

Monmouth County Needs Assessment 2020

September 30, 2020

Monmouth ACTS Advisory Council

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PART 1



Executive Summary

Narrative: In the Words of the County

When asked to complete this needs assessment by the New Jersey Department of Children and Families (DCF), Monmouth County decided to use the opportunity to “check in” on the work and progress of the Monmouth ACTS Advisory Council (MAAC). In 2017, JANUS Solutions completed a comprehensive Needs Assessment for the county. From these key recommendations and findings, Monmouth ACTS was born. We transformed the existing Human Services Advisory Council into an innovative public private partnership unlike any other in the state. MAAC brings together county employees and community non-profit leaders to share their distinct perspectives for the common good. Together, we are continually finding effective ways to meet today’s human service needs and improve the overall quality of life for our residents.

The framework of Individual and Family Success was used to update the last needs assessment and assess the progress in meeting the challenges identified. This framework examines individual and family success from birth to the end of life and four life areas, or pillars, essential to positive life outcomes. The four foundational pillars for individual and family success include **strong family relationships and community connections, safety and financial security, positive health and well-being and lifelong learning and education**. The Individual and Family Success approach acknowledges that appropriate resources and services are required to successfully support people’s developmental journeys through life. This framework asks what can help them succeed and avoid crises through proactive support, what people need when in crisis, and how people can move beyond crises to a better life.

MAAC members played an integral role in completing this DCF Needs Assessment by helping to identify key stakeholders, pull together community members for focus groups, and offer insight into how to effectively integrate the local priorities and goals already established by MAAC into the “areas of need” defined by DCF.

The current pandemic impacted our ability to engage fully with residents, particularly the neediest, as we were forced to conduct all focus groups and interviews virtually. This difficulty was compounded by severe weather events in Monmouth County (including a tropical storm and tornado) leaving thousands without power and internet access.

Nonetheless, we succeeded in collecting meaningful data from a variety of stakeholders throughout the county, from the mother forced to continually advocate on behalf of their child with special needs to the medical professional worried about how to better reach vulnerable populations to

provide care. This feedback enabled us to further examine strengths, gaps, and areas of need and to be sure that the priorities established by MAAC still align with the needs of the community.

Monmouth County, as always, stands ready to “rise to the occasion” and help meet the needs of ALL our residents.

Introduction

Purpose

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

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

County Description

Narrative: In the Words of the County

Monmouth County is blessed with thriving communities, beautiful natural resources, from the beaches of the Atlantic to the farms of Allentown, and cultural resources throughout. In terms of geographic area, Monmouth County ranks sixth in the state with a total land area of 472 square miles. The County is centrally located along the state's northern Atlantic coastline and is situated between the New York and Philadelphia metropolitan areas. Monmouth County is home to 53 municipalities.

Monmouth County has a population of approximately 618,795, made up of 233,874 households and a wide array of people. There are 133,950 children under the age of 18 living in the County. Approximately 2,036 of those children are being served by Child Protection & Permanency (CP&P).

Monmouth County values the diversity of its residents, and the rich cultures, traditions, and values they bring. 84% of the County population is White, 11% identify as Hispanic or Latino, 8% are Black/African American, 6% Asian, 1% American Indian, and 3% identify in terms of race as "other." More than 13% of the population is foreign-born, and approximately 17% of households in the County speak a language other than English at home. There is also a growing Haitian population.

While the socio-economic status of most of the residents of Monmouth is well above that of most counties in New Jersey, there are residents in the county who are in need of support, services and resources from a variety of public, private and non-profit organizations. The county's median household income is \$91,807, which is well above the state median of \$76,475. Monmouth County is the 8th most expensive state to live in with an estimated cost of living of \$98,043. Incomes in the county range from a high of \$177,857 in Rumson to a low of \$39,324 in Asbury Park. More than 8% of Monmouth County families with children under the age of 18 are living in poverty, and struggle to meet even basic needs. The highest rates of children living in poverty can be found in Asbury Park (39%) and Keansburg (32%).

Monmouth County, much like the rest of the state, has been severely impacted by Covid-19. More than 11,287 people in the county have tested positive for the virus, and 772 have died as of September 2020. As the reader will see, each of the 13 DCF defined need areas have been impacted in some way by the pandemic. A theme across all need areas, the lack of transportation and technology is a barrier that impacts many families' ability to access services now more than ever. Additionally, although not included in the DCF protocols or a focus in this report, Monmouth County

and Monmouth ACTS Advisory Council is devoted to addressing the severe impact of Covid-19 on its aging population.

Needs Assessment Methodology

Quantitative and qualitative data from various sources and stakeholders related to housing, food, health care, community safety, employment and career services, childcare, 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 Monmouth ACTS Advisory Council (MAAC) to support it 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 MAAC needs assessment team in identifying key areas to prioritize during the focus group data collection efforts.

Approach for Prioritizing Needs

In addition to the consideration of the county data profile provided by DCF, Monmouth County also took into account the results from a 2017 Human Service Needs Assessment completed by Janus Solutions. The assessment looked at the needs and aspirations of county residents, and the strengths, capabilities, and interests of residents, service providers and community stakeholders.

This assessment was conducted within a framework of individual and family success from birth to the end of life and four life areas, or pillars, essential to positive life outcomes.

The goals for each phase of life are:

- **Early Childhood Success (0-8 years old)** - All young children will be safe, healthy, and ready to learn.
- **Positive Youth Development (9-15 years old)** - All school-age children and youth will be living in a permanent home, achieving in school, and connected to their families and communities.
- **Strong Transitions to Adulthood (16-26 years old)** - Youth transitioning to adulthood will be on positive pathways to economic and social independence with strong and responsible family and community ties.
- **Productive Adulthood (27- 62)** - adults will achieve their greatest potential for economic and social independence as responsible and contributing community members.
- **Successful Aging (63 and over)** - aging adults will maintain their greatest level of

independence, functioning, and dignity as valued members of their families and communities

- **Strong Families, Strong Communities** - Families and communities will have the knowledge, resources, and skills to successfully support their families and community members from birth to the end of life.

The four foundational pillars for individual and family success include **strong family relationships and community connections, safety and financial security, positive health and well-being and lifelong learning and education.**

The individual and family success approach acknowledges that appropriate resources and services are required to successfully support people's developmental journeys through life. This framework asks what can help them succeed and avoid crises through proactive support, what people need when in crisis, and how people can move beyond crises to a better life.

In sum, the assessment identified a number of emerging needs that require attention, large areas of strength and expertise in the Monmouth community, and opportunities for improvement. It contained recommendations in three areas:

1. **Community Information Sharing, Education/Dialogue, and Resource Navigation**
 - Help county residents to understand what services and supports are available, and how to access and navigate them.
 - Provide information about relevant human service issues, challenges and opportunities.
2. **Collaboration and Innovation**
 - The county will approach human service planning, funding and service delivery in a more holistic, integrated fashion through public/private partnerships and the mobilization of the strength of the resources within the county.
 - Create innovative and collaborative approaches to meet many of the needs identified by better use of existing resources and new relationships.
3. **Unmet Service Needs**
 - Address unmet service needs through an effective, integrated and comprehensive planning process.
 - Address larger and longer-term challenges through advocacy and new service approaches.

The human services needs assessment was presented to the Board of Freeholders at their Open Session on June 8, 2017. The county accepted the recommendations in the needs assessment, and in response initiated a bold new initiative to take on the human service challenges of the future, Monmouth ACTS.

Monmouth ACTS is a public-private partnership between county government and the human services stakeholder community. The Monmouth ACTS Executive Committee and each sub-team, or Hub, is co-lead by county leaders and their community counterparts, with a wide array of key stakeholders

joining the process. The Executive Committee and each Hub continually examine the needs and challenges serving particular populations to make concrete recommendations for short- and longer-term change based on real time recommendations. The Executive Committee oversees and coordinates the work of the Hubs in these specific areas:

- **Early Childhood Success**
- **Positive Youth Development and Strong Transitions to Adulthood**
- **Aging**
- **Homelessness**
- **Transportation**
- **Financial Empowerment**
- **Behavioral Health**

The goal of the Executive Committee and each Hub is to design and support the implementation of organized and effective systems of services and supports to the residents of Monmouth County. The activities focus on residents learning about how to access the services they need, how they can initiate and navigate the complexities of modern-day service delivery and to assure that the services and continuity of support residents might want, or need, is available. In addition to the Hubs identified above, the county established a public/private Communications Team to assure that residents have easy and friendly access to the information and resources they need.

