

Mercer County Needs Assessment 2020

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County Human Services Advisory Council

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PART 1



Executive Summary

The New Jersey Department of Children and Families (DCF) partnered with the Human Services Advisory Councils across the state to undertake a comprehensive County-Wide Needs Assessment process. This initiative, between DCF and Mercer County's Human Services Advisory Council involved collecting quantitative and qualitative data which would document: local needs, the impact of needs on the community and subpopulations, social connections and community networks, trends in needs and connections over time, key barriers to service delivery, and considerations for action. Results from this assessment will be used to support the Mercer County Department of Human Services and the New Jersey Department of Children and Families in their efforts to raise awareness regarding unmet needs and barriers to service delivery, to advocate for policies and funding for policies and programs that represent the interests of residents who have limited voice in government and to assist with an informed planning process to strengthen families in Mercer County.

The Mercer County HSAC Needs Assessment examined 13 needs in two areas, basic and specialized. Survey respondents prioritized 4 need areas: Housing, Behavioral/Mental Health Care for Children, Behavioral/Mental Health Care for Adults, and Community Safety. In addition to the survey results, focus groups and interview discussions conducted by Mercer County Human Services staff, DCF provided Mercer County with a county data profile (Rutgers University School of Social Work, 2019) to assist with identifying key topics to be prioritized. The Rutgers data profile included the most recently available administrative data related to Mercer's demographics and selective service indicators. The profile also included a view of Mercer County's ranking in these areas in relation to other counties in New Jersey. To complete a full picture of needs in Mercer County, a variety of additional resources were used. These data sources include, but are not limited to: the American Community Survey, U.S. Census Data, U.S. Department of Agriculture, State of New Jersey Department of Human Services, Mercer County Department of Human Services, and the New Jersey Judiciary.

The following are recommendations for policy and funding discussions moving forward:

Overall Recommendations:

1. Examine all need areas with a focus on increasing service access for all residents.
2. Focus on reducing systemic racism, educating all communities about racism and eradicating racism as a barrier to service for Mercer County residents.
3. Look at ways to increase access to transportation throughout the county.
4. Find ways to communicate what services are available to Mercer County residents effectively.

Housing:

1. Improve coordination regarding housing with all levels of government; local, state, and federal.
2. Continue to use data to examine the racial disparities in the Mercer County Homeless System. Develop policies that focus on the reduction of racial disparity.
3. Work with local non-profits, state agencies and legislators to expand access to I.D's, which are needed to qualify for many housing programs.
4. Use the Homeless Trust Fund to develop county-wide affordable housing and support those who are in fragile housing situations.
5. Partner with developers to expand affordable housing options both within and outside of Trenton.
6. Initiate a campaign to educate communities on the importance and benefits of affordable housing for all residents.
7. Advocate for an affordable housing department in each municipality.

Behavioral/Mental Healthcare for Children and Adults:

Please note that the decision was made to combine the recommendations for Adult Mental/Behavioral Health Services and Child Mental/Behavioral Health Services. In focus groups and key informant interviews, these topics were discussed as a continuum of care with many components affecting both areas.

1. Improve coordination regarding Behavioral/ Mental Health care for Children and Adults with all levels of government; local, state, and federal.
2. Support non-profits in Mercer that provide Behavioral/Mental Healthcare for Children and Adults through fair and realistic contracts that support service provision and administrative costs that support direct service workers.
3. Advocate for an increase in the rate departments pay for qualified Mental Health Service Providers in Mercer County as a way to increase the number of qualified Mental Health providers in Mercer County who have contracts with New Jersey Human Services.
4. Prioritize recruitment of bi-lingual therapists.
5. Decrease wait times for services, especially initial evaluations, by recruiting more qualified clinicians and supporting agencies.
6. Initiate an education campaign that aims to both increase awareness of Behavioral/ Mental Health options in Mercer County and reduce stigma for those who are in need of these services.
7. Develop a real-time app that lists comprehensive services which are available throughout Mercer County. This app would include services provided, location, and eligibility requirements.
8. Examine the transportation infrastructure to find innovative ways to increase access for all residents. Continue to support telemedicine options for the clients who find this effective.

Community Safety

1. Improve coordination regarding Community Safety with all levels of government; local, state, and federal.
2. Work with local communities to foster collaboration between police and residents so that law enforcement is viewed more universally as a positive and helpful.
3. Engage in a campaign to educate the public on the role of police and other community programs that serve to increase community safety.
4. Develop and use community resources to build social support systems that increase a sense of community and safety.
5. Support investment in community development such as parks and better transportation.

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

Mercer County, officially founded in 1838, is located in west-central New Jersey. It conveniently borders Pennsylvania to the west and the Delaware River constitutes as the boundary between both states. The County of Mercer encompasses 226 square miles that houses approximately 368,000 residents in three boroughs Hightstown, Hopewell, and Pennington; seven townships East Windsor, Ewing, Hamilton, Hopewell, Lawrence, Robbinsville, and West Windsor; the town of Princeton and the county seat and state capital, Trenton (United States Census Bureau, 2019; The County of Mercer, n.d.-a).

The county is home to several institutions of higher education, Princeton University, Thomas Edison State University, The College of New Jersey, and Rider University. It is also home to a number of elite private schools including the Pennington School, the Lawrenceville School and the Peddie School. In addition, Mercer County has several art and cultural centers such as Boheme Opera, McCarter Theater, and CURE Insurance Arena. There are major highways that go through the county, such as US Highway 1 (US 1) and U.S. Route 130 (US 130), and transit hubs being Trenton-Mercer Airport and Trenton Transit Center.

The population growth within the last 10-year period has been static. The United States Census reports a 0% change in the population from 2010 to 2020 (2019). In the previous census collection year, there was a reported 4.49% population change from 2000 to 2010 (Population of Mercer, n.d.). The 12 municipalities combine to form a diverse population of individuals with various backgrounds. Approximately, 63% of the population identifies as White, 21% Black, 18% Hispanic/Latino, 12% Asian, 1% American Indian/ Alaska Native, and 4% other (United States Census Bureau, 2019). 22% of the Mercer County population are foreign-born residents and has remained steady over the past 5 years (Rutgers University School of Social Work, 2019).

Mercer County has a wide range of residents living at various socioeconomic standpoints. Mercer is the 13th most expensive NJ County to live in (Rutgers University School of Social Work, 2019), in which the annual cost of living is estimated at \$94,171 (Economic Policy Institute, 2018; Rutgers University School of Social Work, 2019). This estimate includes cost associated with housing, food, childcare, transportation, health care, other necessities and taxes (Economic Policy Institute, 2018). Mercer's most costly component was estimated to be childcare at \$1,516 (Economic Policy Institute, 2018; Rutgers University School of Social Work, 2019). The average median household income of \$77,027 is approximately the same as the state median household income (Rutgers University School

of Social Work, 2019).

While Mercer County is one of the wealthiest counties in the state, the Capital County has the Capital City, Trenton at its center. Trenton is a community in distress, with a concentration of poverty, racial disparity, violence, educational inequality and many factors that affect the well-being of families and children. This data representation of the entire county does not drill down to the significant differences between the county as a whole and the Trenton community in its midst. Some of it is borne out in the delineation represented below, and for the most part, we look at the needs of the city in a focused manner when it comes to funding and policy decision making.

As all communities have been affected by the worldwide COVID-19 pandemic, Mercer County saw an increase in the unemployment rate amongst residents. At the beginning of COVID-19, Mercer County's unemployment rate was 3.1% in March 2020, but in April unemployment was reported as 10.1% (New Jersey Department of Labor and Workforce Development Bureau of Labor, 2020). Unfortunately, by June 2020 the unemployment rate was at its highest reporting of 12.4%. (New Jersey Department of Labor and Workforce Development Bureau of Labor, 2020). However, the unemployment rate has decreased over the last several months and as of September 2020, Mercer County's unadjusted unemployment rate was reported as 5.1% (New Jersey Department of Labor and Workforce Development Bureau of Labor, 2020).

Mercer County had an estimated 78,695 children under the age of 18 ranking the county thirteenth for the highest total of children in New Jersey (US Census Bureau, 2020). In 2018, 35% of the child population identified as white Non-Hispanic, 22% Black or African-American, 27% Hispanic or Latino, 11% Asian, and 6% other (Advocates for Children of New Jersey, 2019). According to Rutgers University (2019), 12% of families with children under the age of 18 are living in poverty. This percentage mirrors the New Jersey average of families living in poverty and has stayed steady since 2013 (Rutgers University School of Social Work, 2019). These families are mostly located in Trenton City (32%), whereas only 2% of these families live in West Windsor. Advocates for Children of New Jersey (2018) indicated that Mercer ranked fifth of the 21 New Jersey counties in Child Health. Within Mercer's twelve municipalities, there are 11 public school districts including one special services district and one technical school district, including 104 public schools and more than 70 non-public school (The County of Mercer, n.d.-b). In the 2017-2018 class, 90% of Mercer students graduated high school (Advocates for Children of New Jersey, 2019).

In the annual Point-In-Time (PIT) Count of the homeless, we are able to identify those households experiencing homelessness within the community. On January 28, 2020, Monarch Housing (2020) reports that 431 households, including 556 persons, were experiencing homelessness on that single night. On the night of the count 71 persons in 62 household were identified as chronically homeless and 105 persons were unsheltered (Monarch Housing Associates, 2020). Trenton and Ewing were found to have the highest total homeless population (Monarch Housing Associates, 2020) of the

municipalities.

From a racial standpoint, individual's experiencing homelessness who identified as Black or African American are overrepresented in the population, a disparity that is seen across the country. Monarch Housing (2020) states that while the Black and African American population only represented about 20% of the general population, this same subgroup represents 34.7% of individuals living in poverty and 62.8% of the identified population experiencing homelessness. The individuals who were identified in this count showed that disabling conditions such as mental health issues, substance abuse, physical disability, developmental disability, chronic health condition, and HIV were present (Monarch Housing Associates, 2020). However, mental health issues were determined to be the most debilitating condition in which reports indicated that it affected 33% of individuals identifying as White, 23% of persons identifying as Black or African American, and 21% of those identifying as Hispanic/Latino. Substance Abuse was indicated as the second most reported disability (Monarch Housing Associates, 2020).

Approximately 13, 937 households were enrolled in SNAP, of which a population sum of 25,790 Mercer County residents enrolled in the program. 658 family units, a cumulative total of 1,595 adults and children, were enrolled in the NJ Work First program with 62 new cases opened while 111 were closed in 2019. With General Assistance, there were 561 unduplicated cases with 417 recipients deemed to be unemployable and 144 beneficiaries viewed as employable. For Emergency Assistance (WFNJ/EA), 121 families receive support. 45 of those family units received this support in the form of rental assistance, 34 families were aided for motel housing payments, 24 families received benefits to assist with shelter/transitional payment, 48 families used the services for other areas, and 85 families who collect Supplemental Security Income (SSI) received an Emergency Assistance payment.

