

Hunterdon County Needs Assessment 2020

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County Human Services Advisory Council

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PART 1



Executive Summary

Narrative: In the Words of the County

This Human Services Advisory Council Needs Assessment was conducted by the Hunterdon County Department of Human Services in collaboration with the Human Services Advisory Council (HSAC). The Needs Assessment included the administration of a survey created by the Department of Children and Families distributed by the Hunterdon County HSAC to community members. The second part of the needs assessment included a series of focus groups and key informant interviews. The goal of the assessment process and focus groups was to find out detailed information about the services that exist in the community, and to help identify needs, gaps and barriers. The focus groups served as an opportunity for community members, which included consumer representatives, to have their voices heard regarding various need topics.

A review of the data compiled by Rutgers for the needs assessment revealed positive information for Hunterdon County as the data shows a great deal of wealth, low crime, high graduation rates, low unemployment rates, and overall healthy residents. The data also revealed a high cost of living, high childcare costs, long commutes, high cost of transportation, lack of diversity, fluctuating rates of fatal opioid overdoses, and high rates of depression. The Hunterdon County Department of Human Services plans to use the survey and focus group recommendations in this report to enhance The Comprehensive Human Services Plan.

When reviewing the barriers that exist within the county framework, participants overwhelmingly selected transportation and lack of awareness of services. These are two crucial barriers that impact all basic and specialized need areas identified by DCF. Transportation is a basic need that continues to be a challenge to meet in Hunterdon County. Due to the geographical size of the county, having a private vehicle has become essential for families. For those without their own transportation, it is difficult to make the LINK transportation system meet each individual need in the county. Transportation is a lifeline to meet one's basic needs including access to employment, health care, food and housing. The Hunterdon County Department of Human Services is committed to making improvements to the LINK transportation system.

Lack of awareness of services in the community is something that the various county organizations including HSAC have discussed. Often at community meetings, an agency will advise of a new program or an existing program that may not have been highlighted before. Having this information is wonderful, but what are the people attending the meetings doing with this information they received. Are they sharing information with only their clients, are they talking to their coworkers about the program, are they talking to their neighbors, their friends?

Knowing where people access services and using these various touchpoints to make connections is key to linking someone to services and can be crucial to a client being comfortable with receiving services. If a client is comfortable and trusts the entity they are working with, there are much different outcomes for the client and for the worker. Having knowledge and awareness of services also helps the community because less time is spent running around to try and find the right resource for the current need. If we dig a little deeper on this barrier, it becomes clear that not everyone in the community attends meetings and we seem to be missing the bigger picture. While there is value in county and nonprofit partners highlighting programs and what they do through networking at meetings, we are missing the general public who are not aware of the services we provide. We need to talk about what we do, who we serve and how we serve them.

Data sharing is another recurrent theme that comes up in the community as a barrier. Due to HIPPA and other privacy protections client information is protected and with good reason. The barrier is that if a client does not want to release information to another agency, even if in doing so it benefits the client, it cannot be done without their consent. This creates an environment where agencies who may want to collaborate and help a mutual client cannot. This also creates a potential duplication of effort on two agencies who are putting effort into helping the same client with the same needs. The connectivity between Hunterdon Medical Center and the County Health department was highlighted to be a model to review during the focus groups as it has been a huge success of a collaboration model.

The highest need selected by the respondents in the county was Housing. This was not a surprise to focus group members as most were aware that it is an issue in the county and there are many thoughts on how to address the issue. Some focus group respondents suggested that an emergency shelter be created for individuals and families, others advocated for more low-income housing to be built and additional supportive housing vouchers. The second highest need selected by the respondents was Healthcare, this was surprising as previous reports indicate that around 95 percent of the county is covered by some health insurance. What was not considered is that having healthcare does not mean equal access to doctors, psychiatrists, testing, medication, etc. Although most are covered, the costs of copayments for doctors' visits and high deductibles keep people from accessing the care they need.

The highest specialized need selected by the respondents was Behavioral Health for Children and the second highest specialized need was Behavioral Health for Adults. The adult and child system share similar challenges including a lack of psychiatrists, long wait times to access treatment and high costs which include out of pocket expenses for out of network treatment and the cost of copayments to see a therapist. Focus group respondents suggested that medical students should be incentivized to pursue the field of psychiatry and healthcare companies should assist more with behavioral health needs as mental health is an integral part of keeping people healthy.

During the focus group meetings two ways that people attempt to find information when they need assistance came up, one was the internet and the other was through family or friend referrals. These are key pieces in changing the way we look at our services in the county. How do we as a community improve our internet presence so that it is clear to people who find our web address what we do, who we serve and how we can help them? How do we as a community teach the general public about our services? Until we can answer these two critical questions, people will continue to struggle on where to go when they need assistance.

In meeting with the community a few things became clear, people who live and work in Hunterdon County care about their neighbors, want to see others healthy and succeeding in life, and there is a tightknit sense of community in Hunterdon County that can provide great value if the community can tap into this resource. These community problems cannot be solved without working collaboratively. These findings suggest that through increasing awareness of services available in the community coupled with working towards common goals alongside our nonprofit partners, our community will be stronger and more capable of assisting our mutual clients.

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.

County Description

Narrative: In the Words of the County

Hunterdon County encompasses a large geographic area with many wide open spaces. The population in the county is one of the lowest in the state and still has a rural quality. Hunterdon County is surrounded by rolling hills, mountains, vineyards, farmer's markets, rivers, streams and creeks which make it a desirable place to live and visit. Around 41 percent of the total land in Hunterdon County is farmland. It is also a popular destination for camping, fishing, hunting, canoeing, kayaking, swimming and tubing. Hunterdon County has 20 parks and over 350 preserved farms.

Hunterdon County is the 8th largest county in New Jersey at 430 square miles, but is the 4th smallest in population, at 125,051 as of 2018 U.S. Census Bureau estimates (50.1 percent females and 49.9 percent males). Many parts of the county have retained a rural quality; however, the county has seen significant growth in the past decade. The latest American Community Survey reported that the median age in Hunterdon County was 46.2 years. An estimated 20.2 percent of the population was under 18 years, 28.2 percent was 18 to 44 years, 34.4 percent was 45 to 64 years, and 17.2 percent was 65 years and older. According to an ESRI survey profile conducted in 2019, Hunterdon County's 55 and older population is projected to grow by 3.1 percent over the next four years.

There are 26 municipalities in Hunterdon County which include: Alexandria Township, Bethlehem Township, Bloomsbury Borough, Califon Borough, Clinton Town, Clinton Township, Delaware Township, East Amwell Township, Flemington Borough, Franklin Township, Frenchtown Borough, Glen Gardner Borough, Hampton Borough, High Bridge Borough, Holland Township, Kingwood Township, Lambertville City, Lebanon Borough, Lebanon Township, Milford Borough, Raritan Township, Readington Township, Stockton Borough, Tewksbury Township, Union Township, and West Amwell Township.

Hunterdon County was recently recognized as the Safest County in America to raise a child by Save the Children in their Global Childhood Report released in 2020 based on the following data sets:

18.9 child deaths before age 18 per 100,000

1.6 teen pregnancies per 1,000 girls

9.4 percent child hunger with the last year

3.6 percent high school dropout rate

In reviewing the data from the American Community Survey, the racial breakdown in Hunterdon County is 93 percent White, 3 percent Black or African American, 0 percent American Indian or

Alaskan Native, 5 percent Asian, 0 percent Native Hawaiian or Other Pacific Islander, 1 percent Other, and 6 percent Hispanic/Latinx. These percentages have remained steady from 2013 to 2017. The percentage of White residents in Hunterdon County is higher than the state average of 70 percent. The percentage of Black or African American residents in Hunterdon County is less than the state average which is 15 percent. The percentage of Asian residents in Hunterdon County is less than the state average of 10 percent. The percentage of Hispanic/Latinx in Hunterdon County is less than the state average of 20 percent.

The foreign-born population in Hunterdon County is estimated to be 8.8 percent and has fluctuated slightly over a five-year period between 8.4 percent in 2013 to 9 percent in 2016 according to the 2017 American Community Survey estimates (Rutgers Data, 1.4). The foreign-born population in Hunterdon County is the fourth lowest in the state and below the state average of 22 percent.

In terms of language, Hunterdon County English-only speakers make up 89.6 percent of the population, which is much higher than the state average of 69 percent (Rutgers Data, 1.7). Over time, the population of English only speaking individuals in Hunterdon County has remained steady from 2013 to 2017 at almost 90 percent (Rutgers Data, 1.8). Flemington, which has the lowest percentage of white residents, has the highest percentage of foreign-born residents at 33.2 percent and has the lowest percentage of English-only speakers at 57 percent (5 yr American Community Survey Estimates, 2017).

Hunterdon County has the fourth lowest number of children under 18 which falls in line with the general population size when compared to the other New Jersey counties as noted above. The largest group of children in the County are between the ages of 12-17 years old making up 35 percent of the total number of children.

At the point in time of December 31, 2018 which is part of the Rutgers data provided, Hunterdon County had the lowest number of children served by CP&P of all the New Jersey counties, with 295 children served within their home and 29 children served in out of home placements.

Only 4 percent of Hunterdon County families with children under the age of 18 live in poverty, in comparison the state average is 12 percent and the national average is 17 percent. Hunterdon County is the most expensive New Jersey county to live in, at \$111,459 per year, according to the Economic Policy Institute report from 2018. The median household income in Hunterdon County is \$110,969 which is higher than both the state median and national median household income. Flemington and Glen Gardner have the lowest median income in Hunterdon County.

Despite Hunterdon County's wealth, there are families in the county that struggle to make ends meet and are in need of supportive services to maintain their basic needs. In 2014-2018 according to

American Community Survey Data, cost-burdened households in Hunterdon County, accounted for 30.5 percent of owners with a mortgage, 22.8 percent of owners without a mortgage, and 53.1 percent of renters. Low-income residents experience similar difficulties to others living in poverty, and also face unique issues living in a wealthy, rural area. This burden directly impacts a household's ability to save or develop assets, as well as their ability to survive a layoff, divorce, health crisis or other emergency.

The Department of Human Services in Hunterdon County encompasses the following Divisions:

Administration: The Administrative unit encompasses mental health, substance abuse, youth, juvenile justice, disabilities and transportation services. Additional responsibilities include contracting, fiscal, and the county adjustor's office.

Division of Housing: The Division of Housing administers rental subsidies through Section 8 Housing Choice vouchers for 477 households. Of the households served, 39 percent include individuals with disabilities, 42 percent include seniors, and 23 percent are families with children. Thirty eight percent of subsidized households have members who are employed, and 85 percent of subsidized households are categorized in the Extremely Low Income Limits in Hunterdon County.

Division of Social Services: The Division of Social Services administers state and federally mandated public assistance programs and social services programs, as well as additional County-funded services for eligible individuals and families.

Division of Social Work Services: The Division of Social Work Services oversees multiple programs including Jersey Assistance for Community Caregiving (JACC), Adult Protective Services (APS), Social Services for the Homeless-STATE (SSH- STATE) and SSH-TANF funding, Dr. Orlie Pell Grant Funding, Senior Citizen Emergency Program funding, Home Health Services, and the County Adjustor.

Division of Senior Disabilities and Veterans Services: This Division provides information and referral, advocacy, assistance, and services to county residents 60 years and over. Case management services are also provided for seniors and people with disabilities. The Veteran's Service Officer provides assistance to veterans who need linkage to benefit programs.

Transportation: The LINK system is a public transportation service that is contracted with a third-party vendor, which is currently Easton Coach Company, to provide public shuffle routes, deviated fix route service, and on demand transportation. The LINK is predominately funded by NJ Transit, The Federal Transit Authority and County funding.

Hunterdon County is part of the Tri-County CoC along with Sussex and Warren Counties. Currently, Family Promise of Sussex County is the Lead Agency and Collaborative Applicant. The Tri-County CoC is responsible for relaying information between Tri-County CoC and their local continua, identifying ways to coordinate and link resources across the three counties to avoid duplication of services and facilitate movement toward permanent housing, evaluation and monitoring of all HUD funded programs including CoC and ESG dollars, and oversight of the HUD Homeless Assistance Grant application process.

The New Jersey Department of Education Office of Special Education Programs, Special Education data shows that in 2018 Hunterdon County had 3,500 children (the fourth lowest number of children) receiving Special Education (Rutgers data, 15.1). In New Jersey the 2017 and 2018 data show that Hunterdon County had 19 percent of children classified which is similar to the state average of 17.9 percent. Regarding Early Intervention Services, the 2017-2018 data show that Hunterdon County has the fourth lowest number of children receiving services with a total of 116 for this time period (Rutgers data, 15.3).

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

The HSAC Planning and Integration Committee was tasked with developing recommendations for the prioritized needs areas using the data compiled by Rutgers in addition to existing county-based needs assessments. Several planning meetings were set up with HSAC Planning and Integration Committee members to discuss and set the prioritized need areas.

Overall, the data provided shows that Hunterdon County performs well in most of the identified need areas when compared to the state average and other counties in the state. The data regarding Housing describes a lesser need in the area of household income spent on housing. However, Hunterdon County has the highest cost of living in the state estimated at a cost of \$9,288 per month. Hunterdon County residents who earn less than \$9,288 per month, struggle to make ends meet. This is further exacerbated by a lack of affordable rentals in the county. Although there have been some recent affordable housing developments constructed in the county, there remains a need for starter housing for young people who want to start a family in the county. Based on this information, the HSAC Planning and Integration committee suggested that housing be one of the focus areas.

The data provided for childcare costs explains that statewide there appears to be a direct correlation between the median income in the county and higher childcare costs. In Hunterdon County the costs are over \$1,400 per month for infant and toddler childcare, with childcare for toddler's being slightly higher than infant care. During the meeting, committee members expressed that there is a need for daycare providers for infants which could influence the increase in the price of childcare. Adequate and safe childcare is essential for working families. The group decided to add childcare as a need area

due to assumptions that there is a lack of affordable childcare in the county. As childcare subsidies are income based an assumption was also made that Hunterdon residents may not be eligible for childcare subsidies due to income limits and also assumed that people living in the county may not be able to pay for childcare due to the high cost of living.

Specific data for legal services was not included in the data provided, however the committee discussed that this was a need in the county specifically a need for local providers of free or low-cost legal assistance. The committee explained that for community members to obtain assistance with Immigration or Social Security applications they need to travel far distances to Middlesex or Mercer County to receive this assistance. It was also noted in the planning meeting that the contrast between free legal assistance and paying for legal assistance, even on a sliding scale fee, was a burden for some families in the county.

The fourth need area identified by the committee was services for families caring for a child of a relative. This need was selected by the committee as it was assumed that kinship care resources aren't well known in the county. There also isn't a sense of how many Hunterdon County residents may be caring for a child of a relative and could benefit from these services.

