

# Middlesex County Needs Assessment 2020

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Middlesex County Human Services Advisory Council

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# PART 1



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# Executive Summary

Established by the New Jersey Department of Human Services (DHS) regulation and appointed by the County Board of Commissioners, the Middlesex County Human Services Advisory Council (HSAC) works closely with both State and County entities, making recommendations for the allocation of funds, monitoring, and maintaining a large advocacy role on behalf of the needs and concerns of the County residents. HSACs seek to facilitate and enhance the delivery of human services through collaborative relationships across the county, as well as between counties and State agencies. Comprised of Middlesex County Office of Human Services Staff and both community providers and community members, the HSAC members strive to enhance the network of resources and supports available to the residents of Middlesex County.

The New Jersey Department of Children and Families (DCF) launched the 2020 DCF Needs Assessment for Middlesex County in 2019. The Assessment was comprised of three phases of data gathering (Survey, Focus Group, and Key Informant Interview) intended to understand the quality and availability of services related to Basic Needs (Housing, Health Care) and Service Needs (Behavioral and Mental Health Services for Children; Domestic Violence Services) within Middlesex County. DCF partnered with the local HSAC in each county to deploy each of the data collection phases of the Assessment and the creation of the Final Report to be delivered January 15<sup>th</sup>, 2021.

Prior to the launch of the 2020 DCF Needs Assessment for Middlesex County, the global COVID-19 virus pandemic occurred, causing major panic and necessitated lockdowns across the nation. The pandemic generated a number of logistical problems for Middlesex County and the HSAC to overcome at different phases of the Assessment process. The New Jersey Department of Health (DOH) restrictions cancelled all in-person meetings and forced the County to cancel any attempts to implement in-person surveys and focus groups. The HSAC was forced to re-create them in a virtual format. The Middlesex County HSAC was able to utilize an HSAC community provider's Survey Monkey account to transfer the survey questions from a physical to a digital platform that was then distributed to residents and providers in the community.

Similarly, the Focus Group phase needed to be conducted in a virtual manner to adhere to the social distancing guidelines from the CDC. Middlesex County utilized the Microsoft TEAMS platform to conduct these virtual groups of community members which presented its own challenges that needed to be overcome. Ensuring Focus Group members had proper technology to participate, the ability to access the TEAMS platform, and that the group members had taken the survey prior to participation were paramount to the success of the Assessment.

Participation from the community was a major challenge during the 2020 Coronavirus Pandemic. Simply put, community members were faced with evictions, lack of nutritional food, mass layoffs and unemployment claims and other major issues that were prioritized over participating in the Needs Assessment. 110 surveys were returned completed from the various community members and providers and there were 35 participants across 13 different Focus Groups. During the final phase of the Assessment, the HSAC conducted four Key Informant Interviews with individuals across a

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diverse set of community experience. These interviews were also conducted using either a phone call or Microsoft TEAMS.

Future deployments of the DCF Needs Assessment should consider utilizing virtual methods enabling participation by members of the community. Some community members may not have the ability to travel to a location and would benefit from being able to participate through virtual means, particularly for the Focus Group phase of the Assessment. Future Focus Groups would be enhanced by including individuals who may not be able to travel but still want to be included and should be offered a virtual option. For those economically and technologically challenged though, in person focus groups and interviews should still be conducted. Middlesex County also has a particularly diverse population, which often precipitate language translation needs. This also was problematic due to the pandemic and the lack of free/ low cost translation services

Similarly, the survey should also be available digitally to participants as an option. This enables participation from residents who may not have the time to dedicate to completing the survey in a single session. Overall, participants mentioned the length of the survey as being a barrier to completing all the questions. Future surveys may benefit from shortening the number of questions and content areas to reduce the time participants spent completing the survey. There was also evidence of significant survey fatigue, which happens when the survey taker becomes apathetic, bored or just tired of the survey process, this can result in the abandonment of the survey, ineffective or inaccurate survey results. Significant Survey Fatigue was noted during the 2020 deployment of the DCF Needs Assessment Survey. The further individuals worked through the survey; the more people started to drop off (abandonment). Future surveys would benefit by rotating the content areas in the survey to ensure that this drop off from survey participants does not occur only in the later content areas.

There were several key findings of note that were realized during the 2020 DCF Needs Assessment. In many of the content areas, there were a significant number of participants who did not know about the availability, quality or access to services in the county. This indicates that the county and the network of providers need to do more to inform the community of the services being offered. Increased marketing by the county through its website and social media outlets should be expanded to increase awareness of services. Likewise, when asked about barriers to accessing services in the county the most common barriers mentioned were Lack of Awareness of Services, Transportation, Cultural Barriers, Waitlists, and Stigma. As Middlesex County is a very populated and diverse county, it is important for service providers to take cultural differences and competency into account when they are offering services. Many respondents also pointed to lack of transportation as a major barrier to accessing services in the county.

Finally, it is crucial to point out that during the 2020 DCF Needs Assessment the global community faced the impacts of the COVID-19 Pandemic. This crisis not only made it increasingly difficult to complete the Assessment, but it also has had a great impact on many of the content areas observed during this process. The data observed in this assessment, while premature indicate that issues in Housing, Food, Behavioral and Mental Health Services for both youth and adults, and domestic violence services have increased. Experts have predicted a three to four-year period of

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economic recovery before the nation reaches pre-pandemic levels, which will continue to adversely effect those seeking services for a long time into the future.

Moving forward, the HSAC of Middlesex County intends to distribute these findings to both the County Commissioners, our larger HSAC membership, and community partners. In addition, the findings will be shared with the Middlesex County Destination 2040 team to ensure that the recommendations are included into the strategic planning process of the county. Similarly, the HSAC of Middlesex County will also be reviewing the report and working to discern which issues or barriers are able to be addressed at the county level, and those which are not. As one of the major barriers is related to a lack of awareness of services available, the HSAC will be working with the Office of Human Services of Middlesex County to create a new social media campaign related to the variety of services available in the county and how to access them. Finally, the County Office of Human Services and representatives of the HSAC will continue to support the work of Women Aware (The State designated Domestic Violence Provider) and their efforts to develop and roll out their Family Justice Center.

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# Introduction

## Purpose

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

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

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# County Description

## Narrative: In the Words of the County

### Geography

Middlesex County is geographically located in the center of the State of New Jersey. Strategically situated between several major US cities (New York, Philadelphia, Boston, Washington D.C), the county encompasses over 320 miles and is comprised of 25 municipalities. Consisting of largely coastal lowlands, Middlesex County also features several major river systems (Raritan River, Rahway River; South River) and several moderately sized bodies of waters (Farrington Lake, Carnegie Lake).

### Population

In 2019, the United States Census Bureau estimated that the total population living within the borders of Middlesex County was 825,062. The average population density is 2,578 individuals per square mile, which is greater than both the State average (1,207.5/ sq. mi.) and National average (91.4/ sq. mi.) population density. The majority of the population of Middlesex County are between the ages of 18 and 64 (62.88%). The percentage population below the age of 18 is the next largest group (21.63%) followed closely behind by individuals older than 65 (15.50%). The median age of residents living in Middlesex County in 2019 was estimated to be 39.3 years old. The five largest municipalities (by population) per the 2011-2015 American Community Survey were Edison, Woodbridge, Old Bridge, Piscataway and New Brunswick.

### Ethnic/ Racial Demographics

Middlesex County is one of the most widely diverse counties in New Jersey. The American Community Survey (ACS), conducted in five-year intervals by the United States Census Bureau, showed that between 2013 and 2017 the percentage of the population living in Middlesex County that identifies as White, Non-Hispanic was trending down (by 3%), while the population that identifies as Asian was trending up (by 2%). The population identifying as Black, American Indian or Alaskan Native, and Hispanic trended roughly the same throughout the same time period. The population of foreign-born individuals has trended upwards from 31% to 32.8%; and the population of the County who are foreign-born individuals (32.8%) is higher than the state's percentage of foreign-born individuals (22%).

Largely English speaking, the population of the county that speak English only has been trending down for the last five years and is currently 56.9%. Perth Amboy hosts the lowest population of individuals speaking English only, while Milltown had the highest proportion of residents speaking English only. The proportion of residents who speak English only in Middlesex County (56.95) is lower than the states average of 69%.



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## Income and Poverty Data

Statistically, the median number is a more accurate depiction of the average income of individuals due to the ability for very large or very small incomes skewing the average. In 2019, the median household income (and benefits) in Middlesex County, New Jersey was \$89,533 according to the US Census Bureau ACS estimates. The average weekly wage has remained steady between 2016 and 2018 to around \$1,262 per week. Median income for men (\$65,990) was higher than for women (\$52,699) between 2013 and 2017. It is important to note, that both men and women in Middlesex County earn a median income that is higher than both the State and National median incomes. Also, during the same time period, median incomes for women increased slightly (approximately \$1,000) while median income for men has remained the same. However, the median wage difference between men and women in Middlesex County was still around \$14,000.

New Jersey is also one of the more highly taxed states in the nation. In the United States, the average property tax rate is 1.19, while in New Jersey this rate is 2.19. Municipal tax rates in Middlesex County are also significantly higher than the national average, and in the majority of municipalities, twice as high as the state average. In several of the municipalities in the county, this rate is nearly three times the state average, with the highest municipal tax rate belonging to the municipality of Dunellen (12.17).

Per the Economic Policy Institute, in 2018, the estimated monthly cost of living in Middlesex County (for a two parent, two child family) was \$8,495 for a “modest, yet adequate standard of living”. Over 19% was attributed to childcare costs, 19% for Housing, 14% in taxes, 14% in transportation costs, 14% in health care costs, 12% in other necessities costs and 9% in food costs. According to the Policy Institutes estimates, Middlesex County is the fifth most expensive county in New Jersey to live in with a yearly cost of living estimate at \$101,927 (for a two parent, two child family). The average household size in the county of Middlesex is 2.84 people.

Following similar dips and ebbs in the State rate of unemployment, the county’s unemployment rate dropped from 3.9% to 2.6% between June 2018 and May 2019, consistently well below the State’s unemployment rates during the same time period (4.4% to 3.0%). Middlesex County also has a slightly lower percentage of households experiencing “severe cost burden” (spending 50% or more of the income on housing costs) than the state average (17% vs. 19%). Rates of food insecurity in the county has trended down between 2015 and 2017 (8.8% to 8.2%). Like the unemployment rates and the cost burden percentages, the county (8.2%) is again below the State (9.6%) and National (12.5%) percentages for food insecurity and ranks 7<sup>th</sup> in the state for lowest food insecurity percentage by county.

In Middlesex County, the Housing Continuum of Care Committee has worked with the county non-profit corporation Coming Home to develop the Housing and Urban Development Point in Time Homeless Count Survey every year. Between 2019 and 2020 the rates of sheltered families, homeless children, and sheltered households (without kids) all increased, while the rates of unsheltered individuals and chronically homeless households decreased. The rates of veteran (individual)

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homelessness remained steady. The majority of the homeless surveyed reported their last permanent address in New Brunswick and Perth Amboy. In 2020, for all homeless individuals, there was a significant increase in households from “Out of County” for the second year in a row (28%, or 15 households). It is important to note that the direct focus of Coming Home and the Housing Continuum of Care Committee has been on reducing the chronically homeless population, which they have been able to do successfully by housing 66 chronically homeless households in 2017, 88 individuals in 2018, and 132 individuals in 2019.

### **Economic Output**

Middlesex County’s location, situated between four major United States Cities, provides for excellent economic opportunities for entrepreneurs and business owners. The county boasts over 27,000 total businesses with over 360,000 total employees and has 5 Foreign Trade Zones. Several sectors of business were trending upwards with employee growth seen in transportation and logistics, health care practices, health care support, business and financial, and construction and extraction.

### **Education**

Middlesex County has an excellent school system, consisting of nearly 200 schools across 25 districts. In fact, the county is home to many award-winning elementary schools and high schools. Per the 2017 Middlesex County Needs Assessment, the national percentage of individuals obtaining a bachelors or graduate degree (ages 25+) was 29.8% (in 2015), while the NJ state percentage of the population with a bachelors or graduate degree was 36.8%. However, in Middlesex County the percentage of the population with a bachelors or graduate degree was 41% indicating the county is successful in attracting highly educated individuals. Similarly, the population percentage of people living in county with a high school diploma or GED (88.8%) is higher than the state (88.6%) and national averages (86.7%). This higher level of academic and educational achievement may be bolstered by the fact that a top 100 ranked university (Rutgers University) and three nationally ranked and named National Blue Ribbon (US Department of Education Award) vocational/ technical schools and career academies are located within its borders.

# **Needs Assessment Methodology**

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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***

In November of 2019, the State Department of Children and Families provided the Middlesex County Office of Human Services with a county-specific data profile related to the 2020 County Needs Assessment. This data profile was compiled by Rutgers University School of Social work and utilized data sets from a variety of sources, reports and surveys dating between 2013 and 2019. Included within the “profile of Family and Community Indicators” was the county ranking when compared to the other 20 counties in the state. The Middlesex County Human Services Advisory Council reviewed the provided county profile for trends that matched similar issues that were the focus of prior needs assessments.

The county profile showed a comparison between Middlesex County and the other 20 counties within the state of New Jersey among a variety of both Basic Needs (food, clothing, shelter) and Service Needs (domestic violence, mental health). This comparison showed several needs areas that the county was ranked lower than the other counties in the state. It is important to note that several of these needs areas contained within the Rutgers School of Social Work Data Profile did not directly translate into the Basic Needs or Service Needs areas. This allowed for a little bit of flexibility when choosing which needs to prioritize and enabled the Middlesex County Office of Human Services to combine two or more areas of need together.

These needs areas provided by Rutgers were brought to the Human Services Advisory Council Executive Committee and were presented to gauge interest in specific needs areas. Within the data profile provided, it was shown that Middlesex County had low numbers of NJ Family Care participation, low numbers of children under 18 with health insurance, and high rates of reports of lack of or late prenatal care. This indicated that the first basic need that should be prioritized was Health Care. Similarly, the profile showed the County had higher rates of household income being spent on housing and a larger average travel time to work, demonstrating that the second basic need to prioritize was Housing. Similarly, the data profile showed that Middlesex County had low numbers of reported

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domestic violence incidents to law enforcement and low numbers of children receiving special educational services and children receiving early intervention services. These indicated that the County should prioritize Domestic Violence Services and Behavioral and Mental Health Services for Children.

After receiving the confirmation from the Middlesex County HSAC, the four prioritized needs areas and the data profile were discussed with Office of Human Services Leadership. It was agreed that the four prioritized needs areas should be: Housing, Health Care, Behavioral and Mental Health Services for Children, and Domestic Violence Services.