The cumulative total of adults enrolled in NJ Family Care was 22,241. Of the 22,241, 4,098 adults were enrolled in Medicaid, 6,029 are parents who earn 133% above of the federal poverty line, and 12,114 are childless adults who are also 133% above of the federal poverty line. The number of NJ Family Care enrollees who were blind, disabled and aged is 15,390. 22,207 children were enrolled in NJ Family Care (Medicaid). With the Children Health Insurance Program (CHIP), there were 9,280 beneficiaries and there were 2,088 enrollees for Children's Services; the communitive total of children enrolled is 33,575. Between 2017 to 2018, 17,416 children received school free or reduced lunch. In 2017, 7,990 women were enrolled in WIC.

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

Based on the survey responses, prioritized need areas for each focus group were selected by staff. The Needs Assessment team decided to format the focus groups in this fashion so each group would feel invested in the sessions' outcome and so that both individual and collective opinions could be accounted. The consensus was that instead of supplying the needs, it would be most informative to hear what constituents had to share about the needs they see daily. The final four prioritized need areas' for Mercer County were based on total survey results, information that emerged from focus groups, key informant interviews, and priority areas in Mercer County. The Needs Assessment team conducted a review of the DCF provided data profiles from Rutgers. Although the DCF Needs profile was not used exclusively, the collected data for selected areas resulted in similarities between the prioritized areas in the DCF profile and Mercer County's surveys, focus groups, and key informant interviews.

The Rutgers profile's primary needs and service areas are as follows: Depression, Mental Health Distress, Violent Crime, and Juvenile Arrests.

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. Behavioral/Mental Health Children
3. Behavioral/Mental Health Adults
4. Community Safety

Focus Groups

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

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

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

Recruitment.

Focus Group participants for the Mercer County Needs Assessment were recruited using contacts of the Mercer County Human Services Advisory Council and Mercer County Human Services staff's network. Participants were selected from various sources including, but not limited to, MCHSAC Members, associates and staff, Social Service Provider's agency staff and consumers, Mercer County Family Service Organization consumers, N.J. Children's System of Care consumers, Mercer County Aging, Disability, and Resource Connection members, Mercer County's Children's Interagency Coordinating Council, Mercer County Division of Public Health, the Mercer County and Community

Organizations Active in Disaster Task Force participants. Due to the Covid-19 pandemic's restrictions necessities, the majority of surveys were completed online via the Survey Monkey platform. Online surveys had a 75% completion rate. Several potential participants expressed frustration with the length and repetitive nature of the survey. In addition, partners who were eager to assist with focus group recruitment at first became wary of asking personal and business contacts to complete such a lengthy survey.

Focus Group Participants. A total of 14 focus groups were conducted in this county as part of this needs assessment. These focus groups were conducted from October 27, 2020 to December 16, 2020. There was a total number of 71 participants. The number of participants in each focus group ranged from a minimum of 1 and a maximum of 16 participants. During the focus group sessions, a total of 72 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 Informant Interview candidates for the Mercer County Needs Assessment were recruited using contacts of the Mercer County Human Services Advisory Council and Mercer County Human Services staff's network. Interviewees selected represented various sectors and could provide a global view regarding the needs highlighted during the focus groups in Mercer County. One key informant candidate was unable to sit for an interview after the survey was completed.

Key Informant Interview Participants. A total of 4 interviews were conducted in this county as part of this needs assessment. The total number of participants included was 5. These interviews were conducted from December 1, 2020 to December 16, 2020. There was a total of 6 surveys completed during the interview sessions.

Participant Demographics

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

Role in the Community (not mutually exclusive)	Number of Participants
County Resident	65
Staff or Volunteer with a Community-Based Organization (e.g., Health and Human Services providers, Planning Board Participants)	16
Staff or Volunteer with a Public Service Organization (e.g., paramedics, fire fighter, police officers, air force, judges)	5
Local Business Owner in the County	7
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	10
25-34	11
35-44	15
45-54	25
55-64	12
65 and over	5

Gender	Number of Participants
Female	60
Male	18
Non-binary, third gender/transgender	0
Prefer Not to Say	0
Other	0

Race	Number of Participants
American Indian or Alaska Native	0
Asian	3
Black or African-American	20
Native Hawaiian or Other Pacific Islander	0
White or Caucasian	42
Multi-Race (2 or More of the Previous)	13
Other	0

Ethnicity	Number of Participants
Hispanic, Latino or Spanish Origins	12
No Hispanic Latino or Spanish Origins	53

Education Level	Number of Participants
Grades Preschool-8	0
Grades 9-12-Non-Graduate	2
High School Graduate or GED	15
High School/GED <u>and</u> Some College/Trade	3
2 or 4-Year College/Trade School Graduate	24
Graduate or Other Post-Secondary School	34

Employment Status	Number of Participants
Employed: Full-Time	49
Employed: Part-Time	8
Unemployed-Looking for Work	5
Unemployed-Not Looking for Work	4
Retired	0
Student	3
Self Employed	6
Unable to Work	3

Years of Community membership	Number of Participants	Range
How many years have you been a member of this community?	78	0-30 years

Services Accessed by a Household Member within the last 2 Years	Number of Participants
Yes	29
No	49

Household Member History of Involvement with NJ Division of Child Protection and Permanency	Number of Participants
Yes	17
No	61

Participants represented the following municipalities

The Mercer County Needs Assessment Team was able to secure participation from each of the 12 municipalities in Mercer County. The breakdown of participants is as follows: Ewing-4, East Windsor-1, Hamilton-12, Hightstown-4, Hopewell Borough-2, Hopewell Township-12, Lawrence-4, Pennington-2, Princeton-5, Robbinsville-1, Trenton 29, and West Windsor-2.

Additional Data Collection Methodologies

Due to the restrictions necessitated by the Covid 19 pandemic, most focus group participants were sent a Survey Monkey link to the DCF supplied survey ahead of the focus group. Every effort was made to ensure that only participants that completed the survey were in the focus groups. Although the questions were asked, due to the survey's anonymity and the number of online surveys left incomplete, the team could not ascertain that every focus group participant completed the online survey. Overall there were more completed surveys (73) than focus group participants (72). Online surveys had a 75% completion rate. A total of 78 respondents (both focus group and key informant interview participants) completed the full demographic section, and 61 answered every question in the survey. Surveys with a completed demographic section were included in the demographic count. Individual question responses were tabulated using the number of responses for each question area. In addition to sending an online survey link, Mercer County Human Services staff facilitated two in-person focus groups where surveys were completed on-site. For families and individuals who were unable to meet in-person and lacked access to the technology necessary to complete an online survey or video chat, staff proctored the survey completion and facilitated the focus group via phone. Please note all percentages are rounded to equal 100%, and rates cited in scope of need and nature of need narratives are rounded to the nearest whole number.

PART 2



Key Findings Across Needs

The Mercer County Needs Assessment Team conducted 14 focus groups and 4 key informant interviews by video conference, phone, and in-person. During this process, survey data were collected from 78 persons and compiled into a comprehensive Needs Assessment report. The key barriers most commonly identified across need areas were Transportation, Lack of Awareness of Service, and Wait Lists. The majority of respondents across all need areas agreed that there were not enough services accessible throughout the county. A few respondents stressed that most facilities are located in Trenton, and non-Trenton residents can struggle to get to the city to access needed services. There were also concerns voiced about Trenton locations' safety and the general safety of accessing any in-person service during the pandemic. Interestingly, a few respondents mentioned that the pandemic has virtually eliminated the transportation barrier. One parent went so far as to say that not needing to secure transportation to therapy appointments for her family has greatly improved her mental health and daily functioning. She hopes that virtual appointments will continue indefinitely. In addition, the Lack of awareness echoed throughout the focus groups. One participant summed up the lack of awareness by saying, "I know what I know from my friends and family." While useful, word of mouth is not always the most efficient or accurate way to get information about services. The lack of awareness goes hand-in-hand with services not being well advertised or widely known. Participants had some innovative solutions to this barrier. One solution included an app populated with service choices based on need and location similar to the "What I Need" (WIN) app currently used to assist homeless youth in Mercer. Other solutions included regular information sharing at local parks and gathering places, information fairs throughout the county, increased collaboration with the schools and doctor's offices, and a frequently updated web page dedicated to listing all the county's services. Limited access for undocumented persons was mentioned in nearly every area as a barrier to service. Without identification, a social security number, a lease, or other documentation, many are not eligible for services. Leaving this sector of the population severely underserved affects all aspects of the community. Finding ways to expand access to low-cost, high-quality services in all need areas for this population while reducing cultural barriers would help improve the community for undocumented persons and all who reside in Mercer County. In addition to access for undocumented persons, racial disparities were mentioned as a barrier across the prioritized need areas as well as most of the other need areas. Historic injustices such as redlining have led to an unequal system in all aspects of life, ranging from housing and education to healthcare and childcare options. Moving forward, the Mercer County HSAC will focus on examining the causes of systemic racism and identifying ways to educate, legislate, and aim towards eradicating racism across the county.



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 Mercer County, 17 percent of households experienced severe cost burden (50% of income or more is spent on housing) for housing in 2017. This percentage is greater than the percentage for the state of New Jersey (American Community Survey; see *County Data Profile for Additional Source Information*). In 2019 the latest year of data made available in the county profile packet, 19 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**

Housing remains an ongoing concern in Mercer County and is one of the prioritized need areas. The 2020 Mercer County Point in Time (PIT) Count conducted on Tuesday, January 28, 2020, counted 431 households, including 556 persons, as homeless. These numbers increased from the 2019 PIT count, and the numbers of persons experiencing homelessness have increased by 20% since 2016. The count also illustrated vast racial disparities in persons experiencing homelessness. Making up only 20% of the general population, persons identifying as Black or African American are 34.7% of the population living in poverty and 62.8% of the identified population experiencing homelessness. Services for people experiencing homelessness in Mercer County include one shelter for singles, one shelter for people and families experiencing domestic violence, and one shelter for families. Mercer County has 144,855 housing units, of which 63% of these units are owner-occupied, and 90% are currently occupied. Ultimately, leaving little inventory for rentals and affordable rentals (U.S. Census Bureau, n.d.). As noted by the Trenton Health Team (n.d.), nearly 63% of Trenton residents rent their homes. Trenton rental rates have a stark contrast compared to Mercer County (35.8%) and New Jersey (35.9%). Rent in Trenton averaged \$995 in 2013-2017, and roughly 60% of Trenton renters contributed 30% or more of their total household income on rent (Trenton Health Team, n.d.) Affordable options in Mercer County include developments specifically for the elderly and disabled,

single room occupancies (SROs), and individual units. Although these resources exist, over 50% of respondents indicated that there are not enough housing resources in Mercer County.

In addition to ranking highest in the quantitative data section, affordability, availability, and housing location generated the liveliest conversation during the focus groups. Participants generally agreed that affordable units are concentrated in Trenton. They also agreed that there is a severe lack of options for teens and young adults, and many towns in the county are resistant to building affordable units.

Summary: Nature of the Need

Housing was listed as a top priority need area for Needs Assessment participants by 74% of participants. 55% of respondents indicated that waitlists are a primary barrier to obtaining housing. One stated that she and her two children "got lucky and only had to be in a shelter eight months" before receiving a voucher. 67% responded that they were not aware of housing options or where to obtain housing assistance in Mercer. Transportation was a barrier to obtaining services 57% of the time. Transportation barriers included getting to available units and finding units in areas accessible to work and or schools. 50% of survey participants indicated eligibility requirements as too extensive or difficult to meet, with many noting that income requirements were unrealistic. These impediments included an excessively high eligible income and being denied a lease due to prior evictions or a criminal record. In addition, accessible and affordable units were in areas that many felt were not safe enough to establish residence.