The committee discussed the possibility of a request by the focus group participants to discuss other need areas if the committee would be amenable to this request. It was decided that when the focus groups are conducted if most of the participants identify other need areas after completing the survey, that the focus group facilitator would adjust the focus areas before asking the need area questions. Using this adjusted methodology, the four highest need areas as determined by the DCF survey responses were: 1. Housing, 2. Healthcare, 3. Behavioral/Mental Health Services for Children and 4. Behavioral/Mental Health Services for Adults.

The data provided by Rutgers highlighted two areas of concern regarding transportation. The first concern is the average commute time to work. The second concern is the cost of transportation compared to the average income in the county. The committee group members decided not to identify this specific need area as committee members recognized that this issue would most likely be brought up during each focus group session as transportation impacts the other identified areas and continues to be a barrier for low income residents in the county.

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. Health Care
3. Behavioral/Mental Health Services for Children
4. Behavioral/Mental Health Services for Adults

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.

The HSAC Planning and Integration Committee agreed that the group would host the first focus group with HSAC members who are also Human Services Providers. The committee also discussed the DCF needs assessment during other county wide meetings so that the community members were aware of the goals of the focus groups. Outreach was made via letters and emails to key partners in the community who have direct connections to community members who have DCP&P involvement or CSOC involvement. Outreach was also made by the Human Services Administrator to County

Administration, Office of Emergency Management staff, and the Chamber of Commerce to assist in making connections with community partners. Outreach was made by committee members who have relationships with Youth organizations.

Focus Group Participants. A total of 8 focus groups were conducted in this county as part of this needs assessment. These focus groups were conducted from December 11, 2019 to November 6, 2020. There was a total number of 40 participants. The number of participants in each focus group ranged from a minimum of 3 and a maximum of 10 participants. During the focus group sessions, a total of 56 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 approached by the Human Services Administrator and were invited to voluntarily participate in the interview.

Key Informant Interview Participants. A total of 2 interviews were conducted in this county as part of this needs assessment. The total number of participants included was 2. These interviews were conducted from July 16, 2020 to August 18, 2020. There was a total of 2 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	41
Staff or Volunteer with a Community-Based Organization (e.g., Health and Human Services providers, Planning Board Participants)	26
Staff or Volunteer with a Public Service Organization (e.g., paramedics, fire fighter, police officers, air force, judges)	2
Local Business Owner in the County	3
Community leader and advocate in the county (e.g., hold a volunteer office, clergy, activist)	6
Other	3

Age	Number of Participants
Under 18	0
18-24	0
25-34	10
35-44	24
45-54	12
55-64	8
65 and over	2

Gender	Number of Participants
Female	48
Male	8
Non-binary, third gender/transgender	0
Prefer Not to Say	0
Other	0

Race	Number of Participants
American Indian or Alaska Native	1
Asian	1
Black or African-American	7
Native Hawaiian or Other Pacific Islander	0
White or Caucasian	43
Multi-Race (2 or More of the Previous)	2
Other	2

Ethnicity	Number of Participants
Hispanic, Latino or Spanish Origins	6
No Hispanic Latino or Spanish Origins	44

Education Level	Number of Participants
Grades Preschool-8	0
Grades 9-12-Non-Graduate	2
High School Graduate or GED	4
High School/GED <u>and</u> Some College/Trade	6
2 or 4-Year College/Trade School Graduate	16
Graduate or Other Post-Secondary School	28

Employment Status	Number of Participants
Employed: Full-Time	35
Employed: Part-Time	7
Unemployed-Looking for Work	7
Unemployed-Not Looking for Work	2
Retired	0
Student	0
Self Employed	3
Unable to Work	2

Years of Community membership	Number of Participants	Range
How many years have you been a member of this community?	56 (28 skipped question)	Less than 1 year to 30+ years

Services Accessed by a Household Member within the last 2 Years	Number of Participants
Yes	17
No	36

Household Member History of Involvement with NJ Division of Child Protection and Permanency	Number of Participants
Yes	7
No	46

Participants represented the following municipalities

Alexandria Township; Annandale; Clinton; Clinton Township Delaware Township East Amwell Flemington; Frenchtown; Glen Gardner; High Bridge; Hunterdon; Lambertville; North Brunswick; Pittstown; Raritan Township; Readington Township; Red Bank; Ringoes; Somerset; South Plainfield; Union Township and Warren.

Additional Data Collection Methodologies

Every three years, the Hunterdon County Department of Human Services conducts a needs assessment which guides the development of the Hunterdon County Department of Human Services Request for Proposals. The HSAC Planning and Integration Committee developed a survey in 2017 after consultation with other counties. This survey was in the process of being updated in 2019 before the DCF needs assessment was released to the County Human Service Directors and HSAC Coordinators for review. It was determined that in Hunterdon County, both need assessments would be conducted. When referencing the county initiated needs assessment in this document this writer will use Hunterdon County Needs Assessment (HCNA) and Hunterdon County Needs Assessment Survey (HCNA). When referencing the Department of Children and Families Needs Assessment, this writer will use DCFNA for the DCF Needs Assessment and DCF survey so the reader can differentiate the findings between the assessments and surveys.

A total of 739 HCNA surveys were collected from November 2019 to February 2020 using the Survey Monkey platform. Of these surveys 682 were completed in English, 18 in Spanish, and 39 responses were received on the agency survey which was comprised of tailored questions about the specific agencies who completed the survey. Agencies were asked to have several participants at various levels (e.g. entry level staff, supervisory staff and executive directors) complete the HCNA survey.

The Department's Priority Populations are: people who are homeless or at risk of homelessness; those who earn low wages and/or live in poverty; individuals with substance abuse issues, mental health issues, people with developmental disabilities, intellectual disabilities, developmental disabilities, those who are blind or visually impaired, deaf or hard of hearing, and/or have physical disabilities; children and families at risk or in crisis; senior adults; and veterans. Priority is given to individuals and families with the greatest needs, with emphasis given to providing services that meet basic needs. Services are provided based on available resources and applicants must meet specified eligibility requirements.

PART 2



Key Findings Across Needs

One trend related to scope across the need areas includes that the data presented reveals that when Hunterdon County is compared to other counties or the state data, the county seems to be doing very well across almost all need areas if you only consider the data at face value. It is important to note that the data provided was for the time period prior to the public health crisis. Hunterdon County has seen an increase in applications for social services, an increased need for food, mental health services, and an increased need for rental assistance.

Another trend is that despite the wealth in the county, there are families in the community who are living in poverty, or fit into the Asset Limited, Income Constrained, Employed (ALICE) population and are just one step away from a financial crisis. The needs of these families are visible to a small number of residents who live and work in the county. Hunterdon County is not culturally diverse, this impacts the services the county offers. It also leads to a lack of understanding at the community level because the perspectives of people of color are not always included in discussions or decision-making processes.

Common barriers to services that span across all need areas include Transportation, Lack of Awareness of Services, Waiting Lists, and Stigma. The barriers were consistently chosen across all need areas. Given the rural quality and large geographical size of the county, it is not surprising that transportation continues to be a barrier for people who live in Hunterdon County. The current public health crisis has decreased some community transportation needs with the increase in telehealth medicine services. Many agencies who have adopted remote work as well as virtual options for meetings with consumers has decreased demand for transportation. Despite these positive results for consumers, people are still in need of transportation services in the county and the options unfortunately continue to be limited. The LINK transportation system was designed to accommodate riders who are going to work, school, shopping or to see their physician. The LINK service is not a door to door taxi service but is curb to curb and operates similar to the New Jersey Transit bus system.

The 2020 Hunterdon County Coordinated Human Services Transportation Plan includes some of the following recommendations: to explore out of county travel to neighboring counties, leverage the current Ecolane software to reduce ride times or identify alternate transportation, explore opportunities to expand the hours offered to include nights and weekends, maintain relationships and communications with agencies who have clients that use the service and solicit feedback, use a data driven decision making approach by using ridership data to inform future operations, identify supplemental services like TNC's and taxi services to use as a complement to the LINK. With these implementations the county will be in a better position to decrease barriers. In addition to this plan, the county will be reviewing an opportunity to have an independent review of the current transportation system to make suggestions for improvement.

The barrier "Lack of Awareness" is one where Hunterdon County continues to struggle. In the focus

group sessions, many participants advised that the general public does not know enough about services to ask for help or know who to call for assistance. Nonprofit agencies and providers of human or social services often maintain their own resource lists or have their “go to” experts in the field they can call on for help if they are not sure. However, the general public does not know about a majority of the services that are offered in the community until they need them or someone close to them needs the assistance. This is where Stigma and Cultural Barriers come into play. Due to stigma many people do not talk about their experiences in accessing DCF services or social services. Cultural barriers also may impact someone’s outreach for assistance. Some cultures may feel more shame than others when they need assistance and want to keep the issue within the household. Starting in 2019 the Human Services Advisory Council (HSAC) attempted to help with this barrier in the community by having agencies present at the HSAC meetings. The plan is to synthesize the information into a “map” or blueprint for the community so people can more easily access services and visualize the interconnectivity of the available services.

Often when people need assistance, they turn to who or what they know. The more people are made aware of services, the more informed the community will be. Waiting lists continue to be a barrier across need areas like Housing, Healthcare, and Behavioral Health for Children and Adults. Waiting lists also exist for housing, include Section 8, low income housing, and shelter placement. Healthcare waiting lists include wait times to see a specialist which can take a few months depending on the specialist and the person’s insurance. The wait times to see a psychiatrist for children in Hunterdon County are reported to be anywhere from three to six months. There are shorter waiting lists reported for adults who need to see a psychiatrist. For adults who need involuntary commitment beds, this wait time has increased significantly during the ongoing public health crisis.

Common trends regarding impact of the needs on subpopulations include children with special needs, people with disabilities, people of color, people who speak other languages, undocumented persons, low income families, people who do not have their own transportation, people with mental health issues, people with substance use disorder, people who are experiencing homelessness and people who live in poverty. These subpopulations face additional challenges when they have just one of the needs included in this assessment. People who find themselves in multiple subpopulation categories may experience multiple needs and may not be able to find services due to barriers. Some of the subpopulation areas could open doors for people, for example if someone is a Veteran, belonging to this subpopulation could assist with future housing opportunities that are only available to this population. Other subpopulation categories, like being undocumented, closes doors for people in this subpopulation as they may have qualified for services but for their legal status.

One of the key takeaways from reviewing the comments on the DCF Survey and the HCNA survey is that people want to be able to easily access the answers they need. People do not want to call multiple places and be told “no” or told to call agency x as we can’t help you. Some of the focus group participants suggested that subject matter experts in the community could act as a navigator or case manager to assist in this process to guide clients through the system. As mentioned earlier, often

agency members have their “go to” people they call on to provide information on services available in the community. These “go to” people can be undervalued in an agency and the knowledge they have could be put to better use in the community through a collaborative partnership between social service agencies and nonprofits. Another local consideration for addressing needs included resource information in mobile units like EMS vans, LINK and a county based mobile outreach vehicle to meet clients in the community.

DCP&P, CSOC, DHS, local agencies and nonprofits all share similar consumers, and share the same goal to assist families with their basic and specialized needs in the most productive and efficient way possible. This interconnectivity with our shared clients could be better managed by working together for the family.



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 Hunterdon County, 13 percent of households experienced severe cost burden (50% of income or more is spent on housing) for housing in 2017. This percentage is less than the percentage for the state of New Jersey (American Community Survey; see *County Data Profile for Additional Source Information*). In 2017 the latest year of data made available in the county profile packet, 16 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

According to the American Community Survey data from 2014 to 2018, 30.5 percent of residents with a mortgage, 53.1 percent of renters and 22.8 percent of people without a mortgage (who own their homes but are burdened by taxes and utility costs) were considered to be housing burdened in Hunterdon County. The households represented by these figures are therefore vulnerable to a crisis such as a large car repair bill. Housing burdened is defined as paying more than 30 percent of your income towards your housing costs.

The Point in Time (PIT) is an annual count of individuals and families experiencing homelessness. This data reflects the findings for the homeless population in the county. Per the PIT count on the night of the count January 28th, 2020, 24 unsheltered persons were identified as follows: 14 in Flemington, 8 in Raritan, 1 in Lambertville, and 1 in Milford. On the night of the count January 22, 2019 there were 9 unsheltered homeless. This is a 176 percent increase in the unsheltered homeless population from 2019 to 2020. (NJ Counts 2019, Monarch Housing, <https://cdn.monarchhousing.org/wp-content/uploads/njcounts2019/Hunterdon%20PIT%20Report%202019.pdf>).

The PIT data also reflected a total of 203 persons, in 176 households, were experiencing homelessness in Hunterdon County on the night of the count in 2020. This is a 17 percent increase in the number of individuals and an increase of 14 percent of households when compared to the

2019 data (NJ Counts Monarch Housing <https://cdn.monarchhousing.org/wp-content/uploads/njcounts2020/Hunterdon%20PIT%20Report%202020.pdf>). The PIT 2020 data indicated a 41 percent increase in the amount of people in emergency shelter from 2019 and a decrease of 9 percent of people in transitional housing.

There is no emergency or drop in shelter located in Hunterdon County. Family Promise of Hunterdon County is a rotating shelter that is suspended due to the pandemic and restrictions that were placed on houses of worship which are often hosting sites for Family Promise. The shelter is currently reviewing options to rent a building equipped to serve multiple families and staff members while following social distancing protocols.

Safe in Hunterdon, which served victims of domestic violence, closed in February 2020 due to a lack of funding to continue their emergency housing program as well as their other services including counseling and legal assistance. Women and Families in need of emergency shelter who are fleeing domestic violence are currently referred to programs in Warren, Somerset and Mercer counties. As of the fall of 2020 Safe in Hunterdon has worked with the Hunterdon Medical Center and recently hired a new Executive Director to assist in rebuilding their program.

When families are homeless in Hunterdon County they will often be referred to the Division of Social Services or the Division of Social Work Services both fall under the supervision of the Hunterdon County Department of Human Services. Social Services staff will screen families for programs such as SNAP, Medicaid, TANF, GA and Emergency Assistance. Emergency Assistance is limited as eligibility rests on an immediate need and eligibility for one of the cash programs General Assistance, Temporary Assistance for Needy Families or Supplemental Security Income (SSI). The Division of Social Work Services administers and screens for the Social Services for the Homeless (SSH) programs. If an individual or family is not eligible for Emergency Assistance, there are limited services available. Many families are not eligible to receive extended motel/hotel placement and are placed on the waiting list for Family Promise. Staff at Social Services and the Division of Social Work Services work with the family to try and brainstorm possible options for housing which may include advocating with other family members to assist the homeless household temporarily until other arrangements can be made.