Through the work of the hubs, local priorities and hub goals have been established. The Executive Committee of the MAAC met, reviewed the county data profile provided by DCF and considered the local priorities already established through Monmouth ACTS and the Hubs.

As a result, 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 Health Services for Adults

4. Substance Use Disorder Services

Focus Groups

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

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

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

Recruitment

The Monmouth ACTS Advisory Council (MAAC) assisted in the recruitment efforts for focus group participants. MAAC members helped to recruit agency participation as well as outreach community members being served by their respective agencies. The MAAC Coordinator also outreached community-based organizations that are less involved in the activities of MAAC in order to gain a multitude of perspectives. Small gift cards were offered to community members in an effort to incentivize participation. Unfortunately, due to Covid-19 focus groups were extremely difficult to convene. All focus groups were facilitated via Zoom. Extreme weather events (including a tropical storm and tornado) further impacted participation as many Monmouth County communities were left without power or internet access during scheduled focus groups.

Focus Group Participants A total of 11 focus groups were conducted in this county as part of this Needs Assessment. These focus groups were conducted from July 28, 2020 to August 31, 2020. There were a total number of 80 participants. The number of participants in each focus group ranged from a minimum of 3 and a maximum of 12 participants. During the focus group sessions, a total of 80 surveys were completed.

Key Informant Interviews

Key informant interviews were conducted to gather additional feedback from County Human Services Directors and other identified individual selected by the MAAC 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

The recruitment efforts for key informant interviews were far reaching. County stakeholders representing each of the DCF defined need and service areas were outreached. In addition, County Human Service Department heads were also engaged in interviews.

Key Informant Interview Participants A total of 13 interviews were conducted in this county as part of this needs assessment. The total number of participants included was 13. These interviews were conducted from July 29, 2020 to September 2, 2020. There were a total of 13 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. In addition, a small number of participants completed the survey in advance but were unable to participate in the scheduled focus group. Below we combine information for all participants to provide an overview of the participant demographics.

Role in the Community (not mutually exclusive)	Number of Participants
County Resident	77
Staff or Volunteer with a Community-Based Organization (e.g., Health and Human Services providers, Planning Board Participants)	42
Staff or Volunteer with a Public Service Organization (e.g., paramedics, fire fighter, police officers, air force, judges)	10
Local Business Owner in the County	5
Community leader and advocate in the county (e.g., hold a volunteer office, clergy, activist)	19
Other	11

Age	Number of Participants
Under 18	4

18-24	2
25-34	16
35-44	32
45-54	17
55-64	22
65 and over	10

Gender	Number of Participants
Female	83
Male	19
Non-binary, third gender/transgender	0
Prefer Not to Say	1
Other	0

Race	Number of Participants
American Indian or Alaska Native	0
Asian	0
Black or African-American	15
Native Hawaiian or Other Pacific Islander	0
White or Caucasian	68
Multi-Race (2 or More of the Previous)	8
Other	12

Ethnicity	Number of Participants
Hispanic, Latino or Spanish Origins	22
No Hispanic Latino or Spanish Origins	60

Education Level	Number of Participants
Grades Preschool-8	6
Grades 9-12-Non-Graduate	9
High School Graduate or GED	7
High School/GED <u>and</u> Some College/Trade	5
2 or 4-Year College/Trade School Graduate	21
Graduate or Other Post-Secondary School	55

Employment Status	Number of Participants
Employed: Full-Time	71
Employed: Part-Time	2
Unemployed-Looking for Work	14
Unemployed-Not Looking for Work	3
Retired	3
Student	4
Self Employed	1
Unable to Work	5

Years of Community membership	Number of Participants	Range
How many years have you been a member of this community?	103	Less than 1 year to over 30 years

Services Accessed by a Household Member within the last 2 Years	Number of Participants
Yes	37
No	64

Household Member History of Involvement with NJ Division of Child Protection and Permanency	Number of Participants
Yes	17
No	83

Participants represented the following municipalities

35 Municipalities were represented across Monmouth County. However, participation was lacking in the hard to reach western portion of the county.

- Aberdeen**
- Asbury Park**
- Atlantic Highlands**
- Belmar**
- Bradley Beach**
- Colts Neck**
- Eatontown**
- Fair Haven**

Farmingdale
Freehold Boro
Freehold Twp
Hazlet
Highlands
Holmdel
Howell
Keansburg
Keyport
Long Branch
Manalapan
Manasquan
Marlboro
Matawan
Middletown
Millstone Twp
Monmouth Beach
Morganville
Neptune City
Neptune Twp
Ocean Grove
Ocean Twp
Oceanport
Red Bank
Spring Lake
Tinton Falls
Wall Twp

Additional Data Collection Methodologies

A small portion of community members completed the survey but were unable to participate in a focus group. Their survey responses are included in the participant demographics above, and throughout each need area.

PART 2



Key Findings Across Needs

Following is a summary of key findings and recommendations:

Strengths

- Monmouth County is “resource rich” with a number of community-based non-profits, grassroots organizations, and government agencies dedicated to meeting the needs of residents.
- County agencies and organizations are collaborative, forward thinking, and willing to “put in the work” together.
- Planning bodies and councils are typically inclusive of community members, faith-based leaders, and local advocates.
- Survey respondents consistently noted that staff were well-trained, knowledgeable, and professional across every need area.
- Residents are diverse, resilient, and resourceful.
- Monmouth County has the ability to be responsive in “real time” through the structure of MAAC to emerging needs as they are identified.

Obstacles Faced by Many Residents

- Transportation remains a major barrier for many residents, particularly in the western and “Bayshore” areas of the county.
- Many residents are not aware of the services that are available and how to access those services.
- Limited housing opportunities that are affordable, safe, and in good condition.
- Systemic racism which permeates every domain in the field of human services, prevents equal access to opportunities and impacts social and health determinants throughout the life span.
- Covid-19 has impacted the financial, emotional and/or physical well-being of virtually every resident.
- A crisis of child-care compounded by pandemic related school closures.
- Current national climate threatens the mental and physical well-being of the undocumented population.
- A growing opioid epidemic and increasing mental health challenges among residents.
- Access to affordable health care for all.

Throughout each need area in the report you will find both **key recommendations** as well as **proactive steps already in place** to help better provide residents with the tools for success through every phase of life.



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 Monmouth County, 18 percent of households experienced severe housing cost burden (50% of income or more is spent on housing) in 2018. 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 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*). Additional data for this need area may be available in the county profiles.

Need Assessment Key Findings

Summary: Scope of the Need

Throughout the assessment process, housing was a primary concern for residents in survey responses, focus group discussions and interviews. More than 83% of survey respondents selected housing as a prioritized need area (more than any other need area). Survey respondents were also most likely to comment in the area of housing, and focus groups tended to spend the most time discussing housing concerns. Over 51% of households spend more than 30% of their income on housing in Monmouth County. Additionally, the median rent in the county (\$1,372) surpasses the state median (\$1,295). Rising property taxes is also a concern for many homeowners.

Homelessness also presented as a theme throughout the assessment process. Both residents and providers called for more flexibility in state funded emergency housing programs, increase in available shelter beds, as well as more supportive housing options for those struggling with severe behavioral health concerns.

Racial disparities in housing and homelessness exist throughout the nation and state, and unfortunately Monmouth County is no exception. Black and African Americans represent approximately 8% of the total County population, yet account for a staggering 39% of those experiencing homelessness. Hispanic and Latino households also experience homelessness at

disproportionate rates in Monmouth County, accounting for over 21% of those experiencing homelessness and only 11% of the total population (Point in Time, 2019).

This county's percentage of households experiencing a severe housing burden has remained fairly steady at or around 20% between 2014 and 2019.

Summary: Nature of the Need

The topic of housing elicited many emotional responses from community members that continue to struggle with affordability and access to affordable units.