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

Housing has been a long-standing and critical need for Mercer County, New Jersey, and the entire country. Due to the scope of this need tackling the problem will require coordination of local, state, and federal entities. Mercer County Human Services has taken a leadership role in addressing homelessness in the county. Through state and local sources, the county currently funds over \$2million to support preventive services to keep families and individuals housed and for persons currently experiencing homelessness. The County is an active partner in the Trenton/Mercer Continuum of Care and fully supports the Coordinated Entry and Assistance System, despite the pandemic restrictions, the Trenton/Mercer COC was able to permanently house 231 single persons and 141 families as of November 2020. The county monitors the Homeless Management Information System (HMIS) data to ensure adherence to policies and that clients are getting the best assistance available. An emerging focus of this work will be investigating the root causes of racial disparity to put policies in place that reduce this disparity. Mercer has made a long-term impact on affordable housing availability by funding projects with Homeless Trust Fund monies. The county plans to continue using these funds to support clients in permanent housing and create more affordable housing options throughout the county.

In addition to funding programs that address homelessness, Mercer County provides support to formerly homeless families and individuals to keep these populations permanently housed. County funds support residential programs designed to enable mentally ill residents aged 55 years or older who are homeless and identified as a high priority for housing to obtain and remain in housing. It supports a Representative Payee program service, which assists individuals who have functional limitations, mental health concerns, and chronically at-risk for homelessness to manage their benefits or other income. Having assistance with mental health and financial management can help ameliorate two of the main barriers to maintaining stable housing.

Restrictive requirements on the use of State funding to prevent homelessness have been a barrier. Often providers are required to wait for an eviction notice to supply back rent. This requirement seems onerous and is indeed impossible with the current eviction moratorium. Situations may become untenable before assistance, and tenants end up owing large amounts of back rent, which eventually leads to moving. The amount of documentation necessary to be considered for assistance was also frequently mentioned. Specific barriers include a lack of identification. It should be noted that DMV services that provide I.D.s moved from the city to a suburb not easily accessible without a car. The difficulties that women and undocumented persons have supplying acceptable documents and the monetary eligibility requirements are unrealistic. Since towns seem resistant to building affordable housing, there needs to be a campaign stressing the positives of affordable housing as it would be helpful to have offices of affordable housing in each municipality.

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

Not applicable.

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	76	24.35 %	28.2 %	35.89 %	6.41 %	5.13 %	100 %
2. Anyone in the county is able to access services.	76	14.47 %	42.12 %	39.47 %	1.32 %	2.63 %	100%
3. Services are widely advertised and known by the county.	76	5.26 %	55.58 %	34.21 %	9 %	3.95 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	76	15.79 %	32.90 %	39.48 %	1.32 %	10.53 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	76	2.63 %	6.58 %	77.63 %	1.32 %	11.84 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	76	0 %	5.26 %	57.89 %	14.47 %	22.37 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	76	43	56.57%
Services do not exist	76	14	18.42%
Transportation	76	44	57.90%
Cannot contact the service provider	76	23	30.26%
Too expensive	76	10	13.16%
Lack of awareness of service	76	46	60.53%
Cultural Barriers	76	32	42.12%
Services provided are one-size fits all, and don't meet individual needs	76	7	9.21%
Stigma Leads to Avoidance	76	24	31.57%
Eligibility Requirement (explain below)	76	38	50.0%
Other (explain below)	76	1	1.31%

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 **Mercer County**, the food insecurity rate for households was approximately 10.6 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 **greater than** the percentage rate for New Jersey.

Need Assessment Key Findings

Summary: Scope of the Need

On any given day, 32,690 people in Mercer County experience food insecurity (Feeding America, 2018). In 2019, the Trenton Area Soup Kitchen supplied over 7,000 meals a week to people in need of food. The Mercer County Human Services nutrition program feeds over 600 elderly residents a day. The number of people who need food and meals served by every non-profit throughout the county increased in 2020 due to the pandemic. Focus group participants reported a 300% increase in requests for food assistance. One local drive-through pantry provided food to over 1,200 people in one day and recorded a total of 7,121 people receiving food at ten drive-through pantry events. During interviews and groups, equal access to healthy and affordable food was mentioned by participants frequently. The Trenton Health Team shows that in July 2013, nine food stores in Trenton. In the same report, the primary source of food for city residents was convenience stores that were less healthy and more expensive than supermarkets (Trenton Health Team, 2013).

Summary: Nature of the Need

Most participants (54%) agreed that, in general, food is available in Mercer County, but 44% thought that food was accessible to all, and food services take race, age, gender, ethnicity, and more into account. One person replied, "You won't go hungry in Trenton." Access to food, especially outside of Trenton, can still be limited. Limited options for those who require special diets due to health or religious concerns were also mentioned. 60% of respondents felt that facilities that provide food are of good quality, and 67% thought that staff who provide food services are well-trained, knowledgeable, and provide good customer service. Common themes about the nature of the need for food include the Mercer Food Bank not being enough to cover the full need; it can be difficult to

know which agency has what food on what days; income requirements often exclude the working poor and undocumented.

Awareness of services was listed by 65% as a barrier to obtaining food. To increase awareness of Mercer's food availability, the Trenton Health Team has created an online tool called the Trenton Area Free Food Resource (Trenton Health Team, n.d.). This tool lists dates, locations, times, and eligibility requirements for over 45 food resources in the county. Through the HSAC and HOPE subcommittee, the county is working to ensure that this resource is shared with people who may be food insecure. The pandemic has revealed that although food resources may seem adequate, access, availability, and eligibility can be barriers when the system is stressed.

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

Not applicable.

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

Not applicable.

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	76	3.95 %	18.42 %	48.68 %	5.26 %	23.68 %	100 %
2. Anyone in the county is able to access services.	76	3.95 %	40.79 %	35.53 %	1.32 %	18.42 %	100 %
3. Services are widely advertised and known by the county.	76	3.95 %	40.79 %	34.21 %	3.95 %	17.12 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	76	5.26 %	39.47 %	27.63 %	1.32 %	26.32 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	76	5.26 %	11.84 %	35.53 %	25.0 %	22.37 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	76	0 %	7.90 %	48.68 %	19.74 %	23.68 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	76	2	2.63%
Services do not exist	76	3	3.95%
Transportation	76	35	46.05%
Cannot contact the service provider	76	5	6.58%
Too expensive	76	3	3.95%
Lack of awareness of service	76	50	65.79%
Cultural Barriers	76	16	21.05%
Services provided are one-size fits all, and don't meet individual needs	76	5	6.58%
Stigma Leads to Avoidance	76	29	36.18%
Eligibility Requirement (explain below)	76	2	2.63%
Other (explain below)	75	7	9.21%

Need Area: Health Care

Status: General 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 **Mercer County**, the estimated proportion of children under 18 years old (minors) with no health insurance coverage was 4.0 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 Mercer County in **2018**, there were 314 reports of lack of or no prenatal care. This was **decrease** of 4 reports from the previous year (Center for Disease Control and Prevention; see *Data Profile for Additional Source Information*).

Need Assessment Key Findings

Summary: Scope of the Need

In 2018 the number of uninsured residents in Mercer County was 27,357 or 7.4%, higher than the average New Jersey county (U.S Census Bureau,n.d.). In Trenton, the uninsured rate is 16.8% (Trenton Health Team, 2019). Between 2013 and 2014, per capita personal healthcare spending in New Jersey grew 4.91% from \$8,444 to \$8,859 (U.S Census Bureau,n.d.). 21% of survey respondents indicated the expense of health insurance and health care as factors in not accessing services. The primary Medicaid provider is located in Trenton. Therefore, residents who live outside of the city need to travel a distance to use their Medicaid benefits. Conversely, in 2011, many hospital services were relocated from Trenton to Hopewell, making these services less accessible to city residents. Due to these factors, transportation was listed as a health care barrier 52% of the time. 66% of respondents felt that health care services and health insurance options could be advertised more widely, and 59% agreed that lack of awareness is a barrier to accessing health care services. Although the Department of Children and Families provided data profiles from Rutgers School of Social Work indicated Mercer County as a whole had the 8th highest rate of lack of prenatal care in New Jersey, in 2016, fewer than half of Trenton mothers attended a prenatal visit in the first trimester (Trenton Health Team, 2016).

Summary: Nature of the Need

Mercer County respondents expressed frustrations with healthcare and health insurance. Appointments need to be scheduled far in advance and can't be easily changed. Preferred physicians may not accept new referrals or may no longer take the respondent's insurance. Also, dealing with insurance companies is complicated, and fears of being overcharged are constant. One key informant mentioned, "the main barrier (to healthcare) is health insurance coverage." Another key informant stressed that "the number of centers that accept Medicaid in the county has dwindled" and ultimately limits access to healthcare for the county's most vulnerable. These problems are exacerbated when trying to see a specialist. When scheduling with a specialist for a potentially emergent issue, one participant was told the earliest available appointment was over three months away. Most primary care providers have set office hours during the school and workday that lead parents having to take children out of school or miss work to see a doctor for well or sick visits. 47% indicated that healthcare services did not take race, age, gender, or ethnicity into account, and 25% thought there were cultural barriers. All of these factors add up to a lack of continuity in healthcare for many people. This lack of continuity and inability to develop a relationship with a healthcare provider can lead to less positive health outcomes. While most agreed that health care facilities are of good quality (57%) and thought the staff was well trained (55%), only 16.9% thought healthcare services were available equally to all Mercer residents. A key informant suggested that the "county government be more involved with key stakeholder groups" such as churches and activists to "allow the county to design effective programs that address issues related to health disparities."

DCF staff specifically noted that in Mercer County, infant mortality has increased. The causes of death include unsafe infant habits such as co-sleeping, placing a baby on its stomach to sleep, and putting items in the crib with a baby. Although the number of mothers who report putting babies to sleep on their backs increased from 57% in 2003 to 75% in 2017, it has since decreased to 73.4% in 2018 (New Jersey Department of Health, 2018). DCF desires to partner with the Mercer County HSAC on a safe-sleeping education campaign.

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

Not applicable.

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

Not applicable.