The gap in services exists between people who are eligible for Emergency Assistance and those who are ineligible for Emergency Assistance or other emergency housing funding streams. Families that fall in this gap cannot afford to live on their own due to high costs of housing and low wages. Without subsidized housing, these families simply cannot afford any rental in the county that is safe and decent.

The current Section 8 waiting list in Hunterdon County was opened in 2018 and is expected to take five years to go through the 500 applications selected through the lottery program. Every year each

waiting list participant is contacted to see if they are still in need of a housing voucher and each year they are asked to report if they are homeless to determine eligibility for the homeless preference. According to the American Community Survey data in 2014-2018, Hunterdon County, New Jersey had a total of 50,138 housing units. Of these housing units, 84.3 percent were single-family houses, 15.3 percent of the housing units were located in multi-unit structures, or those buildings that contained two or more apartments, 0.4 percent were mobile homes, while any remaining housing units were classified as “other,” which included boats, recreational vehicles, vans, etc.

The data provided by Rutgers University displays a slight decrease in Hunterdon County’s percentage of households experiencing a severe housing burden from 2014 to 2019. Hunterdon County has the lowest percentage of households with severe cost burden for housing at 13 percent which is lower than the state average of 19 percent.

The HSAC Planning and Integration Committee and the focus group participants identified housing as a need in the county. Housing received the highest responses on the survey when respondents were asked to select the highest need areas in the county at 92.86 percent. While Hunterdon County is the wealthiest county in the state, the cost burden for lower- and middle-income households is significant. There continues to be a lack of decent affordable housing in the county that is close to transportation. Focus group participants indicated that the need for true low-income housing or additional Section 8 vouchers continues to be an issue in the county. This is supported by the ACS 2014-2018 data which reflects that “in 2014-2018, Hunterdon County, New Jersey had 47,180 housing units that were occupied or had people living in them, while the remaining 2,958 were vacant. Of the occupied housing units, the percentage of these houses occupied by owners (also known as the homeownership rate) was 83.3 percent while renters occupied 16.7 percent. The average household size of owner-occupied houses was 2.65 and in renter-occupied houses it was 2.11.”

The DCF Survey results report that most respondents “disagree” with the following: there are enough services available in the county to help those who have this need; anyone in the county is able to access services and services are widely advertised and known by the county. The other questions received a majority of “agree” with the following statements: services take race, age, gender, ethnicity and more into account, Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied), staff are well trained knowledgeable. It is important to note that there was an error with the online survey monkey tool so the data input from this question was obtained from the paper surveys that were distributed during the December 11, 2019 focus group session which was held in person.

Regarding prevalence for subpopulations, the focus group participants indicated that people with disabilities have a more difficult time finding affordable housing that is handicapped accessible including apartments located on the first floor without stairs or in apartments with elevator access.

Large households with families who need more than two bedrooms, also have a more difficult time locating a rental property either in an apartment or in a house for rent that is affordable. One focus group participant stated that some of the more rural towns only have a few rental properties available in the town.

Respondents also advised that the ALICE population is often left out of eligibility programs (SNAP, Medicaid, Emergency Assistance, WIC) due to their income levels which are just above the poverty line but often not enough to make ends meet without some community supports. This leaves families in a situation where they need to make difficult life altering financial decisions on a more frequent basis.

The Economic Policy Institute 2018 Monthly Cost of Living budget in Hunterdon County is broken down by the following costs:

Taxes- \$1,474.00
Housing- \$1,634
Food- \$969
Child Care- \$1,678
Transportation- \$1,348
Health Care- \$1,136
Other Necessities- \$1,050

Total Cost- \$9,289

This budget estimates how much income a family is likely to need across these seven components to attain a modest standard of living in Hunterdon County. Note that childcare and housing are the most expensive costs (Rutgers data, 3.1).

The focus group respondents advised that the undocumented population in the county has an increased need for housing assistance and most often they do not qualify for any services, cannot pass a credit check and fall victim to predatory and illegal housing practices (including paying more for a unit, facing illegal evictions, threats to call ICE, etc.).

Housing and homelessness are also more prevalent for people of color, the PIT count data for Hunterdon County in 2020 notes the following “While 2.5 percent of the general population, persons identifying as African American are 0 percent of the population in poverty and 24.6 percent of the population experiencing homelessness. While 6.8 percent of the general population, persons identifying as Hispanic/Latino are 12.7 percent of the population in poverty and 12.8 percent of the population experiencing homelessness.”

Summary: Nature of the Need

The DCF Survey yielded the following three highest barriers for housing: transportation at 68 percent, lack of awareness of service at 66 percent and wait list at 64 percent. Focus group participants noted that transportation is a barrier in all of the need areas but especially for housing. To look for housing and employment in Hunterdon County, you need your own vehicle or someone able to provide assistance.

Regarding awareness of services, focus group respondents advised that although most people know to start with the Division of Social Services for emergency housing, due to eligibility requirements Social Services may not be the answer for everyone in need.

Focus group respondents reported that although in the last five to ten years, apartment complexes with affordable units have been built in Hunterdon County the “Not In My Backyard” stigma still exists within the county. Respondents pointed to a common misconception among community members that having low income or affordable housing equals increases in crime like drug use or theft. Focus group participants who live in affordable housing or reported having a subsidized housing voucher state that although they are thankful for the assistance there is a stigma associated with receiving subsidies or any type of housing assistance including temporary help with back rent or assistance with a security deposit payment.

Additionally, focus group respondents advised that low income housing in the county does not have a county preference attached. People who live out of the county can apply to low income housing units on a first come first served basis and typically county preference is not included in the application. The focus groups noted that people who have poor credit are often not able to pass a credit check which precludes them from accessing low income rentals or may impact their chances of finding a landlord to work with them despite their poor credit. This happens despite local human service agencies advocating on behalf of their clients, most apartment complexes will not waive the credit check and apartment complexes often insist on having a co-signer for the lease if the credit score is low. This is often not an option as consumers do not have family or friends who will co-sign a lease.

Clients who have Section 8 vouchers in the county often have trouble locating a rental for a number of reasons, including lack of housing within the Fair Market Rent amount (which must include rent plus all major utilities- electric, gas/oil, and water/sewer costs). Most rentals in Hunterdon County require that tenants pay most or all of the utilities. This cost and the lack of affordable rentals in the county results in people with Section 8 vouchers often requesting multiple extensions to locate housing so that their voucher does not expire. This also unfortunately results in recipients losing their voucher due to expiration and thus they lose their spot on the waiting list for Section 8 when they cannot locate a rental.

Another barrier in the county is the availability of “starter” housing. The average home in the county is in the \$400,000 range meaning someone looking to purchase a house must have (generally speaking) \$40,000 to \$80,000 to be approved for a mortgage and additional funds for closing costs. Recent college graduates who may be making decent wages, cannot afford to save this kind of money while paying a high rent and student loans. Focus Group participants noted that this is a barrier for their own children who want to live in the county on their own, but cannot afford rent or mortgage costs in the county, so they either continue to live at home or relocate out of county or out of state where it is cheaper to live.

One barrier brought up during the focus group was “surprise” charges when moving into an apartment complex. Most apartment complexes require an application and credit check fee and most funding streams (Emergency Assistance, and Social Services for the Homeless) cannot pay for these fees, so clients must find a way to pay on their own. One focus group member advised that her relative had surprise fees once all of the paperwork was signed and after assistance was provided with a security deposit. Without assistance, the relative would have lost this housing opportunity. Focus group participants also advised that in their experience landlords have charged for additional security deposits, last month’s rent or additional fees.

Participants advised that because there is no traditional “brick and mortar” emergency shelter for individuals or families (outside of Family Promise) families who are homeless are often placed in a motel. The current rates that Division of Family Development allows for payment are considerably lower than the rates that hotel/motels charge. The motel and hotel environment is also not ideal for families who often have to share the same sleeping quarters as most of the locations available have two double or queen beds in the room. Families who become homeless also often have household items that they bring with them to the motel creating a lack of space and potentially a hazardous situation should an emergency occur. Focus group attendees acknowledged that there are a great deal of EMS and police calls to the motels used by Social Services. Some of these calls include drug overdoses or domestic disputes and are not reflective of solely clients who are working with social service agencies. This environment is not ideal for families or individuals in recovery.

Focus group participants advised that people with disabilities often have difficulty completing housing applications. Some of the local agencies reported that they can assist clients in this process, others are not due to lack of staffing available to spend time one on one with a client to complete the applications.

The PIT count date for 2020 in Hunterdon County identified 51 persons, in 46 households, were identified as chronically homeless. This is an increase from the prior year and is significant as people are experiencing homelessness for a longer period in the county. The goal is to prevent or divert people from homelessness and if an individual or family does become homeless, the goal is to move them into permanent housing as quickly as possible.

When communities see a rise in chronic homelessness it signals that the community may not have enough resources to transition people from homelessness into permanent housing. Nonprofit partners and county staff advise that the greatest barrier to permanent housing are required credit checks by many landlords. Many people who experience homelessness face financial challenges which negatively impact their credit score and thus make them ineligible to secure permanent housing. A negative credit score also impacts home ownership opportunities.

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

Hunterdon County could host more events like the landlord breakfast that started in the fall of 2019 and was organized by the CEAS committee. The meeting fostered a dialogue between landlords and various social service agencies. Some landlords shared their positive experiences with giving prospective Section 8 tenants a chance. Others shared poor experiences with tenants who received Section 8. The goal of this event was to start a dialogue in the community on the benefits of working with Social Services, the Housing Division, and nonprofit partners to provide support and networking.

The Housing Authority in Hunterdon County does have a preference for those who live or work in the county when accepting applications for the Section 8 waiting list. The Hunterdon County Housing Authority also has a homeless and veteran's preference. One of the focus groups suggested review of the Section 8 vouchers with a weighted application for those with the most critical needs. It is unclear if this would be allowable under HUD regulations, but this is something the county could look into (outside of the homeless and veteran's preference). The county could also partner with municipalities and local builders to include a Hunterdon County preference when low income housing opens.

Many focus groups discussed the need for a centralized intake for all housing services (outside of coordinated entry) where a housing expert could guide people in need. The county could explore funding opportunities to support this effort.

Another suggestion was that the turnover at apartment complexes is high and some people in the community have poor experiences with their clients who suffer from mental health issues. The managers at some of the apartment complexes do not seem to be trained on how to work with this population. The county could host a mental health first aid training for housing managers and continue Stigma Free community outreach efforts.

Focus group attendees referenced a detailed housing guide that the county developed in partnership with the community and it was suggested that this be updated. This is something the county can work on in partnership with the local nonprofit agencies.

This is an urgent need, not just in Hunterdon County but across the state and country. The current pandemic has heightened housing insecurity fears as people lose their jobs and unemployment benefits dwindle. The funding that has become available through CARES act most likely will not be enough to stop a wave of evictions from occurring.

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.	53	26.42 %	37.74 %	20.75 %	1.89 %	13.21 %	100 %
2. Anyone in the county is able to access services.	53	22.64 %	43.40 %	24.53 %	0 %	9.43 %	100 %
3. Services are widely advertised and known by the county.	53	30.19 %	37.74 %	26.42 %	1.89 %	3.77 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	53	9.43 %	20.75 %	37.74 %	5.66 %	26.42 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	53	9.43 %	11.32 %	37.74 %	9.43 %	32.08 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	10	10 %	20 %	40 %	0 %	30 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	50	32	64%
Services do not exist	50	22	44%
Transportation	50	34	68%
Cannot contact the service provider	50	14	28%
Too expensive	50	27	54%
Lack of awareness of service	50	33	66%
Cultural Barriers	50	21	42%
Services provided are one-size fits all, and don't meet individual needs	50	19	38%
Stigma Leads to Avoidance	50	26	52%
Eligibility Requirement (explain below)	50	27	54%
Other (explain below)	50	4	12.5%

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 **Hunterdon County**, the food insecurity rate for households was approximately 5.6 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 **less than** the percentage rate for New Jersey.

Need Assessment Key Findings

Summary: Scope of the Need

This need has significantly increased in 2020 due to the economic impact of the COVID-19 pandemic. People who work in retail or the service industry, including those who may not qualify for unemployment or other benefits have been disproportionately impacted. Prior to the pandemic this population may have struggled to pay for their basic needs, including food.

The Hunterdon Medical Center, which is the only hospital in the county, and The Hunterdon Healthcare System, which has satellite offices throughout the county, started to track food insecurity about 2 years ago. Questions related to food insecurity are found on pre-visit paperwork. The data collected helps shape the focus of the Partnership for Health food programs which recently included a summer lunch program that started in 2018, this program provided over 1,100 meals to children in collaboration with the Salvation Army (<https://www.hunterdonhealthcare.org/wp-content/uploads/2020/03/Final-2019-CHNA-3.23.20.pdf>).

“On September 30, the Community Food Bank of New Jersey (CFBNJ) released a special report about the impact of COVID-19 on hunger in New Jersey. The report, titled “COVID-19’s Impact on Food Insecurity in New Jersey,” uses statistical projections from Feeding America to examine anticipated increases to food insecurity across the state in 2020 and to advance recommendations for the public and nonprofit sectors to address this urgent need.” (<https://cfbnj.org/covidimpact/>)

According to data provided by the Community Food Bank of New Jersey in 2018 Hunterdon County’s food insecurity rate was 5.3 percent and it is projected to almost double to 9.9 percent as a result of the pandemic. The estimated change in food insecure residents is 88% for Hunterdon County and is ranked as the highest rate of change in the state. The food insecurity rates for children in Hunterdon County for 2018 was 6.9 percent and it is projected to increase to 14.9 percent. The estimated

percent of change for Hunterdon County children who will be food insecure is projected in this report at 117.5 percent.

The HCNA survey found that 36 percent of households who made under \$35,000 per year included households with children. Of these respondents, 76 percent indicated that they had difficulty paying for food. It is important to note that this data was collected before COVID-19, and current estimates project that food insecurity has dramatically increased as stated above.

The data suggests that before the pandemic Hunterdon County was doing well in meeting the food needs in the community. As someone living in poverty in the county, it may be hard to find a place to live, but there are a lot of different ways and different places to access food in many areas of the county. Estimates predict that food insecurity will continue to grow until businesses get back to a “new normal.”

Food was identified as a need in the county on the DCF survey in and in the focus group discussions. One of the focus groups consisted of families who are currently accessing a local food pantry. Food was identified as a need in the county by this group when they completed the survey and was the fourth highest need selected by survey respondents. Community members who receive SNAP advised that despite receiving the full allotment for SNAP, it is still not enough, so they rely on a combination of SNAP benefits, WIC if eligible, and food pantries to feed their family.