"I'm a single parent making \$40,000 a year, and I don't qualify for any assistance yet cannot afford housing on that salary. What are parents like me supposed to do? We end up renting apartments in terrible condition in higher crime areas that we still can't afford just to get evicted eventually. Then when we go for help we are told 'Oh you caused your own homelessness by being evicted, we can't help you'"

Affordable housing stock in Monmouth County is low, with waiting lists and expense being identified most frequently as barriers on the survey. Many residents reported being on waiting lists for years in order to access affordable housing. Credit scores, criminal records and previous evictions all impact one's ability to qualify for many of the affordable housing options throughout the county, including specialized housing programs subsidized by Housing and Urban Development (HUD). High rent prices impact the ability to secure housing even with a subsidy because they are often over the Fair Market Rate that HUD allows.

"Housing prices are not affordable, vouchers are not sufficient amounts for the cost of housing here, and employment opportunities that pay a living wage are rare"

Every senior subsidized housing program in the county currently has a wait list, often around 2 years long. Housing Choice Vouchers are even harder to access in Monmouth County with all waiting lists currently closed to applicants.

Superstorm Sandy significantly impacted the County's affordable housing stock, when low-rent rental properties in the Bayshore area were destroyed. As these properties were rehabilitated, lower income families were then "priced out" as landlords were able to list the renovated property at higher rents.

Participants identified single parents, young adults (18-24) and older adults as subgroups that are often more affected by housing barriers.

Providers described housing difficulty for older adults who are in some way disabled and were cared for by parents. When their parents die, these individuals are then left without a safety net and are often not linked to important supports or benefit programs making housing very difficult to obtain.

Spanish speaking residents reported in a focus group feelings of discrimination when looking for quality housing. Some reported in the survey that landlords do not keep up with the necessary maintenance and also unjustly keep security deposits. Participants reported feeling afraid of pursuing the return of the deposit because landlords band together and will refuse to rent to individuals they think “are a problem.”

Covid-19 has had a huge economic impact on Monmouth County residents. Many are unemployed and unable to pay their housing expenses. Residents and providers alike expressed worry about what will happen when the state eviction moratorium is lifted. There is growing concern from agencies that they will not be able to meet the need of rent assistance both from a staffing and funding perspective. Residents worry that even with rent arrears assistance they will be unable to pay their housing costs moving forward without re-employment.

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

Through the collaboration of Monmouth ACTS, Monmouth County Homeless System Collaborative, and the Monmouth County Continuum of Care, the following steps have been implemented or identified to better address housing needs:

- A centralized intake process and Housing Navigation Program has been established for those experiencing homelessness to serve as a cohesive system “entry point and exit point”.
- Monthly case management meetings brings the county’s housing navigation program to the table with provider agencies in order to efficiently match those experiencing homelessness, beginning with the most vulnerable population, to current or potential housing vacancies.
- The Financial Recovery Initiative has been developed in response to the financial impact of Covid-19 on residents. The development of an information clearinghouse website (including housing resources) is underway as well as a county warmline.
- The Permanent Housing Subcommittee of the Homeless System Collaborative is forming a Task Force dedicated to taking an in depth look at the development of affordable housing through funding and property procurement with a focus on agency relations.
- Monarch Housing Associates will be working with the county’s Homeless System Collaborative and Continuum of Care on addressing racial inequities in our housing systems.
- More outreach to local landlords is needed in order to establish better working relationships with the County’s Public Housing Authorities as well as to communicate the benefits of participating in HUD Voucher programs.
- Advocacy is needed to ensure that every municipality is in compliance with affordable housing quotas.

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- More outreach and engagement of community members with lived experience in decision making processes, particularly people of color in established Monmouth County collaboratives and councils.
 - Development of a web-based tool to search and list affordable quality housing.
 - Legislative advocacy to amend the credit score requirements of federal and state subsidized affordable housing.

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.	98	28 %	36 %	20 %	5 %	11 %	100 %
2. Anyone in the county is able to access services.	98	21 %	41 %	20 %	4 %	14 %	100 %
3. Services are widely advertised and known by the county.	98	24 %	46 %	20 %	0 %	10 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	98	9 %	27 %	30 %	5 %	29 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	98	6 %	19 %	43 %	6 %	26 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	98	2 %	19 %	50 %	9 %	20 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	98	65	66%
Services do not exist	98	30	31%
Transportation	98	51	52%
Cannot contact the service provider	98	24	24%
Too expensive	98	37	38%
Lack of awareness of service	98	59	60%
Cultural Barriers	98	32	33%
Services provided are one-size fits all, and don't meet individual needs	98	32	33%
Stigma Leads to Avoidance	98	31	32%
Eligibility Requirement (explain below)	98	41	42%
Other (explain below)	98	13	13%

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, and Children (WIC) Supplemental Nutrition Program, etc.)

In **Monmouth County**, the food insecurity rate for households was approximately 8 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

Food insecurity rates in Monmouth County have slightly decreased over time from 8.9% in 2015 to 8.0% in 2017. While Monmouth County's numbers are well below the national (12.5%) and state (9.6%) rates, many residents still express serious concern about the ability to feed their families nutritious foods. Because the County has a high cost of living, many families are making tough choices between paying rent, utilities, child care costs, health care or food. These families and individuals may not meet the criteria of being food insecure, but still struggle with concrete needs like food, diapers, and toiletries. In fact, over 35% of survey respondents ranked food as a priority need in Monmouth County.

Summary: Nature of the Need

While the majority of survey respondents (62%) agreed that there are enough services in Monmouth County to help those who are in need of food assistance, transportation to those service providers remains a barrier to many. Residents in the Bayshore and Western parts of the County struggle significantly with transportation to services as public transportation is limited.

“Transportation or delivery is needed for those who cannot go to a facility or who are not physically able to carry items home”

The nutritional value of shelf-stable foods provided by pantries is also of concern to many residents. Respondents commented on the need for produce and fresh foods in communities.

“Food availability needs to have a focus on healthy and fresh, if possible. It is not equitable to only provide processed, shelf-stable foods to those in need. Fresh fruits and vegetables are needed for all in order to maintain good health.”

Many residents are not aware of where to go for help. More than 47% of respondents selected lack of awareness of services as a barrier to meeting food needs. Monmouth ACTS has recognized this barrier across most need areas and has engaged a public/private communications team in order to effectively communicate available services and how to access them to all residents.

Stigma and fear are also barriers to service as demonstrated in the following survey responses:

“Pantries are perceived to be only for the poor and can be located outside or have people waiting in lines outside of the building. This can be stigmatizing and humiliating.”

“Fear of using services, especially the undocumented population. Also fear of being perceived as though you can’t provide for your kids.”

“I think that many individuals fear that all their information will be required just to get a meal.”

Covid-19 has severely impacted the food needs of residents. There have been 6,740 new Supplemental Food Assistance Program applications in Monmouth County from March 2020- August 2020. This is a steep increase in the rate of new applications from prior to Covid-19.

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

Monmouth ACTS’ Early Childhood Success Hub identified early in their Covid-19 response planning the increased need for concrete items like diapers, wipes and toiletries among families with young children and has coordinated with local Family Success Centers, Head Start Programs, VNA/WIC building and Child Care Resource Center for diaper distribution.

There has been a strong focus on ensuring seniors and adults with disabilities are getting daily meals delivered to their homes in light of Covid-19. The County’s Meals on Wheels programs have also seen a significant increase in enrolled households and has been working tirelessly to deliver meals to some of our most vulnerable residents.

The Monmouth ACTS’ Financial Recovery Initiative has coordinated and integrated the work of community-based service providers, and has streamlined how residents can get the information to

access those services, with food insecurity being a core service area. An aggressive marketing/communication campaign is blanketing the County.