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	71	15.49 %	25.35 %	33.80 %	2.82 %	22.54 %	100 %
2. Anyone in the county is able to access services.	71	25.35 %	40.85 %	15.49 %	1.41	16.90 %	100 %
3. Services are widely advertised and known by the county.	71	15.49 %	50.70 %	9.86 %	0 %	23.94 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	71	11.27 %	36.61 %	28.17 %	2.82 %	21.13 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	71	7.04 %	5.63 %	53.52 %	4.23 %	29.58 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	71	7.04 %	9.86 %	47.89 %	7.04 %	28.17 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	71	21	29.58%
Services do not exist	71	11	15.50%
Transportation	71	37	52.11%
Cannot contact the service provider	71	11	15.50%
Too expensive	71	15	21.13%
Lack of awareness of service	71	42	59.16%
Cultural Barriers	71	18	25.35%
Services provided are one-size fits all, and don't meet individual needs	71	2	2.82%
Stigma Leads to Avoidance	71	6	8.50%
Eligibility Requirement (explain below)	71	14	19.71%
Other (explain below)	71	2	2.82%

Need Area: Community Safety

Status: Prioritized 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 Mercer County there was a total of 1,495 violent crimes in 2016 and the *violent crime* rate per 1,000 was 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 31 arson, 541 motor vehicle theft, 4,486 larceny and 1,592 burglary in Mercer 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 duties of providing Mercer County residents with safe communities and public environments rest with the Mercer County Prosecutor's Office, the Mercer County Sheriff's Office, the New Jersey State Police, and local municipal police departments. The Mercer County Prosecutor's Office strives to foster an environment of law abidingness, safety, and security. The Office is dedicated to the pursuit and attainment of justice through its organized units that concentrate on different types of criminal behavior: arson unit, domestic violence unit, economic crime unit, homicide unit, insurance fraud unit, internal affairs unit, juvenile unit, Megan's Law unit, special investigation/gang unit, and special victims unit.

In addition to the State Police Headquarters in Ewing, Mercer County has a single New Jersey State Police Station located in Hamilton -- State Police Troop C. Troop C covers approximately 2806 square miles. The following municipalities operate their own police department: East Windsor, Ewing, Hamilton, Hightstown, Hopewell, Lawrence, Pennington, Princeton, Robbinsville, Trenton, and West Windsor.

According to the report by Rutgers' School of Social Work and the New Jersey Department of Children and Families (2019), Mercer County residents have a greater need for increased community safety compared to other counties in the state. The report indicated that the county has one of the highest violent crime rates in the state. Of the violent crimes reported in 2016, most violent crimes were attributed to aggravated assault and robbery. The homicide rate is 6.1 deaths per 100,000, which is

slightly higher than the state average of 4.1 deaths. Homicide rates for men tend to be higher than for women. It is noted that over the years, the calculated homicide rates for the county trended to decrease.

Also, in 2016, of the nonviolent crimes, the majority was attributed to larceny. Without accounting for Mercer County's population size, Mercer County has the sixth-highest juvenile arrest rate in New Jersey at 15 arrests per every 1,000 people. This rate has decreased slightly between 2012 and 2016 by seven arrests; however, it has remained higher than the state average of 10 arrests per every 1,000 people. Per these findings, 54% of those surveys during the DCF/HSAC 2020 County-Wide Needs Assessment identified Community Safety as an important basic need among Mercer County residents.

Summary: Nature of the Need

As stated, more than half of those who participated in the survey identified community safety as being a critical basic need among Mercer County residents. Approximately 52% of respondents agreed that there are enough services available in the county to help those in need and 37% agreed that they are accessible to everyone. Additionally, 64% of those surveys agreed that law enforcement staff were well-trained, knowledgeable, and provided good customers. Respondents noted that lack of awareness of services was a key barrier 33% of the time, which correlates to respondents indicating that police services were not available 32% of the time.

Those who participated in focus groups and key informant interviews vocalized several barriers to effectively providing a safe community for all Mercer County residents. Participants stated that they were unaware of the resources that address crime and violence. Being unaware of existing resources caused some participants to feel afraid to leave their homes and want to transfer existing services to other counties. This is primarily due to existing and increasing gun violence that has left many community members feeling threatened and unsafe.

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

Providing a sense of community safety to Mercer County residents is necessary to foster a community with positive well-being. It's understood that there are enough services to address crime and safety within Mercer County. However, better agency coordination on all levels of government is needed. Through interagency collaboration, residents will gain access and more awareness of available services. Essentially, not knowing the available resources can aid in the primary feelings of threat and a lack of safety. Better communication between law enforcement and residents could help to increase feelings of security. Some respondents indicated that contacting the police may escalate a situation and increase the sense of threat. A key informant noted that crime is tied to a lack of services on all levels, quality daycare, failing schools, afterschool activities, unaddressed mental

health issues, trauma, lack of living wage jobs, and poverty in general. Crime and safety touch many areas. Therefore, collaboration on the local, state, and federal levels of government and partnerships with churches and other non-profits to recognize, understand and begin to change the county's negative effects on quality of life.

To help address crime and safety with a focus on reducing youth crime, Mercer County Human Services Department of Youth Services funds the following programs:

- Prevention programs, with strategies and services designed to increase youth likelihood, will remain free from initial involvement with the formal or informal juvenile justice system.
- Diversion programs offer alleged juvenile offenders an opportunity to avoid arrest and/or prosecution by providing alternatives to the formal juvenile justice system process.
- Family crisis intervention provides 24-hour a day, 7-day a week, crisis response services within Mercer County to children/youth and their families who are experiencing behavioral, emotional, or juvenile-family crisis needs that place a child at risk of losing his/her placement in his/her home.
- Disposition programs where youth adjudicated delinquent are ordered by the courts to comply with specific sanctions, supervision, and services as a consequence for their delinquent behavior.

Treatment under which services are the following:

- Intervention and support services that target Mercer County court-impacted children.
- Short-term crisis intervention and long-term individual, family, and group outpatient treatment for youth victims of sexual, physical, or emotional mistreatment due to violence or delinquent acts.
- Shelter beds and supervision for court-involved youth in the Mercer House youth shelter.
- Immediate but temporary shelter to runaways, displaced youth, or youth who cannot contact a guardian.
- Juvenile detention alternatives provide supervision to juveniles who would otherwise be placed in a secure detention facility while awaiting their cases' final disposition.
- Reentry program, which generally refers to the period of community-based supervision and services that follow a juvenile's release from a secure facility, residential program, or other structured dispositional placement.

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.	75	20.0 %	4.0 %	48.0 %	4.0 %	24.0 %	100 %
2. Anyone in the county is able to access services.	75	4.0 %	41.33 %	37.33 %	0 %	17.33 %	100 %
3. Services are widely advertised and known by the county.	75	4.0 %	41.33 %	34.66 %	4.0 %	16.0 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	75	6.67 %	42.67 %	20.0 %	2.67 %	28.0 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	75	5.33 %	13.33 %	34.67 %	26.67 %	20.0 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	75	0 %	9.33 %	40.0 %	24.0 %	26.67 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	75	2	2.67%
Services do not exist	75	24	32.0%
Transportation	75	11	14.67%
Cannot contact the service provider	75	2	2.67%
Too expensive	75	3	4.00%
Lack of awareness of service	75	25	33.33%
Cultural Barriers	75	16	21.33%
Services provided are one-size fits all, and don't meet individual needs	75	21	28.0%
Stigma Leads to Avoidance	75	16	21.33%
Eligibility Requirement (explain below)	75	0	0.00%
Other (explain below)	75	2	2.67%

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.)

According to DCF provided data profiles from Rutgers School of Social Work, "unemployment is defined by the Bureau of Labor Statistics as people who don't have a job, have actively looked for work in the past month, and are currently available for work. The unemployment rate is calculated by dividing the total number of unemployed persons with the total number of employed and unemployed persons." The Rutgers data shows that the unemployment rate in Mercer County in May 2019 was 2.6%, slightly lower than the New Jersey average of 3.0%. This data also illustrates that Mercer's unemployment rate ranged from a high of 4.3% in July 2018 to a low of 2.5% in April 2019. In contrast, October 2020 statistics from the Federal Bureau of Labor Statistics show Mercer's unemployment rate to have more than doubled to 6.2%, still lower than New Jersey's October 2020 rate of 7.8%. Trenton's October 2020 unemployment rate was 9.8%- significantly higher than Mercer County or New Jersey's unemployment rate as a whole.

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

The Federal Bureau of Labor Statistics shows that 72% of Mercer County's population work in the government sector. This was followed by professional and business services (49%) and Education and Health Services (46%). According to Rutgers's School of Social Work, A Profile of Family and Community Indicators Report (2019), the median household income is defined as the "estimate (in 2017 dollars) for a two-parent-two-child family to attain a "modest yet adequate standard of living." Estimates include costs associated with seven components: housing, food, childcare, transportation, health care, "other necessities" and taxes. The median household income for Mercer County residents in 2017 was \$77,027, slightly higher than the New Jersey average of \$76,475. The average cost of living in Mercer County is \$94,171, which leaves an average deficit of \$17,696. The municipality with the highest median income is Hopewell (\$129,320), and Trenton had the lowest reported median income (\$36,524). The median annual deficit in Trenton is \$57,647. Noting an income disparity of \$92,796 within 6 miles illustrates the stark economic disparities in the county. This disparity is not only evident by municipalities but by gender. Mercer County males earned a median income of \$63,328, while females earned a median income of \$53,697. Both of which are slightly higher than the New Jersey median income average. Since 2013, men have consistently earned \$10,000 more than women. The poverty rate in Mercer County is 11.9%. The largest group

living in poverty is women aged 25-34, and the largest racial group living below the poverty line are those identifying as white (U.S. Census Bureau,n.d.).

Summary: Nature of the Need

42% of respondents to the Mercer County HSAC County-Wide Needs Assessment survey indicated that Employment and Career Services was an essential basic need for Mercer County Residents. Respondents noted a need for more jobs that pay a living wage and benefits and that new employers in the county that provide low-skill but higher-pay jobs are not easily accessible to many residents. Public transportation is spotty, and private transportation options can be exploitive to the consumer, especially if one works unconventional hours.

Other common barriers to employment in Mercer County include lack of awareness of service (53%), and the stigma of being unemployed leads to avoidance of seeking help (38%). While 44% of respondents agreed that there are enough Employment and Career services in Mercer county, 60% believed that these services are not available to anyone. Over 65% felt that these services were not widely advertised and known. In addition to many non-profit job search assistance and support programs, Mercer County job seekers can access assistance, training, and support through the One-Stop. Residents who are receiving public assistance through Temporary Assistance to Needy Families, General Assistance, or N.J. Supplemental Nutrition Assistance Program may be eligible for job assistance through Work First New Jersey. While survey takers thought options available for young job-seekers were limited, the Mercer County One-Stop provides a youth Career Connection component that includes training, GED testing, and job support. A few respondents mentioned that the One-Stop center is in Trenton and has metered parking, limiting accessibility for those outside Trenton or those who cannot pay for a meter.

Although services are available for the unemployed, one stressed that "the basis of the support for the working poor or the reeducation of people is flawed. A family is provided support when they are jobless but, support instantly ceases upon employment instead of an upgraded or transitional support plan as the family begins employment. The plan in place currently sets people up for failure."

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

Not applicable.

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

Not applicable.