An assumption can be made that residents in lower income municipalities including the Flemington area are at a greater need because they have a larger population of low-income residents when compared to the rest of the county. Flemington also has the highest number of Hispanic/ Latinx residents and presumably the highest undocumented population. Seniors in the county are also more likely to be in need due to their fixed income and are less likely to seek assistance as indicated in the Hunterdon County Medical Center 2019 Community Health Needs Assessment. Some Senior Citizens have reported that they cannot work their part time jobs per doctor’s recommendations, due to COVID-19, increasing their overall financial struggles and food needs.

People who live in some of the more rural municipalities must travel further to access food at the grocery store and food pantry if they do not have one in their municipality.

Summary: Nature of the Need

There are over a dozen food pantries in Hunterdon County, each one has a specific set of requirements as well as certain days of the week or month when community members can pick up food. Focus group respondents advised that the Flemington Area Food Pantry has an online system where participants can request the food they want/need online. This allows the food pantry to cut down on food waste as participants are only taking the food they will eat or know that their children

will eat. The Flemington Area Food Pantry also has a program where 50 families in the community receive a healthy meal kit complete with all of the food to make the dish and recipes. Recently a family recorded the process and they hope to share the video on the Partnership for Health website.

Due to the public health emergency many of the area food pantries reported a sharp increase in need at their pantries when the pandemic first began and have seen a steady flow of need from the community. Some of the food pantries have set up a drive thru for pickup which has worked well and reduced the number of people in their buildings to staff and volunteers.

The data listed in the Current Program Statistics found on the Division of Family Development website lists the statistics for the entitlement programs and can be found here:

(<https://www.state.nj.us/humanservices/dfd/news/cps.html>) The most recent report is for August 2020, which states that there are 1,717 households who receive SNAP (Supplemental Nutrition Assistance Program) formerly known as food stamps in Hunterdon County. This includes 973 children and 1,812 adults. When comparing this data to August 2019, there has been an increase. The data from August 2019 represented 1,551 households which included 890 children and 1,583 adults. The number of children receiving NJ SNAP benefits (formerly food stamps) has decreased between 2013 and 2017.

The WIC office is located in Flemington and operated by Norwescap. The number of women, infants and children enrolled in the WIC Nutrition Program has slightly decreased between 2013 and 2017 with 439 individuals enrolled in the program in 2017. The highest number of individuals was in 2015 which represented participation by 526 individuals.

The number of children receiving Free and Reduced Lunch (FRL) has varied in the school year data provided which spans the school years of 2013-2014 through 2017 -2018. The lowest number of children receiving FRL was during the 2016-2017 school year representing 1,210 children. The highest number of children receiving FRL occurred during the 2014-2015 school year and represented 1,338 children.

There are seven grocery stores in the county and two "warehouse" style grocery stores which require a paid membership. The LINK transportation system travels to all of the local grocery stores via shuffle routes (or deviated fixed routes) and will assist those in need who schedule a demand response ride for grocery shopping. It is important to note that focus group respondents stated that although the LINK is available to take them to the grocery store it is very difficult for them to travel via the LINK with their children due to the long ride to the grocery store from their home and the limited number of bags that they can bring with them. This respondent will ask for a ride from family or friends or arrange for childcare so that they can go to the grocery store on their own using the LINK. They also have taken a taxi/uber/lyft to the grocery store which is expensive.

The Hunterdon Helpline has a grocery shopper program where they work with people with disabilities and seniors to grocery shop for them eliminating the need for transportation and keeps them safe. This program has been in operation on a small scale for a few years and dramatically increased during the public health crisis due to the need.

The DCF survey listed transportation as the highest barrier (69.77 percent) followed by a lack of awareness of service and stigma leads to avoidance which were each 48.84 percent. The results of the DCF survey also list that survey respondents agree that the food needs are met in the county across all of the survey questions regarding food.

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

This is a need that is top of mind at the county level since the beginning of the pandemic. The County has supported local food pantries with county funding and has worked with the food pantries throughout the years to gather donations in the community.

This is an urgent need based on the projections made by experts in food insecurity. Although no food pantry has reported running out of food to give out, they do run low on specific items at times. Between federal, state and county dollars and donations from local farms, the food pantries seem to be able to keep food stocked in the pantry. The funding need for food pantries seems to be needed for staff to run the nonprofit as well as the need to keep the volunteers and staff safe. In April 2020 there was a need for masks and gloves for some of the food pantry volunteers. This need was met by donations from the community.

The community has access to food pantries, SNAP, WIC, Meals on Wheels and soup kitchen style community meals. Focus group participants advised that due to pride, some community members specifically Senior Citizens are very reluctant to seek assistance with food from the pantry or to apply for SNAP benefits. Some seniors have told their case worker that they don't feel the need to apply for SNAP if they are only going to receive a small amount. While the small amount may help a little the price of food is increasing more than their fixed incomes. Also due to the pandemic the state has successfully advocated for SNAP recipients to receive the maximum allotment for their household size since March 2020.

Access to food should be publicized more widely to normalize that many families in the county do need support in this area, in an effort to reduce stigma around this issue so people are not reluctant to reach out when they are in need and know where to go or what to expect when accessing these services. Community members are not aware of where they can go for services unless they have received them or know someone who has.

When the pandemic first started, two local grassroots volunteer food shopping programs started. One was a group of college students home from school that shopped for local Senior Citizens when the grocery stores were having trouble staffing their food shopping and delivery programs. The other program started with a local couple who ran the shopping program out of their home by linking those in need with volunteers in the community. This sense of community and need was integral in keeping people at risk safe and fed. Unfortunately these programs disbanded as time went on as it is difficult to sustain these programs with volunteers and more seniors felt comfortable shopping in the stores.

The Flemington Area Food Pantry also started a home delivery program that has continued throughout the pandemic. This has been helpful to the participants who cannot drive to pick up the pantry items. This program would help those with a transportation barrier if the program continues beyond the public health crisis. Any county support of traveling food pantries would be beneficial for anyone who is in need of food or needs to apply for SNAP.

Another suggestion from the focus groups was that the county could organize a survey of the food pantries in the county to advise on what their specific needs are and provide funding if available or use the connections to agencies and the community to publicize these needs. Many people in the Hunterdon community have been generous in the past and may be able to continue that generosity if they know there is a need for food in the community. Another thought was for the food pantries to combine their purchasing power together as a consortium of pantries so that their dollars go further.

The Flemington Area Food pantry started asking clients if they have a primary care physician and if not, they are giving the clients referrals to healthcare. Knowing where people access services and using these various touchpoints to make connections and provide assistance or guidance can be crucial to a client being comfortable with receiving services. This connection assists in guiding them towards the next step. The county could also help in this area by increasing LINK transportation to food pantry sites and allowing passengers to bring additional bags of groceries on the vehicles as the current limit is 5 bags. This requirement does not consider that larger families may receive more than 5 bags of groceries when visiting the food pantry or go shopping at the grocery store.

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

Click or tap here to enter text.

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.	52	1.92 %	23.08 %	44.23 %	15.38 %	15.38 %	100 %
2. Anyone in the county is able to access services.	52	3.92 %	35.29 %	39.22 %	11.76 %	9.8 %	100 %
3. Services are widely advertised and known by the county.	52	9.62 %	36.54 %	40.38 %	7.69 %	5.77 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	52	3.85 %	21.15 %	34.62 %	5.77 %	34.62 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	52	1.92 %	5.77 %	46.15 %	23.08 %	23.08 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	52	3.85 %	1.92 %	57.69 %	15.38 %	21.15 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	43	5	11.63%
Services do not exist	43	6	13.95
Transportation	43	30	69.77%
Cannot contact the service provider	43	4	9.3%
Too expensive	43	2	4.65%
Lack of awareness of service	43	21	48.84%
Cultural Barriers	43	10	23.26%
Services provided are one-size fits all, and don't meet individual needs	43	11	25.58%
Stigma Leads to Avoidance	43	21	48.84%
Eligibility Requirement (explain below)	43	8	18.60%
Other (explain below)	43	5	11.63%

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 **Hunterdon County**, the estimated proportion of children under 18 years old (minors) with no health insurance coverage was 2.5 percent in 2017. This percentage is **less 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 Hunterdon County in **2018**, there were 34 reports of lack of or no prenatal care. This was **increase** of 12 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

Hunterdon County has one of the highest percentages of health care coverage in the state for children under 18 years old. The data from Rutgers (Rutgers data, 9.1) states that only 2.5 % of children who live in Hunterdon County and are under the age of 18 do not have healthcare. The state average for children under 18 not covered is 4.4% and the national average is 5.7 %.

Although the number of reports of late or lack of prenatal care is low compared to the rest of the state, chart 9.7 from the Rutgers data shows that 34 reports were made in the county in 2018 for mothers who either access prenatal care in the third trimester or had no prenatal care at all. This number jumped to 34 from 22 in 2016, there is no data from 2017. It is assumed that some of the barriers to access include a lack of healthcare coverage or cost of services prevented these women from seeking prenatal care.

Hunterdon County's immunization rates for 2017 are 94% which matches the state average. The majority of school aged children in New Jersey have received all of their vaccinations on schedule. There are some factors which lead to a decrease in immunizations including fear of adverse vaccine effects.

Reviewing the data from 2013 through 2017 (chart 9.2 from the Rutgers data) the percentage of children under the age of 18 who are not covered by health insurance, has varied from a low of 1.4 %

to a high of 2.5%. Although statistically low, the number has increased slightly over time. It is assumed that this could be due to an increase in people who lose healthcare insurance for various reasons and a possible increase in the undocumented population. There is not a great deal of data on this population and most of the information received is anecdotal.

Health Care was identified as a need and issue in Hunterdon County by the focus group attendees and the people who took the survey. Despite high health care coverage rates for children and adults, the cost of healthcare is still cost prohibitive for people who are considered to be low income. Focus group participants advised that although most people in the county have health coverage, some may have high deductibles or copayments. Those with high deductibles often pay out of pocket for most of their healthcare needs including routine appointments and prescriptions. A 2019 Healthcare Needs Assessment completed by The Partnership for Health reports that only 11% of Hunterdon residents described their health as poor or fair.

The healthcare need is more prevalent for undocumented children as they are not eligible for health care coverage through Medicaid. Undocumented pregnant women are also not covered under Medicaid until the birth of the child. This presents a major problem for undocumented women who are in need of prenatal care, if they are not able to access any covered services until the birth of their child. Focus group participants advised that there is a high number of undocumented Latinx families in Flemington, Lambertville, and Frenchtown.

Small businesses who often pay for their own healthcare out of pocket face a unique challenge with healthcare. One focus group participant stated that although she has health coverage, she was reluctant to have surgery recently without knowing the actual out of pocket cost for the procedure as well as the follow up costs as a result of the surgery. When you are accessing healthcare services some offices may advise their price per visit, however there are sometimes additional costs for testing, administering the tests, etc. that could potentially not be covered. This creates unease for people who do not have adequate health insurance to cover all of their medical needs. Some are then forced to choose between their health and their wallets.

Summary: Nature of the Need

There is one hospital in Hunterdon County, The Hunterdon Medical Center, which is part of the Hunterdon Healthcare System, located in Raritan Township, NJ just outside of Flemington Borough. The Hunterdon Healthcare system has offices located throughout Hunterdon County and neighboring counties of Somerset and Warren. Hunterdon County has a ratio of population to primary care physicians of 840:1, the state average is 1,190:1. One of the benefits of one connected system is the data sharing piece. Patients and doctors have one system to review all of the patient's information. The connectivity between Hunterdon Medical Center and the County Health department was also highlighted during the focus groups as a huge success and continuing model of collaboration.

People who do not have insurance can apply for Hospital Assistance (formerly known as Charity Care), however one of the barriers brought up in focus group discussion is that you need to have a bill from the hospital before you can apply for Hospital Assistance. This creates added anxiety for those who do not have health coverage as the costs of accessing care through this method is not known at the time of service. The thought is that if the health care need is not emergent, and uninsured persons had some idea of cost, they could make a more informed decision on where to access health care especially if they may be responsible for a large bill they know they could never pay.

Hospital Assistance, much like other benefit programs, requires the completion of a lengthy complex application and verification of the applicant's income. The focus group members advised that this form is difficult to complete, even for those who work in the healthcare field. Additionally, the undocumented population traditionally do not have paystubs and work for cash. This income is counted and therefore the person needs to ask their employer to write a letter regarding their rate of pay and average hours worked per week. Some employers are reluctant to write this information down, for many reasons. It is also not known if this form is offered in different languages, which creates another barrier for those without health insurance. It is also important to note that not everyone who applies for Hospital Assistance is approved even if they complete the forms and submit all the requested verifications.

Another barrier is that the application for Hospital Assistance does not transfer to any other hospital systems. So, if someone without health insurance accesses healthcare at one facility and is transferred to another, they are responsible for completing the application at each facility where they receive services. Creating a universal or statewide charity care application would benefit those without health insurance or perhaps if all hospital systems had a one-page update form for people to complete if they have been approved for assistance and need to go to another hospital system.

Another barrier to healthcare access was described as the ability to "get through the door." Many healthcare providers request insurance information when patients call for an appointment or walk into a facility for assistance before any service is performed. It is assumed that people without insurance or, are out of network, who are not able to pay for the services may be turned away at the door and never see a physician.

Some focus group participants advised that although there are a broad range of specialists within the Hunterdon Healthcare system, due to either health insurance networks or very specific need, patients have to travel out of county and occasionally out of state to access pediatric specialists at Children's Hospital in Philadelphia or Morristown Medical Center. This can be a barrier for people who do not have their own transportation and where taxi service could be cost prohibitive.

In the HCNA survey, those who reported to have healthcare coverage 72% receive healthcare through their employers, 30% through Medicare, 15% through Medicaid and 12% through New Jersey Family Care (note that respondents could select more than one answer). One focus group participant advised that she cannot find any in network gynecologists in the county with her current Medicaid HMO plan. This respondent also advised that due to this lack of covered doctors in the county, she had not seen a gynecologist in over 9 years. Realizing that prevention care is crucial in detecting breast, cervical and ovarian cancer, this is concerning. This is also concerning when reviewing the number of mothers who did not access prenatal care until their third trimester and those who did not access any prenatal care at all. This information requires some research into which OBGYN practices accept Medicaid compared to those who do not.

Another barrier brought up during the focus group session is that women who are seeking assistance with abortions often must travel out of county for assistance. Focus group participants also shared that some OBGYNs in the county have declined to work with pregnant women who are on methadone maintenance or Suboxone for opiate withdrawals.

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

This need is best addressed at the federal and state level in regards to health coverage needs and gaps. The county could advocate for a Federally Qualified Health Center, currently Zufall Health Center has a dental center in Flemington but this service does not assist with primary health care needs only dental services. The thought from some focus group participants is that some may not want a Federally Qualified Health Center for a few reasons, including competition with the hospital.