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

1. Housing
2. Health Care
3. Behavioral and Mental Health Services for Children
4. Domestic Violence Services

### **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.

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## ***Recruitment.***

### **Focus Group Recruitment**

Due to the nature of the unprecedented global Pandemic caused by the COVID-19 virus, many aspects of this assessment were changed to adapt to in-person restrictions placed upon the State of New Jersey. The COVID-19 virus also negatively impacted participation in all phases of the Needs Assessment, but particularly in the Focus Group phase. As a result of these challenges, the Middlesex County HSAC decided to include two extra questions in the beginning of the online survey. The first question dealt with participant consent for both the survey and the future focus group. Participants provided a digital signature to confirm their consent to use their survey answers and for participation in the focus group phase. The second question asked participants to provide an email address that would be used to invite them to the next phase (focus group) of the Needs Assessment.

Every week from the deployment of the Needs Assessment survey, the Middlesex County Office of Human Services pulled the list of new email addresses. These email addresses were then added to a master list of completed surveys and potential focus group participants. The HSAC then scheduled the ten, distinct, focus groups throughout the end of October and beginning of November 2020. Once a list of the dates and times were compiled along with the Microsoft TEAMS links for each meeting, the email list was sent a welcome email. The email detailed the next steps in the assessment and invited the survey participants to RSVP for their specific group's focus group date. It was soon evident that scheduling a single date for a specific group of potentially up to ten people would be difficult, if not impossible.

To alleviate some of the difficulty with scheduling the focus groups, the HSAC decided to open the focus group dates for any participant to pick from. Very quickly responses came in RSVPing for the dates and times that fit their individual schedules. It seemed that opening these dates up for anyone to pick from did two things that increased the success of participation: (1) allowed flexibility for participants' schedules (encouraging more participation), and (2) increased diversity of participation in the focus groups (provided for more and better conversations on the topics). As more surveys were completed, participant's emails were continued to be added to the master list and requests for RSVPs continued to go out.

***Focus Group Participants.*** A total of 13 focus groups were conducted in this county as part of this needs assessment. These focus groups were conducted from October 27, 2020 to December 7, 2020. There was a total number of 35 participants. The number of participants in each focus group ranged from a minimum of one and a maximum of six participants. Each focus group participant was required to complete the survey prior to participation

### **Key Informant Interviews**

Key informant interviews were conducted to gather additional feedback from County Human Services Directors and other identified individuals 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 Recruitment**

The Key Informant recruitment process was conducted in a similar fashion as the Focus Group recruitment. The Human Services Advisory Council Executive Committee met and discussed the requirements and needs for this phase of the assessment. It was determined that there would be six individuals targeted in the community as the Key Informants, all representing different areas of the assessment, specifically: Housing, Behavioral and Mental Health for Children, and overall county knowledge. The HSAC did intend to try and obtain key informants for all four prioritized needs areas; however, time constraints, participation, and communication all inhibited the ability to do so.

Of the six individuals who were invited to participate, four agreed, RSVP'd, and then showed up on the date and at the time of the interview. Each interview was conducted in a one-on-one format with individuals from the HSAC leadership or Office of Human Services county staff. Two of the individuals who acted as key informants worked within the county OHS leadership, while the remaining two worked in local Not-For-Profits as executive leadership.

**Key Informant Interview Participants.** A total of Four interviews were conducted in this County as part of this Needs Assessment. The total number of participants included was four. These interviews were conducted from December 1, 2020 to December 11, 2020. There was a total of four 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.

<b>Role in the Community (not mutually exclusive)</b>	<b>Number of Participants</b>
County Resident	42
Staff or Volunteer with a Community-Based Organization (e.g., Health and Human Services providers, Planning Board Participants)	48
Staff or Volunteer with a Public Service Organization (e.g., paramedics, fire fighter, police officers, military, judges)	5
Local Business Owner in the County	1
Community leader and advocate in the county (e.g., hold a volunteer office, clergy, activist)	7
Other	4

<b>Age</b>	<b>Number of Participants</b>
Under 18	2
18-24	4
25-34	21
35-44	22
45-54	17
55-64	27
65 and over	13

<b>Gender</b>	<b>Number of Participants</b>
Female	82
Male	21
Non-binary, third gender/transgender	0
Prefer Not to Say	2
Other	0

<b>Race</b>	<b>Number of Participants</b>
American Indian or Alaska Native	0
Asian	2
Black or African-American	21
Native Hawaiian or Other Pacific Islander	0
White or Caucasian	71
Multi-Race (2 or More of the Previous)	6
Other	6

<b>Ethnicity</b>	<b>Number of Participants</b>
Hispanic, Latino or Spanish Origins	25
No Hispanic Latino or Spanish Origins	64
Not Applicable	17

<b>Education Level</b>	<b>Number of Participants</b>
Grades Preschool-8	0
Grades 9-12-Non-Graduate	4
High School Graduate or GED	4
High School/GED <u>and</u> Some College/Trade	6
2 or 4-Year College/Trade School Graduate	30
Graduate or Other Post-Secondary School	63

<b>Employment Status</b>	<b>Number of Participants</b>
Employed: Full-Time	84
Employed: Part-Time	6
Unemployed-Looking for Work	4
Unemployed-Not Looking for Work	1
Retired	10
Student	0
Self Employed	0
Unable to Work	1

<b>Years of Community membership</b>	<b>Number of Participants</b>	<b>Range</b>
How many years have you been a member of this community?	110	>1 - 30+

<b>Services Accessed by a Household Member within the last 2 Years</b>	<b>Number of Participants</b>
Yes	23
No	82

<b>Household Member History of Involvement with NJ Division of Child Protection and Permanency</b>	<b>Number of Participants</b>
Yes	10
No	95

Participants represented the following municipalities

Branchburg, Carteret, Chatham, Dayton, Denville, Dunellen, East Brunswick, East Windsor, Edison, Elizabeth, Helmetta, Highland Park, Joint Base MDL, Linden, Long Branch, Manville, Metuchen, Middlesex, Millstone, Milltown, Monroe, New Brunswick, North Brunswick, Oceanport, Old Bridge, Perth Amboy, Piscataway, Princeton, Rahway, Scotch Plains, Somerset, South Brunswick, South Plainfield, South River, Spotswood, Union, Woodridge



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## **Additional Data Collection Methodologies**

The Human Services Advisory Council has endeavored to provide as complete a picture of Middlesex County as possible. This included not only the Survey data, Focus Groups, Key Informants and the Rutgers Profile, but also utilized outside data that had been previously collected. Available to anyone with a computer and internet access, these extra and outside sources of information enabled the HSAC to paint a picture of the County in as many colors and textures as possible. This context can sometimes provide more in-depth details on things like the scope and nature of the need, but also provide longitudinal data that can determine the duration of the need or the barriers to obtaining help with those needs.

One of the first data sets that the HSAC looked at was the 2017 Middlesex County Needs Assessment that was commissioned by the two Middlesex County Community Action Program (CAP) agencies, Jewish Renaissance Foundation (JRF) and Puerto Rican Action Board (PRAB), and done in partnership with the Middlesex County OHS, United Way of Central Jersey, and WellCare Health Plans. The information obtained in this assessment provided crucial data on all the content areas contained within the Department of Children and Family's Needs Assessment but dated as far back as 2012. The assessment also contained recommendations that directly related to Housing and Health Care (the two Basic Needs that were prioritized).

Several additional sets of data were obtained directly from the United States Census Bureau website. Every year the Census Bureau collects social, economic, housing and population data that is provided to states and counties in two waves per year. The HSAC of Middlesex County used this data to provide 2019 Census Bureau estimates on population size and demographics, while also using the 2013-2017 5-year data set to demonstrate longitudinal trends in barriers and needs across content areas. Similarly, the 2017 Middlesex County Needs Assessment also included Census Bureau data.

Another additional data source that the HSAC chose to use was the Middlesex County Point in Time report for 2019. Federally mandated, the County is required to produce yearly data related to homelessness in the County and report this data to the U.S. Department of Housing and Urban Development (HUD). In partnership with the County Housing Continuum of Care Committee and Coming Home of Middlesex County, this data is useful in depicting the homeless situation in the County and the longitudinal steps in reducing these numbers.

Obtained through the County Office of Workforce Development, the 2018 Workforce Development Board (WFDB) Annual Report provided crucial information related to programs and providers who offer job and skills training, navigation support, and career assistance for individuals located within the county. Similarly, the County Health Needs Assessment from 2019 was obtained and utilized to provide information related to the health care provider networks and data on health care needs and barriers. Further, information on the County Health Rankings for 2019 was obtained through the County Health Rankings website.

Finally, the Advocates for the Children of New Jersey (ACNJ) produces a Kids Count Report that is available on a state-by-state effort, founded by the Annie E. Casey Foundation. Focused primarily on

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children throughout the state, the Kids Count report provides information on child well-being on the county and state levels. Data sets include information on child and family economics, child health and protection, early care, education and more.

PART 2



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# Key Findings Across Needs

Several noticeable trends were observed during the review of the 2020 DCF Needs Assessment for Middlesex County data. Most respondents felt that there were not enough services available across the basic and service needs areas. Similarly, across nearly all needs areas targeted in the survey, participants did not agree that services were available to those who need, nor were these services widely known and advertised by the County. This trend indicates that the County and the service providers need to try and reach more of the residents in the county with the information regarding these services, while also working to develop a larger quantity of these services. It may also indicate that there are increasing needs related to these services due to population changes, the current COVID-19 Pandemic, and other societal differences. Interestingly, there was a different response to questions regarding the quality of the staff and facilities providing these services in the county. Most respondents agreed that the basic need areas took demographic factors into account when delivering services. When asked about service need areas, most respondents did not know if they took demographic factors into account when delivering services. Similarly, there was more of a spread among respondents when asked about the quality of the facility and the skill and knowledge base of the staff. Overall, most respondents agreed that the quality of the staff and the facilities were good, however there were several content areas (Parenting Skills Services, Families Caring for a Child of a Relative) where the majority did not know about the quality of these services. These results may indicate a need for a review of the services being offered, particularly through the lenses of racial and ethnic equity. An analysis of the barriers selected by the respondents to the 2020 DCF Needs Assessment showed similar trends noted during prior assessments. Unsurprisingly, Transportation and Lack of Awareness of Services were the top two-barriers chosen by participants. In most of the assessments and reports that were reviewed for this report, transportation was referenced frequently as a major barrier to accessing services. In some cases, respondents stated that transportation access is not the same across the county, with more rural areas having less access to mass transportation. Many respondents suggested that the County encourage reinvestment into mass transportation to expand into these transportation deserts, while others suggested tying transportation funding to social service programs. Other top barriers mentioned by respondents were Cultural Barriers, Stigma Leads to Avoidance, Financial Cost, and Waitlists. During the Focus Groups and Key Informant Interviews, participants were asked to consider the impact of these barriers on subpopulations living in the county. Many respondents believed that individuals with disabilities living in the county are impacted by these barriers at a greater rate than others. The biggest barrier facing this subgroup was transportation, as individuals with physical disabilities often deal with transportation companies and services that are frequently late and of poor quality. Similarly, many respondents believed that there were significant disparities among racial and ethnic breakdowns on service delivery and access. These responses suggest that a deeper examination of the services available in the County and how people access them, specifically through a racial and ethnic equity lenses. Participants were asked if there were any steps that the County could take to address one or more of these barriers to service. Many suggested utilizing

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social media and other platforms to discuss the issues presented in many of the different needs areas. This could reduce the lack of awareness of these services, while also humanizing them, potentially reducing the stigma that is observed. Another suggestion was to increase the transportation shuttle system to assist with employment travel. Many employees face tremendous costs associated with travel to and from their place of employment. Expanding the County shuttle system could generate revenue for the County while also reducing the overhead faced by County residents. Finally, many participants suggested deepening ties to the various agencies and departments that provide services within the County. Encouraging providers to get into the community to educate their potential clients on the services offered and who is eligible, while also continuing to develop a resource guide for the County.



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## Need Area: Housing

## Status: Prioritized Need Area

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

In Middlesex 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 less 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, 20 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 has been a source of continued consternation among the residents in Middlesex County. Per the survey portion of the 2020 DCF Needs Assessment, over 80% of participants within stated Housing was the first basic need that should be addressed. While one of the wealthier New Jersey counties in both income and employment, the continued high housing costs within Middlesex are still straining individual's and households' budgets. Many renters and owners together are feeling the squeeze of higher property and municipal taxes across the county.

Each year the Middlesex County Continuum of Care Committee (MCHC3), Coming Home of Middlesex County, and several of the local homeless service providers conduct the Point In Time (PIT) Count of the homeless, which is federally mandated by the US Department of Housing and Urban Development (HUD). The snapshot provided by the PIT count can enable local providers and government agencies to plan for future programming and apply for state and federal grants. In 2019, the PIT Count showed there were 666 individuals (456 households) that reported being homeless, with the largest number of respondents stating their last permanent address was located in New Brunswick. 245 were sheltered without children, 103 were sheltered with children (300 individuals) and 99 were unsheltered households (101 individuals). 74% of the homeless individuals responding to the PIT self-reported as Male. The Ethnic and Racial breakdown of homeless individuals showed that a large racial disparity in homelessness. While the Black population in the County represents just 10% of the population, they disproportionately make up 42% of the homeless population. Similarly, the Latinx

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population in the county represents 22% of the total County population and 31% of the homeless population.

There are robust community supports within the County related to housing. The MCHC3 coordinates with many local providers, not-for-profits and for-profit developers to work on reducing the numbers of homeless here. There are currently over 2,200 HUD funded Housing Choice Vouchers (aka section 8 vouchers) in use within the County and administered through housing authorities in Carteret, Edison, Highland Park, New Brunswick, Old Bridge, Perth Amboy, Sayreville, South Amboy and Woodbridge, as well as the County's Division of Housing located in New Brunswick. There is a Rotating Shelter for single women and families that is operated through the FISH Hospitality Program, as well as the Ozanam Men's and Family Shelter's run by Catholic Charities, Diocese of Metuchen. There are several homeless prevention programs that are operated in the County that provide financial assistance with rental arrears, security deposits and temporary rental assistance for persons at imminent risk of homelessness. There are also Rapid Re-Housing programs that provide the same type of financial assistance to individuals and households that are currently homeless. Many providers, including MIPH Mission First Housing Group, Catholic Charities, and Triple C Housing provide Permanent Supportive Housing for households that were formerly homeless. The Middlesex County Board of Social Services also operates a temporary hotel/ motel placement program for residents that qualify until more appropriate housing is found.