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.	93	6 %	17 %	55 %	8 %	14 %	100 %
2. Anyone in the county is able to access services.	93	4 %	24 %	46 %	9 %	17 %	100 %
3. Services are widely advertised and known by the county.	93	9 %	34 %	41 %	4 %	12 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	93	9 %	22 %	35 %	5 %	29 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	93	0 %	9 %	53 %	10 %	28 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	93	1 %	7 %	58 %	9 %	25 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	93	18	19%
Services do not exist	93	9	10%
Transportation	93	52	56%
Cannot contact the service provider	93	8	9%
Too expensive	93	5	5%
Lack of awareness of service	93	44	47%
Cultural Barriers	93	25	27%
Services provided are one-size fits all, and don't meet individual needs	93	16	17%
Stigma Leads to Avoidance	93	26	28%
Eligibility Requirement (explain below)	93	14	15%
Other (explain below)	93	11	12%

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 **Monmouth County**, the estimated proportion of children under 18 years old (minors) with no health insurance coverage was 3.5 percent in 2017. This percentage is **less than** the estimated percentage of minors with no health insurance for New Jersey in the same year (ACS; see Data Profile for Additional Source Information).

In Monmouth County in **2018**, there were 219 reports of lack of or no prenatal care. This was **increase** from 193 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

Health care was the second highest ranking need in Monmouth County, with over 62% of survey participants identifying it as a prioritized need area. Focus groups and interview participants shared personal experiences surrounding hardships, and providers lamented the complicated systems in place preventing quality, holistic healthcare for all residents.

Disparities exist in access to health insurance in Monmouth County with certain municipalities representing the bulk of uninsured children in the County. Of the 3.5% of uninsured children in Monmouth, 16.5% are living in Farmingdale followed by 13.5% in Sea Bright.

The immunization rate for children in Monmouth County is 93% which is just below the state average of 94%. Key informants and focus groups speculated that this is due in part to parental fears surrounding immunization safety.

Those with undocumented immigration status face multiple barriers to health care including eligibility requirements, fear and language barriers. Cultural barriers were also identified as a hindrance to health care, with over 29% of survey respondents selecting this as a barrier to service.

A general lack of understanding of the health care system as well as what services are available is a barrier to care. More than 53% of respondents indicated that they disagreed that health care services

are widely advertised and known in Monmouth County. 49% of respondents selected lack of awareness of service as a barrier.

Summary: Nature of the Need

The costs associated with health care is a primary concern for residents, including co-pays, deductibles, and prescription expenses. Focus group participants and survey respondents shared being unable to afford Medicare premiums and prescription deductibles.

“I usually take my prescriptions every other day. I have to make them stretch, I can’t afford them otherwise. I know which ones I can do this with and which ones I can’t. My doctor may not agree if he heard me say that, but I feel I have no other choice.”

“Income requirements are a barrier. Often working poor cannot afford deductibles and co-pays on employer sponsored plans.”

Parents of children with special needs spoke about the expense related to the specialized care that their children require. Many spoke about the exorbitant out of pocket costs for specialized care. Even a simple procedure such as a blood draw can cost families thousands of dollars, as some children with special needs require anesthesia or a mobile service to complete the service.

Access to providers is also a primary concern for residents. Dental care for the uninsured, underinsured or state insured is a particular hardship.

“Dental care is really a challenge in the county. Finding dental practices for those that are uninsured or underinsured is especially limited.”

“Providers, particularly specialists often do not accept Medicaid, and if they do they are likely full and not accepting new patients.”

Participants reported that specialists have lengthy waits for an appointment, particularly in the world of pediatrics. Community health centers are often inundated with phone calls, making it difficult for community members to get through. Further, due to Medicaid billing protocols, preventative procedures and care often get put on the back burner.

Minority participants recounted stories of feeling unheard and “not taken seriously” by medical providers.

The job loss suffered as a result of Covid-19 has caused many to lose employer provided health insurance. NJ Family Care applications in Monmouth County have increased, with over 1,360 new

applications received from March 2020 through August 2020. The shift from in person care to telehealth has also impacted health care without a clear understanding as to the effect on patient success and satisfaction.

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

The following steps have been implemented or identified to better address health care needs:

- The Positive Youth Development Hub in collaboration with Garden State Equality is working on developing a model for Trauma Informed Communities with an understanding that childhood trauma adversely affects health outcomes in adulthood. The work is being funded through a grant from the Nicholson Foundation. The work will begin in Asbury Park with a pilot program.
- New Jersey Integrated Care for Kids Partnership is developing and will maintain a responsive, accessible, integrated system of care for children enrolled in Medicaid who demonstrate significant medical, behavioral health and/or social complexity.
- The Early Childhood Success Hub is focusing on access to dental care for lower income families. A resource list of all dentists that accept NJ Family Care is being compiled for community distribution.
- An expansion of Community Health Workers is critical to link hard-to-reach communities to the health care they need. Community Health Workers have stronger ties to the communities that they work within and cultural understanding about norms and other barriers to care. A relationship of trust and understanding can help to break down some of the existing barriers to care.
- Consideration of utilizing Nurse Case Managers to assist families in navigating the complex system of care for their children with a disability.
- Advocacy is needed to amend the billing structure under Medicaid and NJ Family Care in order to promote more preventative care.

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.	92	11 %	29 %	40 %	8 %	12 %	100 %
2. Anyone in the county is able to access services.	92	12 %	27 %	37 %	9%	15 %	100 %
3. Services are widely advertised and known by the county.	92	12 %	41 %	37 %	0 %	10 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	92	8 %	26 %	34 %	5 %	27 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	92	4 %	9 %	49 %	8 %	30 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	92	4 %	9 %	55 %	7 %	25 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	92	34	37%
Services do not exist	92	15	16%
Transportation	92	38	41%
Cannot contact the service provider	92	30	33%
Too expensive	92	15	16%
Lack of awareness of service	92	45	49%
Cultural Barriers	92	27	29%
Services provided are one-size fits all, and don't meet individual needs	92	17	18%
Stigma Leads to Avoidance	92	16	17%
Eligibility Requirement (explain below)	92	20	22%
Other (explain below)	92	16	17%

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 Monmouth County there was a total of 973 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 18 arson, 194 motor vehicle theft, 7,160 larceny and 1,252 burglary in Monmouth 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

Community safety was the least prioritized need area in Monmouth County, with less than 24% of respondents selecting it as a concern. However, some communities in our County are impacted in greater ways by crime and community safety than others.

In 2018, Neptune Township (957), Asbury Park (827), Long Branch (763), Ocean Township (606) and Freehold Township (492) were the municipalities with the highest number of offenses in Monmouth County. In 2018, Neptune Township (302), Ocean Township (192), Asbury Park (167), Long Branch (143) and Freehold Township (127) were the municipalities with the highest number of arrests in Monmouth County.

"Communities within the county vary substantially...a need for police training and support in mental health and racial bias should be mandatory for community safety"

Summary: Nature of the Need

Some survey respondents called for community policing, with a police force that lives in the community they serve and understands the complexity of the lives of the community members.

"The community would be better served by interacting with police that understand their neighborhoods and get to personally know the residents."

A lack of understanding about different community cultures was the most frequently identified barrier to community safety on the survey. Culture was cited more frequently within the category of community safety (43%) than it was within any other of the 13 defined need areas in this assessment. 40% of respondents also disagreed with the statement that community safety services take race, age, gender, ethnicity and more into account.

Black and African American residents are more likely to be affected by violent crime than their White counterparts. Although homicide rates in Monmouth County are very low, Black, non-Hispanic people are most likely to be victims of homicide at a rate of 11.2 per 100,000. These rates were too low to be calculated for any other racial or ethnic group in the County. Men are also much more likely to be victims of homicide.

Parents called for more wide-spread use of the Special Needs Registry in order to decrease the likelihood of escalation or misinterpretation of behaviors in an interaction between police and a person with special needs.

“Special Needs Registry should be done the moment a child registers for school, Performcare, or DDD”
(Division of Developmental Disabilities)

Juvenile arrest rates in Monmouth County have remained steady between 2013 and 2016 at 11 per 1,000. This is just above the state average of 10 per 1,000.