This is an urgent need for those who do not have access to healthcare. It is also an urgent need for people who do have insurance but face barriers such as high co-payments, high deductibles, limited physicians who accept Medicaid, and lack of transportation to either in county or out of county or out of state providers.

Some community members are aware of the Partnership for Health in Hunterdon County which advocates for healthcare improvements in the county. The Partnership for Health is a collaboration of over 70 organizations such as schools, government, non-profit, business, faith-based organizations, law enforcement, and healthcare, they focus on the health needs in the county. County government membership in the Partnership for Health includes staff from the Health Department, and the Department of Human Services. The Partnership for Health developed a Community Health Needs Assessment (CHNA) in 2019 which identified the following areas of need in the county: obesity/healthy weight, mental health, aging related issues, substance misuse and economic well-being (the full report can be found here: <https://www.hunterdonhealthcare.org/wp-content/uploads/2020/03/Final-2019-CHNA-3.23.20.pdf>). The report advised that 95 percent of

Hunterdon County residents have health coverage, with the Latinx population reporting lower rates of coverage.

Additional funding for the uninsured and the underinsured to receive basic healthcare would allow for the need above to be addressed. Funding for independent health care navigators would allow existing service providers and community support organizations to focus on the patients other needs like food or housing. Funding is not readily available for the uninsured or underinsured. This request would need to be addressed on the federal and state level.

In order help address the need for those who do not have healthcare coverage there should be a simplified application form (available in multiple languages) for hospital assistance and transparent healthcare costs.

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.	51	9.8 %	33.33 %	43.14 %	5.88 %	7.84 %	100 %
2. Anyone in the county is able to access services.	51	14 %	40 %	34 %	4 %	8 %	100 %
3. Services are widely advertised and known by the county.	51	10 %	30 %	38 %	12 %	10 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	51	5.88 %	33.33 %	27.45 %	3.92 %	29.41 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	51	3.92 %	3.92 %	58.82 %	11.76 %	21.57 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	51	7.84 %	11.76 %	49.02 %	13.73 %	17.65 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	46	15	32.61%
Services do not exist	46	14	30.43%
Transportation	46	29	63.04%
Cannot contact the service provider	46	5	10.87%
Too expensive	46	21	45.65%
Lack of awareness of service	46	22	47.83%
Cultural Barriers	46	18	39.13%
Services provided are one-size fits all, and don't meet individual needs	46	10	21.74%
Stigma Leads to Avoidance	46	16	34.78%
Eligibility Requirement (explain below)	46	17	36.96%
Other (explain below)	46	8	17.39%

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 Hunterdon County there was a total of 51 violent crimes in 2016 and the *violent crime* rate per 1,000 was 0.4 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 3 arson, 22 motor vehicle theft, 516 larceny and 169 burglary in Hunterdon 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

The data provided from Rutgers shows that Hunterdon County has the lowest crime rate in the state with most violent crimes attributed to aggravated assault while most nonviolent crimes were attributed to larceny (Source: NJ Municipal County Offense and Demographic Data, 2016).

Over time, the data suggests that both juvenile arrests and homicide rates are declining statewide. The most recent data for juvenile arrests reviewed years 2012 to 2016. The data for homicide rates compared years 2013 through 2017. Hunterdon County has the 2nd lowest juvenile arrest rate in the state. Members of the community overall reporting feeling safe, however some of the survey respondents indicated that trust in the police may be an issue in the county for people of color or people who are undocumented.

The Youth Services Coordinator recently reported data provided from the AOC which stated that the percentage of arrests referred to court was higher for minority juveniles than for white juveniles. Additionally there is a low number of minority juveniles referred to the station house adjustment program called LEAP which is run by Prevention Resources Inc. The Hunterdon County Youth Services Commission plan for 2021-2023 addresses this issue.

Summary: Nature of the Need

Community Safety was the lowest selected need area in the county at 7.14 percent which speaks to the general belief that the county is seen by residents as a safe place to live and work.

One of the DCF survey responses referenced discriminatory practices by police specifically pointing to racial profiling of traffic stops. A comment on the DCF survey also included that a person of color may have a more nuanced response to the questions about community safety. Other comments on the DCF survey report that the chiefs of police and county prosecutor's office work well together and support the safety of the community.

An incident that occurred in the county was brought up by the youth focus group relating to a racist photo that circulated on social media depicting two students mocking the police death of George Floyd. This incident has spurred Hunterdon Central to start a Racial Equity subcommittee. Focus group participants in the youth group advised that they are current and former students of public schools in Hunterdon County and reported that they have received little or no education on racial diversity or equity while in the classroom.

Regarding capacity, it is important to note that some EMS and Fire Companies in Hunterdon County are staffed primarily by volunteers. There are also 11 municipalities that are covered by the state police as these municipalities do not have their own police department. This may cause delays in response to non-emergent police matters.

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

By expanding crisis intervention training to all police officers with a renewal training requirement police departments may be better suited to dealing with a mental health emergency. This is not an urgent need in Hunterdon County but should be considered.

The youth focus group members suggested that all students receive mental health first aid training. They also suggested that recognizing cultural and racial bias should be taught in schools. Youth reported that they either not had any training in diversity or have not received enough education in this area.

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

[Click or tap here to enter text.](#)

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.	49	4.08 %	4.08 %	42.86 %	22.45 %	26.53 %	100 %
2. Anyone in the county is able to access services.	49	4.08 %	10.20 %	42.86 %	18.37 %	24.49 %	100 %
3. Services are widely advertised and known by the county.	49	6.12 %	14.29 %	38.78 %	14.29 %	26.53 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	49	10.20 %	12.24 %	22.45 %	10.20 %	44.90 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	49	4.08 %	0.00 %	38.78 %	14.29 %	42.86 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	49	6.12 %	6.12 %	30.61 %	18.37 %	38.78 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	32	3	9.38%
Services do not exist	32	4	12.5%
Transportation	32	7	21.88%
Cannot contact the service provider	32	2	6.25%
Too expensive	32	2	6.25%
Lack of awareness of service	32	11	34.38%
Cultural Barriers	32	15	46.88%
Services provided are one-size fits all, and don't meet individual needs	32	5	15.63%
Stigma Leads to Avoidance	32	7	21.88%
Eligibility Requirement (explain below)	32	2	6.25%
Other (explain below)	32	4	12.5%

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.)

New Jersey Department of Labor reported the average unemployment rate in Hunterdon County for 2019 was 2.8 percent, which included an average of 1,800 people per month over the course of the year. In Hunterdon County the unadjusted unemployment rate ranged from a high of 3.82 percent to a low of 2.2 percent from June 2018 to May 2019. This is lower than the average unemployment range for the same time period, the highest percent in New Jersey was 4.7 percent and the lowest was 2.9 percent. The fluctuations in unemployment numbers in Hunterdon County followed the same pattern of the state's unemployment fluctuations in change each month (Source: Bureau of Labor Statistics).

Need Assessment Key Findings

Summary: Scope of the Need

The median unemployment rates from June 2018 to May 2019 in New Jersey, are reported as 4 percent and Hunterdon County had the lowest median unemployment rate in the state at 3.1 percent (Rutgers Data, 10.4).

Before the public health crisis, this was not an overwhelming need in Hunterdon County. As a result of the pandemic, the Greater Raritan Workforce Development Board (GRWDB) has informed members of the community on a weekly or biweekly basis regarding unemployment data as well as information about job openings. The latest update from the GRWDB is that since March 2020 over 17,600 people who live in Hunterdon County have filed and received unemployment in Hunterdon County, which is a drastic increase from 2019. This number does not include those who applied and were found ineligible or claims that are not yet processed.

When looking at the 2018 The Bureau of Labor statistics quarterly estimates Hunterdon County trended in the same direction and around the same amounts for all the quarters in 2018 (Rutgers Data, 10.1).

When reviewing the data over time, from 2018 to 2019 shows that the county was doing better before the pandemic began. A press release in August 2019 reported that New Jersey had the lowest unemployment rate since 1976 when the July 2019 numbers were released, the state had a 3.3 percent unemployment rate which was lower than the national average rate of 3.7 percent. This has

changed dramatically with the ongoing public health crisis.

(https://www.nj.gov/labor/lwdhome/press/2019/20190718_julyemployment.shtml#:~:text=TRENTO N%20%E2%80%93%20New%20Jersey's%20unemployment%20rate,according%20to%20preliminary%20estimates%20produced).

The 2018 weekly wages averaged by quarter when comparing Hunterdon County to the state, the trends in Hunterdon County are consistent with the state fluctuations (Rutgers Data, 10.2). In looking at the weekly wages over time in Hunterdon County, the weekly average wage in 2016 was reported to be \$1,195, wage averages increased in 2017 at \$1,292 and then reduced slightly in 2018 to \$1,265 average per week. (Rutgers data 10.2) Median income by gender over time in the county has slightly fluctuated for males but is mainly increasing for females from 2013-2017. (Rutgers data, 10.7).

The Hunterdon County Economic Development website cites the following growing industries in Hunterdon County are Technology, Life Sciences, Agribusiness, Advanced Manufacturing, Business & Finance and Corporate Headquarters. Economic Development has worked with municipalities and commercial real estate owners to develop a property locator, incentives and resources available for business, a list of top employers, and transportation and utility information.

The top technology employers in Hunterdon County are: Exxon Mobil Research & Engineering, 3M, Ingersoll Rand, UNICOM Global, Gulbrandsen Technologies, Integrated Clinical Systems, Precision Graphics, and Magna-Power.

The top advanced manufacturing employers in Hunterdon County are: Georgia Pacific, MEL Chemical, Reagent Chemical, Custom Alloy, Glassman Voltage, and Altek.

The top Life Science employers in Hunterdon County are: Merck, Strides Arcolab, Celldex Therapeutics, Mutare Lifesciences, QuVa Pharma, and Provention Bio.

The top AgriBusiness employers in Hunterdon County are: Johanna Farms, Readington Farms, and BioServe.

The top Business and Finance employers in Hunterdon County are: New York Life, Amec Foster Wheeler, Chubb Group, Quick Check and A.M. BEST.

DCF survey respondents identified this as a need in 30.95 percent of the responses the overall rank is 5 out of 6 available choices for prioritizing needs. Most respondents to the DCF survey selected that they disagreed that there are enough services for employment and career services in the county at 34.78 percent. For the question regarding access, the answers were tied between disagree, agree and don't know at 30.43 percent each. Most respondents indicated that services were not widely

advertised by the county. For the other questions, most of the respondents selected “Don’t know” as their answer.

A labor model and map found below describes the inflow and outflow of employment in Hunterdon County for 2017:

for the Inflow/Outflow of Job counts shows that 15,954 individuals live and work in Hunterdon County, 27,328 individuals are employed in Hunterdon, but live outside the county and 44,638 individuals live in Hunterdon County but are employed outside the county.

<https://nj.gov/labor/lpa/content/maps/io2017/Hunterdon%20county%20%20inflow%20outflow%20report.pdf>

The need for access to career training and employment services rests on technology capacity for individuals in need as well as transportation to get to new employment (unless the work can be completed remotely). People who live in more rural towns would have a more difficult time arranging for transportation to work if they do not own a vehicle. This would also be true for someone who needs to attend in person training classes. The GRWDB team has transitioned to online trainings and classes, however if someone does not have a device or internet access, it may difficult for them to participate. Language is also a barrier and although there are local ESL classes offered at free or reduced costs, it may be more difficult for people to access these classes online.

Some of the training and employment services offered in the county are limited to people who are receiving Work First New Jersey assistance so people who are earning over a certain income threshold may not qualify for all employment or training assistance programs.

The median income by gender shows that females in Hunterdon County earn an average of \$65,963 and males earn an average of \$90,147 (Rutgers data, 10.6 ACS, 2017). This gender wage gap is a 36.66 percent difference between how much males earn compared with females, which is greater than the state median income gap which is 23.91 percent and the national wage gap which is 24.77 percent. Reviewing the Median income by gender and by county in NJ reveals that Hunterdon County has the highest median income employment in the state for males and highest median income for females based on the 2013-17 American Community Survey results (Rutgers data, 10.5). The largest gender wage gap in Hunterdon County is in Tewksbury. The median income for females in Tewksbury is \$87,245 and males is \$143,698. The wage gap in the lowest median income municipality, Flemington is within \$1,100 (Rutgers data, 10.8).

Summary: Nature of the Need

Employment is available as seen by recent job postings and a recent drive thru employment fair that the GRWDB hosted however it seems that some people are reluctant to go back to work or reluctant to send their children to school or to daycare due to fears of contracting COVID-19.

Before the ongoing public health crisis, transportation to the One Stop or GRWDB offices was a barrier and more prevalent for people living outside of the LINK route services. Now the barrier is the digital divide.

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

This is a need that can be addressed at the county level through an ongoing partnership with the Hunterdon County Department of Economic Development and the Greater Raritan Workforce Development Board. The Economic Development Board is looking to assist municipalities and local business thrive despite the ongoing public health crisis.

The GRWDB has created an online presence and provides updates weekly regarding employment opportunities and focuses on industry trends. The GRWDB also created this map here <https://someset.maps.arcgis.com/apps/MapSeries/index.html?appid=bdf717aeca65429b9131f7a20d68edd7> which tracks unemployment data in Somerset and Hunterdon Counties.

This is an urgent need that is being addressed locally by the GRWDB, Economic Development and the Hunterdon County Chamber of Commerce.

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.	46	6.52 %	34.78 %	28.26 %	2.17 %	28.26 %	100 %
2. Anyone in the county is able to access services.	46	6.52 %	30.43 %	30.43 %	2.17 %	30.43 %	100 %
3. Services are widely advertised and known by the county.	46	13.04 %	47.83 %	19.57 %	0 %	19.57 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	46	2.17 %	19.57 %	19.57 %	4.35 %	54.35 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	46	4.35 %	8.70 %	28.26 %	4.35 %	54.35 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	46	2.17 %	10.87 %	36.96 %	4.35 %	45.65 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	36	5	13.89%
Services do not exist	36	6	16.67%
Transportation	36	26	72.22%
Cannot contact the service provider	36	7	19.44%
Too expensive	36	4	11.11%
Lack of awareness of service	36	23	63.89%
Cultural Barriers	36	12	33.33%
Services provided are one-size fits all, and don't meet individual needs	36	10	27.78%
Stigma Leads to Avoidance	36	8	22.22%
Eligibility Requirement (explain below)	36	3	8.33%
Other (explain below)	36	2	5.56%

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 Hunterdon County in 2017 the median monthly center-based child care cost for an infant was greater than the median monthly cost for NJ. The median monthly center-based child care cost for a toddler was greater than the median monthly cost for NJ. Median monthly center-based child care cost child care cost for Pre-K in Hunterdon County was greater than the median monthly cost for NJ.