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

There is a total of 303,457 housing units in Middlesex County per the US Census Bureau. Of these units, 285,906 (94.2%) are occupied, while just 17,551 (5.8%) of units are vacant. Over 63% of these units are "Owner Occupied" (181,453), while 36.5% are considered "Renter Occupied" (104,453). Average household size is not that different from owner occupied to renter occupied (2.86; 2.70 respectively). 95.8% of all units have an average occupants per room of 1.0 or less. 42.7% of all units in the County are two bedrooms or less, while 55.9% are three bedrooms or more, representing a good diversity in the unit size's available to individuals and families. One particularly concerning housing need in the Middlesex County is the lack of units available for large families (six or more members), especially for those with federal housing authority vouchers which have occupancy limits attached to them (ex: two same-sex children per bedroom)

The median housing unit cost in Middlesex is 359,000 USD, while over 90% of housing units in the County cost more than 200,000 USD. These high costs to purchase a home (or rent) translates into hardships for individuals and families located here. 61% of housing units with a mortgage pay more than 20% of their household income on their housing costs. Of those units without a mortgage, 34.8% pay more than 20% of their household income on housing costs. Median rent in the county is 1,527 USD per month with the 2-bedroom fair market rent rate being 1,770 USD per month. 72.3% of renters living in Middlesex County pay more than 20% of their household income on housing costs. 38.8% spend 35% or more of their household income on housing costs.

Of all the housing units available within the County, the vast majority of them are older than 30 years old. 75.5% of units are 30+ years old, with almost half of all available housing units being 50+



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years old (47.8%). Conversely, the percentage of housing units less than 30 years of age was 24%. More than 80% of housing units are heated using utility gas (Ex. PSE&G), 12.7% are heated using electric, and just over 4% use fuel oil, kerosene etc.

When asked about housing services within the County, respondents predominantly disagreed (68%) that there were enough housing services available in the County disagreed (57%) that anyone was able to access these housing services; and disagreed (62%) that housing services are widely advertised and known in the County. When asked about race, ethnicity and gender, there was a bit more of a diversity in opinion: 25% disagreed or strongly disagreed that services take race, age, gender, ethnicity and more into account when delivering housing services; while over 37% stated that they did agree or strongly agreed. Just under half of respondents (43%) stated they agreed that facilities providing housing services were of good quality, while over 60% stated they agreed that the housing services staff were knowledgeable and provide good customer service. The top three barriers mentioned by respondents to the survey were (in order): Waitlists, Transportation and Lack of Awareness of Services.

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

Focus group members mentioned individuals looking for help related to housing would reach out to family, friends, and co-workers or use word of mouth to obtain shelter. This could mean doubling up in a relatives' home, couch surfing with a friend, or literally getting recommendations on where to go for help. Similarly, many of the focus group members suggested individuals reach out to 2-1-1, the state's homeless hotline for placement and coordinated assessments. Other common suggestions were reaching out to faith-based communities, the Board of Social Services, and the County Housing Division.

There were several common barriers that consistently came up during the focus group meetings. Transportation came up frequently as a barrier to getting to housing opportunities. Many respondents stated housing options and transportation to and from these locations can be tenuous. The variety of services available was also a common barrier mentioned, as many people may find it difficult to navigate the complex system. Stigma against asking for help and waitlists were also common barriers mentioned during these focus groups. Another common stigma was on the behalf of the landlords who might not be willing to accept voucher clients into their rentals.

There was a plethora of responses to what the County might be able to do to address some or all of these barriers. One suggestion was to work with municipalities to develop more subsidized and affordable housing units. In the State, municipalities operate under "Home Rule", making it difficult for the County to enforce affordable housing mandates and rulings. Participants suggested developing an educational campaign on affordable housing and try to dispel the myths surrounding it. Another notable suggestion was to think more outside of the box with delivering information to the community on housing projects. Many residents still use traditional means of information dissemination (Print Media, Radio, TV) and it is crucial that information be provided in as many methods as possible, not just contemporary methods. Finally, participants suggested instituting a rental cap to restrain rental pricing and to keep them affordable for the majority of the renting population in the County.

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**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.	102	28.43 %	40.20 %	14.72 %	3.92 %	12.75 %	100 %
2. Anyone in the county is able to access services.	102	15.64 %	42.16 %	25.49 %	4.90 %	11.76 %	100 %
3. Services are widely advertised and known by the county.	102	22.55 %	40.20 %	24.51 %	4.90 %	7.84 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	102	4.90 %	21.57 %	37.25 %	5.88 %	30.39 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied).	102	5.88 %	14.71 %	43.14 %	8.82 %	27.45 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	102	4.90 %	7.84 %	43.14 %	14.71 %	29.41 %	100 %

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	102	74	72.55
Services do not exist	102	33	32.35
Transportation	102	72	70.59
Cannot contact the service provider	102	25	24.51
Too expensive	102	35	34.31
Lack of awareness of service	102	63	61.76
Cultural Barriers	102	45	44.12
Services provided are one-size fits all, and don't meet individual needs	102	30	29.41
Stigma Leads to Avoidance	102	47	46.08
Eligibility Requirement (explain below)	102	36	35.29
Other (explain below)	102	9	8.82

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## Need Area: Food

## Status: General Need Area

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

In **Middlesex County**, the food insecurity rate for households was approximately 8.2 percent in **2017**, the most recent date of available data (U.S. Census Bureau Current Population Survey and U.S. Department of Agriculture Economic Research Service; see *County Data Profile for Additional Source Information*). This percentage is **less than** the percentage rate for New Jersey.

## Need Assessment Key Findings

### Summary: Scope of the Need

Per the Rutgers University County Profile provided to the county prior to the start of the Needs Assessment, the estimated (2018) cost of food for a family of four (two adults, two children) was \$764 per month. The county has a lower rate of households experiencing severe cost burden (17%) and a lower percentage of families with children under 18 living in poverty (9%) than the state rates (19%; 12%). Similarly, between 2015 and 2017 the rates of food insecurity in the county has trended down from 8.8% to 8.2%. This is consistently lower than the state rate between the same time period (10.8% - 9.6%) and much lower than the national rate between the same time period (13.4% - 12.5%). 43% of survey respondents to the 2020 DCF Needs Assessment for Middlesex County identified Food as the first basic need that should be addressed in the county.

Per the United States Census Bureau 2019 ACS 1-Year Estimate, in 2019 there were 285,906 total households, 18,485 of which were receiving Food Stamps/ Supplemental Nutrition Assistance Program (SNAP) in Middlesex County (6.5%). Of these households receiving SNAP benefits, 53.1% include an individual over the age of 60 (46.9% did not). When you compare that to the actual percentages and totals of the population, households with one or more people over 60 represents 42.6% of the population, indicating that the older the household, the more likely the participation in SNAP.

In 2019, 31.4% of SNAP benefit households were married couple families, however the total population of married-couple families was 56.6%, indicating that married couple families were less likely to participate in the SNAP program. 36.4% of households receiving benefits through SNAP were considered “other family” households (single parent) while the total household population in county considered “other family” was 16.8%, indicating that single-parent households were more likely to participate in SNAP. When broken down by male-headed and female-headed households, female-lead households were more likely to require SNAP benefits (28.9%) than male-lead households (7.5%). Similarly, when comparing the actual population percentages of female vs male-lead households, female-lead households were more prevalent than male-lead households. Finally, Non-Family

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households made up 32.3% of SNAP participating households, while only comprising 26.6% of the total population, indicating that individuals who live alone, or in congregate settings (roommate etc.) are more likely to obtain SNAP benefits in Middlesex County.

For families with children under 18 years old, SNAP participation is 46.4%, while the total population of households in the county with children under 18 is 34.6%. Families without children under 18 years old represented 53.6% of total SNAP recipients, while comprising 65.4% of the total population of households. This shows that while SNAP representation is high among all households, individuals with children under 18 years old are more likely to participate in the program. When looking at “work status” of these households/ families, 34.5% had two or more workers employed within the past 12 months, while 46.6% had one worker employed in the past 12 months. 18.9% of households had no workers in the past 12 months. This indicates that the majority of these households (81.1%) had at least one person employed within the past 12 months, while over 1/3<sup>rd</sup> had two or more workers employed while receiving SNAP benefits.

SNAP participation is not equal among the different race and ethnic demographics in the county. 39.2% of SNAP participants reported “White/Caucasian alone, not Hispanic or Latino” as the origin of the householder, while the percentage of the total White Alone, not Hispanic or Latino households was 48.9%. This shows that White alone, not Hispanic or Latino origin households are less likely to participate in the SNAP benefits program. Participants reporting Black or African American householder origin was 16.2%, while the percentage of the total Black or African American householder origin was only 10.4%. This indicates that Black or African American’s participate in the SNAP benefits program at a disproportionate rate compared to their total population in the county. Even more significant, the percentage of participants reporting Hispanic or Latino householder origin was 34.2% while the total population is only 18.3%. This indicates that Black or African American and Hispanic or Latino Households are more likely to participate in the SNAP benefits program and at disproportionate rates when compared to their actual population percentage.

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

To address some of the issues facing county residents regarding food, MCFOODS was formed. A collaboration of many partnerships working together to end hunger, the Middlesex County Food Organization and Outreach Distribution Services (MCFOODS) comprises local governments, nonprofit agencies, community food pantries, food banks, soup kitchens, social service organizations, businesses, schools and houses of worship. MCFOODS hosts events to raise monetary and food donations for pantries and soup kitchens across the County with the goal to help all residents in Middlesex County achieve food security and provide access to nutritionally adequate food and other basic necessities. In 2019, MCFOODS received and distributed over 2.2 million pounds of food (fresh produce, dairy and meat) to over 130 county wide partners. MCFOODS also distributes, both virtually and via print, a full directory of local food assistance locations delineated by township for residents to access.

Survey respondents to the 2020 DCF Needs Assessment for Middlesex County disagreed or strongly disagreed (47%) that there were enough services in county to address the food needs. 40% of respondents disagreed or strongly disagreed that anyone in the county could access the services

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available to address food needs in county. Most respondents (53%) stated they disagreed or strongly disagreed that services are widely advertised and known by the county. When asked if these services take race, age, gender, ethnicity and more into account when delivering services, 28% stated they disagreed or strongly disagreed, while 30% agreed or strongly agreed (41% stated they did not know).

When asked about the quality of the facilities that provide these services, 49% agreed or strongly agreed, while 43% did not know (7.5% disagreed/ strongly disagreed). Respondents overwhelmingly agreed or strongly agreed that the staff providing these services were well-trained, knowledgeable, and provide good customer service (53%), while only 10% disagreed or strongly disagreed (36% did not know). The top three barriers indicated by respondents were Lack of Awareness of Services, Cultural Barriers and Transportation. 16 survey respondents indicated Eligibility Requirements as a barrier and stated income requirements/ limits, documentation requirements (ID etc.), dietary requirements (halal/ kosher) limited access to these needed services.

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

N/A

**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.	100	9 %	37 %	33 %	10 %	11 %	100 %
2. Anyone in the county is able to access services.	100	5 %	30 %	43 %	9 %	13 %	100 %
3. Services are widely advertised and known by the county.	100	10 %	31 %	43 %	7 %	9 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	100	4 %	22 %	41 %	5 %	28 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	100	1 %	12 %	55 %	13 %	19 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	100	2 %	7 %	52 %	15 %	24 %	100 %

### Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	100	21	21.65
Services do not exist	100	16	16.49
Transportation	100	76	78.35
Cannot contact the service provider	100	19	19.59
Too expensive	100	9	9.28
Lack of awareness of service	100	60	61.86
Cultural Barriers	100	39	40.21
Services provided are one-size fits all, and don't meet individual needs	100	21	21.65
Stigma Leads to Avoidance	100	50	51.55
Eligibility Requirement (explain below)	100	16	16.49
Other (explain below)	100	8	8.25

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## Need Area: Health Care

## Status: Prioritized Need Area

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

In **Middlesex County**, the estimated proportion of children under 18 years old (minors) with no health insurance coverage was 3.8 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 Middlesex County in **2017**, there were 486 reports of lack of or no prenatal care. This was a **decrease** of 92 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

The County Health rankings published by Robert Wood Johnson Foundation has identified the two leading causes of death in Middlesex County as Heart Disease (24.6%) and Cancer (21.3%). These two causes of death are also the leading causes of death at the state and national level, however the percentage of the population who have died due to heart disease is lower than the State percentage (25.1%), while the County percentage of death due to cancer is slightly higher than the state percentage (21.1%). Looking back at the 2017 Human Services Advisory Council Needs Assessment Report, these two leading causes of death have remained the same as far back as 2011, indicating that targets of health prevention programs should be focused on reducing heart disease and cancer.

Per the United State Census Bureau (ACS 2017), the percentage of the county population with no medical insurance coverage was 6.8%. The Census Bureau estimates that 14.9% of the population are insured through Medicaid, while 14.6% of individuals insured in Middlesex County obtained their health insurance from Medicare. This indicates that over 64% of individuals within the County obtain their health insurance through their employer.

The average life expectancy in Middlesex County (81.5) is higher than the state average of 80.4 years old. However, the reports of child (222) and infant mortality (235) incidents are the third and fourth highest (respectively) in the state compared to the other counties. Middlesex County also has lower percentages of reported Frequent Physical (9%) and Mental Distress (11%) than the state percentages (11%; 12%).

There are also numerous health behaviors that residents in Middlesex County engage in. 26% of the population in the County are considered to be Obese, indicating a quarter of residents are at a higher risk of heart disease, diabetes and other serious chronic illnesses that can shorten the lifespan.



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11% of residents reportedly are habitual smokers and 16% report excessive drinking. Both of these behaviors, while lower than the state percentages of drinking (18%) and smoking (14%), can decrease positive health outcomes and reduce individual's lifespan in Middlesex County.

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

Middlesex County hosts a large and diverse set of health care providers and locations. Three large hospital chains (Penn Medicine, Robert Wood Johnson Barnabas Health, Meridian Health) are located in the County and are among the highest ranked in the nation. Six robust hospitals operate in the county, JFK Medical Center, Raritan Bay Medical Center (Old Bridge), Raritan Bay Medical Center (Perth Amboy), Robert Wood Johnson University Hospital, and St. Peters University Hospital (New Brunswick), University Medical Center of Princeton (Plainsboro) and provide both in-patient and out-patient services.

Per the County Health Rankings and Roadmaps, Middlesex County is ranked as the 6<sup>th</sup> best County in New Jersey for health outcomes. This may be due to the fact that the ratio of Primary Care Physicians (1,080:1) and Dentists (1,130:1) are both better than the state ratios (1,190:1; 1,160:1, respectively). Conversely, the ratio of mental health providers in the county (550:1) is worse than the state ratio (450:1). Interestingly, though the state of Mental Health Professional to client ratio is more favorable at the state level, the percentage of "Frequent Mental Distress" reported in the County Health Rankings and Roadmaps is still lower than the state percentage (11% vs 12%).