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	3 %	31 %	45 %	4 %	17 %	100 %
2. Anyone in the county is able to access services.	89	1 %	18 %	52 %	7 %	22 %	100 %
3. Services are widely advertised and known by the county.	89	4 %	31 %	40 %	2 %	23 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	89	10 %	30 %	26 %	4 %	30 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	89	1 %	12 %	43 %	6 %	38 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	89	3 %	17 %	46 %	4 %	30 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	89	12	13%
Services do not exist	89	12	13%
Transportation	89	23	26%
Cannot contact the service provider	89	6	7%
Too expensive	89	7	8%
Lack of awareness of service	89	35	39%
Cultural Barriers	89	38	43%
Services provided are one-size fits all, and don't meet individual needs	89	17	19%
Stigma Leads to Avoidance	89	23	26%
Eligibility Requirement (explain below)	89	6	7%
Other (explain below)	89	16	18%

Need Area: Employment and Career Services

Status: General Need Area

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

According to State and County unemployment insurance claims data, Covid-19 has had a devastating impact on the Monmouth County workforce pushing 15.6% into unemployment in April 2020. This rate has decreased slightly through the summer to 12.6% in July 2020. Prior to the pandemic, Monmouth County's unemployment rate was 3.3% in March 2020. This translates to approximately 50,200 county residents experiencing unemployment in April 2020 compared to 10,900 people a month prior. Though slightly less, Monmouth County's unemployment rates are comparable to those experienced state wide. In March 2020 the NJ state unemployment rate was 3.7% and in April 2020 15.9%. The hardest hit occupational groups in Monmouth County were Sales, Food Services and Office and Administrative.

Need Assessment Key Findings

Summary: Scope of the Need

Monmouth County is the 8th most expensive county in the state to live in. With such a high cost of living, employment and career services are critical. Average weekly wages in Monmouth County increased slightly over time from \$1,007 in 2016 to \$1,073 in 2018. However, wage earners in Monmouth County still earn less per week than the state average of \$1,264.

Income disparities between male and female earners are great in Monmouth County. When comparing median incomes, male county residents tend to earn approximately \$26,014 more than their female counterparts per year. Male and female incomes have remained steady over time in the county. The difference in income by sex in Monmouth County is significantly greater than both the state (\$12,209) and national (\$10,099) amounts.

Summary: Nature of the Need

Transportation (49%) and a lack of awareness of services (51%) were the two most frequently identified barriers by survey respondents in this need category.

“Job fairs need to be in accessible locations.”

“Bring the services to places people frequent like libraries, schools, community centers”

Commuting times in Monmouth County are approximately 33.6 minutes on average which is just above the state average of 31.5. In addition, residents tend to spend about 21% of their total income toward commuting and transportation costs.

Some residents do not have access to a car and have to depend on public transportation to get to work. Public transportation is limited in the county, particularly in the western end and Bayshore area.

“Services such as DVR or Workforce Development need to have facilities on the western side of Monmouth County. Transportation is a huge barrier.”

Criminal background often impacts one’s ability to find gainful employment.

“Felons have a hard time finding work in this county. People do change.”

“Criminal backgrounds are a barrier to employment, especially one that pays a living wage. This is unfair, the sentence has been served but they continue to be punished by practices like this.”

Among Spanish speaking residents, language and cultural differences were cited as hurdles to obtaining work.

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

The MAAC Financial Recovery Initiative (FRI) has been developed in response to the tremendous financial impact of Covid-19 on Monmouth County residents. The FRI model is a proactive organized system of information, community outreach, supports and services for Monmouth County residents that includes:

1. A Clearinghouse and a Warmline for information sharing and access to financial recovery support.
2. Monmouth ACTS Financial Recovery Network – an organized system of services and benefits through collective impact.
3. Coordination of local, state, and federal resident recovery efforts.

As resources continue to be made available, from the public and private sectors, FRI acts in a convening role to ensure effective and timely distribution and inclusionary access to needed supports.

Monmouth County Workforce Development Services has a proactive Workforce Development Board with a local area plan currently effective since June 30, 2020. The board recognizes the importance of providing services to the diversity of our residents such as migrant seasonal farm workers, employment for young adults, employment for those with disabilities, and employment for older adults.

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.	88	10 %	30 %	39 %	4 %	17 %	100 %
2. Anyone in the county is able to access services.	88	7 %	26 %	42 %	5 %	20 %	100 %
3. Services are widely advertised and known by the county.	88	7 %	45 %	32 %	1 %	15 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	88	8 %	18 %	28 %	6 %	40 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	88	2 %	6 %	42 %	8 %	42 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	88	2 %	7 %	51 %	6 %	34 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	88	13	15%
Services do not exist	88	9	10%
Transportation	88	43	49%
Cannot contact the service provider	88	12	14%
Too expensive	88	8	9%
Lack of awareness of service	88	45	51%
Cultural Barriers	88	22	25%
Services provided are one-size fits all, and don't meet individual needs	88	15	17%
Stigma Leads to Avoidance	88	10	11%
Eligibility Requirement (explain below)	88	12	14%
Other (explain below)	88	14	16%

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

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

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

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

Child care is extremely expensive and accounted for the majority (\$1,579 for family of 4) of the monthly estimated average cost of living in Monmouth County. The median cost of infant care per child is \$1,250 a month, toddler care \$1,020, and Pre-K is \$989. On the survey, expense was the most frequently selected barrier to child care services. There is a lack of affordable child care options in Monmouth County for families.

Covid-19 also had a severe impact on the child care industry. For parents with young children under age 6, access to child care is essential as parents begin to go back to work. Elementary school-age children also need child care at unprecedented levels due to virtual and hybrid schedule school arrangements. Care is now needed to cover the hours that were previously spent on-site in school.

As of June 15, when all child care centers were allowed to re-open to serve the public, only one-third of Monmouth County based centers (79 of 235) opened. Among registered family child care homes in Monmouth County, most (86%) have remained open. However, both center-based providers and home-based providers report low enrollment challenging economic viability (Child Care Resources).

Summary: Nature of the Need

Parents are also limited by options because of standard operating hours of most center-based providers.

“Daycare for those that work 3rd shift is not available”

“There are no child care options in the evenings for parents that need to work non-traditional shifts. We aren’t all able to work 9-5!”

Income restrictions on child care subsidy eligibility are often too low and leave middle-class working parents without the ability to pay for quality care.

“There should be something available for people that are slightly over income, but still need assistance.”

“We need more childcare centers that accept subsidies. We need higher wages for staff, better infrastructure and training, and we need to increase subsidies for families – it is very expensive.”

Also, care for children with special needs is especially limited and even more costly.

“When my special needs son was young, the school would not permit him in aftercare, even though it was just for 15 minutes. They could not handle a child with autism.”

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

Monmouth ACTS’ Early Childhood Success Hub in collaboration with Child Care Resources identified that following considerations for addressing child care needs particularly in light of the pandemic:

- Create a broad-based stakeholder task force to review child care supply and demand, the economic model, and stabilization support to ensure that as parents return to work, child care will be available.
- Review options for shared services to promote cost-effective delivery, strategies to support current family child care providers as well as ways to incent additional entrepreneurs to the home-based child care field, bonus pay during the COVID pandemic, and specific policy, practice, and funding recommendations for the state legislature and Congress.

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.	84	15 %	40 %	27 %	4 %	14 %	100 %
2. Anyone in the county is able to access services.	84	12 %	42 %	25 %	4 %	17 %	100 %
3. Services are widely advertised and known by the county.	84	11 %	43 %	27 %	0 %	19 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	84	5 %	24 %	27 %	6 %	38 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied).	84	2 %	13 %	40 %	5 %	40 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	84	4 %	11 %	38 %	7 %	40 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	84	29	35%
Services do not exist	84	12	14%
Transportation	84	33	39%
Cannot contact the service provider	84	8	9.5%
Too expensive	84	38	45%
Lack of awareness of service	84	31	37%
Cultural Barriers	84	23	27%
Services provided are one-size fits all, and don't meet individual needs	84	17	20%
Stigma Leads to Avoidance	84	5	6%
Eligibility Requirement (explain below)	84	21	25%
Other (explain below)	84	11	13%

PART 3

Results: Specialized Service Needs



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

Status: General Need Area

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

Need Assessment Key Findings

Summary: Scope of the Need

In 2018, there were 96 children in out-of-home kinship placements made by CP&P in Monmouth County. This was a decrease from previous years ranging from 125 in 2011 to 145 in 2017.