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

Upon review of the Rutgers University data provided in the County profile, child care costs for Infants and Toddlers in Hunterdon County are the highest in the state. However in Hunterdon County, the cost for PreK was lower than the highest median cost in New Jersey. With the exception of Mercer County the cost of daycare coincides directly with the median household income in each county. There is limited data available to find out the need for daycare when compared to the availability. Members of the community through the DCF Survey and focus groups reported that this is an issue in the county. Childcare was selected as the third highest basic need at 54.76 percent.

In reviewing the data and survey responses this need is more prevalent for people who are looking for work, working part time and earning low wages, and for people who fall into the Asset Limited, Income Constrained, Employed (ALICE) population. This need is also more prevalent for people who have children with Intellectual or Developmental disabilities. One focus group participant shared her experience regarding her attempt to locate a daycare that is equipped to provide assistance to her child who has disabilities. She reported that she has not been able to find any local daycares to accept her disabled child due to the child's behaviors. Recently she was able to enroll her child in an afterschool program however, the child was suspended from this program due to his behavior. This negatively impacts her ability to find and keep employment.

The HCNA survey data found 36% of low-income respondents (households earning less than \$35,000 per year) indicated that they had children. For low income households with children, 31% indicated that they have difficulty accessing affordable childcare.

Summary: Nature of the Need

The Head Start program is available through Norwescap which offers free childcare to children between the ages of 3 to 5 years old that meet federal poverty guidelines. Norwescap is also the designated Child Care Resource and Referral agency for Hunterdon County. To apply for childcare subsidy programs, applicants must apply, provide identity documentation for the parents and children as well as income verification. The focus group participants advised that this application is lengthy and requires people who are newly employed to provide a work letter which is difficult for some to obtain especially for people who earn cash wages (which is common for people who are undocumented).

Key Informants advised that income limits are also a barrier, one must be working or attending school to receive a subsidy, but you cannot make too much money and risk losing the assistance. It is important to note that not all daycare centers accept the subsidy or the rates that DFD offers through the TANF childcare programs.

Navigating childcare and employment in Hunterdon County without a vehicle is extremely difficult as LINK transportation often cannot wait for parents to drop children off, so parents need to wait for the next LINK vehicle to arrive and hope to make it to work on time. Most of the childcare centers licensed by DCF are located in Flemington or Lebanon which creates a barrier for people who live or work outside of these areas.

Some of the barriers to childcare include the cost, there are not enough free spots, new parents are not necessarily connected to resources, lack of information, not enough Spanish language services, and not enough reasonable childcare services to support youth with ID/DD. One mother expressed her dismay with after and before school care provider which is outsourced through the school to an independent provider, so they do not have to follow her child's IEP requirements. She advised that her struggle is that her child has special needs and despite having an IEP with accommodations, these accommodations do not translate to the childcare setting. Unfortunately, people choose the cheapest option which isn't always the safest option.

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

This need can be addressed at the county level on a small scale if funding is made available. The county could also advocate for a simplified application form or coordinate a MOU with the Child Care Resource and Referral agency to share information of mutual clients if permissible to decrease the burden clients face with completing multiple applications and documentation. Transportation to childcare and employment areas can also be enhanced by taking a look at the current LINK routes and the locations of the childcare centers.

This is an urgent need for parents of children with disabilities. This is also an urgent need for people who are looking for employment but cannot start work as they do not have safe, affordable, or adequate childcare available.

Funding is needed to address the need for those in poverty and those who fall into the ALICE category. Focus group members questioned why they are penalized when they find a job with reductions or eliminations of subsidies for childcare when the goal is for them to be successful and find employment.

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.	46	26.09 %	34.78 %	10.87 %	4.35 %	23.91 %	100 %
2. Anyone in the county is able to access services.	46	21.74 %	36.96 %	17.39 %	4.35 %	19.57 %	100 %
3. Services are widely advertised and known by the county.	46	20 %	40 %	17.78 %	2.22 %	20 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	46	8.7 %	21.74 %	17.39 %	2.17 %	50 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	46	4.35 %	6.52 %	34.78 %	8.70 %	45.65 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	46	4.35 %	6.52 %	34.78 %	6.52 %	47.83 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	39	19	48.72%
Services do not exist	39	7	17.95%
Transportation	39	25	64.10%
Cannot contact the service provider	39	3	7.69%
Too expensive	39	23	58.97%
Lack of awareness of service	39	17	43.59%
Cultural Barriers	39	10	25.64%
Services provided are one-size fits all, and don't meet individual needs	39	9	23.08%
Stigma Leads to Avoidance	39	2	5.13%
Eligibility Requirement (explain below)	39	15	38.46%
Other (explain below)	39	4	10.26%

PART 3

Results: Specialized Service Needs



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

Status: Prioritized 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

Data on this service area was not provided and was not able to be obtained. It is difficult to estimate how much of the population in Hunterdon County is affected by this need.

Although this was thought to be an area of concern in the county when the HSAC Planning and Integration Committee met, DCF survey respondents did not overwhelmingly select this category as a specialized need as it was the second to last selection out of the seven choices. This response was selected at a rate of 24.79 percent. The responses to all of the specific need area questions overwhelmingly were "Don't Know" for every question. This small sample size shows that the general community in Hunterdon County really does not know who needs these services and does not know where or how to obtain them.

There is not enough data or information to confidently say that this need area is more prevalent for any subgroup in Hunterdon County.

Summary: Nature of the Need

Community knowledge of kinship care services is seriously lacking in Hunterdon County. Perhaps stigma regarding the circumstances that led to kinship care (such as death of parents, drug use, unwanted pregnancies) creates an environment where these services are not promoted or discussed. Community members and staff who work in the field of social and human services seem to be unaware of what kinship care is and who is in need of these services in Hunterdon County.

The highest barrier reported on the DCF survey was lack of awareness of services at 76.00 percent, followed by transportation at 30 percent and cultural barriers at 30 percent.

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

More research should be done to evaluate if this is a need in the county. Regardless of need, outreach to the community on the available programs should be reviewed to educate the local agencies and the community at large.

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.	42	7.14 %	19.05 %	16.67 %	0 %	57.14 %	100 %
2. Anyone in the county is able to access services.	41	7.32 %	17.07 %	24.39 %	2.44 %	48.78 %	100 %
3. Services are widely advertised and known by the county.	41	12.2 %	26.83 %	7.32 %	0 %	53.66 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	40	2.50 %	10 %	17.50 %	2.50 %	67.50 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	40	5 %	2.5 %	17.50 %	2.50 %	72.50 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	41	4.88 %	0 %	24.33 %	2.44 %	68.29 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	25	4	16%
Services do not exist	25	7	28%
Transportation	25	8	32%
Cannot contact the service provider	25	3	12%
Too expensive	25	5	20%
Lack of awareness of service	25	19	76%
Cultural Barriers	25	8	32%
Services provided are one-size fits all, and don't meet individual needs	25	6	24%
Stigma Leads to Avoidance	25	3	12%
Eligibility Requirement (explain below)	25	4	16%
Other (explain below)	25	1	4%

Need Area: Behavioral/Mental Health Services for Children

Status: Prioritized 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

Upon review of the Children's System of Care (CSOC) data that is available here:

<https://njchilddata.rutgers.edu/map#>, in Hunterdon County Mobile Response has seen a year over year increase from 2015 to 2019. In 2015, 111 calls were made to Mobile Response and in 2019, 183 calls were made. The Mobile Response data for the state indicates a year over year increase from 2015 to 2018 with a decline in 2019. The state data reports 19,005 calls to Mobile Response in 2015, 26,049 calls in 2018 and 24,742 calls in 2019. Youth placed Out of Home treatment in Hunterdon County has decreased since 2015, where 25 youth were in treatment including behavioral health. In 2019 there were 17 youth placed in out of home treatment. Over time, out of home placements of youth has declined. The CSOC Mobile Response data suggests that children are facing more emergency behavioral health issues over time which supports concerns community members express on the increased need for behavioral and mental health services.

Members of the community identified mental health services for children as a need in the county. In the past few years, the county has seen an increase in youth suicides. In 2019 nj.com highlighted the behavioral health crisis and featured a Hunterdon County teen who completed suicide in 2017, (<https://projects.nj.com/features/depression/index.html>). This article highlights the lack of child and adolescent psychiatrists in the state, wait times for children to see a psychiatrist and the often high out of pocket cost to see a psychiatrist as they are often out of network for families with health insurance. First visits were reported to cost as much as \$600, a cost that financially strapped families cannot afford.

The majority of responses regarding behavioral/mental health services for children were "strongly disagree" for the following questions: there are enough services available in the county to help those who have this need, anyone in the county is able to access services and services are widely advertised and known by the county. For the other questions the majority responded "don't know to the

following: services take race, age, gender, ethnicity and more into account, facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied), staff are well-trained, knowledgeable and provide good customer service.

The need for behavioral health for children spans all ages, races and residents in the county. The need for access to services is most likely more prevalent for those who cannot afford the expensive costs of paying for out of pocket mental health care. Those without transportation are also at a disadvantage if they do have health insurance coverage but the psychiatrist's office is far away from their home.

Summary: Nature of the Need

Focus group participants stated that most parents who need guidance on behavioral health services for their children start with their child's pediatrician, ask friends and family for their advice, contact PerformCare, access the emergency room or contact Prevention Resources for assistance when their child needs help with behavioral or mental health needs. Participants mentioned the nonprofit safety net that exists in Hunterdon County that can try to fill the gap with supportive services until children can see a psychiatrist or therapist.

DCF Survey results reflected that lack of awareness of service was a barrier at 62.16 percent, followed by wait lists at 59.46 percent and stigma leads to avoidance at 51.35 percent and were the three highest responses. The focus group participants noted the following barriers: waiting lists, cost, lack of insurance, eligibility criteria for insurance, not enough services for co-occurring needs, lack of Spanish speaking providers. Additional barriers identified during the focus groups were: Stigma – "not my family" and Cultural barriers– got to "keep this in the home."

Focus group members also expressed a struggle with CSOC stating that there are not enough community-based programs. Also, most of the CSOC programs are for neuro-typical youth. Respondents who are providers of human services advised that they struggle with finding programming for youth with ID/DD.

Additionally, there are no inpatient programs located in the county for youth with a mental health emergency. Parents and children must travel to other counties for treatment which is both time consuming and a cost burden for low income families with a vehicle and almost impossible to navigate for families without their own transportation.

The youth focus group discussion predominately discussed mental health services for children. The youth advised that it has been difficult for them to share and be open with their counselors through online meeting platforms. The youth also praised School Based Youth Services at Hunterdon Central and were thankful to hear that funding was restored. They reported that their SBYS counselors are so

helpful, however they report that not many students are aware of these programs. The students reported that the ongoing public health crisis has increased the need for school services for behavioral health.

The youth focus group participants were upset that "bad things" had to happen at their school before the administrators focused on their mental health needs. The youth advised that they have started a few programs like Strides against Stigma which allowed them to be heard by the school and the community. The youth group also recognized the disparity between students who have families that can afford to pay for treatment out of pocket compared to families who do not have this luxury. The youth group also reported that their teachers should be given better tools to assist students who are suffering from depression and or anxiety.

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

Hunterdon County could work with CSOC to promote and educate the community so parents can tap into resources that are available to promote wellness and prevention services. Focus group participants report that they do not believe that enough school staff attend CSOC educational sessions to integrate knowledge about these services in the schools.

The county could work with community partners to advocate for more services for children with ID/DD as they are more likely to have behavioral or mental health needs when compared to children without ID/DD.

One focus group member advised of potential benefits when children start at a young age with mental health supports with a program focused on preventing behavioral and mental health issues. The goal would be to focus on preventing suicide or mental health crisis. There is hope that by using a prevention model that mental health needs will decrease as children will be comfortable expressing their mental health needs and be more likely to seek treatment for depression or anxiety. If given an outlet and a way to express their feelings in a healthy way, children will be able to develop better coping skills.

This is an urgent need for Hunterdon County as well as the nation especially with the increased stress due to the ongoing public health crisis.

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.	43	37.21 %	27.91 %	6.98 %	4.65 %	23.26 %	100 %
2. Anyone in the county is able to access services.	43	30.23 %	16.28 %	20.93 %	6.98 %	25.58 %	100 %
3. Services are widely advertised and known by the county.	43	32.56 %	32.56 %	13.95 %	2.33 %	18.6 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	43	9.30 %	20.93 %	16.26 %	6.98 %	46.51 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	42	4.76 %	9.52 %	33.33 %	4.76 %	47.62 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	42	4.76 %	9.52 %	35.71 %	9.52 %	40.48 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	37	22	59.46%
Services do not exist	37	13	35.14%
Transportation	37	18	48.65%
Cannot contact the service provider	37	7	18.92%
Too expensive	37	18	48.65%
Lack of awareness of service	37	23	62.16%
Cultural Barriers	37	17	45.95%
Services provided are one-size fits all, and don't meet individual needs	37	10	27.03%
Stigma Leads to Avoidance	37	19	51.35%
Eligibility Requirement (explain below)	37	8	21.62%
Other (explain below)	37	4	10.81%

Need Area: Behavioral/Mental Health Services for Adults

Status: Prioritized 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

Upon reviewing the NJ State Health Assessment Data Query Building Tool data for 2017, this survey found that 6.2 percent of adults in Hunterdon County reported frequent mental distress, this was compared to the state average of 12.1 percent and was the lowest response found in the state. Regarding age adjusted prevalence of diagnosed depression the report for 2017 explains that 14.4 percent of Hunterdon County respondents fell into this category, which is close to the state average of 14.8 percent. Hunterdon County respondents reported diagnosed depression more frequently than six other counties when ranked by percentage for diagnosed depression.

As of the 2017 data provided by Rutgers, In Hunterdon County there are no Acute Care Family Support Services for mental health, no Emergency Services, no Justice Involved Services, and no Supported education according to the guide listed on the following website:

https://www.nj.gov/humanservices/dmhas/home/hotlines/MH_Dir_COMPLETE.pdf.

In Hunterdon County there is a County Mental Health Board, 1 PATH Homeless Service, 1 Integrated Case Management Services program, 1 Intensive Family Support, 1 Intensive Outpatient Treatment and Support Services, 1 Involuntary Outpatient Commitment, 2 Outpatient programs, 1 Partial Care Program, 1 Program of Assertive Community Treatment (PACT), 1 Residential Intensive Support Team (RIST), 1 Residential Services program, 1 Self Help Center, 1 Short Term Care Facility, 1 Supported Employment, 2 Supportive Housing programs, 1 Systems Advocacy, and 1 Primary Screening Services Agency.