Respondents to the 2020 DCF Needs Assessment for Middlesex County were asked several questions regarding the quality and availability of services related to Health Care in the County. 46% of respondents disagreed or strongly disagreed that there are enough Health Care services in the County, while 36% agreed or strongly agreed (17% did not know). 51% of respondents disagreed or strongly disagreed that anyone in the County is able to access these services, while 34% agreed or strongly agreed (15% did not know). When asked if the services are widely advertised and known by the County 47% disagreed or strongly disagreed, 31% agreed or strongly agreed (22% did not know).

The majority of respondents agreed or strongly agreed that the services take race, age, gender, ethnicity and more into account (42%), while 26% disagreed or strongly disagreed (32% did not know). Similarly, most of respondents (58%) agreed or strongly agreed that the facilities that provide services to meet these needs are of good quality, while only 13% disagreed or strongly disagreed (29% did not know). When asked if the staff are well trained, knowledgeable, and provide good customer service, 58% agreed or strongly agreed, 12% disagreed or strongly disagreed (29% did not know). When asked what barriers existed, the top three mentioned were (in order): Transportation, Lack of Awareness of Services, and Waitlists.

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

During the Focus Groups held by the HSAC of Middlesex County in 2020, there were several trends that were noted in the responses of the participants. The majority of participants identified Medicare and Medicaid services (NJ Family Care) as the first-place individuals would look to meet their health care needs. Individuals suggested reaching out to these entities to obtain recommendations for

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providers, access to affordable health insurance coverage, and information on other useful programs that are related. The next most identified place was the Emergency Room, which participants related was one of the places individuals without health insurance would go to seek help. Similarly, participants identified the various clinics that are located around the county (e.g. Eric B. Chandler) as places that individuals would seek health care supports. Other places indicated were: Insurance Company, School Nurses, HR Departments, Board of Social Services, Word of Mouth and Google. One significant response to the question about individuals seeking help with their health care was that individuals may not seek help as they may need to prioritize their time (working, travel time, family) or money (rent, food, PPE), delaying needed health care services and increasing the likelihood of chronic illnesses.

There was a plurality of barriers to accessing health care in Middlesex County mentioned by focus group participants. Unsurprisingly, the most frequently mentioned barrier was transportation. Many respondents were dissatisfied with the access to reliable transportation to and from their health care appointments. Several participants mentioned that a lack of timely transportation can cause individuals tremendous problems when accessing health care, from missing appointments to being late to work. The next most common barriers mentioned were (in order): financial cost and lack of knowledge of services followed by language barriers, lack of insurance and waitlists.

Several participants made suggestions regarding things the County of Middlesex might be able to do to ease some, or all of the issues and barriers to accessing health care services. One suggestion to address the lack of knowledge surrounding health care services was to develop an educational campaign to be delivered digitally (social media) and through print media (newspaper, mailer). Another suggestion was to develop a partnership with the Board of Education and set up a program for educating school nurses on health care options in County. Finally, to address the transportation barriers, suggestions were to expand the existing bus routes, specifically the senior busing system, and to expand the clinics by introducing satellite centers outside of the more urban areas.

**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.	100	11.34 %	35.05 %	32.99 %	3.09 %	17.53 %	100 %
2. Anyone in the county is able to access services.	100	14.43 %	36.08 %	30.93 %	3.09	15.46 %	100 %
3. Services are widely advertised and known by the county.	100	12.37 %	35.05 %	26.80 %	4.12 %	21.65 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	100	6.19 %	19.59 %	31.96 %	10.31 %	31.96 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	100	4.12 %	9.28 %	42.27 %	15.46 %	28.87 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	100	2.06 %	10.31 %	46.39 %	12.37 %	28.87 %	100 %

### Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	100	38	40.43
Services do not exist	100	22	23.40
Transportation	100	66	70.21
Cannot contact the service provider	100	28	29.79
Too expensive	100	37	39.36
Lack of awareness of service	100	49	52.13
Cultural Barriers	100	35	37.25
Services provided are one-size fits all, and don't meet individual needs	100	27	28.72
Stigma Leads to Avoidance	100	30	31.90
Eligibility Requirement (explain below)	100	31	32.98
Other (explain below)	100	9	9.57

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## Need Area: Community Safety

Status: General Need Area

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

In Middlesex County there was a total of 1184 violent crimes in 2016 and the *violent crime* rate per 1,000 was 1.5 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 47 arson, 607 motor vehicle theft, 8273 larceny, and 1725 burglary in Middlesex 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

Participants of the 2020 DCF Needs Assessment for Middlesex County identified community safety as the fourth most important need to be addressed (behind housing, childcare, and health care). A quick review of the yearly Uniform Crime Reports provided by the State Police of New Jersey revealed several interesting statistics. Within the County there are municipal police departments, County Sheriff's, and college/ university police departments. At the municipal level in 2014 there were 1,506 total officers in local police departments and, broken down by sex, there were 1,434 male officers and 72 female officers. The rate per 1,000 population for municipal officers was 1.8. Local police departments were also comprised of 379 civilians, or 2.3 per 1,000 population.

At the County level, the Prosecutor and Sheriff's Office boast 249 total officers and, when broken down by sex, there were 208 males and 41 females. Like the local departments, the County also employs 167 civilians. As Middlesex County also boasts a wonderful continuing education system, there are also several other police departments that operate out of Rutgers New Brunswick, Middlesex County College, and New Jersey Institute of Technology. The total number of university and college police officers was 102, and when broken down by sex, there were 82 males and 20 females. Like the local departments and the Sheriff's Office, these units also employed 92 civilians in 2014. Interestingly, at all levels of policing from the Sheriff's Office to local police departments and colleges or universities, there is a disparity in the hiring of female officers.

Per the Rutgers University School of Social Work Data Profile provided to Middlesex County and the 2016 Uniform Crime Report for NJ, there were 1,184 violent crimes committed in County in 2016. This totaled 1.5 Violent Crimes per 1,000 residents. Middlesex County boasted the six lowest juvenile arrest rates in the state a 7 per 1,000 residents (New Jersey was 10 per 1,000 residents) and a homicide

rate that is too low to calculate (NJ was 4.1 per 100,000 residents). There was a 7% decrease in total offences reported from 2015 to 2016 with decreases in violent crime and non-violent crime (down 11% and 7% respectively). Decreases were also seen in robbery (18% decrease), burglary (18% decrease) and aggravated assault (10%). Unfortunately, the reports of rape offences increased by 41% in 2016.

When looking at the actual number of reported offences and arrests between 2018 and 2019, there is a marked increase in reports of murder, rape, and assault in the county, while the numbers of robbery, burglary, larceny have all decreased.

*Number of reported offences from 2018-2019, Uniform Crime Reports*

	2018	2019	Change n	%
<b>Murder</b>	7	11	+ 3	+42.85
<b>Rape</b>	84	92	+ 8	+9.52
<b>Robbery</b>	385	271	- 114	-29.61
<b>Assault</b>	638	685	+ 47	+7.37
<b>Burglary</b>	1265	1111	-154	-12.17
<b>Larceny</b>	7972	7753	-219	-2.75
<b>Auto Theft</b>	583	596	+ 13	+2.23
<b>Total</b>	10,934	10,519	-415	-3.80

Similarly, when looking at the actual numbers of arrests, you can see increases in arrests for murder, assault, larceny and overall total arrests from 2018-2019, while there were decreases in the numbers of arrests for rape, robbery, burglary and auto theft.

*Number of arrests from 2018-2019, Uniform Crime Reports*

	2018	2019	Change n	%
<b>Murder</b>	5	11	+6	+120.00
<b>Rape</b>	28	17	-11	-39.29
<b>Robbery</b>	176	121	-55	-31.25
<b>Assault</b>	419	469	+50	+11.93
<b>Burglary</b>	254	245	-9	-3.54
<b>Larceny</b>	1489	1587	+98	+6.58
<b>Auto Theft</b>	70	49	-21	-30.00
<b>Total</b>	2,441	2499	+58	+2.38

**Summary: Nature of the Need**

Respondents to the 2020 DCF Needs Assessment Survey for Middlesex County were asked to answer several questions related to the quality and accessibility of community safety services within the County. 38% disagreed or strongly disagreed that there were enough services available in the County for all who need to access them, while 40% agreed or strongly agreed (22% did not know). Interestingly, a larger number of respondents (50%) agreed or strongly agreed that anyone in the County would be able to access the services available, than disagreed or strongly disagreed (32%). A much larger number (46%) of respondents agreed or strongly agreed that the facilities providing the

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services were of good quality, while only a small number disagreed or strongly disagreed (14%). This shows that 40% of respondents did not know about the quality of the facilities. When asking about the staffing at these facilities, nearly half of respondents (46%) agreed or strongly agreed that the staff had the necessary training and knowledge base, and provided good customer service (21% disagreed).

Unfortunately, the breakdown of respondents was equally balanced with 36% agreeing that the facilities take race, age, gender, ethnicity and more into account, while 33% disagreed and 31% did not know. Unsurprisingly, the top three barriers reported by respondents (in order from greatest to least) were: Stigma, lack of awareness, and cultural barriers. Individuals who responded that eligibility was a barrier to accessing these services stated that cost of legal services, lack of cultural and sensitivity training, documentation status, and unfamiliarity with the system were major barriers.

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

N/A

**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.	89	10.11 %	28.09 %	35.96 %	5.62 %	20.22 %	100 %
2. Anyone in the county is able to access services.	89	6.74 %	25.84 %	42.70 %	7.87 %	16.85 %	100 %
3. Services are widely advertised and known by the county.	89	8.99 %	34.83 %	35.96 %	2.25 %	17.98 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	89	7.87 %	24.72 %	30.34 %	5.62 %	31.46 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	89	4.49 %	8.99 %	40.45 %	5.62 %	40.45 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	89	4.49 %	16.85 %	34.83 %	11.24 %	32.58 %	100 %

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	89	20	24.69
Services do not exist	89	17	30.99
Transportation	89	32	39.51
Cannot contact the service provider	89	12	14.81
Too expensive	89	11	13.58
Lack of awareness of service	89	48	59.26
Cultural Barriers	89	41	50.62
Services provided are one-size fits all, and don't meet individual needs	89	21	25.93
Stigma Leads to Avoidance	89	29	65.80
Eligibility Requirement (explain below)	89	6	7.41
Other (explain below)	89	12	14.81

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## **Need Area: Employment and Career Services**

**Status: General Need Area**

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

Middlesex County has had consistently lower rates of unemployment than the State average, and in comparison, with other New Jersey Counties. In 2018, Middlesex County's Workforce Development Board produced their annual report that found Middlesex County had the fifth lowest unemployment in the state and a lower unemployment percentage (3.1%) than the state unemployment percentage (3.3%). Per the Census Bureau American Community Survey, Middlesex County's unemployment rate dropped from 3.9% to 2.6% between June 2018 and May 2019. Again, the ACS showed the County unemployment rate below the State unemployment rate during the same time (4.4% to 3.0%).

## **Need Assessment Key Findings**

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

Per the Rutgers School of Social Work County Profile, between 2018 and 2019 the County's unemployment rate dropped from 3.9% to 2.6%. This was nearly identical to the decline in unemployment at the state level which declined from 4.4% to 3.0%. However, the median unemployment rate at the state level is higher (4.0%) than the County median rate (3.5%). When looking at unemployment rates by Race and Ethnicity, there are consistently higher rates of unemployment for minority populations (Black, Hispanic, Asian) than for the White populations. In 2019, the ACS estimated that the Black or African Americans unemployment rate in County was 4.3%, nearly a whole percentage point higher than the White unemployment rate (3.5%). The Hispanic or Latino rates of unemployment was even higher than the Black or African Americans, at a rate of 4.6%.

Interestingly, the age range of workers within Middlesex County shows employment participation from individuals 16 years to 75+. Per the 2019 ACS 1-Year Estimates, there were over 665,000 individuals (16+ years) employed in the workforce of the County (65.5%). Individuals working within the County show robust workforce participation by age range, with over 80% participation from individuals ages 25 through 59. Interestingly, individuals over the average New Jersey retirement age of 65 still participate in the workforce at a nearly 30% labor force participation rate (75 years and over was 6.4%).

When examining the labor force participation rate by Race and Ethnicity, there is an interesting difference between labor rate's and unemployment rates. While Black and African Americans participate in the labor force at a rate of 71.2%, the Hispanic or Latino rate is 70.4%. For White individuals in County, the participation rate is 62.3%. While Black and African Americans and Hispanic or Latino individuals participate in the labor force at a higher percentage (rate) than their White counterparts, they also face higher rates of unemployment.



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

Survey data from the 2020 DCF Needs Assessment indicates that many respondents found that there were enough employment and career services available in the County to help those who have employment needs. When asked if anyone in the County would be able to access these services, respondents were more likely to disagree (43%) than agree (33%). Respondents also tended to disagree more often that the services available are widely known and advertised by the County (36%) than agree (28%). Encouragingly, respondents agreed at a higher rate (42%) that the services available to residents took race, age, gender, ethnicity and more into account when providing employment and career services.

Similarly, survey responses showed that participants felt very strongly that the facilities that provide employment and career services were of good quality (50%) and that the staff were well-trained, knowledgeable, and provided good customer service (47%). Like many other Basic and Service Need areas, Transportation was the most common barrier to accessing services mentioned, followed by Lack of Awareness of Services and Cultural Barriers. Respondents to the survey who chose “eligibility” as a barrier were asked to elaborate their answer. Common themes among these responses were documentation status preventing access and income limits being too strict.

Under the purview of the Workforce Development Board, there is a diverse network of providers, programs, and services available to residents in Middlesex County who are looking for help with employment. Many of these providers offer basic skills training along with other certifications and credentialing programs. Through the Workforce Innovation and Opportunity Act, which provides training, job search assistance, resume and application critique, and free occupational skills training grants to eligible individuals in the community, there were over 780 certifications issued during 2018. Similarly, the Entry Level Internships Training and Employment program (ELITE), which provides opportunities for skills training and employment help for youth, had 125 participants in 2018 and 28 individuals who passed their High School Equivalency (GED). Between July 2018 and June 2019, the ELITE program boasted 5,890 total completed courses with over 6,300 hours completed by participants within Middlesex County. This averaged out to 6.75 completed courses per participant, and 7.25 hours of time spent obtaining new skills, credentials and certifications.

The One-Stop Career Centers in Perth Amboy and New Brunswick offer navigation support, skill education, ESL and GED classes and training for interviews and resumes. Similarly, in Milltown, Jewish Family Services offers nearly identical services through their Career Link Program. For individuals who may not be able to attend in person training courses and sessions, Middlesex County operates the online virtual support and skills training portal “SkillUp Middlesex County”. This program offers over 5,500 courses, fully online and virtual, many of which offer industry certifications and credentials.