There seems to be a general lack of knowledge as to what kinship services are as well as about how to access those services. The majority of respondents selected "Don't Know" throughout the kinship services portion of the survey.

Summary: Nature of the Need

The County Data Profile lacked any data specific to families providing kinship care.

Some survey respondents noted that the length of time from application to receiving services was too long.

Monmouth County is home to a number of organizations that can assist families providing kinship care including, but not limited to:

- Monmouth County CASA for Children
- Monmouth County Child Advocacy Center
- NJ Kinship Legal Guardian Resource Center
- NJ Adoption Resource Clearinghouse
- Children's Home Society
- Boggs Center
- Family and Children's Service
- Bayshore Family Success Center

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- Coastal Communities Family Success Center
 - Oceans Family Success Center

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 %	20 %	16 %	0 %	56 %	100 %
2. Anyone in the county is able to access services.	83	2 %	28%	14 %	1 %	55 %	100 %
3. Services are widely advertised and known by the county.	83	12 %	28 %	13 %	0 %	47 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	83	5 %	12 %	14 %	2 %	67 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied).	83	1 %	5 %	24 %	0 %	70 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	83	1 %	7 %	20 %	2 %	70 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	83	14	17%
Services do not exist	83	10	12%
Transportation	83	17	20%
Cannot contact the service provider	83	7	8%
Too expensive	83	11	13%
Lack of awareness of service	83	45	54%
Cultural Barriers	83	14	17%
Services provided are one-size fits all, and don't meet individual needs	83	12	14%
Stigma Leads to Avoidance	83	7	8%
Eligibility Requirement (explain below)	83	9	11%
Other (explain below)	83	10	12%

Need Area: Behavioral/Mental Health Services for Children

Status: General Need Area

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

Need Assessment Key Findings

Summary: Scope of the Need

The DCF County Data Profile did not contain any information specific to children's behavioral health needs or services, therefore the county pulled data from New Jersey's Children's System of Care (CSOC) and the Children's InterAgency Coordinating Council (CIACC) dashboard.

In August of 2020, 1,436 Monmouth County children were actively receiving services through CSOC. Of those children, 61.5% were White, 13.4% were Black or African American, 1.9% Asian, 3.7% identify as more than one race, and 19.5% of children either declined, identified as "other" or their race was unknown. In terms of ethnicity, 22.7% of children identified as Hispanic or Latino and 56.1% Non-Hispanic or Latino. Ethnicity data was missing for the remaining 21.2% of children.

The majority of children receiving Behavioral Health Services in Monmouth County are between the ages of 11-17, accounting for approximately 60% of CSOC enrolled youth.

The number of children receiving Behavioral Health Services in Monmouth County has decreased since the pandemic. In February 2020, 1,787 children were eligible for services. We understand that the need has not decreased, but rather referrals are down due to a myriad of issues including school closures and technology access.

In August of 2020, Monmouth County accounted for approximately 6% of youth authorized to receive services in the state of New Jersey through CSOC. This number has remained steady over time. The most frequent types of services provided to children in Monmouth County are Intensive in Community and Case Management services.

County residents are concerned with this as a service need area. More than 62% of survey respondents selected this as a priority. It was the second most frequently selected area, behind Behavioral Health Services for Adults.

Summary: Nature of the Need

As it is across the state, there is a great need for child and adolescent psychiatrists in Monmouth County. Participants reported extremely long wait lists to access psychiatrists and Board Certified Behavioral Analysts (BCBA) for youth with developmental challenges. Parents also raised a significant concern that there are service gaps as youth begin to transition at 18 years old into the adult system.

“Many BCBA’s only work with children under the age of 18.”

“In our experience, the older the child, the less services there are.”

“My child is now 18 and many of the providers that we have been working with don’t work with kids over 18. He may be 18 but developmentally is much younger. This has been such a hardship on our family. It takes forever to be linked with the right people (providers) to begin with, now we are expected to go through that whole process again?”

Cultural competence and language barriers can get in the way of youth receiving effective behavioral health services. Over 55% of Spanish speaking survey respondents indicated this to be the case. This is especially important because more than 22% of children receiving services in Monmouth County identify as Hispanic or Latino.

“Cultural competency is very important and must be considered when designing these services.”

“We need more long term in community support, more Spanish speaking counselors (and other languages) and more Medicaid providers.”

Stigma is another barrier that remains a hindrance to accessing services.

“We continue to view behavioral health as a personal issue instead of as a health concern. This is stigmatizing and prevents people (especially youth) from accessing services.”

The lack of providers that accept Medicaid is another issue impacting service in Monmouth County.

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

Monmouth Cares and our Family Support Organization were continually identified as assets and a source of strength for families throughout the assessment process. Many families believed these services to be vital.

Monmouth County has launched a Stigma Free Movement which encourages the community to break the stigma associated with getting help for mental health and substance use issues. All of the Monmouth County CSOC partners have signed the pledge to join this Stigma Free Initiative.

Monmouth County CIACC has a very proactive subcommittee dedicated to Intellectually and Developmentally Disabled (I/DD) youth service needs.

Monmouth County CIACC's Education Partnership Committee hosts five trainings per school year in order to educate schools on behavioral health related topics and resources available to their students and families.

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.	82	14 %	31 %	35 %	3 %	17 %	100 %
2. Anyone in the county is able to access services.	82	11 %	27 %	38 %	2 %	22 %	100 %
3. Services are widely advertised and known by the county.	82	15 %	38 %	30 %	1 %	16 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	82	10 %	22 %	24 %	5 %	40 %	40 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	82	4 %	9 %	43 %	9 %	37 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	82	5 %	9 %	44 %	8 %	34 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	82	27	33%
Services do not exist	82	22	27%
Transportation	82	29	35%
Cannot contact the service provider	82	11	13%
Too expensive	82	23	28%
Lack of awareness of service	82	39	48%
Cultural Barriers	82	22	27%
Services provided are one-size fits all, and don't meet individual needs	82	15	18%
Stigma Leads to Avoidance	82	24	29%
Eligibility Requirement (explain below)	82	8	10%
Other (explain below)	82	14	17%

Need Area: Behavioral/Mental Health Services for Adults

Status: Prioritized Need Area

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

Need Assessment Key Findings

Summary: Scope of the Need

Behavioral Health Services for Adults was identified as a local priority here in Monmouth County. It was also the most frequently identified service need area prioritized by survey respondents.

In 2017, Monmouth County residents experienced mental health distress at higher rates (13.5%) than the state average (12.1%). White, non-Hispanic residents reported symptoms of mental health distress most frequently. Symptoms of mental health distress were reported by women (19.9%) at a higher rate than men (8.2%).

In 2017, the estimated frequency of diagnosed depression (13.2%) among county residents is lower than the state average (14.8%). Again, White, non-Hispanics were most likely to report a diagnosis of depression at some point in their lifetime. Women (15.9%) were more likely than men (10.7%) to experience depression in this county. Over time, the percentage of the population reporting depression has varied.

We understand that Covid-19 has had a tremendous impact on our residents' mental and emotional well-being. There have been anecdotal reports of increases in depression, anxiety as well as feelings of fear, worry and isolation as a result of the pandemic and the social and economic consequences of quarantine.

In 2018, 41 people successfully completed the act of suicide in Monmouth County.

Summary: Nature of the Need

Insurance coverage hinders one's ability to access quality behavioral health care. Many lower income residents can't afford employer sponsored health insurance plans. Providers that accept Medicaid are limited and wait lists are long.

Focus group participants reported feeling overwhelmed by accessing mental health services, not knowing where to begin or who to call. A lack of awareness of available services as well as how to access those services are major barriers to care in Monmouth County.

"When you are already struggling emotionally and mentally, everything feels like a daunting task. To then have to search out places that accept your insurance and call a bunch of offices is not only exhausting but it can also feel humiliating."

"Where do you even begin? There's a ton of information and phone numbers being thrown at you but you don't know who would be best to help. Does this counselor specialize in the issue you are experiencing? Do they accept your insurance? What if you don't have insurance at all? I guess then you are just screwed."

"It's a funny system we have in place, we tell people 'don't be afraid to ask for help' and when they do we give them a list of numbers to call and say 'good luck.'"