The data over time indicates that the frequency of mental health distress has fluctuated between 2013 and 2017, the lowest percentage reported occurred in 2013 at 5.9 percent, the highest was reported in 2016 at 11.9 percent and then trended down in 2017 to 6.2 percent. The frequency of depression over time in Hunterdon County remains relatively consistent, the lowest response was in 2014 at 12.1 percent and the highest response was in 2015 at 16 percent.

Members of the community identified this as a need area. Respondents to the DCF survey advised that this is need as the DCF Survey responses ranked this topic as the second highest specialized need area at 56.1 percent. This topic was also brought up in the discussion during every focus group as a need in the county.

The need seems to be more prevalent for White, non-Hispanic residents in review of the data provided by Rutgers. There was no entry for Black, Hispanic, Asian or other in the data set as the responses may have been too low to be statistically significant. This was a similar finding when reviewing the data for diagnosed depression by race and ethnicity in the county where it was noted at 16.8 percent for White and no other race or ethnicity was listed with percentages. The age adjusted data reflects that women are almost two times more likely to report frequency of mental health distress, the data states 4.5 percent were men and 8.3 percent were women. A breakdown by municipality was not available.

Summary: Nature of the Need

As noted above there are a few services missing in the county for mental health. One of the missing pieces in the county is a mental health diversion program. The Hunterdon County prosecutor's office was previously funded for a mental health diversion program but due to a lack of continued funds, the program in an official capacity has stopped. The Hunterdon County Department of Human Services and the Hunterdon County Prosecutors Office have expressed interested in partnering together to continue this program.

Although there are services available locally, there is often only one or two options for people seeking mental health services in the county. This poses an issue for some residents who have poor outcomes or experiences with local mental health providers.

Respondents to the DCF survey reported that they overwhelmingly disagreed with the following: that there are enough services available in the county for mental health, that anyone in the county can access services and that services are widely advertised and known by the county. Most of the respondents also reflected that they do not know if services take race, gender, ethnicity and more into account. Respondents selected most frequently that they agreed the facilities that provide services to meet this need are of good quality and the staff are well-trained, knowledgeable and provide good customer service.

Focus group respondents advised that the thought of a prolonged expense for treatment keeps some in need from accessing mental health care. Respondents also noted that they think most of the chronic homeless population who many benefit from mental health services, are reluctant to accept services and will not tap into these resources for help.

The most frequently selected barrier for this need area was transportation at 62.5 percent, the second highest responses for barriers were wait list and lack of awareness of service at 55 percent. Stigma and Expense were also noted at 50 percent per category which is significant.

Focus group respondents recognized the challenges associated with prolonged wait times for mental health treatment which include patients who self-medicate until they can see a psychiatrist or psychologist. Cost is often a factor even with insurance as copays for mental health treatment including therapy are expensive. Stigma is also a factor however some focus group respondents advised that they feel that the community as a whole is recognizing that mental health is needed in the community and that it is okay to seek help.

The impact that the ongoing public health crisis has on mental health has been projected to be a 25 percent increase, this is a concern in Hunterdon County as the current system is not designed to absorb such an increased need in a small window of time. This issue can be seen in the local emergency department where people admitted for psychiatric emergencies often stay in the emergency department for far too long without access to a bed. For some patients the increase in telehealth mental health services has been helpful especially if they have a barrier like transportation. However, this method of treatment is not ideal for everyone especially patients who need group settings for therapy.

The focus group respondents discussed that the lack of transportation availability at night prevents some from accessing IOP at night and coordinating treatment plans do not always factor in the need for transportation on a case by case basis.

Mental health service providers are lacking in Spanish speaking professionals from psychiatrists to therapists, this is a need that is not being met in the county. The focus group attendees report that this is a critical need as patients who speak another language are more likely to open up and continue to seek treatment if they are able to speak to someone in their native language. One focus group attendee stated that the mental health system needs more prevention, awareness and treatment options.

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

Some of the barriers can be addressed at the county level, including review of the transportation needs for mental health treatment using LINK transportation, and working with the Stigma Free group to promote this cause in the community. The county could also promote awareness of the mental health programs available in the county.

Focus group attendees stated that advocacy at the federal and state level is needed to incentivize medical students to pursue a career in both child and adult psychiatry. Increase the number of Spanish speaking psychiatrists in the field and work to reduce costs and copays for people who do have insurance to make it more accessible and affordable.

This is an urgent need that only seems to be growing as the ongoing public health crisis continues.

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.	42	28.57 %	33.33 %	19.05 %	4.76 %	14.29 %	100 %
2. Anyone in the county is able to access services.	42	23.81 %	30.95 %	23.81 %	4.76 %	16.67 %	100%
3. Services are widely advertised and known by the county.	42	23.81 %	38.10 %	19.05 %	7.14 %	11.90 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	42	7.14 %	16.67 %	28.57 %	7.14 %	40.48 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	42	2.38 %	7.14 %	47.62 %	7.14 %	35.71 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	42	2.38 %	9.52 %	45.24 %	11.90 %	30.95 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	40	22	55%
Services do not exist	40	8	20%
Transportation	40	25	62.50%
Cannot contact the service provider	40	6	15%
Too expensive	40	20	50%
Lack of awareness of service	40	22	55%
Cultural Barriers	40	15	37.50%
Services provided are one-size fits all, and don't meet individual needs	40	9	22.5%
Stigma Leads to Avoidance	40	20	50%
Eligibility Requirement (explain below)	40	9	22.5%
Other (explain below)	40	5	12.5%

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

Status: General 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

A review of the admissions data from the New Jersey Substance Abuse Monitoring System (NJSAMS) displays a total of 1,027 admissions with 657 unduplicated clients for the year 2019 for Hunterdon County residents. This represents less than 1 percent of the total population in the county. It is also important to note that 79.2 percent of Hunterdon County residents admitted into treatment in 2019 had some prior substance use treatment, which is slightly higher when compared to the statewide average, which is 74.8 percent for the same time period.

A review of NJSAMS admission records for the year 2019 reveals that 19 youth under the age of 18 were admitted to programs representing 1.9 percent of the total admissions of Hunterdon County residents. The age group of 18-21 is represented as 64 young adults admitted to substance use treatment representing 6.2 percent of the total number of Hunterdon County residents who were admitted into treatment in 2019. The Hunterdon County data for admissions for individuals under 18 and the age range of 18-21 was slightly higher than the state average. Most people admitted to treatment fell in between the ages of 35-44 at 24 percent which is consistent with the statewide data for 2019 for this same age group which totaled 24.1 percent.

The NJ Cares data from the Office of the Attorney General shows that in Hunterdon County, from 2016 to 2018, the number of overdose deaths decreased by 9.09 percent, while the average number of overdose deaths in the state increased by 14 percent. The Hunterdon County decreases were the fourth lowest decreases in the state. Additionally, from 2014 to 2017 more people were dying of overdoses over time in Hunterdon County, and between 2017 and 2018 less people were dying of overdoses. The statewide data from 2017 to 2018 showed a 14 percent overall increase in opioid overdose deaths.

It is important to note that NJSAMS reports that Heroin & other opiates are the highest reported primary drug for residents in Hunterdon County at 41.4 percent, this is also consistent with the statewide data, which notes that Heroin and other opiates are the highest reported primary drug

representing 48.1 percent. The percentage of Hunterdon County residents who reported that their primary drug was alcohol at 40.1 percent was higher than the statewide average of 31.1 percent.

Members of the community recognized substance use as a need when responding to the survey as well as during focus group discussions however it was not a topic that was discussed in all the focus group sessions. Although survey respondents marked this as the third highest need in the county, at 51.22 percent, there were other needs that the focus groups chose to discuss.

The racial and ethnic breakdown of people seeking treatment in 2019 in Hunterdon County is as follows:

White (non-Hispanic) represented 85.6 percent of treatment admissions, while whites represent 93 percent of the total Hunterdon County population. This data shows whites are underrepresented in the population of people admitted into substance use treatment.

Black or African American (non-Hispanic) represented 7.2 percent of those admitted to treatment. Blacks or African Americans represent only 3 percent of the Hunterdon County population. This demographic is overrepresented when comparing the population of people admitted to substance abuse treatment in Hunterdon County to the general population.

Hispanic Origin represented 5.7 percent of those admitted to treatment. Hispanics represent 6 percent of the Hunterdon County population. This data seems to match the population of people seeking treatment in the county.

It is important to note that the Asian population is not listed in the NJSAMS data for Hunterdon County or in the statewide data. It is assumed that this population falls into the “other” category which for Hunterdon County represented 0.9 percent of the admissions in 2019. This data set is consistent with the “Other” racial makeup in the county; however the Asian population represents 5 percent of Hunterdon County residents.

The majority of people admitted to treatment in 2019 who were Hunterdon County residents identified as male at 62 percent and 37.7 percent as female. It is assumed that 0.3 percent of people who did not select male or female as their gender either declined to state their gender or perhaps their gender did not fit in the available categories.

Regarding health insurance at admission, most Hunterdon County patients admitted for treatment were currently receiving Medicaid prior to admission at 50.6 percent, followed by no insurance at 26.4 percent, and private insurance at 25.4 percent. Also, of note, 57.9 percent of Hunterdon residents received treatment in their home county.

Additionally, 36.7 percent of patients advised that they did not have a legal problem while 18.9 percent reported to be on parole or probation, 12.7 percent reported a DUI License Suspension, and 21 percent reported to be in Drug Court. Considering this data, people who have legal issues are overrepresented in substance treatment admissions. The three highest percentages for level of care are standard or traditional outpatient at 31.1 percent, Intensive Outpatient at 25.2 percent and Short-Term Residential at 13 percent.

It is also important to note for the above referenced data that these statistics reflect the data available for individuals who were successful in being admitted to substance use treatment. This does not include people who were denied admittance into treatment for many reasons including failing to meet criteria for admittance or those who could not pay for treatment services either through self-pay or through their insurance carrier.

Data gathered from the County HCNA which was open to the Hunterdon County residents from November 2019 to February 2020 found the following:

Although numerically low, 10 residents reported that they had experienced a substance abuse issue that left them unable to work or care for their children (5 residents reported having children and a substance abuse disorder).

In terms of current service needs, 25 respondents reported having a current substance use disorder. Of those 25, 56% also reported a mental health disorder. Of the 25 respondents, 44% reported having children under 18 in their home. Nine residents answered that they were not eligible for services that they had requested and 8 reported homelessness. Ten residents stated that they would seek substance use or mental health treatment if money were not a barrier.

This information is concerning as the county receives funding to support people who need substance use treatment free of charge if they do not have healthcare coverage for treatment and meet certain income criteria.

Summary: Nature of the Need

The three highest reported barriers for this need area were Lack of Awareness of Services, Stigma leads to avoidance and Transportation. Most respondents to the survey chose I don't know when responding to the questions about local services in the county.

The following is a list of Substance Use Services in Hunterdon County including: 4 Intensive Outpatient facilities, 6 Outpatient Treatment facilities, 5 Co-Occurring programs, 2 Halfway Houses, 2 Long Term Residential Treatment Programs, 2 Short Term Residential Treatment Programs, and 3 Partial Care programs. The aforementioned list does not consider the inpatient or outpatient services

that are offered for inmates housed at the Edna Mahon Correctional Facility for women, which is located in Hunterdon County. Prevention services in the county are provided by two agencies in the county including Hunterdon Drug Awareness and Prevention Resources Inc. who work closely with county partners, the schools and with the municipal alliances.

It is important to note that there is only one medical detox in Hunterdon County located at Hunterdon Medical Center, therefore the availability for detox is limited. Focus group participants reported that they do not believe that detox at Hunterdon Medical Center accepts patients detoxing from opiates. More research needs to be completed to confirm this report.

Economic accessibility seemed to play a part in some patients accessing treatment in discussions with focus group participants as they advised that more Medicaid beds should be made available. The thought was that people who have insurance that covers inpatient substance abuse treatment receive services faster than those who may have to wait for a set aside bed designated for recipients of Medicaid. There are no current Mommy and Me programs in Hunterdon County, so patients interested in this program often travel far distances to access this program. There are also no inpatient services in Hunterdon County.

Medication Assisted Treatment (MAT) is available in Hunterdon County through Freedom House, Hunterdon Drug Awareness Program, and High Point. The information regarding MAT availability in the county is not widely known or advertised. In reviewing resources on the state website none of these facilities are listed as providing MAT services with the exception of a small notation next to Freedom House that states they administer Buprenorphine and Vivitrol. Hunterdon Medical Center has implemented the Opioid Overdose Recovery Program (OORP) in Hunterdon County upon receiving a grant from The Division of Mental Health and Addiction Services.

Additionally, focus group participants advised that there are no current physicians in Hunterdon County who will initiate buprenorphine for new patients. Physicians or agencies may continue someone who has been previously prescribed this medication. Reports from the community members are that there were two physicians in the county who prescribed buprenorphine but due to being overwhelmed by patients, they stopped. This is a major gap as those seeking MAT need to travel to other counties which could be an issue for people without transportation or funds to pay for their own taxi to travel far out of the county if the LINK system or Logisticare cannot assist with transport.

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

The Public Service focus group members suggested that the county could partner with local EMS to provide brochures and information on services available in the county so that when they are called to an overdose, information can be provided to the patient and to the family if time allows. This information could be helpful to someone who may initially refuse treatment and later decide to reach out for help. This is something that can be done on the county level and would assist in the barrier of lack of awareness of services. Additionally, the county could partner with the local substance use disorder agencies to start an information campaign regarding services that are available in the county.

The county has a Stigma Free group that meets each month and although the original focus was on reducing Stigma in Mental Health, the group has incorporated reducing stigma for addiction as well. With the ongoing pandemic the group has been meeting virtually and hosted a Reflections of Stigma art show where mirrors were displayed in the North Branch of the Hunterdon County Library and the Main Branch located at the Route 12 County Complex. Some of the mirrors were created by people who are currently in substance use disorder treatment. This stigma free group could be expanded to reduce stigma around substance use disorder.

The Rutgers Support Team for Addiction Recovery or (STAR) program is an underutilized resource in the county. The county could explore how to better integrate this service into the community.

The County received an Innovation Grant and is using part of the funds to redeploy a retired LINK vehicle to act as a Hope One vehicle modeled off of the Morris County Hope One van. This service will include linkages to treatment for substance use, information on safe use practices, offer assistance with connection to social services to apply for benefits and connection to local providers. The goal is to have local providers join county staff in the community to connect with the public, clients and families where they are. This program will also aim to assist people seeking treatment with transportation.

The Hunterdon County Health Department was recently awarded an Opiate Fatality Review Team (OFRT) grant and is partnering with the Hunterdon County Department of Human Services. The goal is to build onto a basic framework for the Hunterdon County OFRT that began to meet in 2019. This team aims to perform a social autopsy on individuals who died as a result of an opiate overdose. The team then makes recommendations for local change to prevent future overdoses.