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	76	2.63 %	27.63 %	44.74 %	0 %	25.00 %	100 %
2. Anyone in the county is able to access services.	76	5.26 %	55.26 %	18.42 %	0 %	21.05 %	100 %
3. Services are widely advertised and known by the county.	76	2.63 %	63.16 %	15.79 %	0 %	18.42 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	76	0 %	40.79 %	32.90 %	0 %	26.31 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	76	5.26 %	18.42 %	55.26 %	0 %	21.05 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	76	5.26 %	11.84 %	57.90 %	3.95 %	21.05 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	76	14	18.42%
Services do not exist	76	13	17.10%
Transportation	76	34	44.74%
Cannot contact the service provider	76	13	17.10%
Too expensive	76	4	5.26%
Lack of awareness of service	76	41	53.95%
Cultural Barriers	76	23	30.26%
Services provided are one-size fits all, and don't meet individual needs	76	16	21.05%
Stigma Leads to Avoidance	76	29	38.16%
Eligibility Requirement (explain below)	76	8	10.53%
Other (explain below)	76	1	1.32%

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 Mercer 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 Mercer County was less than the median monthly cost for NJ.

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

Mercer County Needs Assessment survey results showed that 15% of respondents indicated Child Care as an essential basic need. There are over 200 Mercer County Childcare centers listed on the New Jersey Department of Children and Families website (New Jersey Department of Children and Families, n.d.). These centers are located throughout the county, with the fewest being in Ewing (1) and the most in Trenton (52). Rutgers Profile of Family and Community Indicators (2019) reports that the monthly median cost of care for an infant is \$1,384; for a toddler is \$1184 and for pre-school aged children is \$1000. While presenting numerically lower than New Jersey's median, Mercer's median monthly childcare costs tend to be on the high side for the state. Additionally, infant, toddler, and pre-K childcare costs appear higher than expected compared to the county's median household income (Rutgers School of Social Work, 2019). As cited in the 2019 Profile of Family and Community Indicators, the Economic Policy Institute showed that childcare costs in Mercer County are the most expensive component of the cost of living budget estimates for Mercer families.

Families that cannot afford childcare in Mercer County have options via free programs such as Early Head Start, subsidy programs from the state and county, and some scholarships. Regarding the Mercer County subsidy, Mercer is currently the only New Jersey county to continue to fund a childcare subsidy for families who do not qualify for the state subsidy but still require financial assistance. State and Mercer subsidies are available through Child Care Connection and used for approved New Jersey Department of Children and Families centers.

Summary: Nature of the Need

58% of respondents felt that there is enough childcare available for Mercer County residents who need the service, and almost 60% indicated that anybody could access childcare. Most respondents indicated that they and people they know found childcare through word of mouth and often found private, unlicensed childcare was more affordable and flexible. Ultimately, this correlates with 67% of respondents saying that childcare options are not widely known.

Lack of awareness of childcare services (55%), waiting lists (56%), and expense (47%) were the most frequently cited barriers to child care in Mercer County. The most common hours for daycare are 7:00 a.m. to 6:00 p.m. Many low-income workers cannot adhere to that schedule and are forced to pay extra for late pick-up. A common theme in the comments was a need for more flexible hours in daycare centers to allow shift workers to access this service. Overall, child care is too expensive and needs more access to vouchers. One added a summative comment in which they stated that "Child care is very expensive and not flexible for those who do shift work in the service industry. Also, income limits should be higher." Also, it's mentioned that some employees' salaries fall above the income necessary to get assistance but still can't quite afford care at the place of their choice.

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

Not applicable.

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

Not applicable.

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	67	29.85 %	28.35 %	23.88 %	0 %	17.91 %	100 %
2. Anyone in the county is able to access services.	67	17.91 %	41.79 %	22.38 %	0 %	17.91 %	100 %
3. Services are widely advertised and known by the county.	67	8.95 %	58.21 %	14.92 %	0 %	17.91 %	100% %
4. Services take race, age, gender, ethnicity and more into account.	67	1.49% %	23.88% %	25.37 %	5.97 %	43.28 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	67	2.99 %	2.99 %	37.31 %	8.95 %	47.76 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	67	2.99 %	4.48 %	58.20 %	5.97 %	28.35 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	67	38	56.72%
Services do not exist	67	17	25.37%
Transportation	67	19	28.36%
Cannot contact the service provider	67	3	4.48%
Too expensive	67	32	47.76%
Lack of awareness of service	67	37	55.22%
Cultural Barriers	67	17	25.37%
Services provided are one-size fits all, and don't meet individual needs	67	27	40.30%
Stigma Leads to Avoidance	67	2	2.99%
Eligibility Requirement (explain below)	67	18	26.87%
Other (explain below)	67	0	0.00%

PART 3

Results: Specialized Service Needs



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

Status: General Need Area

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

Need Assessment Key Findings

Summary: Scope of the Need

As of December 31, 2018, Mercer County had the 13th highest number of children serviced by CP&P of New Jersey counties (Rutgers School of Social Work, 2019). The total number of Mercer County children served in-home was 1,540, and children in out-of-home placement were 321. As of that date, in New Jersey, CP&P was providing in-home support to 42,918 children, and 5,543 children state-wide were in out-of-home placement. The 2014-2018 ACS 5-year Estimate indicates that in New Jersey, 8% of children under 18 live in homes with grandparents or other relatives. 5.9% of these children live with grandparents and 2.4% live with other relatives. Of the grandparent(s) caring for grandchild(ren) New Jersey households, 26.5% did not have the child's parent present in the home. As of December 2020, 283 children are in out-of-home placements, of which 92 are under kinship care (New Jersey Department of Children and Families, 2020).

Mercer County families who are taking care of a child of a relative can receive support through the Children's Home Society, a local program that provides Kinship Navigator services. CHS has adapted a Kinship Cares model to provide extra support in addressing unique concerns that may arise for families that are caring for a child of a relative.

Summary: Nature of the Need

Less than 20% of respondents selected Services for Families Caring for a Child of a Relative as a prioritized need area. Many respondents indicated that they did not have enough information about kinship services. Over 47% stated that they did not know if facilities were in good repair, and 50% saying they did not know if the staff was well-trained. This lack of knowledge corresponds to the 47% who said a key barrier regarding this service was a lack of awareness of services. One respondent stated that "[...] this is the type of service that you only know about if you have done it."

Of those who knew of Mercer County's services, 53% thought there were enough Kinship services, 50% thought there was equal access, and 60% thought it was not well-advertised. In addition to lack of awareness, barriers to Services for Families Caring for a Child of a Relative mentioned in the survey included services not meet individual needs (34%), and stigma leading to avoidance (30%). In discussing the stigma around kinship care, it was mentioned that the parents who are having difficulty caring for a child might not want family members "in their business," thus eliminating kinship care as an option. Conversely, many relatives raise a child or children of a relative and do not want CP&P to become involved. Therefore, these cases are unknown to the state and not eligible for services.

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

Not applicable.

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

Not applicable.

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	69	5.70 %	47.83 %	17.49 %	0 %	27.53 %	100 %
2. Anyone in the county is able to access services.	69	7.25 %	43.48	14.49 %	0 %	34.78 %	100 %
3. Services are widely advertised and known by the county.	69	28.98 %	31.88 %	11.59 %	0 %	27.54 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	69	4.34 %	34.78 %	36.23 %	0 %	24.63 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	69	0 %	20.29 %	30.43 %	1.45 %	47.83 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	69	0 %	11.59 %	31.88 %	5.79 %	50.72 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	69	13	18.84%
Services do not exist	69	14	20.30%
Transportation	69	14	20.30%
Cannot contact the service provider	69	11	15.94%
Too expensive	69	7	10.14%
Lack of awareness of service	69	33	47.82%
Cultural Barriers	69	18	26.09%
Services provided are one-size fits all, and don't meet individual needs	69	24	34.88%
Stigma Leads to Avoidance	69	21	30.43%
Eligibility Requirement (explain below)	69	2	2.90%
Other (explain below)	69	0	0.00%

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

Please note that the scope and nature of Adult Mental/Behavioral Health Services' need will be similar to the scope and nature of the need for Child Mental/Behavioral Health services. In focus groups and key informant interviews, these topics were discussed as a continuum of care with many components affecting both areas.

52% of respondents to the Mercer County HSAC Needs Assessment indicated that Behavioral/Mental Health Services for Children as a prioritized need. For the most recent one-year period available nationally, in 2014, the rate of suicide in New Jersey for youth age 10-24 remains lower (5.5 per 100,000) than the national rate (8.5 per 100,000). Suicide remains the third leading cause of death for youth aged 10-24. The New Jersey/ Delaware region, which includes Mercer County, had a youth suicide rate of 5.61 per 100,000 (New Jersey Department of Children and Families, 2016). The New Jersey Youth Suicide report for 2017 shows that in 2015, approximately one-third of New Jersey youth (32%) who completed suicide has a current mental health problem, and only 25 % were receiving treatment. Regarding suicide attempts/self-inflicted injury, from 2013-2015, 2,731 New Jersey Youth aged 10-24 attempted suicide. Mercer is among the top 3 counties in the state for higher suicide attempts and self-inflicted injuries seen by emergency rooms.

PerformCare NJ is the Contracted System Administrator (CSA) for New Jersey's Department of Children and Families Children's System of Care (CSOC). PerformCare provides New Jersey children and youth a single entry point to an array of behavioral health, intellectual and developmental disability services. As the CSA, PerformCare provides youth and their families with the services, resources, tools, and support they need to participate in treatment within their homes, schools, and community settings. PerformCare provides the avenue for families to request clinically appropriate, needs-based services. The PerformCare directory lists 31 Mental/Behavioral Health providers for youth in Mercer County. Services range from Partial Care Hospitalization to advocacy and supportive

services. One Mercer County provider is listed as providing services for youth with intellectual and developmental disabilities (PerformCare NJ, n.d.).

Each month PerformCare publishes a summary of activity for each county. The November 2020 report for Mercer County shows 247 unique calls requesting assistance, and 80 of those calls resulted in newly registered youth. 55% of these children were male, and 45% were female. 70% of the calls were from parents and legal guardians, with the next highest call group (6.9%) being self-calls for those aged 18-21. As far as services requested, in-home services were requested 58% of the time and the next highest request (20%) being Intellectual Developmental Disability inquiries. For all Mercer children under the purview of PerformCare during November 2020, the following Children System of Care (CSOC) services were authorized: Behavioral assistance (0.7%), Biopsychosocial assessment (2.2%), Care management (36.5%), Family Functional or Multisystemic Therapy (0.0%), Family Support Services for IDD (99.8%), Intensive In Community (20.2%), Intensive In Home (5.1%), Mobile Response Initial (3.4%), Mobile Response Stabilization (8.4%), Out of Home Treatment (4.5%), Substance Abuse Treatment (0.6%) and Wrap Flex Services (8.6%). In November, there were 176 families authorized to receive Family Support Services from Mercer's Family Service Organization. During the same time, 450 Mercer County youth identified as having Intellectual Developmental Disabilities receiving services ranging from Care Management to Mobile Response Stabilization (Children's InterAgency Coordinating Council (CIACC), 2020).

Summary: Nature of the Need

53% of Mercer County HSAC Needs Assessment survey respondents indicated Behavioral/Mental Health Services for Children as a top need area. This percentage is slightly higher than those who thought that Behavioral/Mental Health Services for Adults were a priority need area. While there is a separate system to care for children with Behavioral/Mental Health needs, the child and adult systems are intertwined, and both systems share similar issues. 57% of respondents felt that there were not enough Behavioral/Mental services for children available in Mercer County, and 52% thought that these services were not accessible to all citizens. In addition, 48% felt that these services were not widely advertised or known by the county. On the positive side, 52% responded that Behavioral/Mental health services for children take race, age, gender, ethnicity, and more into account; 67% thought facilities that provide Behavioral/Mental health services for children are of good quality, and 66% believe that staff are well-trained, knowledgeable and provide good customer service.