Psychiatric hospitalization recidivism and the lack of community follow up also presented as a theme throughout the assessment process. Participants called for more comprehensive discharge planning, more assertive community treatment, as well as more supportive housing options.

"We need more programs that focus on long-term case management and intensive case management. We need to address crisis hospitalizations – lengths of stay are minimal, which directly leads to recidivism. Hospital discharge plans should be improved and more thorough."

"We are seeing the same individuals with severe mental illness come in again and again, one hospitalization after the next. After they leave, there is no stability, no follow up, just seems like a revolving door for some of these folks."

The lack of preventative mental health services for people experiencing mild to moderate distress directly contributes to the need for crisis intervention. People are unable to access care unless it rises to an emergency.

“Our (police) officers are responding to community members that are experiencing mental distress. A lot of the time they are refusing hospitalization and we can’t force them. We end up responding to the same individual over and over until they do reach the level of requiring crisis intervention”

Stigma remains a major barrier to accessing behavioral health services for many.

Transportation also hinders one’s ability to access care in the community. Medical transportation is not always reliable and requires ample advance notice.

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

Monmouth ACTS’s Behavioral Health Hub has formed 4 specific workgroups to carry out identified goals and priorities. These workgroups and their goals are as follows:

- Community Outreach and Education
 - Develop strategies to outreach to targeted communities and/or specific populations to educate them on Behavioral Health and the services/resources available
 - Consideration may be given to “untapped” areas/entities, such as outreach to primary care physicians, the faith-based community, or a municipality that is historically underserved.
- Monmouth Resource Net (MRN)
 - The hub has inventoried behavioral health services in Monmouth County and has outreached to ensure that agencies all have their information on the MRN
- Warm Line
 - This workgroup has outlined a structure for a centralized information warm line and has written a preliminary plan for implementation.
- Care Management Collaborative
 - Develop a Care Management Collaborative that will serve as a point of entry into the Monmouth County system of services and supports. The goal of the collaborative will be to establish a recovery-oriented, person-centered network of community-based services within Monmouth County whose goal is to streamline all the resources available, facilitate cross-agency referrals and address gaps, challenges and barriers to service. The collaborative also aims to apply a “boots-on-the-ground”, in-person approach to reaching underserved populations at community partner mobile sites, health fairs, health clinics and other community spaces, in addition to marketing and education outreach.

Monmouth County has launched a Stigma Free Movement which encourages the community to break the stigma associated with getting help for mental health and substance use issues.

The Monmouth County Office of Behavioral Health facilitates a Hospital Discharge Planning Committee bringing hospital social work staff, homeless service providers, supportive housing providers, and community treatment programs to the table in an effort to reduce recidivism rates and improve communication between stakeholders to facilitate more effective discharge plans.

Mental Health Association of Monmouth County in collaboration with Monmouth ACTS established a warm line in response to COVID-19 so any county resident in need of mental health support can call and be connected to a licensed clinician for up to 6 free telephone sessions.

Monmouth County provides approximately 1 million dollars towards mental health treatment services and suicide prevention activities in our communities.

We are exploring CIT (Crisis Intervention Team) training for Police Departments in the county.

Monmouth County has the largest roster of DRCC (Disaster Response Crisis Counselors) in the State.

Advocacy is needed to expand covered behavioral health services under private and public health insurance plans.

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.	82	13 %	35 %	35 %	4 %	13 %	100 %
2. Anyone in the county is able to access services.	82	10 %	40 %	29 %	5 %	16 %	100
3. Services are widely advertised and known by the county.	82	13 %	47 %	26 %	1 %	13 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	82	11 %	23 %	27 %	4 %	35 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied).	82	4 %	16 %	41 %	6 %	33 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	82	4 %	15 %	44 %	7 %	30 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	82	39	48%
Services do not exist	82	15	18%
Transportation	82	33	40%
Cannot contact the service provider	82	14	17%
Too expensive	82	29	35%
Lack of awareness of service	82	45	55%
Cultural Barriers	82	24	29%
Services provided are one-size fits all, and don't meet individual needs	82	17	21%
Stigma Leads to Avoidance	82	32	39%
Eligibility Requirement (explain below)	82	13	16%
Other (explain below)	82	11	13%

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

Status: Prioritized Need Area

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

Need Assessment Key Findings

Summary: Scope of the Need

Substance Use Disorder is a devastating issue that cuts across all population demographics in Monmouth County.

The opioid epidemic has hit Monmouth County particularly hard. Over 45% of treatment center admissions in the county were for heroin use in 2017.

There was a 28.49% increase in suspected opioid overdose deaths in Monmouth County between 2016 and 2018. Between 2014 and 2018, the number of suspected opioid deaths in this county had increased steadily, roughly doubling in 5 years. According to the NJ CARES Dashboard out of the Office of the Attorney General, there has been an increase in opioid related overdose deaths since the pandemic. If this trend continues, 2020 may be the second highest year for suspected opioid overdose deaths since keeping data.

The NJ Department of Health also reports 2,116 Naloxone incidents in Monmouth County between June 2017 and July 2020. Approximately 70% of those Naloxone administrations were delivered to men, more than 72% were white and the average age was 39 years old.

The 2018 statistical report released by the Division of Mental Health and Addiction Services reveals that in Monmouth County, some municipalities are affected more than others by substance use disorder. Middletown and Neptune Townships had the highest percentage of substance abuse admissions, followed by Long Branch, Asbury Park and Howell Township.

Monmouth County is home to 2 inpatient treatment centers, 22 community outpatient treatment programs, 3 half-way houses, numerous sober living homes as well as a harm-reduction center.

Summary: Nature of the Need

Stigma and shame stand in the way of people reaching out for help with substance abuse.

“I think it’s really hard for people to admit that they have a problem. It’s hard to first admit that to yourself, that you are powerless to the addiction. Then it’s even harder to admit to others. Shame and fear of judgment are strong and painful.”

“People think of you differently when you have struggled with addiction. They view it as a personal failure or lack of will instead of as the disease that it is.”

Income is a huge barrier to treatment services. For those with private insurance or the ability to pay out of pocket, there are a number of treatment options available. However, it was noted repeatedly that some of these private treatment programs are viewed as predatory. Participants called for an expansion of transitional programs within the county as well as more in-patient treatment options.

“There is one in-patient facility (that accepts Medicaid) in Monmouth County and people only get an average of 14-21 days of treatment. This is not enough.”

“We need more transitional programs that are longer term to prevent the likelihood of relapse.”

“It is difficult for people to maintain their sobriety when they don’t have the stability of a transitional program or sober living facility. Imagine being newly sober and homeless. The odds are stacked against that person.”

Law enforcement spoke about administering Naloxone to the same individuals multiple times. These individuals sometimes refuse to be transported to the hospital after they are revived. Red Bank Police Department is working on a program where a counselor would be available to make contact with those individuals that are ready to seek treatment.

There is a clear gap in the communication of available services as many participants were unaware of the numerous options for medically assisted treatment providers in the community.

Transportation hinders residents’ ability to get to services and treatment providers.

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

Monmouth County has an Overdose Fatality Review Board which convenes to better understand how providers and communities can better intervene and serve those struggling with substance use. Robert Wood Johnson Institute for Prevention and Recovery was recently awarded an Innovative Funds Grant for a Mobile Recovery Unit to provide recovery centered outreach and support. Monmouth County has launched a Stigma Free Movement which encourages the community to break the stigma associated with getting help for mental health and substance use issues.

A Case Management Collaborative geared toward bringing case managers together from various behavioral health agencies in order to collaborate and streamline services for residents in need is underway.

Based on our 2017 needs assessment, Monmouth County began funding a case management pilot program that addresses issues such as housing, finances, transportation, legal services, employment, health care and family needs for individuals with substance use and co-occurring disorders.

Monmouth County funds approximately 1.6 million dollars in programming for the prevention, early intervention, treatment, and recovery of individuals with substance use disorders. This funding provides services for individuals without insurance or an ability to pay for treatment. 3,786 individuals were served through these programs in 2019.

Monmouth County has 23 Municipal Alliance programs to provide local, community-based substance use prevention activities.

