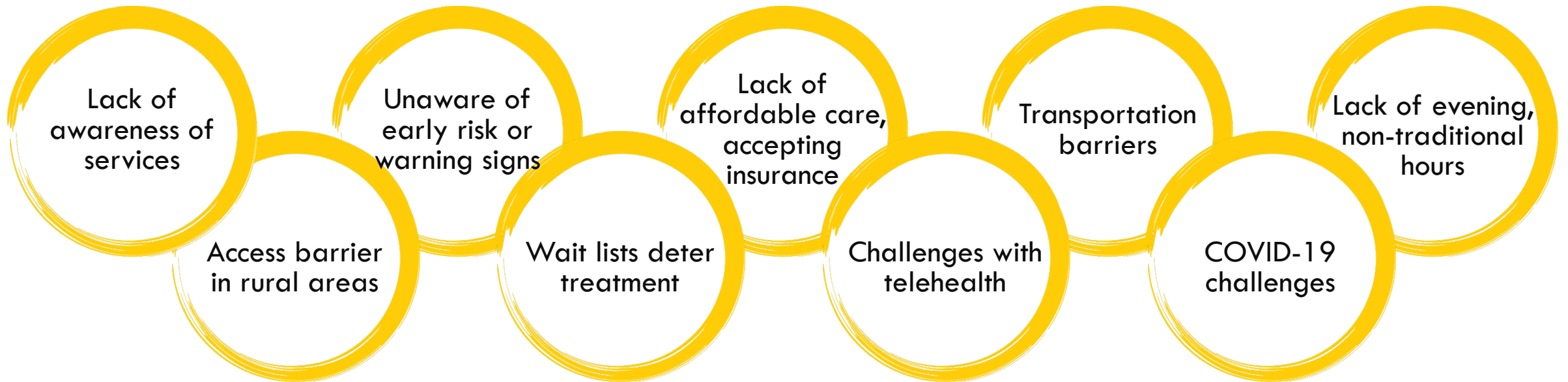


# # 1 <sup>(tie)</sup>: Behavioral/Mental Health Services for Adults



Selected by 14 Counties

## ✘ Barriers & Concerns



## Impacted Subpopulations

- Black families
- Immigrant populations
- Individuals with disabilities
- LGBTQI community
- Senior citizens

# # 1 <sup>(tie)</sup>: Behavioral/Mental Health Services for Adults

Selected by 14 Counties



## Successes & Progress

Telehealth increased accessibility, flexible scheduling

Referrals from community-based resources

Availability of identified local services

Changing stigmas shift acceptance for services

# Recommendations: Behavioral/Mental Health Services for Adults



## Education & Training

- Increase awareness and reduce stigma with events with local providers and leaders
- Advertise up-to-date info across media outlets
- Increase education around benefits of Medicaid



## Service Delivery

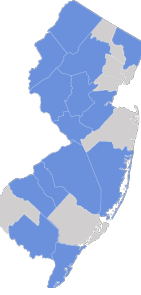
- Increase collaboration between service providers
- Increase Medicaid practitioners
- Increase bilingual staff, staff reflective of communities
- Solicit client feedback for CQI



## Policy

- Expand provider network
- Allow providers to bill for telehealth at rate of in-person
- Expand eligibility limits on assistance and/or lower costs.
- Provide more comprehensive continuum of care.

# # 1 <sup>(tie)</sup>: Behavioral/Mental Health Services for Children



Selected by 14 Counties

## ✖ Barriers & Concerns

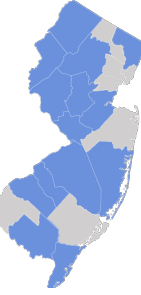


## Impacted Subpopulations

- Black boys
- Limited English proficiency
- Children aged 0-5
- Youth transitioning into adulthood
- Undocumented families
- Children with disabilities
- LGBTQI youth
- Families with limited income

# # 1 <sup>(tie)</sup>: Behavioral/Mental Health Services for Children

Selected by 14 Counties



## Successes & Progress

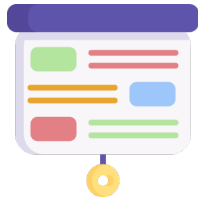
Community-based referral sources

Availability of centralized networks

Internet access empowered youth



# Recommendations: Behavioral/Mental Health Services for Children



## Education & Training

- Strengthen link and education between schools, DCP&P, CSOC
- Increase access, coordination of services between these systems
- Educate parents on wellness and prevention resources



## Service Delivery

- Streamline navigation and facilitate collaboration between providers, orgs, community
- Professional navigator to advocate for clients, support application completion
- Increase bilingual therapists and cultural sensitivity