This is an urgent need not only in Hunterdon County, but statewide. There is also a growing fear with the recent passing of the ballot question to legalize recreational marijuana that substance use disorders will see an uptick especially among adolescents as the perception of harm with marijuana use decreases with legalization.

In reviewing the data from the surveys as well as the comments made during focus groups, it is clear that there are some services available in the county, however most of these services are not widely known unless people have firsthand knowledge or experience with the providers. The ongoing public health crisis is projected to increase the use of substances and therefore will increase the need for a broad spectrum of substance use services from prevention to inpatient treatment. Without having better data on the capacity of the existing services, it is hard to determine the projected impact on substance services in the county. The assumption is that the agencies across the state will see an overall increase, so advocacy should be pointed to increase treatment capacity.

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.	40	12.50 %	30 %	15 %	2.50 %	40%	100%
2. Anyone in the county is able to access services.	40	7.5 %	25 %	22.5 %	5 %	40%	100%
3. Services are widely advertised and known by the county.	40	12.50 %	32.50 %	17.50 %	2.50 %	35%	100%
4. Services take race, age, gender, ethnicity and more into account.	40	2.50 %	12.50 %	32.50 %	2.50 %	50%	100%
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	40	2.50 %	10 %	32.50 %	5 %	50%	100%
6. Staff are well-trained, knowledgeable and provide good customer service.	40	2.50 %	7.50 %	35 %	7.50 %	47.50 %	100%

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	32	12	37.5%
Services do not exist	32	11	34.38%
Transportation	32	17	53.13%
Cannot contact the service provider	32	6	18.75%
Too expensive	32	13	40.63%
Lack of awareness of service	32	21	65.63%
Cultural Barriers	32	14	43.75%
Services provided are one-size fits all, and don't meet individual needs	32	4	12.50%
Stigma Leads to Avoidance	32	18	56.25%
Eligibility Requirement (explain below)	32	7	21.88%
Availability of Substance Use Disorder Services	32	0	0%
Availability of Substance Abuse Prevention Programs	32	0	0%
Other (explain below)	32	1	3.13%



Need Area: Domestic Violence Services

Status: General 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

In reviewing the data from the 2016 New Jersey State Police annual domestic violence reports, Hunterdon County has the lowest incidents of Domestic Violence in the state which totaled 554 reports. This ranking does not account for population size.

Upon reviewing the New Jersey State Police annual domestic violence reports from 2012 to 2016 the Hunterdon County data explains that domestic violence incidents slightly decreased in 2013 and 2014 but slightly increased from 2015 to 2016. Looking at the municipal data from 2010 to 2016 provided by the New Jersey State Police in regards to domestic violence reports, Raritan Township consistently has the most reports with the exception of 2014 and 2015 where there was a slight dip in reports in this municipality. In 2014 and 2015 Readington Township had the highest domestic violence reports per municipality. Raritan Township is the most populated town in the county.

Survey participants did select domestic violence as an issue in the county, 39.02 percent of respondents selected it when answering the survey question regarding the top three needs in the county. This topic did come up during the focus group sessions but was not selected as a need area of focus. It is important to note that Safe In Hunterdon, the local domestic violence agency closed their doors in February 2020. Currently all domestic violence calls are being answered by Domestic Abuse & Sexual Assault Crisis Center (DASACC) in Warren County. Hunterdon residents are also referred to Domestic Violence agencies in the neighboring counties of Mercer and Somerset.

The closure of Safe in Hunterdon was addressed in the focus groups as a major gap in the county. Safe in Hunterdon is currently working with Hunterdon Medical Center and recently hired a new Executive Director. More specific information on their reopening plans are not known at this time. The community members reported the concern that there are reports of increased domestic violence in the county and throughout the nation due to the ongoing public health crisis. Members of the

community expressed the need to have a local agency providing domestic violence services specifically counseling and legal assistance so that people in need can access this service close to their homes when they are most vulnerable.

The data provided by The New Jersey State Police (NJSP) seems to suggest that domestic violence is more prevalent in the more populated municipalities. There is no race reported in the data provided by Rutgers and review of the reports on the NJSP website, race is not reported in the data set. Focus group participants did not mention any trends they notice by race or ethnicity for this need area.

Summary: Nature of the Need

As noted in the section above the local Domestic Violence agency, Safe In Hunterdon, closed in February 2020. The organization is working closely with Hunterdon Healthcare and their board was restructured. People in need of assistance are currently being referred to the neighboring counties for help including Mercer, Somerset and Warren County. This poses a barrier for people without transportation who need assistance, including counseling and may not have a device or safe ways to access web based services. During the public health crisis, there were reports of increased domestic violence in the community. Domestic violence victims are reporting further isolation from their friends and family.

There was one focus group held in December 2019 before Safe In Hunterdon closed. Attendees of this group reported through the discussion and on their surveys that although the staff at Safe in Hunterdon were well trained and the facilities were well maintained, the organization as a whole seemed to be in trouble due to poor management.

In talking to community members throughout the focus groups, domestic violence came up in the conversation in about a quarter of the groups. Some of the community members were aware of the closure of Safe In Hunterdon and others were not. One of the focus group respondents advised that she was in need of services during the closure and it was not clear to her on where to go to access services. The participant reported that she was alone when seeking legal assistance with her domestic violence situation and subsequent child support case in Family Court.

The public service group members were aware that Safe In Hunterdon was not open and they questioned how this closure of a local provider has impacted the connections that were previously made by the agency to other local nonprofit networks that is now missing as a result of Safe In Hunterdon being closed. The thought was that Safe In Hunterdon staff were plugged into the community network of services available and they questioned how that was working now that domestic violence services are not offered locally.

The three highest barriers noted in the survey are as follows: lack of awareness of service, stigma leads to avoidance and transportation. Most respondents selected “strongly disagree” when asked if there are enough Domestic Violence services available in the county. Respondents selected “agree” when asked if anyone in the county can access services and also selected “agree” to the question that services are widely known and advertised by the county. This response seems to contrast with the comments made during the focus group and key informant interviews that males are not eligible for shelter assistance and comments from attendees that they were not sure of what services were available as a result of Safe In Hunterdon closing. For the other questions, most of the respondents selected “don’t know” as their response which matched the focus group discussions.

Before Safe in Hunterdon closed, one of the barriers reported during in the survey was gender, an example was provided stating that if a male needed shelter for Domestic Violence, he was turned away and not referred to any other agency. This may be a barrier statewide for most safe houses. Harvest Family Success Center was referenced as a great resource for families in general during the group discussions, but was not mentioned in terms of assistance with Domestic Violence. Most of the conversation around domestic violence focused on women as the victims and conversations about culture or language barriers, surprisingly, did not emerge.

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

This is an urgent need that should be addressed within the next year.

Information about domestic violence services could be shared more widely by the county. The new executive director for Safe in Hunterdon started to attend county meetings in October 2020. The gap with reopening Safe In Hunterdon rests on adequate funding. Hunterdon County, through the Department of Human Services has assisted with a small county funded grant for shelter nights however the agency needs substantial state funding to reopen the Safe House.

It was suggested that if Safe in Hunterdon will be opening their Safe House or starting programs that this information is clearly communicated to the local providers so that people in need are appropriately referred to services.

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	29.27 %	17.07 %	24.39 %	4.88 %	24.39 %	100 %
2. Anyone in the county is able to access services.	41	17.07 %	21.95 %	34.15 %	4.88 %	21.95 %	100 %
3. Services are widely advertised and known by the county.	41	24.39 %	19.51 %	31.71 %	2.44 %	21.95 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	41	2.44 %	14.63 %	36.59 %	2.44 %	43.90 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	40	5 %	7.5 %	25 %	7.50 %	55 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	40	5 %	7.5 %	32.5 %	5 %	50 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	32	5	15.63%
Services do not exist	32	11	34.38%
Transportation	32	12	37.50%
Cannot contact the service provider	32	4	12.50%
Too expensive	32	0	0%
Lack of awareness of service	32	15	46.88%
Cultural Barriers	32	5	15.63%
Services provided are one-size fits all, and don't meet individual needs	32	2	6.25%
Stigma Leads to Avoidance	32	14	43.75%
Eligibility Requirement (explain below)	32	3	9.38%
Other (explain below)	32	3	9.38%



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

It is difficult to estimate if a large percentage of the population in Hunterdon County is affected by this need without further data. In reviewing the data that was collected through the two surveys and the subsequent focus groups members of the community did not identify this as a predominant need or issue, it was selected by 34.15 percent of the survey respondents and ranked five out of seven need area selections. One could estimate that this need transcends all subgroups.

Summary: Nature of the Need

Parenting services are available through Harvest Family Success Center and the Family Support Organization which serves Hunterdon, Warren and Sussex County. The respondents overwhelmingly responded "don't know" to all of the DCF survey questions regarding this need topic. Lack of awareness of service was the highest response related to barriers at 73.08 percent. The second highest barrier reported was transportation at 46.15 percent and cultural barriers represented 34.62 percent of the responses.

Harvest Family Success Center is well regarded by people in the community who utilize their services. The HCNA survey responses overwhelmingly praised them for all of the services they provide to families and how people accessing services aren't clients they are treated like part of the family. The Family Support Organization supports and trains community members on The Nurtured Heart approach.

Due to the ongoing public health crisis agencies have moved to remote operations, making barriers such as transportation nonexistent but highlight another barrier, the digital divide for parents who may not have the internet or a device to connect on meetings. Recent reports from agencies also suggest that some participants in parenting services would rather meet in person and do not wish to work with the agency via phone or online meeting platforms.

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.	40	17.50 %	17.50 %	30 %	5 %	30 %	100 %
2. Anyone in the county is able to access services.	40	7.50 %	7.50 %	37.50 %	7.5 %	40 %	100 %
3. Services are widely advertised and known by the county.	40	12.50 %	25.00 %	25.00 %	5 %	32.50 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	40	2.50 %	7.50 %	35.00 %	7.50 %	47.50 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	40	2.50 %	0 %	32.50 %	12.50 %	52.50 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	40	2.50 %	0 %	35 %	15.00 %	47.50 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	26	1	3.85%
Services do not exist	26	2	7.69%
Transportation	26	12	46.15%
Cannot contact the service provider	26	0	0
Too expensive	26	1	3.85%
Lack of awareness of service	26	19	73.08%
Cultural Barriers	26	9	34.62%
Services provided are one-size fits all, and don't meet individual needs	26	5	19.23%
Stigma Leads to Avoidance	26	7	26.92%
Eligibility Requirement (explain below)	26	1	3.85%
Other (explain below)	26	1	3.85%



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**

The DCF survey question regarding local priorities for prioritizing specialized needs, legal and advocacy services was the least selected by the participants at 24.39 percent. Legal Services of Northwest Jersey (LSNWJ) which serves the following counties: Hunterdon, Morris, Somerset, Sussex and Warren counties reported in their 2019 year in review that they provided legal assistance in 5,410 cases affecting essential needs. Additionally they report that their work in 2019 helped 7,831 people, including 2,614 children. They also report that 99 percent of clients provided with legal representation pursued legal remedies and 93 percent were successful in meeting their essential needs.

Members of the community identified Legal and Advocacy Services during the first focus group as a need or issue as the existing services for Immigration and Social Security cases through Legal Services are not found locally.

The need for free or reduced fee legal services is more prevalent for people who live in poverty and people who are just above the poverty lines as they typically experience higher rates of eviction. Undocumented immigrants face additionally legal challenges regarding their status. Legal immigrants also face problems with the “public charge” rule that is essentially a wealth test when green card holders apply for citizenship.

Summary: Nature of the Need

The Legal Services website advises that people under 250 percent of the federal poverty level are eligible for their services and must have less than \$11,000 in liquid assets for an individual plus \$5,000 per additional household member. Eligibility requirements also include that assets that are not readily convertible to cash: up to \$22,000 for an individual, plus \$10,000 for each additional household member.

There is one local Legal Services office in Hunterdon County located in Flemington NJ. Focus group respondents reported that the attorneys who work for LSNWJ are wonderful however, in their opinion, there are not enough attorneys to cover all of the cases. Respondents also advised that undocumented immigrants need to travel out of the county to Trenton or Edison to receive legal assistance regarding citizenship. For the undocumented population, fear is a factor, and as a result this population falls victim to exploitation.

Outside of LSNWJ, there are lawyer referral services, however legal assistance remains very expensive, even when offered on a sliding scale based fee. Focus group respondents advised that when they needed to bring their divorce and child support complaint to the Family Division, it was very difficult to obtain support without paying for an attorney. One respondent advised that she felt as if the judge presiding over her case did not even listen to her but listened to her spouse's attorney.

Focus group respondents stated that there is a lack of knowledge of what legal services are available, this was noted in the survey as the highest barrier at 58.06 percent, and the second highest barriers were transportation at 32.26 percent and waiting lists at 32.26 percent.

The majority of respondents to the DCF survey stated that they disagreed that there are enough legal services available and report that they also disagreed that services were advertised and known in the community. The majority of respondents agreed that services take race, age, gender, ethnicity and more into account and agreed that anyone in the county is able to access services. Most respondents selected don't know for the questions regarding the following: facilities that provide service to meet this need are of good quality and staff are well-trained, knowledgeable and provide good customer service.

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

The county could assist by hosting forums where attorneys come to provide guidance for people experiencing evictions or bankruptcy issues as suggested by focus group participants. The county could advocate for more free legal advice through additional funding streams.

This is an urgent need due to the ongoing public health crisis and the potential impacted of an increased need for assistance with evictions when the moratorium ends.

The service providers and community support organizations need training and funding directed towards assistance with mediation or funds for attorneys to assist people on a sliding scale fee or pro bono depending on their income.

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	14.63 %	34.15 %	19.51 %	2.44 %	29.27 %	100 %
2. Anyone in the county is able to access services.	41	14.63 %	19.51 %	39.02 %	0 %	26.83 %	100 %
3. Services are widely advertised and known by the county.	41	17.07 %	34.15 %	21.95 %	0 %	26.83 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	41	4.88 %	4.88 %	41.46 %	2.44 %	46.34 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	41	2.44 %	0 %	29.27 %	2.44 %	65.85 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	41	4.88 %	2.44 %	24.39 %	12.2 %	56.10 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	31	10	32.26%
Services do not exist	31	8	25.81%
Transportation	31	10	32.26%
Cannot contact the service provider	31	3	9.68%
Too expensive	31	7	22.58%
Lack of awareness of service	31	18	58.06%
Cultural Barriers	31	7	22.58%
Services provided are one-size fits all, and don't meet individual needs	31	3	9.68 %
Stigma Leads to Avoidance	31	2	6.45%
Eligibility Requirement (explain below)	31	7	22.58%
Other (explain below)	31	2	6.45%