The Children's Inter-Agency Coordinating Council established a youth substance use committee with the collaboration of the Prevention Coalition to identify existing services, gaps, and barriers in order to advocate and build capacity, through collaboration, to serve the youth and families impacted by substance use in Monmouth County.

We have seen a significant increase in requests for sober living funding for individuals transitioning from residential treatment. Monmouth County allows our contracted service providers to use up to a percentage of their funds to pay for "enhancements" such as first month rent in sober living. However, the funding available does not meet the need and a funding stream specific to this resource would have a positive impact on the recovery of individuals with Substance Use Disorder.

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.	81	5 %	37 %	24 %	7 %	27%	100%
2. Anyone in the county is able to access services.	81	6 %	28 %	33 %	6 %	27%	100%
3. Services are widely advertised and known by the county.	81	6 %	36 %	27 %	6 %	25%	100%
4. Services take race, age, gender, ethnicity and more into account.	81	5 %	22 %	27 %	7 %	39%	100%
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied).	81	1 %	15 %	35 %	4 %	45%	100%
6. Staff are well-trained, knowledgeable and provide good customer service.	81	1 %	11 %	37 %	7 %	44%	100%

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	81	32	40%
Services do not exist	81	14	17%
Transportation	81	27	33%
Cannot contact the service provider	81	10	12%
Too expensive	81	20	25%
Lack of awareness of service	81	35	43%
Cultural Barriers	81	19	23%
Services provided are one-size fits all, and don't meet individual needs	81	11	14%
Stigma Leads to Avoidance	81	25	31%
Eligibility Requirement (explain below)	81	7	8%
Availability of Substance Use Disorder Services			
Availability of Substance Abuse Prevention Programs			
Other (explain below)	81	13	16%



Need Area: Domestic Violence Services

Status: General Need Area

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

Need Assessment Key Findings

Summary: Scope of the Need

Domestic violence (DV) is a multifaceted issue that many Monmouth County families experience.

4,206 DV incidents were reported in Monmouth County in 2016. This number has fluctuated over time with a steep increase observed from 2015 to 2016. There is also a concentration of reported DV incidents in certain municipalities with Neptune and Keansburg showing the highest number of incidents. We understand that domestic violence often goes unreported so the scope of this need area is likely greater than the statistics indicate.

The entire family system is impacted by domestic abuse in multiple ways including the physical and mental toll of violence, trauma, economic instability, and restricted access to resources.

The current pandemic has likely increased the number of families experiencing DV even though reporting of incidents has decreased.

In Monmouth County we have a number of resources available to survivors of DV and sexual assault. Our County's Domestic Violence agency, 180 Turning Lives Around, offers a myriad of services to survivors of DV including a safe house, housing programs, counseling, support groups, art therapy for children, a shore-based outreach program specifically targeted to Spanish speaking survivors, and more. 180 Turning Lives Around also operates a Family Justice Center located in Monmouth County Superior Court assisting families in navigating complicated legal matters and providing advocacy. Brookdale Community College also offers the Displaced Homemakers Program to assist women toward self-sufficiency.

Summary: Nature of the Need

Survey respondents identified several factors contributing to this need area including:

- The need for emergency safe house placement often exceeds the number of available spots in the county.
- DV survivors often experience homelessness after fleeing their abuser. More long-term housing programs are needed in Monmouth County in order to provide survivors the stability needed to begin to heal and rebuild emotionally and financially.
- DV is complex and survivors are often also struggling with mental health or co-occurring disorders.
- Transportation is often a barrier to accessing DV counseling services.
- Stigma sometimes prevents survivors from seeking help.

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

Monmouth ACTS Advisory Council can work to better integrate this service need area into each Hub since it intersects all life phases and also impacts housing and homelessness.

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	12 %	28 %	33 %	6 %	21 %	100 %
2. Anyone in the county is able to access services.	80	6 %	30 %	40 %	6 %	18 %	100 %
3. Services are widely advertised and known by the county.	80	6 %	38 %	34 %	4 %	18 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	80	2 %	23 %	31 %	5 %	39 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied).	80	2 %	6 %	45 %	10 %	37 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	80	2 %	10 %	46 %	9 %	33 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	80	18	23%
Services do not exist	80	10	12%
Transportation	80	28	35%
Cannot contact the service provider	80	10	12%
Too expensive	80	4	5%
Lack of awareness of service	80	41	51%
Cultural Barriers	80	27	34%
Services provided are one-size fits all, and don't meet individual needs	80	16	20%
Stigma Leads to Avoidance	80	32	40%
Eligibility Requirement (explain below)	80	9	11%
Other (explain below)	80	10	12%



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 (FSO), Parents Anonymous, Parent Mentors, SPAN, etc.).

Need Assessment Key Findings

Summary: Scope of the Need

The DCF Data Profile lacked any data specific to this service need area.

Family Success Centers were identified as strengths in Monmouth County especially among parents and guardians caring for young children.

FSO home visitation was also an identified strength and survey respondents called for additional funding in order to offer this service to a wider array of families.

Summary: Nature of the Need

Focus group participants drew attention to the need for more father-oriented parenting programs.

The isolation sometimes experienced by single parents was identified as an area of concern amongst participants.

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.	79	10 %	37 %	25 %	1 %	27 %	100 %
2. Anyone in the county is able to access services.	79	6 %	32 %	25 %	3 %	34 %	100 %
3. Services are widely advertised and known by the county.	79	18 %	39 %	17 %	1 %	25 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	79	4 %	22 %	23 %	3 %	48 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied).	79	1 %	11 %	29 %	3 %	56 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	79	1 %	11 %	32 %	4 %	52 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	79	6	8%
Services do not exist	79	18	23%
Transportation	79	22	28%
Cannot contact the service provider	79	4	5%
Too expensive	79	7	9%
Lack of awareness of service	79	50	63%
Cultural Barriers	79	17	22%
Services provided are one-size fits all, and don't meet individual needs	79	8	10%
Stigma Leads to Avoidance	79	12	15%
Eligibility Requirement (explain below)	79	6	8%
Other (explain below)	79	12	15%



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

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

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

The DCF Data Profile lacked any data specific to this service need area.

It is also worth noting that many respondents experienced fatigue due to the length and structure of the survey and failed to provide comments in this need area.

Summary: Nature of the Need

Survey respondents indicated that there is a need for more pro-bono or sliding scale legal services for low income families to help in family issues as well as civil litigation.

Families with special needs often expend large amounts of money to obtain legal assistance to navigate the complicated application process for Supplemental Security Income (SSI) when their child turns 18.

There is a growing need for legal assistance in immigration matters.

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

The following agencies provide Monmouth County residents with pro-bono or sliding scale legal assistance and advocacy:

General

South Jersey Legal Services

Legal Services of NJ

ACLU of New Jersey

Children

ACNJ – Children’s Legal Resource Center

Rutgers Law Child Advocacy Clinic

Immigration

AFSC Immigrant Rights Program

Disability

Disability Rights NJ

Community Health Law Project

Education

Education Law Center

Rutgers Law Special Education Clinic

SPAN Parent Advocacy Network

Military

Military Legal Assistance Program

LGBTQ

LGBT Bar Association of Greater NY

Intimate Partner Violence

Unchained at Last [Child Marriage]

180 Turning Lives Around

Partners for Women & Justice

Manavi

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	15 %	31 %	26%	3 %	25 %	100 %
2. Anyone in the county is able to access services.	78	10 %	35 %	26%	3 %	26 %	100 %
3. Services are widely advertised and known by the county.	78	12 %	40 %	24%	0 %	24 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	78	5 %	18 %	26%	3 %	48 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied).	78	3 %	13 %	32%	4 %	48 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	78	5 %	8 %	35%	8 %	44 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	78	15	19%
Services do not exist	78	15	19%
Transportation	78	25	32%
Cannot contact the service provider	78	10	13%
Too expensive	78	11	14%
Lack of awareness of service	78	42	54%
Cultural Barriers	78	18	23%
Services provided are one-size fits all, and don't meet individual needs	78	9	12%
Stigma Leads to Avoidance	78	5	6%
Eligibility Requirement (explain below)	78	15	19%
Other (explain below)	78	13	17%