## Policy

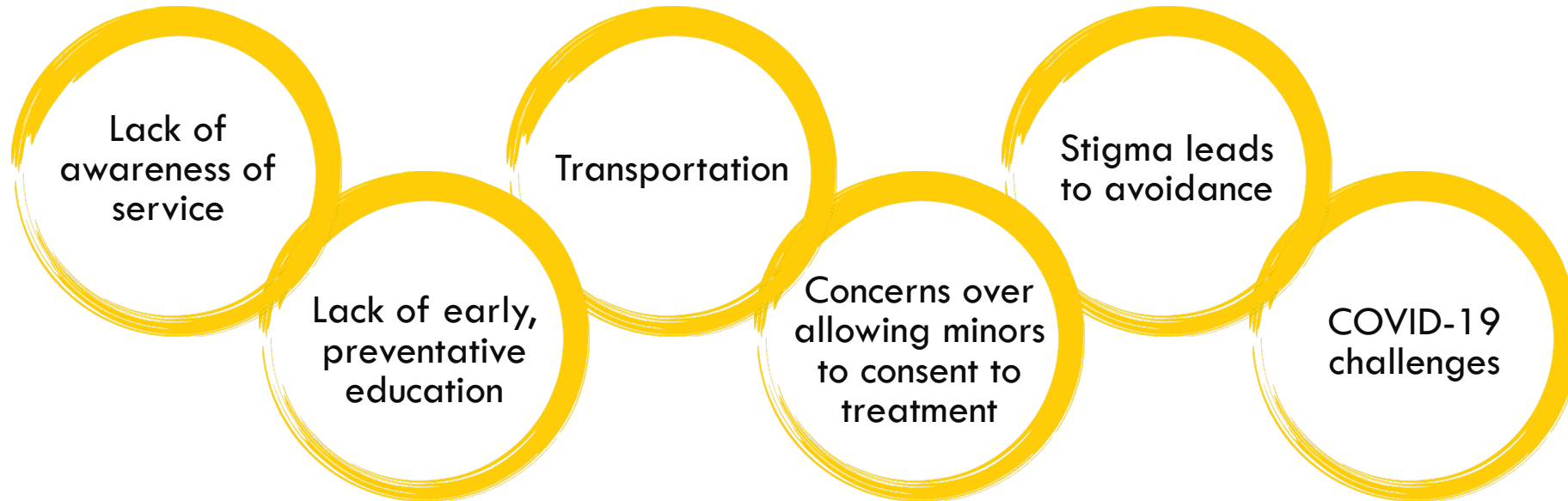
- Revisit how application process can be more family friendly
- Expand financial eligibility limits and/or lower associated consumer costs
- Increase number of providers that accept Medicaid, Medicare, or other insurance

# #3: Substance Use Disorder and Prevention Services



## ✘ Barriers & Concerns

Selected by 10 Counties



## Impacted Subpopulations

- Children of parents with addiction
- Youth addicted to performance enhancement drugs
- Homeless

# #3: Substance Use Disorder and Prevention Services

Selected by 10 Counties



## Successes & Progress

Range of  
treatment  
options

Local services  
identified as  
useful resources

Referrals from  
community-  
based sources

# Recommendations: Substance Use Disorder and Prevention Services



## Education & Training

- Build partnerships to educate and provide service info when responding to overdoses
- Increase in-school, in-community prevention, education
- Include schools as partners in messaging, and reduce stigma



## Service Delivery

- Provide transportation for immediate linkage to treatment
- Increase program options (telehealth, social activities, transitional programs, etc.)
- Expand support groups for marginalized populations



## Policy

- Create county-owned detox center offering direct access
- Implement “drug court”
- Substance assistance counselors in all middle and high schools.
- Comprehensive, organized continuum of services and support including prevention

# Primary Barriers to Service

Across Need Areas



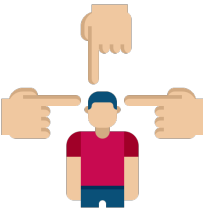
Lack of awareness of service



Transportation



Wait lists



Stigma leads to avoidance



Cultural barriers

# Limitations



## COVID-19

- Statewide shutdown required transition to online interactions
- Potential impact on participant recruitment



## Respondent Fatigue

- Survey length and structure was comprehensive
- Potential impact on completion of comments toward survey end



## Variances in HSAC Strategies

- Different recruitment and data collection methods
- Potential impact among subpopulations, sample sizes, results



## Inaccuracies

- Data entries and/or calculations needed corrections or adjustments
- Potential impact on validity

# Uses of the Findings

HSACs & county-based teams will utilize the information learned at a **local level.**

Nickolas Kapetanakis,  
HSAC Coordinator, Sussex  
State HSAC Chair

DCF will utilize the information learned at the **agency level.**

Katherine Stoehr,  
Deputy Commissioner of  
Operations, DCF

Question to think about:  
how can **we all** use the  
information learned?



## DCF's Primary Goal

- Collect information to determine best way to support individuals and families
- Provide effective services and supports
- Ensure partnership and availability statewide
- DCF's vision: Every NJ resident is safe, healthy and connected

## **2022 Needs Assessment will take place Jan. – June 2022.**

- Focus on family/constituent voice
  - Updated focus group participants
  - Additional guidance on recruitment
- Broadened need areas
- Updated methodology & process for data collection
- Increased support and technical improvements



# 2019-2020 Reports and Data Resources

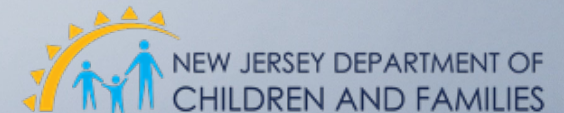
Human Services Advisory Council (HSAC) Needs Assessments:

[https://www.nj.gov/dcf/about/divisions/opma/hsac\\_needs\\_assessment.html](https://www.nj.gov/dcf/about/divisions/opma/hsac_needs_assessment.html)

**STATEWIDE NEEDS ASSESSMENT SYNTHESIS REPORT**

**INDIVIDUAL COUNTY HSAC NEEDS ASSESSMENT REPORTS**

**INDIVIDUAL COUNTY DATA PROFILE REPORTS**



Website also includes data, guidance and instruments utilized in collection and reporting

Thank you to DCF, Rutgers, the County HSACs, and all the needs assessment participants, including survey respondents, focus group participants, and key informants.



Additional questions or comments can be sent to  
[DCF.HSACneedsassessment@dcf.nj.gov](mailto:DCF.HSACneedsassessment@dcf.nj.gov).