The number one barrier to Behavioral/Mental services for Children, mentioned 48% of the time, was transportation to services. Closely second, lack of awareness of these services was indicated as a barrier 43% of the time. Focus group participants stated that these services were concentrated in Trenton and limited access for individuals outside the city. It was also felt that finding a service that was affordable, appropriate, accepted insurance, and close to home was nearly impossible. When

residents secured Behavioral/Mental Health Services for children, it was often found via word of mouth, specifically through recommendations from other families.

Waitlists were mentioned 36% of the time as a barrier to service. This barrier paired with the 57% who indicated there was not enough Behavioral/Mental Health Services for children that led to a backlog in the system with many families waiting months for appropriate care for their child. The situation is worse when there is a behavioral concern. A respondent summed the situation up by saying, "Mercer County is in need of additional resources targeted at youth with behavioral and/or mental health concerns overall, especially in the poorer, urban areas. Children who have Medicaid have limited options for outpatient services [...]. The options for youth, [...] who are in need of Partial Care services and/or Medication Monitoring services are even more limited. Youth who have histories of aggressive or acting out behaviors are often denied entry to these partial care services just based on this fact alone, without taking anything else into account. Finally, families who have youth who only need Medication Monitoring services do not have access to these because they're either non-existent or the waitlist is too long."

One key informant mentioned that there is only one DCF contracted child psychiatrist in Mercer County, and the rate for this service has not increased in many years. Providers discussed that most state and federal contracts are structured to focus on services but do not provide the administrative functions necessary to support the direct service staff. Without monies for administrative support, many programs are forced to close. Services that came up as a specific concern were out-of-home placement for children and services for children diagnosed with Intellectual/Developmental disabilities; Individuals who have intellectual disabilities and trouble accessing mental health services; Mental health and ID/DD systems not working well together; Services need to be local, especially for out of home placements; a child being placed outside the county or in another state. When children are placed far from their families, both the treatment and reunification process is even more difficult. Finally, these services are inaccessible for in-need undocumented families. There are limited ways for a child without documentation to access Behavioral/Mental Health services.

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

Access to Behavioral/Mental Health care services affects all facets of the population. To adequately address access to Behavioral/Mental Health care services for children, there needs to be coordination across all government levels along with not-for-profit and for-profit community partners. Mercer County Human Services has a division dedicated to addressing Mental Health/Behavioral Health needs in the community and a Youth Services division dedicated to children's needs throughout the county. The staff in these divisions work in tandem to take an active role in addressing both emergent and long-standing issues in Mental/Behavioral Health.

The Mercer County Division of Mental Health supports Mercer County Children and Youth through the Traumatic Loss Prevention Services and coordination of the Children's Interagency Coordinating Council (CIACC). The Mercer County CIACC works in partnership with State officials, local leaders, families, and service providers to address children's emotional wellness and developmental needs who require specialized support and treatment. This council recognizes that the system of care for children can be confusing and difficult to navigate. Along with system partners and youth-serving agencies, the CIACC Coordinator can help residents find answers to questions and help guide them through the complex system of behavioral health care.

The CIACC also serves as a mechanism to advise the County's Mental Health Board and DCF in planning for behavioral and mental health services for children. The council provides a multidisciplinary forum via monthly open meetings to review and discuss the system of services for children with special social, emotional, and behavioral challenges and identify barriers to effective service delivery to children. The overall goal is to seek solutions for the County and make appropriate recommendations on programs and policies that impact children and families. In 2018, the Mercer CIACC started a sub-committee dedicated to examining the specific needs of children diagnosed with Intellectual and Developmental Disabilities.

In addition to these services, the Mercer County Division of Mental Health funds the following services to increase the accessibility and availability of psychiatric services to children/youth and their families across Mercer County include:

- Outpatient services include individual therapy, group therapy, family therapy, medication monitoring for psychiatric, psychosocial, and/or psychological problems.
- Day treatment services include psychiatric evaluations, medication monitoring, group counseling, skill development in daily living activities, socialization, recreational activities, and support services for children with emotional/behavioral, psychiatric, psychosocial, and/or psychological problems.
- Early intervention services to identify the early signs of emotional problems and provide early detection of mental illness in children ages 2 years through 6 years old.

Services that are specific to Mental/Behavioral Health of Children that are funded by Mercer County's Division of Youth Services include:

- Intervention and support services that target Mercer County court-impacted children.
- Short-term crisis intervention and long-term individual, family, and group outpatient treatment for youth victims of sexual, physical or emotional mistreatment due to violence, or delinquent acts.
- Shelter beds and supervision for court-involved youth in the Mercer House youth shelter.
- Immediate but temporary shelter to runaways, displaced youth, or youth who cannot contact a guardian.

Family crisis intervention, which provides 24-hour a day, 7-day a week, crisis response services within Mercer County to children/youth and their families who are experiencing behavioral, emotional, or juvenile-family crisis needs that place a child at risk of losing his/her placement in his/her home.

Mercer has seen many agencies that provide Behavioral/Mental Health care services to county residents permanently close or merge, thus creating a contraction of services. These closings and mergers have exacerbated wait times, especially for people in need of an initial Mental or Behavioral Health evaluation. Respondents noted that the system for accessing Mental or Behavioral Health services in general, not just in Mercer, is confusing and intimidating. Once it is decided to seek assistance, many potential roadblocks include finding a therapist that accepts specific insurance, providing necessary paperwork, waiting weeks for appointments, and securing transportation to appointments. When a dual diagnosis of IDD/MH is involved, access is even further limited: "We are encountering that some individuals who have intellectual disabilities have trouble accessing mental health services. Mental health and ID/DDD systems are not working well together." There is also a need for bi-lingual therapists in all languages -especially Spanish.

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

Not applicable.

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	61	6.56 %	50.82 %	19.67 %	3.28 %	19.67 %	100 %
2. Anyone in the county is able to access services.	61	6.56 %	45.90 %	24.58 %	1.64 %	21.31 %	100 %
3. Services are widely advertised and known by the county.	61	8.20 %	39.34 %	32.79 %	0 %	14.75 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	61	1.64 %	22.95 %	42.62 %	9.84 %	22.95 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	61	0 %	3.28 %	59.02 %	8.20 %	29.50 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	61	0 %	6.56 %	45.90 %	19.67 %	27.87 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	61	22	36.07%
Services do not exist	61	13	21.31%
Transportation	61	29	47.54%
Cannot contact the service provider	61	17	27.87%
Too expensive	61	6	9.84%
Lack of awareness of service	61	26	42.62%
Cultural Barriers	61	17	27.87%
Services provided are one-size fits all, and don't meet individual needs	61	12	19.67%
Stigma Leads to Avoidance	61	12	19.67%
Eligibility Requirement (explain below)	61	7	11.48%
Other (explain below)	61	3	4.92%

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

Please note that the scope and nature of Adult Mental/Behavioral Health Services need will be similar to the scope and nature of the need for Child Mental/Behavioral Health services. These topics were discussed in focus groups as a continuum of care with many components affecting both areas.

In Mercer County, the estimated frequency of mental health distress is 16.9% (Rutgers School of Social Work, 2019). Mercer is the second-highest New Jersey County reporting mental health distress and above the state average of 12.1%. These reports are age-adjusted, and Mental Health distress equals the percent of respondents to the New Jersey Behavioral Risk Factor Survey who indicated 14 or more of the past 30 days were "not good." White, non-Hispanic residents reported mental health distress symptoms at 19.4%, more frequently than Black/African American, non-Hispanic residents who reported distress at 14.4%. Symptoms of mental health distress were reported by women at 17.0%, at a higher rate than men at 14.6%.

With a rate of 20.1%, Mercer County leads New Jersey with the highest rate of diagnosed depression. For this report, diagnosed depression is defined as being diagnosed with depression by a professional at any time during one's life. The county rate is well above the state average of 14.1%. Also, the rate of depression has increased from 13.9% in 2013 to 20.1% in 2017. In Mercer, White, non-Hispanic residents reported more frequent depression diagnoses (25.5%) than Black/African American, non-Hispanic residents (20.2%). Diagnosed depression was reported more frequently by women (23.5%) than men (15.9%).

In Mercer County, there are 7.2 suicide deaths per 100,000 people. Suicide is the second leading cause of death among New Jersey residents aged 15-24 years and those aged 25-34, fourth among those aged 35-44, and fifth among 45-54 years old. Suicide has been increasing in New Jersey in

recent years, going from about 500 deaths in 2005 to 795 in 2017 (New Jersey Department of Health, 2020).

The New Jersey Department of Human Services, Directory of Mental Health Services, lists 32 DMHAS Contracted Behavioral Mental Health Providers in Mercer County. Services provided range from support and advocacy groups to long-term residential care and hospitalization. The designated regional Emergency Mental Health Services Center in Mercer is Capital Health Regional Medical Center in Trenton. Capital Health's emergency line provides psychiatric screening 24 hours a day 7 days a week.

In addition to funding many community-wide projects, the Mercer County Division of Mental Health provides community support through the Traumatic Loss Prevention Services, the Children's Interagency Coordinating Council, and Mercer's Community Organizations Active in Disaster coalition. In the fiscal year 2015, the New Jersey Department of Developmental Disabilities reported 1,115 Mercer County residents over 21 and 11 under 21 eligible to receive services. Of the total 1,126 person's eligible for services: 665 were male and 461 were female; .08% identified as Asian/Pacific, 8.3% Black/Non-Hispanic, 1.7% Hispanic, 22.7% White, .08% other, and 67% unknown. The report specified residential settings as 48 in a Community care residence, 256 in Group Homes, 630 in own home, 31 in a skilled nursing facility, 11 in the State Psychiatric hospital, 62 in supervised apartments, 59 in supportive housing, and 29 are listed as other (New Jersey Human Services,2015).

In addition to funding community programs, Mercer County Human Services provides supports for individuals diagnosed with intellectual and Developmental disabilities through the Aging and Disabilities Resource Connection, Office of the Disabled, Personal Assistance Services Program, and the Disabilities Advisory Council.

Summary: Nature of the Need

51% of respondents on the Mercer County 2020 Needs Assessment survey identified Behavioral Health/Mental Health Services for Adults as one of Mercer County residents' top 3 service needs. The frequency of depression and age-adjusted Mental Health Distress frequency are the first and second service needs in Mercer County (Rutgers School of Social Work, 2019). 65% of respondents indicated that there are not enough services available in Mercer County to help those who have Mental/Behavioral Health needs, and 58% thought that there was not equal access for all citizens of Mercer. 50% of respondents believed that Mental Health/Behavioral Health services were not widely advertised or known by the county. 45% thought that Mental Health/Behavioral Health services took race, age, gender, ethnicity, and more into account, while 33% did not agree. 59% agreed that facilities that provide services to meet Mental Health/Behavioral Health needs are of good quality. However, 27% indicated that they did not know. 55% responded that staff who provide meet Mental

Health/Behavioral Health services are well-trained, knowledgeable, and have good customer service. 26% did not know if this was true, and 19% did not agree.