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

N/A

### **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.	85	11.76 %	23.53 %	40.00 %	5.88 %	18.82 %	100 %
2. Anyone in the county is able to access services.	85	11.76 %	31.76 %	32.94 %	5.88 %	17.65 %	100 %
3. Services are widely advertised and known by the county.	85	12.94 %	35.29 %	24.71 %	3.53 %	23.53 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	85	2.35 %	21.18 %	42.35 %	0 %	34.12 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	85	1.18 %	8.24 %	42.35 %	8.24 %	40.00 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	85	2.35 %	10.59 %	36.47 %	10.56 %	40.00 %	100 %

### Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	85	20	24.68
Services do not exist	85	17	20.99
Transportation	85	58	71.6
Cannot contact the service provider	85	13	16.05
Too expensive	85	6	45
Lack of awareness of service	85	45	55.56
Cultural Barriers	85	32	39.51
Services provided are one-size fits all, and don't meet individual needs	85	19	23.46
Stigma Leads to Avoidance	85	16	19.75
Eligibility Requirement (explain below)	85	13	16.05
Other (explain below)	85	9	11.11

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

Childcare 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 daycare 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 Middlesex County in 2017 the median monthly center-based childcare cost for an infant was less than the median monthly cost for NJ. The median monthly center-based childcare cost for a toddler was less than the median monthly cost for N.J. Median monthly center-based childcare cost for Pre-K in Middlesex County was less than the median monthly cost for NJ.

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

America's future depends on quality childcare. It not only fuels our country's economic engine by helping parents work, but also builds the workforce of the future. Of the 12 million infants and toddlers in the United States, more than half spend some or all of their day being cared for by someone other than their parents (Zero to Three Foundation). The Middlesex County Child Care Resource & Referral Agency (CCR&R), Community Child Care Solutions, serves over 5,000 children on a monthly basis.

Childcare is something that impacts all socio-economic and ethnic backgrounds. Middlesex County currently has 167 licensed childcare centers. There are several categories of licensing through the Department of Children & Families (DCF) Office of Licensing (OOL). The categories include: 0-2 ½, 2 ½ to 6, and 6 to 13. A center can be licensed for any combination of these. There has been a gradual decline in the number of centers during the past five years. Most of the centers closing are the smaller privately owned centers. Small centers find it difficult to compete with the larger chains. Some childcare centers that may have served a high percentage of low-income families have closed within the past few years due to low subsidy rates. There were no subsidy rate increases from 2010 to 2018, while all of the costs associated with doing business increased. Other centers may have closed due to the impact of local school districts engaging in public preschool.

The majority of preschool childcare centers are open now. The COVID-19 pandemic had drastic and negative impacts on these centers. Some centers were able to remain open during the crisis by serving essential workers and their families. The CCR&R served over one thousand income eligible essential workers since the start of the pandemic in March of 2020. Most centers were closed by the State Government and the Governor by Executive Orders. When they were able to reopen, the ratios of staff to child were greatly reduced. Centers had a significant increase to the cost of doing business due to the need to purchase Personal Protective Equipment and hire new staff to cover the reduced

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staff to child ratio. There were several health regulations required while checking families into the center (Temperature checks) and creating pods of staff and children who spend the day together. All of these require additional staff, while the total center income was reduced. Ratios have changed now, but many parents are still reluctant to attend out of a fear of the COVID-19 virus.

Many of the school aged programs are licensed from 6 to 13 and most are located in the school buildings. Most of these programs are currently closed because many of the schools are conducting virtual learning. Licensed centers were able to change their licensing status to serve children through the age of 13 to accommodate working parents who cannot stay home with their children.

There is also a critical shortage of infant spaces in the County. The cost of providing infant care is high due to required ratio and facility demands. Most centers begin care at 2 ½. According to the Zero to Three Foundation, 61% of the parents of infants rely on childcare part or full time.

Families may also be relying on Registered Family Child Care Providers for their childcare needs. These providers are registered with the local CCR&R and receive training on health & safety, CPR & First Aid, a CARI (Child Abuse Record Information) background, and Fingerprint check. There are currently 77 of these providers in Middlesex County. There are several benefits to this type of care for families including the fact that they are located throughout the County and can be easily accessed for families that may lack transportation. Many providers also speak languages other than English which is important for families sending their infants to care. Families want to have clear communication with their provider, and many want to preserve their traditions and cultures. In New Jersey there were nearly 5,000 registered family childcare providers in 2001. That number dropped to 3,000 in 2010 and stood at 2,000 in 2016. At the same time, about three quarters of New Jersey's infants and toddlers do not have access to a licensed childcare center. (Child Care Aware of New Jersey 2018).

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

The COVID-19 pandemic has shown that childcare is an essential service and an important driver to the economy. Some estimates show that up to 50% of childcare centers will close as a result of this pandemic. There are several State policies that have kept many centers afloat during this current crisis. The Division of Family Development (DFD) has been paying centers based on enrollment for children receiving subsidy as opposed to attendance. Prior to the pandemic, families either swiped a card or phoned attendance into the system using a 13- digit number. This policy has helped to sustain many centers. It was scheduled to end on December 31<sup>st</sup> but has just been extended through the month of January. It is necessary to continue this policy in order to maintain our centers.

The number of family childcare providers needs to be increased. Many providers are retiring. This is sometimes the only option for many families that work non-traditional hours of care. There should be a public relations campaign to recruit providers, as well as to educate families about this option. As the State continues to roll out pre-k expansion, there needs to be a more collaborative effort between the Department of Education, the Department of Children & Families and the Department of Human Services. Viable centers in many communities will close. Many also have infant spaces. It is critically important that these infant spaces be preserved. It is not sustainable to just care

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for infants, so centers need the pre-k children to help offset the costs. This relationship would be mutually beneficial.

There needs to be a substantial investment in infant care. Most centers pay minimum wage. The work is difficult and requires very specific knowledge. While professional development is available, there is no increase in their hourly wage. Staff retention is problematic, which is especially concerning because infants are learning to develop relationships.

The subsidy rates have been steadily increasing but more needs to be done. The rate should be representative of 75% of the market rate. As of two years ago, the rate was only the equivalent of 40% of the market rate. Many centers are forced to charge only the subsidy rate because the families cannot afford to pay any more. The center is then not covering their costs which can lead to a closure of the center.

The Child Care Development Block Grant was reauthorized in 2014 and included many policy changes that New Jersey is calling “Family Friendly”. These include many fixes that advocates wanted. There is no abrupt end to care. Families can phase out over a year after their income increases over the limit; however, the income levels need to be adjusted to be more reflective of the prices in New Jersey. In 1997, the eligibility changed from state median income to the federal poverty guidelines which doesn’t account for the higher costs for childcare in the state. This should be reverted to the state median income.

Community Child Care Solutions was recently funded through DFD to assist the community centers to develop a shared service alliance. This will be completely driven by the needs of those centers accepted into the project. An initial survey conducted in 2020 indicated that the number one concern of centers was maintaining full enrollment. Many also were interested in learning about alternate facilities and locations, indicating that centers are having a difficult time holding on to their facilities or are looking for alternatives.

Respondents to the 2020 DCF Needs Assessment for Middlesex County were asked several questions regarding the provision of, and access to, services related to childcare. 56% of participants disagreed or strongly disagreed that there are enough childcare services available in the County, and only 28% agreed or strongly agreed (19% did not know). Similarly, most participants disagreed or strongly disagreed (59%) that anyone in the County is able to access these services with only 21% agreeing or strongly agreeing (19% did not know). When asked if these childcare services were widely advertised and known by the County, 53% disagreed or strongly disagreed, while 26% agreed or strongly agreed (21% did not know).

Interestingly, when these respondents were asked if the childcare services take race, age, gender, ethnicity and more into account when they deliver their services, more respondents agreed or strongly agreed (35%) than disagreed or strongly disagreed (28%), however there were more participants who did not know (36%) about these services. Similarly, most respondents either did not know about the quality of the facilities that provide childcare services in the County (40%) or would agree or strongly agree that they are of good quality (41%), while only 19% disagreed or strongly disagreed. When respondents were asked about the staff training and knowledge base in these centers, 40% did not know, 45% agreed or strongly agreed, and only 15% disagreed or strongly

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disagreed. Finally, the top three barriers to service (in order) reported by the survey respondents were: transportation, too expensive and lack of awareness of services.

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

N/A

**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.	85	25.88 %	29.41 %	22.35 %	3.53 %	18.82 %	100 %
2. Anyone in the county is able to access services.	85	21.18 %	38.82 %	18.82 %	2.35 %	18.82 %	100 %
3. Services are widely advertised and known by the county.	85	21.18 %	31.76 %	22.35 %	3.53 %	21.18 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	85	9.41 %	18.82 %	29.41 %	5.88 %	36.47 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	85	2.35 %	16.47 %	34.12 %	7.06 %	40.00 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	85	1.18 %	14.12 %	36.47 %	8.24 %	40.00 %	100 %

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	85	41	51.90
Services do not exist	85	26	32.91
Transportation	85	52	65.82
Cannot contact the service provider	85	17	21.52
Too expensive	85	50	63.29
Lack of awareness of service	85	43	54.43
Cultural Barriers	85	31	39.25
Services provided are one-size fits all, and don't meet individual needs	85	19	24.05
Stigma Leads to Avoidance	85	11	13.92
Eligibility Requirement (explain below)	85	23	29.11
Other (explain below)	85	7	8.86

# PART 3

## Results: Specialized Service Needs





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

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

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

### **Need Assessment Key Findings**

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

Today, nearly 2.7 million children are in kinship care in the United States (Kids Count). According to the census data and Advocates for Children of New Jersey (ACNJ), Middlesex County had 178,792 youth under that age of 18 in 2019. That is 22 percent of the total county population. According to the GrandFacts 2017 State Fact Sheets for Grand Families, in 2017:

- 57,000 (3%) children live with a relative with no parent present.
- 163,395 (8.1%) children under 18 live in homes where householders are grandparents or other relatives.
  - 120,000 New Jersey children live with grandparents.
  - 44,000 of these children live with other relatives.

According to a recent report published in *The Lancet Psychiatry* and *The Lancet Child & Adolescent Health*, child welfare systems are overly dependent on and should stop placing young people in institutional settings, such as group homes, and instead start promoting care in loving family environments. The report recommends redirecting institutional funding to community- and family-based programs. It also identifies the challenges and repercussions that kids in these placements experience, including substantial developmental delays; delays in physical growth, brain growth, cognition and attention; and long recovery periods. Essentially, the report confirms what we already know: that children need to live with a family to thrive and live up to their best potential.

According to the Department of Children and Families, there is a significant effort that supports caregivers who have taken on the responsibility of caring for their relatives' children. These children can include the caregiver's siblings, nieces, nephews, or grandchildren. Local agencies try to help caregivers navigate other forms of government assistance, determine their eligibility for local benefits, and provide technical support with legal commitments to the child. And, when children are abused or neglected, the state must act quickly to help families address the problems that led to placement in foster care. If that is not possible, then the state and the County must find permanent, loving homes for these children in a timely manner. We all are also fully cognizant of children's need for quality healthcare to grow into healthy adults.

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Research shows that children provided with healthcare are more likely to receive the preventive care they need to avoid medical problems that require costly and painful treatment.

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

Respondents to the 2020 DCF Needs Assessment for Middlesex County were asked several questions regarding the quality of, and access to, services related to Families Caring for a Child of a Relative. 29% of respondents stated they disagreed or strongly disagreed that there are enough of these services available in the County, 23% agreed or strongly agreed, and 49% did not know. Similarly, 48% of respondents did not know if anyone in the County is able to access these services, while 25% agreed or strongly agreed, and 26% disagreed or strongly disagreed. However, when asked if these services are widely advertised and known by the County, 39% disagreed or strongly disagreed, while 42% did not know (18% agreed or strongly agreed).

When asked about the quality of the services available in the County related to Families Caring for a Child of a Relative, 23% disagreed or strongly disagreed that these services take race, age, gender, ethnicity and more into account, 24% agreed or strongly agreed, and the majority again (53%) did not know. Most respondents also did not know if the facilities that provide these services are of good quality (63%), while 27% stated they agreed or strongly agreed, and only 10% disagreed or strongly disagreed. Similarly, many participants did not know if the staff are well trained knowledgeable and provide good customer service (61%), with 30% agreeing or strongly agreeing, and only 8% disagreeing or strongly disagreeing. The top three most common barriers mentioned by respondents were (in order): Lack of Awareness of services, Cultural Barriers and Transportation. Of the respondents who chose Eligibility as a barrier to service, many mentioned that documentation status, financial cost/income, and the large amount of paperwork as key barriers to access.

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

N/A

### **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.	83	8.43 %	19.28 %	18.07 %	4.82 %	49.40 %	100 %
2. Anyone in the county is able to access services.	83	7.23 %	19.28	20.48 %	4.82 %	48.19 %	100 %
3. Services are widely advertised and known by the county.	83	13.25 %	26.28 %	13.25 %	4.82 %	42.17 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	83	3.61 %	19.28 %	20.48 %	3.61 %	53.01 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	83	2.41 %	8.43 %	20.48 %	6.02 %	62.65 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	83	1.20 %	7.23 %	22.83 %	7.23 %	61.45 %	100 %

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	83	12	21.82
Services do not exist	83	17	30.91
Transportation	83	18	32.73
Cannot contact the service provider	83	8	14.55
Too expensive	83	13	23.64
Lack of awareness of service	82	38	69.09
Cultural Barriers	83	19	34.55
Services provided are one-size fits all, and don't meet individual needs	83	11	20.00
Stigma Leads to Avoidance	83	13	23.64
Eligibility Requirement (explain below)	83	7	12.73
Other (explain below)	83	0	0.00

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## **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**

According to the Annie E. Casey Foundation Kids Count Data (2016-2017) in NJ, illicit drug use other than marijuana (including cocaine, heroin, hallucinogens, inhalants, prescription-type psychotherapeutic used non-medically) by youth aged 12-17 was 13,000 (2% of the total population) and age 18-25 was 60,000 (7% of the total population). Comparing 2016-17 data to years prior, the Annie E. Casey Foundation illustrates a decline in substance use for youth aged 12-17 nationally and throughout New Jersey, indicating success in efforts of prevention, education, and treatment for this age group. There remains, however, a gap in services for youth aged 18-25, as substance use continues to increase across the board for all substances, both in New Jersey and nationally.

Youth vaping in Middlesex County, and all of NJ, has become an increasingly problematic health concern. In August 2019, a statewide health alert was distributed by the New Jersey Department of Health to address "reports of severe lung disease in people who have used vaping products." There were nine reports of "severe lung illness in people who report vaping" In August 2019. Of these cases, the primary age group presenting to health care facilities were persons aged 17-35. In Middlesex County, roughly 4,000 middle and high school students were administered the PRIDE Survey during the 2016-17 school year. Of the students who completed the survey, 6.5% of students in 6<sup>th</sup>-12<sup>th</sup> grade identified smoking an e-cigarette within the 30 days prior to completing survey. The highest percent of students who used an electronic vaping device was 12<sup>th</sup> graders, 12.6%. Students in 6-8<sup>th</sup> grade collectively totaled 3.1%.

Between 2011 and 2015, the American Lung Association reported a 900 percent increase in the use of e-cigarettes by high school aged youth. According to Tobacco Free Kids, current data reflects 27.5% of high school students nationally use e-cigarettes, 9.6% of which are located in New Jersey. In fact, it is reported that 3,000 youth under 18 start smoking tobacco daily in New Jersey each year.

Our research found that substance use is prevalent in schools throughout New Jersey, leading to increased arrests and police-involvement among youth. From July 1, 2017 – June 30, 2018, there were 24,938 incidents reported of violence, vandalism, weapons, and substance use in New Jersey. Of all the incidents which occurred in New Jersey Schools, substance use reflected 17.9% of the total reported incidents, with 4,463 reports. As seen from 2015-16 and 2016-17 data, the number of SU incidents occurring in schools continues to climb. There were 3,010 incidents in 2015-16 and 3,157 in 2016-17, reinforcing the need for substance use services for middle and high-school aged youth.

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The Student Safety and Discipline in New Jersey Public Schools also notes that during the 2017-2018 school year, school personnel reported incidents to the police on 7,449 occasions (2,433 incidents). During the first quarter of 2019, there were a total of 200 school-based incidents in Middlesex County where a juvenile officer became involved; 51 of these incidents were drug and alcohol related. Middlesex County Council for Children’s Services Annual Planning Process Report indicates that, from during the same timeframe, there were 277 juvenile arrests within Middlesex County, 47 more than the same timeframe in 2018. Finally, during the same quarter, it should be noted that the reasons for most arrest’s were due to alcohol and other drugs, “including possession, intent to distribute, paraphernalia, liquor laws, and under the influence,” highlighting the concern of substance use among youth.

To-date, there are 21 licensed DHMAS agencies in Middlesex County who provide therapy, including but not limited to, family, individual, and co-occurring mental health and substance use disorders for the under 21 population. An additional strength of Middlesex County are the services provided through the Moving Forward Community Wellness Center, a peer-run facility focused on wellness and recovery.

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

Although there are 21 DMHAS licensed treatment agencies in Middlesex County that provide family, individual, and group therapy, as well as co-occurring mental health and substance use disorders, the need for expanded services to address intellectual and/or developmental disabilities has been identified.

There is a gap in services to address youth suffering from substance use and/or other co-occurring mental health issues (i.e. internet addiction), along with any intellectual or developmental disability. Services available to provide treatment for youth, male or female, for eating disorder treatment is another barrier in care. Several agencies identified eating disorders to be an “exclusion for treatment” due to the risk associated with the disease, as well as limited availability of clinicians specialized in providing care.

The most common need identified was the lack of accessible transportation to and from treatment programs, including programs physically located within the County, and providers located outside of the county that serve Middlesex youth and adults.

We learned that additional services are needed including treatment programs which specialize in co-occurring Mental Health and Substance Use, as well as providers who are trained to treat youth with intellectual and developmental disabilities also struggling with SU issues. Other requests for specialized treatment programs included programs to address social media use/misuse, as well as expanded mentorship programs to assist with behavioral modification and conflict resolution. Key informant interviews also expressed the value of bi-lingual and multicultural treatment agencies, which currently are at a deficit within the County, as well as facilities that offer late or weekend hours to assist working families.

We also found out that there is a need for the promotion of available resources that may be unknown to the community. These include several peer-run programs, including The Moving Forward Community Wellness Center, Wellness Respite Services, and Emergency Services Peer Support Advocates Program. These resources provide peer-run support to those being treated for a behavioral

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health crisis within the Middlesex County Screening Centers. Support is offered through groups, identification of community services, and collaboration with hospital staff as needed.

Participants identified several barriers to meeting the behavioral and mental health needs of the children within Middlesex County: stigma and/or cultural bias, cost of services, transportations, and lack of knowledge of the problem and its potential impact on the child and the family.

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

During the Focus Group portion of the 2020 DCF Needs Assessment for Middlesex County, participants were asked to respond to several questions regarding Prioritized Content Areas. One such area was Behavioral and Mental Health Service for Children, and respondents had a number of suggestions that may be useful to address the challenges facing service delivery in the County. Some of these suggestions are urgent and may require action within the next one to two-years.

With the increasing use of Behavioral and Mental Health services both within Middlesex County and in the State, increasing funding to outpatient and inpatient services would allow for larger numbers of clients to be served within places like UBHC, or within their local communities. Similarly, addressing transportation issues facing individuals seeking behavioral and mental health treatment in the County can enable outer lying populations, better access to treatment centers and providers. Both of these may be addressed at the County level utilizing County funding.

Other challenges facing those seeking services are a lack of bi-lingual and multicultural staff. Middlesex County is a very diverse county, with many different languages and cultures represented. In an effort to encourage service seeking behaviors, clients may be more willing to access services if they are offered in their own language, or by culturally competent professionals and providers. Encouraging the hiring and utilization of multi-language speaking providers can be one of the ways to break down this barrier. Similarly, the complexity of the system makes it particularly challenging for many residents, especially individuals who may not speak English as their primary language. Creating a client care position in these service providers can help clients learn to navigate this complex system and provide means of direct contact for families.

Finally, enabling marketing and promotional efforts designed to increase awareness of available services in multiple languages. As we saw with the results from the survey portion, there is a large portion of the County who have no clue what services are available, how to access them, or what their quality is. By designing and distributing targeted marketing and promotional efforts, in multiple languages, the County may be able to reduce the confusion or lack of information.

### **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.	80	18.75 %	40.00 %	15.00 %	8.75 %	17.50 %	100 %
2. Anyone in the county is able to access services.	80	17.50 %	30.00 %	22.50 %	7.50 %	22.50 %	100 %
3. Services are widely advertised and known by the county.	80	23.75 %	37.50 %	13.75 %	5.00 %	20.00 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	80	10.00 %	25.00 %	20.00 %	7.50 %	37.50 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	80	6.25 %	12.50 %	35.00 %	8.75 %	37.50 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	80	6.25 %	11.25 %	28.75 %	16.25 %	37.50 %	100 %

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	80	37	50
Services do not exist	80	27	36.46
Transportation	80	37	50.00
Cannot contact the service provider	80	16	21.62
Too expensive	80	22	29.73
Lack of awareness of service	80	48	64.86
Cultural Barriers	80	35	47.30
Services provided are one-size fits all, and don't meet individual needs	80	17	22.97
Stigma Leads to Avoidance	80	40	22.97
Eligibility Requirement (explain below)	80	13	17.57
Other (explain below)	80	6	8.11

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

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

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

### **Need Assessment Key Findings**

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

Behavioral and Mental Health disorders affect people from all walks of life and every demographic. Mental health includes individuals' emotional, psychological, and social well-being and can determine how they handle stressful situations, relate to their community, and make health promoting choices. Behavioral health includes how certain actions and choices individuals make (eating habits, drinking, smoking, drug use) can have interactions with individuals physical and mental health. These illnesses are common, recurrent, and frequently serious, but they are treatable, and people can and do recover.

An estimated 1 in 5 people will experience mental illness over their lifetime (NAMI, 2019) and estimates as high as 10% of the population vulnerable to a Substance Use Disorder (SUD, NIDA, 2019.). The coexistence of both a mental illness (Mental Health) and a substance use disorder (Behavioral Health) is referred to as a *co-occurring disorder*. Research suggests that 43% of people in SUD treatment may also have a co-occurring diagnosis or symptoms of a mental health disorder, particularly depression and anxiety (NIDA, 2019.)

According to results of a survey conducted in 2017 (NJ State Health Assessment data and the NJ Behavioral Risk Factor Survey), the estimated frequency of mental health distress in Middlesex County found is around the state average. Over time, the percentage of the population reporting mental health distress in this phone survey has slightly increased.

Facilities offering inpatient psychiatric care in Middlesex County are available for adults with acute or chronic psychiatric conditions. Issues may include substance abuse, risk of suicide or self-harm, hallucination, severe anxiety, or mood disorders. There are also outpatient behavioral health services, including screening and support for women experiencing depression during and after pregnancy, support groups, and education on treatment options. Additional behavioral health and treatment services are available for anxiety, mood disorders, depression, and other mental health conditions, including substance abuse.

It is important to note that nationally, there were more than 47,000 completed, recorded suicides in 2017. According to the Centers for Disease Control & Prevention (CDC), over 72,000 people



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died of a drug overdose that year, with 44,000 of those deaths from an opioid overdose. Even more people die each year from alcohol use - at a very conservative 88,000 deaths reported annually. Surging death rates from suicide, drug overdoses and alcoholism are largely responsible for the consecutive three-year decline of life expectancy in the U.S. This constitutes the first 3 year drop in life expectancy in the U.S. since 1915 (Centers for Disease Control and Prevention, 2018.)

Behavioral and mental health is just as important to quality of life as physical well-being. Unfortunately, the warning signs of mental illness or behavioral problems are not always easily recognized and may require more support than family and friends can provide. You may need help from professionals such as psychiatrists, psychologists, or licensed social workers. Emergency psychiatric care is available in the emergency departments at several facilities in Middlesex and surrounding Counties. These facilities focus on providing basic programs to stabilize and treat patients. They focus on safeguarding a patient's medical status in a hospital environment and preparing the patient for continued outpatient care.

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

Middlesex County envisions a community where all residents facing behavioral health challenges can readily access a fully developed, culturally competent, client-centered, trauma-informed, recovery-oriented system of care. This continuum of care will reduce the overall risk for mental illness, substance abuse and dependence, meet the clinical treatment needs of the County's residents, and reduce the frequency and severity of relapse or decompensation in the long term to ensure that people can improve their health and wellness, and reach their full potential. Together, we will strive to deepen understanding and tolerance, and to eliminate the stigma that prevents people from seeking help.

Per the Middlesex County Comprehensive Plan for Addiction Services, there are multiple types of services available for behavioral health needs, specifically for Substance Use Disorder. From 2016 to 2018 there was an increase of 25,000 clients served through Chapter 51 Prevention Services in the County. Unfortunately, unlike the increase in the use of these prevention services, the funding for them did not increase during the same time period (2016- \$120,000; 2018 – \$120,000). There was an increase from 182 suspected overdoses in 2016 to 209 suspected overdoses in 2019 in the County.

There was an especially significant spike from 2016 to 2017 that was impacted by the introduction of Fentanyl, a powerful synthetic opiate, which was identified in 137 of the 235 overdoses in 2017. Included in prevention programs and systems in the County are the 17 municipal alliances (out of 25 total municipalities in the County) that are the heart and soul of each participating community's prevention efforts. These alliances are funded and assisted by the Governor's Council on Alcoholism and Drug Abuse but decide the scope and kind of prevention initiatives best suited for their communities.

Early intervention services have shown an increase in mental and substance use disorders mortality rates in Middlesex County from 1908-2014 (390.9%). This astonishing increase in the mortality rate indicates that behavioral and mental health services are needed at similarly increasing rates to address the deluge of new clients. The County contains a wonderful network of providers that

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offer services like withdrawal management, in-patient and out-patient behavioral and mental health programs, halfway houses, and more recently telehealth options. The Early Intervention Support Services (EISS) offers “crisis intervention and stabilization services” while the Wellness Respite Services delivers peer outreach and support as methods of “Crisis Diversion”.

Respondents to the 2020 DCF Needs Assessment for Middlesex County were asked several questions regarding the ability to access, knowledge and quality of the available behavioral and mental health services in the County. 54% of respondents disagreed or strongly disagreed that there are enough services available in the County to address the behavioral and mental health needs of adults, 35% agreed or strongly agreed, while 12% did not know. 52% disagreed or strongly disagreed that anyone in the county is able to access these behavioral and mental health services, 35% agreed or strongly agreed, while 13% did not know. When the respondents were asked if these services were widely advertised and known by the County, over half disagreed or strongly disagreed (58%) and only 23% agreed or strongly agreed (19% did not know).

Respondents were then asked about the quality of the services being delivered within the County. 32% disagreed or strongly disagreed that the services available for Behavioral and Mental Health for Adults take race, age, gender, ethnicity and more into account when they work with their clients, with 32% agreeing or strongly agreeing. 36% of respondents to this question stated they did not know. However, when asked about the facilities, 46% agreed or strongly agreed that these facilities providing the services to meet behavioral and mental health needs in the County are of good quality (only 18% disagreed or strongly disagreed). Again, a large number (36%) of respondents did not know about the quality of these facilities. Finally, when asked about the staff and their training and knowledge base, 54% stated they agreed or strongly agreed that the staff were well trained, knowledgeable and provided good customer service, while only 16% disagreed or strongly disagreed (once again a large portion [30%] did not know). The top 3 barriers (in order) to service identified by the respondents were: transportation, lack of awareness of services, and stigma leads to avoidance.

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

N/A

**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.	78	16.67 %	37.18 %	28.21 %	6.41 %	11.41 %	100 %
2. Anyone in the county is able to access services.	78	15.38 %	37.18 %	29.49 %	5.13 %	12.82 %	100 %
3. Services are widely advertised and known by the county.	78	17.95 %	39.74 %	19.23 %	3.85 %	19.23 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	78	6.41 %	25.64 %	24.36 %	7.69 %	35.90 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	78	6.41 %	11.54 %	37.18 %	8.97 %	35.90 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	78	5.13 %	11.54 %	39.75 %	14.10 %	29.49 %	100 %

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	78	38	52.05
Services do not exist	78	19	26.03
Transportation	78	50	68.49
Cannot contact the service provider	78	20	27.40
Too expensive	78	29	39.73
Lack of awareness of service	78	47	64.38
Cultural Barriers	78	37	50.68
Services provided are one-size fits all, and don't meet individual needs	78	15	20.55
Stigma Leads to Avoidance	78	45	61.64
Eligibility Requirement (explain below)	78	12	16.44
Other (explain below)	78	0	0.00

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## **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**

Drug prevention for adults takes place in a different context than for teenagers. In many cases, prevention efforts are workplace-based and focus on employee wellness. Available options for adults include:

- Programs that alert employees to the impact of Substance Use Disorder
- Provision of counseling that aims to prevent the use/misuse of Alcohol and other Drugs
- Provision of health benefits that cover any treatment required for cases of Substance Use Disorder

Typically, prevention efforts focus more on youth than on adults; however, prevention efforts have shown to be effective at all points in the life cycle. Vulnerability to SUD increases greatly during times of transition. For an adult, a divorce or loss of a job may increase the risk of drug use. For youth, risky times include moving, family divorce, or changing schools. When children advance from elementary through middle school, they face new and challenging social, family, and academic situations. Often during this period, children are exposed to substances such as cigarettes and alcohol for the first time. When they enter high school, youth may encounter greater availability of drugs, drug use by older youth, and social activities where drugs are used. When individuals leave high school and live more independently, either in college or as an employed adult, they may find themselves exposed to further stresses.