The number one barrier is being waitlisted, with 54% of survey respondents indicating this as a problem. It was explicitly noted in the focus groups that there is a long wait for Mental Health evaluations, which can cause people to become despondent and possibly end their pursuit of treatment. 45% of respondents indicate that transportation is a barrier to accessing Mental Health/Behavioral Health Services. As with other service areas, it was noted that services are concentrated in Trenton and, therefore, difficult to reach for those living outside of Trenton. One respondent noted that "it was more difficult to get to therapy sessions than it was to progress in therapy". The respondent states that she sometimes had to wait hours for a ride and felt that the ride services were not fair to clients or well-run. Although she knew getting to services might be difficult, she did not anticipate it as such a large barrier. 46% also thought that services are one-size-fits-all and don't meet individual needs. 41% felt that the stigma around seeking Mental Health/Behavioral Health services led people to suffer from problems that therapy might have helped. Going hand-in-hand with the 50% of respondents thought that Mental Health/Behavioral Health services were not widely advertised or known by the county, 42% listed lack of awareness of services as a barrier. Survey responses indicated that eligibility requirements a barrier 31% of the time. Many agreed that income requirements for free or reduced-cost Health/Behavioral Health services were too high, restricting access for many who might have benefitted. Some commented that there is a lack of services available to undocumented persons and that the paperwork and documentation required to qualify for services can be a hindrance.

It was specifically noted and discussed that the Mental Health System and the Intellectual/Developmental disabilities systems do not work in conjunction with each leading to a large gap in services for this population and resulting in frustration for families and individuals.

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

Access to Behavioral/Mental Health care services affects all facets of the population. To adequately address access to Behavioral/Mental Health care services for adults, there needs to be coordination across all government levels along with not-for-profit and for-profit community partners. Mercer County Human Services has divisions dedicated to addressing Mental Health/Behavioral Health needs in the community. These divisions' staff take active roles in addressing both emergent and long-standing issues in Mental/Behavioral Health. The Mercer County Division of Mental Health provides community support through the Traumatic Loss Prevention Services, the Children's Interagency Coordinating Council, and participation in Mercer's Community Organizations Active in Disaster coalition.

In addition to these services, the Mercer County Division of Mental Health funds the following services to assist Mercer Residents in improving their Mental Health/Behavioral Health:

- Crisis intervention, which is designed to engage clients and families at the point of crisis, alleviating the need for more intensive services.
- Day treatment/partial care programming is designed to provide structured activities and related supports for those who do not require full hospitalization but cannot function optimally daily.
- Outpatient activities designed for those with mild-to-moderate acuity and include intake with a clinician, individual psychotherapy sessions, family sessions, group sessions, psychiatric evaluations, and medication monitoring.
- Prescriber services allow consumers to see Advanced Practice Nursing (APN) practitioners in conjunction with psychiatric services.
- Support for families and consumers, which provides information and support to consumers of mental health services and their families and senior citizens living in the community with activities including individual and group support and counseling, public education, group-based education services, peer support, and advocacy.
- Senior care management, which provides mental health screening and psycho-education for Mercer County's senior population.
- Hispanic outreach services provide outreach case management and counseling services to Latino residents and their families.
- Payee program services assist individuals who have functional limitations, mental health concerns, and who are chronically at-risk of homelessness to manage their benefits or other income.
- Transition to treatment provides a viable, readily accessible treatment opportunity via a comprehensive range of pharmacologic, therapeutic, recovery, and supportive services as an interim step to linkage to the appropriate community provider for those referred by the Mercer County Corrections Center or the psychiatric screening center, or those 21 years old or older who are self-referred who have a diagnosable mental illness and who have needs as evidenced by psychiatric symptoms to a degree of such severity that they interfere with functioning in two or more life domains.

- Supported residential designed to enable mentally ill residents age 55 years or older who are homeless and identified as a high priority for housing by the CEAS (Coordinated Entry and Assessment Services) Center to obtain and remain in housing.

In addition to the Personal Assistance Services Program and the Disabilities Advisory Council, The Mercer County Office for the Disabled funds programs and services that support those living with intellectual, cognitive, developmental, and physical disabilities, their families, and caregivers. Information, assistance, and referral are made to funded agencies and organizations designated to help those with specific disabilities.

Mercer has seen many agencies that provide Behavioral/Mental Health care services to county residents permanently closed or merged, thus creating a contraction of services. These closings and mergers have exacerbated wait times, especially for people in need of an initial Mental or Behavioral Health evaluation. Respondents noted that the system for accessing Mental or Behavioral Health services in general, not just in Mercer, is confusing and intimidating. Once the decision to seek assistance is made, many potential roadblocks can occur, such as finding a therapist that accepts specific insurance, providing necessary paperwork, waiting weeks for appointments, and securing transportation to appointments. When a dual diagnosis is involved, access is even further limited: "We are encountering that some individuals who have intellectual disabilities have trouble accessing mental health services. Mental health and ID/DDD systems are not working well together." There is also a need for bi-lingual therapists in all languages -especially Spanish.

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

Not applicable.

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	74	10.81 %	54.04 %	13.51 %	2.70 %	18.92 %	100% %
2. Anyone in the county is able to access services.	74	9.46 %	48.64 %	18.02 %	2.70 %	20.27 %	100 %
3. Services are widely advertised and known by the county.	74	10.81 %	39.19 %	29.73 %	1.35 %	18.92 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	74	9.46 %	28.38 %	41.89 %	2.70 %	17.57 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	74	10.81 %	2.70 %	58.11 %	1.35 %	27.03 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	74	9.46 %	9.46 %	50.00 %	5.41 %	25.67 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	74	40	54.05%
Services do not exist	74	17	22.97%
Transportation	74	34	45.95%
Cannot contact the service provider	74	8	10.81%
Too expensive	74	7	9.46%
Lack of awareness of service	74	31	41.89%
Cultural Barriers	74	28	37.84%
Services provided are one-size fits all, and don't meet individual needs	74	33	45.59%
Stigma Leads to Avoidance	74	31	41.89%
Eligibility Requirement (explain below)	74	23	31.08%
Other (explain below)	74	0	0.00%

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

The New Jersey Substance Abuse overview specifies that from January 2018 to December 2018, the New Jersey Substance Abuse Monitoring System reported 2,464 total unduplicated clients admitted for substance abuse treatment in Mercer County. This number was an increase from the same period in 2017 when there were 2,147 unduplicated admissions (New Jersey Department of Human Services, n.d.). Although official numbers are not yet available for 2019, a report for Mercer pulled from the New Jersey Substance Abuse Monitoring System also shows an increase in unduplicated clients admitted to treatment in 2019 to 2,647. Statewide in 2018, there were 55,759 unduplicated admissions, with heroin being the most common primary drug reported and alcohol the second most common. Mercer's trends for the most common primary drug are the same as the statewide trends. As reported by the New Jersey Department of Health (2018), Mercer County's drug-related deaths show an increase from 106 deaths in 2017 to 138 deaths in 2018. According to the 2019 profile, the number of suspected opioid deaths in this county increased steadily, nearly tripling between 2014-2018 (Rutgers School of Social Work, 2019).

There are more than 20 licensed substance abuse treatment providers in Mercer County. While levels of care vary at each facility, there are many services available in Mercer, such as short and long-term in-patient, intensive outpatient, partial care, medication assisted treatment, and recovery groups. Mercer County has eight municipal alliances. Established by municipal ordinances, Mercer County's municipal alliances engage residents, local government and law enforcement officials, schools, non-profit organizations, the faith community, parents, youth, and other allies to prevent alcoholism and drug abuse in communities. These alliances use volunteers to raise awareness and provide programs on the dangers of alcohol, tobacco, and other drug use, misuse, and abuse. Community involvement greatly enhances these prevention and education programs. Mercer County's Municipal Alliances conducted needs assessment focus groups in 2020. The primary outcome of the needs assessments was to continue to focus on the causes of alcohol consumption and the increased use of vape products, especially dab pens used with marijuana.

Summary: Nature of the Need

Substance Use Disorder Services was identified as an important service need in Mercer County by 29% of respondents to the Mercer County Needs Assessment Survey. The data reveals that a large percentage of respondents are not well informed on the subject of substance use disorder services in Mercer County. Survey takers were closely divided on whether there are enough substance use disorder services in the county; 33% thought there were not enough, 37% thought there were enough, and 29% did not know (DNK). This division was similar to whether anyone in the county can access substance use disorder services. 36% answered that access was not equal, 34% answered that access was equal, and 29% did not know. Data showed more indication that services are not widely known or advertised (44% with 33% answering did not know). This matched the data that shows over 30% indicated a lack of awareness of service as a barrier. The majority of respondents either did not know or primarily agreed that substance use disorder services: took race, age, gender, and ethnicity into account (44% agreed, 33% did not know); the facilities that provide substance use disorder services are of good quality (46% agreed, 41% did not know); the staff are well-trained knowledgeable and provide good customer service (50% agreed, 40% did not know).

The largest barrier to obtaining substance use disorder services indicated by respondents was a waitlist (49%). A respondent stated, "people need to be admitted when they call. Often they are told to wait 1-2 days. By then, it's too late." The second biggest barrier is stigma, with 40% of respondents indicating stigma leads to avoidance for Mercer County residents seeking substance use disorder services. Other notable barriers highlighted are: Transportation (38%), cultural barriers (22%) and expense (20%). The comments revealed that some respondents thought that services were not widely accessible for youth, stating that "many of the services available to youth who need services for Substance Abuse disorders are only accessible if the youth's family has private insurance and that acceptance of Medicaid might be a factor for court-ordered treatment" It was also stated that "courts/probation have one option for youth with Medicaid to receive these services'.

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

Not applicable.

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

Not applicable.

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	75	5.33 %	28.0 %	34.67 %	2.66 %	29.33 %	100%
2. Anyone in the county is able to access services.	75	5.33 %	30.67 %	30.67 %	4.00 %	29.33 %	100%
3. Services are widely advertised and known by the county.	75	9.34 %	34.66 %	20.0 %	2.66 %	33.33 %	100%
4. Services take race, age, gender, ethnicity and more into account.	75	0 %	22.67 %	42.67 %	1.33 %	33.33 %	100%
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	75	0 %	12.0 %	45.33 %	1.33 %	41.33 %	100%
6. Staff are well-trained, knowledgeable and provide good customer service.	75	0 %	9.33 %	44.0 %	6.66 %	40.0%	100%

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	75	37	49.33%
Services do not exist	75	12	16.00%
Transportation	75	29	38.67%
Cannot contact the service provider	75	9	12.00%
Too expensive	75	15	20.00%
Lack of awareness of service	75	23	30.67%
Cultural Barriers	75	17	22.67%
Services provided are one-size fits all, and don't meet individual needs	75	10	13.33%
Stigma Leads to Avoidance	75	30	40.0%
Eligibility Requirement (explain below)	75	11	14.67%
Availability of Substance Use Disorder Services	75	12	16.00%
Availability of Substance Abuse Prevention Programs	75	15	20.00%
Other (explain below)	75	0	0.00%



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

New Jersey, as a whole, reported approximately 63,420 domestic violence offenses reported in 2016. In the same year, murders increased by six percent compared to 2015. Assault (43%) and harassment (43%) accounted for 54,478 reported cases in 2016. In about 31% of cases, arrests were made that represented a 1% increase from the previous year. Domestic violence cases in New Jersey most frequently occurred on Sunday and closely followed by Saturday. The New Jersey State Police indicate that 2016 was the 34th consecutive year in which the majority of domestic violence incidents occurred between 8:00p.m. and midnight. It's reported that 74% of victims were female, with 15% of the overall cases arising from a dating relationship. In 2019, New Jersey State Police found similar findings, in which assault and harassment accounted for approximately 84% of reported offenses in 2019. In 2019, the most frequent day of the week for domestic violence incidents was Sunday, closely followed by Saturday. Domestic violence incidents do not occur at a regular frequency. A ratio of its occurrence to a fixed time interval shows one act of domestic violence occurs every 8 minutes and 29 seconds.

In 2016, without accounting for population size, Mercer County had the 13th highest reported domestic violence with 2,316 reporting. Again without accounting for population size, the number of domestic violence incidents in Mercer County has remained steady between 2012 and 2016. Domestic violence incidents by municipality varied significantly. Without accounting for population size, Trenton City (894) and Hamilton Township (492) reported the highest domestic violence incidents, followed by Ewing Township (208), East Windsor (186), and Lawrence Township (155). Domestic violence offenses by type and domestic violence arrests by offense estimates were not available for Mercer County and its municipalities (Rutgers School of Social Work, 2019).

Mercer County residents who are victims or survivors of domestic violence can obtain services through Womanspace. Womanspace provides an array of comprehensive services for individuals and

families impacted by domestic and sexual violence. They offer programs consisting of crisis intervention, emergency shelter, counseling, court advocacy, and housing services. Womanspace operates a 24-hour helpline to assist victims of domestic violence and sexual assault immediately following the initial crisis. The Safe House provides safe, short-term emergency housing for victims and is in a confidential location. A two –year program for transitional housing services are provided at Barbara’s House. Additionally, Womanspace has comprised a Domestic Violence Victim Response Team and Sexual Assault Support Advocates who are trained volunteer works available 24/7 to provide support to victims.

Summary: Nature of the Need

Twenty-one percent of those surveyed during NJDCF/HSAC’s 2020 County- Wide Needs Assessment identified domestic violence services as a priority specialized need area. Of those surveyed, only approximately 32% agreed that there are enough services available in the county to domestic and sexual violence victims. Forty percent of the survey participants agreed that anyone in the county could access services. It was agreed upon (44%) that facilities that provide domestic violence services meet needs with good quality. The majority of respondents (63%) also agreed that the staff are well-trained, knowledgeable, and provide good customer service. However, on average, 32% of survey respondents did not know enough about domestic violence services to neither agree nor disagree with the statements above.

Of the respondents, cultural barriers (36.8%) were identified as the top barrier to domestic violence services. It was also determined that services provided are one-size-fits-all and do not meet individual needs (24%), cannot contact the service provider (26%), and stigma that leads to avoidance (22%) are also key barriers to domestic violence services.

Focus group participants and key informants provided a narrative to the quantitative data obtained. Respondents stated that the domestic violence shelter located in Mercer is very rigid with guidelines. They noted that there needs to be more options and accommodations for victims with mental health and substance abuse issues that are linked to domestic violence services. It’s suggested that a batterer’s intervention programming is needed in Mercer County that addresses the batterer’s behavior besides criminal convictions and anger management.

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

Not applicable.

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

Not applicable.

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	68	16.18 %	17.65 %	20.59 %	11.76 %	33.82 %	100 %
2. Anyone in the county is able to access services.	68	19.12 %	11.76 %	32.35 %	11.76 %	25.0 %	100 %
3. Services are widely advertised and known by the county.	68	2.94 %	36.76 %	14.70 %	10.29 %	35.29 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	68	0 %	35.30 %	27.94 %	8.82 %	27.94 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	68	0 %	17.65 %	35.39 %	10.29 %	36.76 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	68	0 %	16.18 %	30.88 %	20.59 %	32.35 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	68	5	7.4%
Services do not exist	68	4	5.9%
Transportation	68	11	16.18%
Cannot contact the service provider	68	16	23.53%
Too expensive	68	1	1.5%
Lack of awareness of service	68	15	22.05%
Cultural Barriers	68	25	36.8%
Services provided are one-size fits all, and don't meet individual needs	68	16	23.53%
Stigma Leads to Avoidance	68	15	22.05%
Eligibility Requirement (explain below)	68	5	7.4%
Other (explain below)	68	1	1.5%



Need Area: Parenting Skills Services

Status: General Need Area

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

Need Assessment Key Findings

Summary: Scope of the Need

The New Jersey Department of Children and Families is devoted to serving and supporting at-risk children and families. As the state's first Cabinet-level agency, The New Jersey Department of Children and Families focus on and commit to assisting and empowering residents to be safe, healthy, and connected. The department has a host of evidence-based, family-center programs and services that, with its partner's works to increase kinship placements and family connections; prevent maltreatment and promote strong families; integrate consumer voice in all programs and services; cultivate a culture of accountability; maximize federal revenue; provide an integrated and inclusive system of care for youth; safeguard staff and promote professional satisfaction. Reliable data regarding parenting skills services was not made available by NJDCF nor included in Rutgers' School of Social Work's, A Profile of Family and Community Indicators.

Summary: Nature of the Need

According to those surveyed during NJDCF/HSAC's 2020 County-Wide Needs Assessment, forty-two percent of these individuals identified Parenting Skill Services as an important priority specialized need area among Mercer County residents. Only 15% of those surveyed agreed that there are enough services available in the county to help those who have parenting skills need, and 12% agreed that anyone in the county could access these services. However, 67% of respondents disagreed that services available were widely advertised and known by the county. It was agreed that staff members are well-trained, knowledgeable, and provide good customer service (40%) and facilities that offer parenting skill services to meet the needs of good quality (31%). On average, 42% of those answering these survey questions did not know enough about parenting skill services to either agree or disagree with the survey statements.

Forty-four percent of respondents identified a lack of awareness of services as the top barrier to receiving parenting skills services. Closely following barriers included transportation (32%) and

believing that these services do not exist (31%). Twenty-three percent of respondents indicated that stigma leads to avoidance.

Additional clarity to the qualitative data collected by focus group participants and key informants noted that some programs available require a direct referral from the DCP&P. Ultimately, lessening the wide availability for the general population. Undocumented persons are not eligible for these services. Families involved with DCP&P often get referrals to available programs compared to those who may not be aware. It was also cited that many parenting skill services available in Mercer are perceived as a consequence rather than an opportunity for support. Therefore, parents are often reluctant to admit that they have a problem, not necessarily the child, causing hesitancy to seek assistance with parenting skills.

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

Not applicable.

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

Not applicable.

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	67	10.45 %	35.82 %	14.93 %	0 %	38.81 %	100 %
2. Anyone in the county is able to access services.	67	10.44 %	44.78 %	11.94 %	0 %	32.84 %	100 %
3. Services are widely advertised and known by the county.	67	25.37 %	41.80 %	8.96 %	0 %	23.88 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	67	2.99 %	16.42 %	23.88 %	1.49 %	55.23 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	67	5.97 %	4.48 %	29.85 %	1.49 %	58.21 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	67	5.97 %	10.45 %	40.30 %	0 %	43.28 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	67	9	13.43%
Services do not exist	67	21	31.34%
Transportation	67	22	32.83%
Cannot contact the service provider	67	2	2.99%
Too expensive	67	2	2.99%
Lack of awareness of service	67	30	44.78%
Cultural Barriers	67	9	13.43%
Services provided are one-size fits all, and don't meet individual needs	67	4	5.97%
Stigma Leads to Avoidance	67	16	23.89%
Eligibility Requirement (explain below)	67	14	20.89%
Other (explain below)	67	6	8.96%



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 rate for legal services in New Jersey, \$272/per hour on average, is the 6th highest in the United States. In New Jersey, immigration lawyer rates are the highest at \$340/hour per hour, where juvenile court lawyer rates are the lowest at \$86/hour. In Mercer County, there were 37,865 court cases filed from July 2017 to June 2018. From July 2018 to July 2019, the number of cases filed dropped by 2% to 36,991 (New Jersey Courts, n.d.).

Public defenders are available for persons charged with a criminal offense when the court has determined the defendant cannot afford a private lawyer and their gross annual income is below 125% of the federal poverty level. Mercer County residents who cannot afford a private lawyer and need support with civil legal issues can contact the state-sponsored Ombudsman program or a number of non-profit agencies that offer free or reduced legal services, including Mercer County Bar Association, New Jersey Association on Correction, Community Health Law Project and Central Jersey Legal Services (CJLS). Mercer County Human Services currently has a contract with CJLS to assist low-income residents with evictions and other housing-related court issues. Mercer County is home to many advocacy organizations that provide free or low-cost advocacy services to families, children, those with disabilities, and other vulnerable populations.

Summary: Nature of the Need

29% of persons responding to the Mercer County DCF Needs Assessment survey identified Legal and Advocacy services as a prioritized need. 59% of survey takers felt that there were not enough Legal and Advocacy services, and 59% thought these services were not available to all residents. Over 30% of respondents thought that services took race, age, gender, ethnicity, and more into account when providing services, 39% thought facilities providing this service were of good quality, and 51% thought that the people providing legal and advocacy services were well trained and knowledgeable. One respondent mentioned that "the ones that exist are great, but there are not enough available for the needs of the community."

Many respondents in this section indicated that they were not aware of what legal and advocacy services are available in Mercer, and 30% indicated a lack of awareness as a barrier. Other barriers mentioned were that services do not exist (30%) and, since services are concentrated in Trenton, transportation to get to the provider is a barrier (25%). Survey respondents often commented on income requirements for free or lower-cost legal assistance are often too low, with the cost of such a service being too high. Because of this discrepancy, several people do not qualify for assistance but cannot afford quality legal services.

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

Not applicable.

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

Not applicable.

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	66	27.27 %	31.81 %	27.73 %	0 %	18.18 %	100 %
2. Anyone in the county is able to access services.	66	28.79 %	30.30 %	16.66 %	0 %	24.25 %	100 %
3. Services are widely advertised and known by the county.	66	31.81 %	33.33 %	12.12 %	0 %	22.73 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	66	9.09 %	27.73 %	31.81 %	0 %	36.36 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	66	6.06 %	3.03 %	37.87 %	1.51 %	51.52 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	66	6.06 %	4.54 %	45.45 %	6.06 %	37.88 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	66	5	7.58%
Services do not exist	66	20	30.30%
Transportation	66	17	25.76%
Cannot contact the service provider	66	8	12.12%
Too expensive	66	9	13.64%
Lack of awareness of service	66	20	30.30%
Cultural Barriers	66	12	18.18%
Services provided are one-size fits all, and don't meet individual needs	66	7	10.61%
Stigma Leads to Avoidance	66	15	22.73%
Eligibility Requirement (explain below)	66	16	24.24%
Other (explain below)	66	0	0.00%