Prevention services have been provided since 1980 through the Wellspring Center for Prevention, local Municipal Alliances (1991), schools, and various faith-based and social service agencies. To coordinate all prevention efforts, Wellspring established the Coalition for Healthy Communities. Since its establishment, the Coalition has developed partnerships created to address many of the County's SUD and Prevention services. Since its inception, the Coalition has grown from a group of nine professionals to over 170 members representing 107 community-based organizations and 32 members who identify themselves simply as interested members of the community.

Wellspring has also collaborated with the Middlesex County Division of Addictions and Mental Health Planning to provide information and referral services for behavioral health care programs, with a focus on consumer empowerment, recovery awareness, prevention, wellness, cultural competence and ending stigma. The Division administers County and State funds that support a continuum of care including prevention, education, early intervention, treatment, and recovery support services. The

Division also includes the Middlesex County Intoxicated Driver Resource Center (IDRC), Coordination of Municipal Alliances, and the Ryan White Project within the Office of Human Services.

The New Jersey Department of Human Services, Division of Mental Health and Addiction Services reported there were 87,305 treatment admissions and 87,516 treatment discharges in the State of New Jersey in 2018 (this data only includes publicly funded facilities). In comparison, Middlesex County totaled 6,204 admissions (7% of the total admissions in the state) and 5,954 discharges (7% of the total discharges in the state) in 2018 (again, only publicly funded facilities).

In 2018, the primary drug of choice in New Jersey was heroin (44%), followed by alcohol (28%), and marijuana (12%). In 2018, Middlesex County mirrored these numbers with heroin being the primary drug of choice (42%), followed by alcohol (31%) and marijuana (14%).

The top levels of care in New Jersey in 2018:

Outpatient Care (OP)	25,119	25%
Intensive Outpatient (IOP)	23,804	24%
Detox Residential	12,114	12%
Short-term Residential	11,760	12%
Long-term Residential	5,988	6%

Top levels of care in Middlesex County in 2018:

Outpatient Care (OP)	2,252	36%
Intensive Outpatient (IOP)	1,240	20%
Opioid Maintenance OP	702	11%
Detox Residential	606	10%
Short-Term Residential	585	9%

Other treatment modalities include Halfway Houses, Long-Term Residential, Medicated Assisted Treatment (MAT) for Opioid Use Disorder. Middlesex County offers an array of Medication Assisted Treatment, including Methadone assistance, Suboxone assistance, and Vivitrol assistance. Referrals for treatment admission are from a variety of sources including self-referrals (35%), criminal justice system (27%), and the Intoxicated Driver Resource Center (IDRC) (13%).

### Special Populations

Interestingly in Middlesex County there was a disparity in substance use disorder admissions by sex. In 2018, males represented 71% of the admissions to SUD treatment, while women represented just 29% of admissions in Middlesex County. At the state level, these percentages are slightly different with males making up 67% of SUD admissions and females making up 33% of admissions. The US Census ACS estimates that the population of Middlesex County is 51% female, showing a disparity in the number of female admissions to male admissions. Women face unique issues and stigma with regards to substance use, often hiding or minimizing substance use problems. This may be even more true for women in minority populations due to discrimination, cultural differences, or poverty. Women may also lack access to childcare during treatment, which may reduce their likelihood of seeking treatment.

## Summary: Nature of the Need

Substance Use Disorder continues to be an important public health problem that contributes greatly to morbidity and mortality rates throughout Middlesex County, New Jersey and the United States. For several decades, substantial research efforts have been undertaken to understand the epidemiology and etiology of Substance Use Disorder. The knowledge gained from this work has been important in identifying and developing effective prevention and treatment approaches. From person to person, there is great variability in patterns of substance use and abuse. Some individuals face life-long struggles with addiction, while others go through life without experimenting with any substances. However, from a population perspective, the epidemiologic patterns are consistent and predictable.

According to national datasets, there are more deaths, illnesses, and disabilities due to substance use disorders than due to any other preventable health condition (National Institute on Drug Abuse [NIDA] 2017). According to preliminary data from the Centers for Disease Control and Prevention [CDC], more than 72,000 people in the US died from drug overdoses in 2017, with at least two-thirds of these deaths linked to opioids. These grim statistics necessitate coordinated planning at the county, state and national levels. Furthermore, there is accumulating evidence showing that the initiation of substance use early in life contributes to higher levels of use and abuse later in life. Early onset is also associated with a host of later negative health, social, and behavioral outcomes, including physical and mental health problems, and adjustment problems in the workplace and family.

As noted earlier, Middlesex County had a total of 6,656 treatment admissions in 2019. There was a total of 1,635 first time clients which is 8% of first-time clients in the state. The drug most used by County residents was Heroin followed by alcohol.

Substance Abuse Admissions by County and Primary Drug 2019

Alcohol	Cocaine/ Crack	Heroin	Other Opiates	Marijuana/ Hashish	Other Drugs	Unknown	Total
2,157	327	2,899	303	746	219	5	6,656

The Middlesex County Division of Mental Health and Addictions Planning envisions a community where all residents facing Substance Use Disorder challenges can readily access a fully developed, culturally competent, client-centered, trauma-informed, recovery-oriented system of care. This continuum of care will reduce the overall risk for mental illness, substance use and dependence, meet the clinical treatment needs of the County's residents, and reduce the frequency and severity of relapse or decompensation in the long term to ensure that people can improve their health and wellness, and reach their full potential. Together, we will strive to deepen understanding and tolerance, and to eliminate the stigma that prevents people from seeking help.

Respondents to the 2020 DCF Needs Assessment for Middlesex County were asked several questions related to the provision of, and access to, services related to parental skills. 39% of respondents disagreed or strongly disagreed that there were enough services related to parental skills, while 35% agreed or strongly agreed (17% did not know). 43% disagreed or strongly disagreed that anyone in the county could access these services with an almost equal number (46%) agreeing or strongly agreeing (21% did not know). More than half of all respondents (56%) disagreed or strongly

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disagreed that these services are widely advertised and known by the county, while only 24% agreed or strongly agreed (19% did not know).

When asked whether the services in the county take race, age, gender, ethnicity and more into account when delivering services, around 25% of respondents disagreed or strongly disagreed, 30% agreed or strongly agreed, and almost half (45%) did not know. 40% of respondents did not know if the facilities that provide parenting skills services were of good quality, 41% agreed or strongly agreed that they were of good quality, and only 18% disagreed or strongly disagreed. When asked if the staff in these facilities are well-trained, knowledgeable and provided good customer service, 35% stated they did not know, half (50%) agreed or strongly agreed, while only 14% disagreed or strongly disagreed. When asked about barriers to receiving parenting skills services in the county, respondents listed the top three barriers as (in order): lack of awareness of services, transportation and stigma.

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

N/A

**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.	78	20.51 %	28.21 %	26.92 %	7.69 %	16.67%	100%
2. Anyone in the county is able to access services.	78	12.82 %	30.77 %	38.21 %	7.69 %	20.51%	100%
3. Services are widely advertised and known by the county.	78	15.38 %	41.03 %	16.67 %	7.69 %	19.23%	100%
4. Services take race, age, gender, ethnicity and more into account.	78	3.85 %	21.79 %	20.51 %	8.97 %	44.87%	100%
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	78	2.56 %	15.38 %	28.21 %	14.10 %	39.74%	100%
6. Staff are well-trained, knowledgeable and provide good customer service.	78	3.85 %	10.26 %	37.18 %	12.82 %	35.90%	100%

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	78	36	52.94
Services do not exist	78	25	36.76
Transportation	78	43	63.24
Cannot contact the service provider	78	15	22.06
Too expensive	78	22	32.35
Lack of awareness of service	78	46	67.65
Cultural Barriers	78	25	36.76
Services provided are one-size fits all, and don't meet individual needs	78	17	25.00
Stigma Leads to Avoidance	78	40	58.82
Eligibility Requirement (explain below)	78	11	16.18
Other (explain below)	78	0	0.00



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

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

Domestic violence is violence or other forms of abuse by one person against another in a domestic setting, e.g., husband and wife, child and parent, sibling and sibling, etc. This need area seeks to assess the level to which domestic violence impacts 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**

Domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, threats, and emotional abuse. The frequency and severity of domestic violence can vary dramatically.

According to the New Jersey Disarm Domestic Violence group (<https://www.disarmdv.org/state/new-jersey/>), over 2.1 million New Jersey residents experience intimate partner violence in their lifetimes. Fortunately, many victims survive these traumatic events; however, New Jersey reported 437 domestic violence homicide offenses from 2007 to 2016. Although New Jersey doesn't report the mechanism of death, evidence suggests firearms are a significant contributing factor. An abuser's access to firearms can determine a victim's chances of survival; domestic violence firearm prohibitions and removal laws save lives.

Additionally, 35.8% of New Jersey women and 27.4% of New Jersey men experience intimate partner physical violence, intimate partner rape and/or intimate partner stalking in their lifetimes. In 2016, there were 52 domestic violence homicides reported (14% of total homicides), an increase from 2015 when there were 49 domestic violence homicides reported. In total, there were 63,420 domestic violence offences reported in 2016 (61,659 reported in 2015), representing an increase of 1,761 reports or 2.86%. Women were disproportionately affected with 74% of all domestic violence victims being female in 2016.

In Middlesex County, there has been a decline of reported domestic violence incidents and related reports between 2015 and 2016 by 179 total reports, representing a nearly 4% decline. The most common offences were (in order): Assault, Harassment, and Criminal Mischief. Total arrests for domestic violence offences in the County also declined by 160 arrests, representing an almost 11% decline in arrests. Similarly, reports of domestic violence have declined during the 2020 COVID-19 Pandemic when compared to the same time period

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in 2019, while the necessary “stay at home” restrictions imposed by the state have created an ideal situation for the abuse of intimate partners and their children to flourish.

In addition to a lack in awareness of the solutions, people are also lacking education relating to domestic violence. For example, people are not aware that at the start of a new relationship, it’s not always easy to tell if it will later become abusive. In fact, many abusive people appear like ideal partners in the early stages of a relationship. Possessive and controlling behaviors don’t always appear overnight and may emerge and intensify as the relationship grows. Every relationship is different and domestic violence doesn’t always look the same. One feature shared by most abusive relationships is that the abusive partner tries to establish or gain power and control through many different methods, at different moments.

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

Today’s community-based domestic violence programs provide emergency shelter, 24-hour crisis lines, support groups, counseling services, advocacy, and programs for children. Shelters can be invaluable resources for people who experience domestic abuse, especially when time in shelter is combined with intensive services and advocacy following exit. The limited research we have seen on particular services suggests that supportive counseling improves clinical measures of life functioning and coping ability; that post-exit advocacy contributes to community connections, enhanced well-being, and reduced likelihood of further abuse; and that social support interventions provide beneficial health effects. The existing research however, fails to fully reflect the variety of services that are now available to respond to the complexity of survivors’ needs, such as transportation, medical, mental and emotional health services, TANF (welfare) advocacy, financial help, advocacy for survivors facing issues related to their immigration status, services for children, and accommodations for survivors with physical and other disabilities.

Respondents to the 2020 DCF were asked several questions regarding the services available within the County and about their quality. 48% of participants stated they disagreed or strongly disagreed that there are enough domestic violence services available in the county to address the needs, 29% agreed or strongly agreed, while 23% did not know. Differently, nearly half of individuals (49%) agreed or strongly agreed that anyone in the County is able to access domestic violence services, 31% disagreed or strongly disagreed (19% did not know). Participants’ responses were more evenly spread out when asked about how widely advertised and known by the County with 41% disagreeing or strongly disagreeing, 39% agreeing or strongly agreeing and 20% who did not know.

When asked about the quality of the domestic violence services available in the County, most of the respondents did not know if these services took race, age, gender, ethnicity, and more into account (45%), with 26% disagreeing or strongly disagreeing and 30% agreeing or strongly agreeing. 40% of respondents stated they did not know if the facilities were of good quality, 42% agreed or strongly agreed, and 18% disagreed or strongly disagreed. Most respondents (50%) agreed or strongly agreed that the staff in these facilities are well trained,

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knowledgeable and provide good customer service, 14% disagreed or strongly disagreed, and 36% did not know. The top three barriers to service identified by survey respondents were (in order): Lack of Awareness of Services, Transportation, and Stigma Leads to Avoidance.

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

Domestic Violence Services was selected by the Middlesex County Human Services Advisory Council as a priority need area. During the 2020 DCF Needs Assessment for Middlesex County, the HSAC hosted thirteen different virtual Focus Groups and four Key Informant Interviews in which community members participated in discussing Domestic Violence Services needs and service barriers. Participants were asked to respond to three questions surrounding how people meet their domestic violence needs, what barriers they may face in obtaining these services and what (if any) steps Middlesex County could take to address these barriers.

The most common responses to where people access their Domestic Violence Services were Women Aware and local Police Departments. Other common responses were local Domestic Violence Teams (there are 17 in the County) and the State Domestic Violence Hot Line. Like the survey responses, focus group participants stated the most significant barriers to individuals' access to domestic violence services in the county were transportation, lack of awareness of services, and services are one-size-fits-all and do not meet individuals needs. Most participants felt that the stigma and transportation barriers were long standing barriers while lack of awareness may be a newer issue due to different types of media consumption (print v. web). One issue regarding stigma which surfaced was that female victims might refrain from reporting a domestic violence incident to local police departments because they are, at least in Middlesex County, so male dominated.

Participants were also asked if there were any suggestions or steps that the County could take to address these barriers. The most common suggestion was to be more visible in the community by attending town council meetings to educate the community, accessing houses of worship to help spread awareness of services, to continue to encourage the development of more one-stop centers similar to the Empowerment Center and by utilizing the Family Success Centers (and Mobile unit) to disseminate more domestic violence related information and resources.

### **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.	77	12.93 %	35.06 %	22.08 %	6.49 %	23.38 %	100 %
2. Anyone in the county is able to access services.	77	11.63 %	19.48 %	35.06 %	14.29 %	19.48 %	100 %
3. Services are widely advertised and known by the county.	77	15.58 %	25.97 %	28.57 %	10.39 %	19.48 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	77	3.85 %	21.79 %	20.51 %	8.97 %	44.87 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	77	2.56 %	15.38 %	28.21 %	14.10 %	39.75 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	77	3.85 %	10.26 %	37.18 %	12.82 %	35.90 %	100 %

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	77	36	52.94
Services do not exist	77	25	36.76
Transportation	77	43	63.24
Cannot contact the service provider	77	15	22.06
Too expensive	77	22	32.35
Lack of awareness of service	77	46	67.65
Cultural Barriers	77	25	36.76
Services provided are one-size fits all, and don't meet individual needs	77	17	25.00
Stigma Leads to Avoidance	77	40	58.62
Eligibility Requirement (explain below)	77	11	16.18
Other (explain below)	77	0	0.00



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

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

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

### **Need Assessment Key Findings**

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

Our research found that children need caring adults in their life to help make decisions about their future. Those adults include parents, childcare providers, teachers, education administrators, business owners, and the community at large. Each group has a stake in our future generation, and as such can become advocates for children. As an advocate, one can influence public policies and encourage positive programming that support children in a variety of ways. Parents need to maintain the following as a matter of parenting efforts:

- All children deserve high quality early education and childcare because the 0-5 years have the greatest impact on children's lives and future. This is why Programs for Parents supports high quality early childcare programs, trains childcare providers, and assists parents with the technical and financial resources they need to obtain quality care.
- All children deserve a healthy start in life. Programs for Parents supports child health services, preventive care programs, nutrition programs, health education, and affordable insurance for children in low income families.
- Child safety and protection from abuse is paramount. Programs for Parents advocates for programs and policies that protect children and ensure safe environments in both childcare facilities and in the home.

We also found out that it is an accepted fact that parenting is the most important and challenging job any of us can have; yet, it receives little support or recognition in our society. There is very little formal training for this task and parents are often isolated and without adequate support networks. There is a need for programs that are available in the County to be promoted as able to address these needs of parents in our community.

A study, commissioned by The Pew Charitable Trusts, states that parenting education can "strengthen a child's ability to survive and succeed" and that "what families lack is the societal commitment to support parents in tangible and effective ways as they raise their children."

In New Jersey, Child Protection and Permanency (CP&P) is New Jersey's child protection and child welfare agency within the Department of Children and Families (DCF). Its mission is to ensure the safety, permanency, and well-being of children and to support families. The



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DCP&P acknowledges that parenting is rewarding, but it is not always easy. When problems arise in a family, it is often the children who are emotionally or physically affected. Unfortunately, some parents do not know where to turn to get help for their children or themselves.

According to the New Jersey Early Intervention System (NJEIS), County Performance Report for the 2018-2019 fiscal year, there were 1,834 referrals made in Middlesex County for families requiring services. 68 percent of these clients were individuals under the age of 36 months. Most of those (1,228) were for Health Care Provider/physicians. 40 percent were Hispanic, 29 percent were White, almost 21 percent were Asian, and slightly over seven percent were classified as Black.

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

Middlesex County has a number of different parental skills services available to residents. Family Success Centers (FSC) are designed to be “one-stop” centers that provide wrap-around resources and supports for families prior to a crisis event. FSCs offer primary child abuse prevention services to families while also bringing together concerned community residents, leaders, and community agencies to address problems that threaten the safety and stability of the communities and the families that reside there. There are FSC locations throughout the state, with three centers located within the Middlesex County (New Brunswick, Perth Amboy and Fords) and the Mobile Family Success Center which served six other municipalities in the County.

Similarly, Head Start and Early Head Start programs are based in childcare centers throughout the County. These programs are designed to help families with many different needs, particularly those who are struggling and in lower income brackets. These centers also offer a family advocate who works with the parents and the center care givers to identify and meet goals. Acelero Learning, a Head Start Services Provider located in the County, works diligently with families to develop positive life outcomes, close the achievement gap, and build a better future for the children, families and communities served by the Head Start program. According to their annual report, Acelero served over 1,130 participants (1070 families) across their Monmouth and Middlesex Early Head Start and Head Start Programs. This represented 71% of eligible Head Start children served, and 90% of eligible Early Head Start children served.

The Middlesex County Healthy Families America affiliate, Central Jersey Family Health Consortium, Inc. (CJFHC), is located in North Brunswick and hosts parenting classes and support groups. They regularly update a resources document for each of the counties they work with, including Middlesex. The CJFHC Planning Committee provides oversight for the development of services and programs that operate in the central New Jersey region. One such program is the Family Connection Central Intake that provides information and referrals to families based on their individual needs. They also provide oversight for the Grow NJ Kids and the Safe Kids NJ programs among many others.

Within the County is also Prevent Child Abuse, New Jersey that runs the Parent Linking Program (PLP), among many other prevention programs for youth and families. Specifically, the PLP focuses on teen parents and their children, providing parental education and support designed to help these

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young parents understand child developmental milestones while also supporting their own continued high school education. In Middlesex County, PCANJ's PLP is located in the New Brunswick High School and any expectant or parenting mothers and/ or fathers who attend the school are eligible to participate in the program.

The Nurturing Parenting Programs, a family centered initiative developed by Dr. Stephen Bavolek, is designed to cultivate nurturing parenting skills. There are multiple affiliations throughout the nation. The New Jersey affiliate is located right in Edison, at the Family Nurturing Center of New Jersey. Here there are such services as: family support services assessments, parenting education, case management services for families with young children under the supervision of NJ DYFS, and at risk of out of home placement. They also have young & teen mother support services, intensive placement prevention and reunification services for pregnant and parenting young mothers. They offer comprehensive case management & visitation services, parent support services, advocacy, and linkage and support services are provided to family members to reduce the risk of re-current abuse or neglect, etc.

Respondents to the 2020 DCF Needs Assessment for Middlesex County were asked several questions related to the provision of, and access to, services related to parental skills. 33% of respondents disagreed or strongly disagreed that there were enough services related to parental skills, while only 23% agreed or strongly agreed (34% did not know). 31% disagreed or strongly disagreed that anyone in the County could access these services with an almost equal number (30%) agreeing or strongly agreeing (39% did not know). Nearly half of all respondents (46%) disagreed or strongly disagreed that these services are widely advertised and known by the County, while only 16% agreed or strongly agreed (38% did not know).

When asked whether the services in the County take race, age, gender, ethnicity and more into account when delivering services, around 22% of respondents disagreed or strongly disagreed, 30% agreed or strongly agreed, and almost half (48%) did not know. 58% of respondents did not know if the facilities that provide parenting skills services were of good quality, 29% agreed or strongly agreed that they were of good quality, and only 6% disagreed or strongly disagreed. When asked if the staff in these facilities were well-trained, knowledgeable and provided good customer service, over half of respondents (52%) stated they did not know, while slightly fewer (41%) agreed or strongly agreed (only 6% disagreed or strongly disagreed). When asked about barriers to receiving parenting skills services in the County, respondents listed the top three barriers as (in order): Lack of Awareness of Services, Transportation and Cultural Barriers.

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

N/A

### **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.	77	12.99 %	29.87 %	19.48 %	3.90 %	33.77 %	100 %
2. Anyone in the county is able to access services.	77	9.09 %	22.08 %	24.68 %	5.19 %	38.96 %	100 %
3. Services are widely advertised and known by the county.	77	15.58 %	29.87 %	12.99 %	3.90 %	37.66 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	77	6.49 %	15.58 %	27.27 %	2.60 %	48.05 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	77	1.30 %	5.19 %	28.57 %	6.49 %	58.44 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	77	1.30 %	5.19 %	31.17 %	10.39 %	51.95 %	100 %

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	77	11	20.00
Services do not exist	77	15	27.27
Transportation	77	29	52.73
Cannot contact the service provider	77	10	18.18
Too expensive	77	8	14.55
Lack of awareness of service	77	34	61.82
Cultural Barriers	77	22	40.00
Services provided are one-size fits all, and don't meet individual needs	77	14	25.45
Stigma Leads to Avoidance	77	21	38.18
Eligibility Requirement (explain below)	77	6	10.91
Other (explain below)	77	7	7.27



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

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

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

One of the primary reasons Middlesex County offers legal and advocacy services is because there is a need here. In 2011, the Central Jersey Legal Services Annual Report showed that there were over 7,000 new cases opened from the prior year, with 36% being related to housing issues. Case handlers were able to help clients in 570 cases avoid homelessness and secure or protect affordable housing, 190 cases protected consumer rights and essential property, 250 cases improving physical safety and financial stability, and critical legal protection for 63 domestic violence survivors. Nearly half of CJLS's clients were Black and just under 30% were Hispanic.

Similarly, in the last reported fiscal year, more than 6,150 households in Middlesex County were provided legal services. More than 14,700 individuals resided in those households, including more than 6,300 children. Four of every five client households were living on income less than the Federal Poverty Level. In 70% of cases, women were the primary client. 15% of clients were seniors. 33% were single parents. More than 800 clients spoke a language other than English. 94% spoke only Spanish. And, 1 in 4 clients were living with a physical or mental disability.

Rates of victimization are on the rise as shown in the Community Safety Needs Area. Rates of reported assaults increased by over 7% between 2018 and 2019 and rates of rape reports increased by 9.5%. One major area of advocacy within the County surrounds domestic violence, which is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior, as part of a systematic pattern of power and control perpetrated by a current or former intimate partner, household member and/or an individual in a dating relationship against another. It can include physical violence, sexual violence, psychological violence, economic abuse, and emotional abuse. The frequency and severity of domestic violence can vary dramatically; however, domestic violence is always comprised of one individual's consistent efforts to maintain power and control over the other. There were 59,645 domestic violence offenses reported by the police in Middlesex County in 2019, a 1 percent decrease compared to the 60,130 reported in 2018; assaults accounted for 43 percent (25,693) and harassment accounted for 41 percent (24,679) of the reported offenses in 2019; children were actively involved or present during 14,725 incidents or 25 percent of all domestic violence incidents occurring in 2019; alcohol and/or drugs were involved in 22 percent (12,898) of the reported

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offenses occurring in 2019; and, persons age 60 or over (elderly) were victims in 8 percent (4,778) of all reported domestic violence offenses that occurred in 2019

Domestic violence affects individuals and families in every community regardless of age, economic status, sexual orientation, gender, race, religion, or nationality. Domestic violence can result in physical injury, psychological trauma, and in severe cases, even death. The devastating physical, emotional, and psychological consequences of domestic violence can cross generations and last a lifetime. In the State of New Jersey, domestic violence is defined as the occurrence of one or more of the following criminal offenses inflicted upon a person protected under the Prevention of Domestic Violence Act of 1991. The moderate decrease in DV incidents may be due in part to the extensive efforts made by the Domestic Violence Resource Networks which includes legal services.

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

Respondents to the 2020 DCF Needs Assessment for Middlesex County were asked several questions regarding the provision of legal and advocacy services and delivery in the County. 46% strongly disagreed or disagreed that there were enough services available for those in the county to access, while only 30% agreed or strongly agreed. 43% strongly disagreed or disagreed that anyone in the county is able to access the available services with slightly fewer respondents agreeing or strongly agreeing (37%). When asked if the services are widely advertised and known by the County, over half of respondents disagreed or strongly disagreed (54%) but only a quarter of respondents agreed or strongly agreed (26%).

Respondents were also asked about the quality of the staff and the facilities housing these programs and services. 28% of respondents disagreed or strongly disagreed that the legal and advocacy services offered in the County take race, age, gender, ethnicity and more into account when delivering services, while nearly an identical amount of respondents stated that they agreed or strongly agreed (30%). The largest number of respondents stated they did not know (42%). Similarly, 43% of respondents stated they did not know if facilities providing these services are of good quality, while 50% agreed or strongly agreed (only 8% disagreed or strongly disagreed). 53% of respondents to the survey agreed or strongly agreed that the staff of these facilities were well trained, knowledgeable, and provided good customer service, while 10% disagreed or strongly disagreed. The top three barriers to accessing legal and advocacy services in Middlesex County were (in order): lack of awareness of services, cultural barriers, and transportation.

Victim Assistance Resources in the County can be separated into several different categories. The first category is for “special populations” and includes the Division of Child Protection and Permanency (DCPP) and Rutgers University Behavioral Health Care Crisis Intervention Services. For Victims of Sexual Assault or Domestic Violence the county has the Sexual Assault Response Team, the Middlesex County Center for Empowerment, and Women Aware, Inc. Additional legal and advocacy services include Central Jersey Legal Services, Legal Services of New Jersey, and Catholic Charities.

Civil legal aid is the assistance of counsel and legal advocacy for people living at or near poverty in legal matters that fall outside of the criminal justice system. For people facing civil legal challenges, such as unlawful evictions, foreclosure, domestic abuse, or wrongful denial of government assistance,

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navigating the justice system without a lawyer can be impossible. Unlike the Sixth Amendment right to counsel in criminal proceedings, courts have not recognized a right to a lawyer in the vast majority of civil cases. This puts justice out of reach for low-income people, and undermines a fundamental principle of our nation: that the amount of money a person has should not determine the quality of justice they receive.

Many people find it difficult to identify who could provide legal services specifically on matters of child support, immigration, domestic violence, and eviction. Individuals indicated that they did not know how to research an attorney before hiring him or her. They also have no idea how to evaluate attorneys and ascertain experience (types of cases handled, prior results obtained, etc.). Individuals also do not know how to qualify for legal services, especially if they are low-income. Finally, respondents do not know where to turn if the issues are of a criminal nature.

Those who seek advocacy services usually require them as a result of disabilities, including physical, sensory, cognitive, developmental, mental-health, and health-related. Others seek support because they wish to strengthen their social, emotional, financial, and physical wellbeing, rather than being placed in institutions. Lack of knowledge as to potential sources of aid as well as access to these resources are major issues.

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

N/A

**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.	77	15.58 %	31.17 %	25.97 %	3.90 %	23.38 %	100 %
2. Anyone in the county is able to access services.	77	11.69 %	29.87 %	29.87 %	6.49 %	22.08 %	100 %
3. Services are widely advertised and known by the county.	77	11.63 %	41.56 %	20.78 %	5.19 %	20.78 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	77	10.39 %	18.18 %	20.78 %	9.09 %	41.56 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	77	3.90 %	9.90 %	33.77 %	15.58 %	42.86 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	77	5.19 %	5.19 %	27.27 %	25.97 %	36.36 %	100 %

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	77	20	29.85
Services do not exist	77	13	19.40
Transportation	77	25	37.31
Cannot contact the service provider	77	11	16.42
Too expensive	77	17	15.37
Lack of awareness of service	77	37	55.22
Cultural Barriers	77	29	43.28
Services provided are one-size fits all, and don't meet individual needs	77	11	16.42
Stigma Leads to Avoidance	77	17	25.37
Eligibility Requirement (explain below)	77	16	23.88
Other (explain below)	77	5	7.46