

# Somerset County Needs Assessment 2019

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**December 31, 2020**

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**Human Services Advisory Council**

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NEW JERSEY DEPARTMENT OF  
CHILDREN AND FAMILIES

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PART 1



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# Executive Summary

Narrative: In the Words of the County

The mission of the Somerset County Department of Human Services is to improve the lives of all county residents by promoting the economic, social, emotional, physical and mental well-being and safety of residents and communities.

In 2020, a Human Services Advisory Council (HSAC) needs assessment was completed to provide community leaders with a snapshot of population, economic, and infrastructure trends and needs in Somerset County. This assessment was completed during an unprecedented time, the COVID-19 pandemic, which brought a new set of challenges to the delivery of surveys, recruiting for focus group participation and quite simply, the ability to engage community members when there are pressing needs to be addressed.

The goal of this biennial needs assessment is to identify the current needs of county residents, particularly the most vulnerable in order to plan, carry out the changes set forth in planning, observe and learn to evaluate what modifications to deliverables need to take place and then act on them. The planning and action steps must include extensive community engagement to work on the countywide priorities and initiatives identified in this 2020 HSAC Needs Assessment Report. It should serve as one of many initiatives used to inform the countywide strategic planning efforts and will help create a shared agenda to influence and drive change.

The 2020 HSAC needs assessment is designed to build on the momentum of addressing needs and inform endeavors already in place. This assessment will take a deeper dive into the trends and data of the community, utilizing existing resources to transform the data into meaningful information and foster an integrated approach for continuous improvement. The assessment will also identify variations in need and, where possible, begin to highlight opportunities to achieve equity in communities.

This assessment is for leaders, residents, and community stakeholders to develop a deeper understanding of crosscutting issues impacting the financial stability and social well-being of residents in the community. Additionally, the assessment should reiterate the intersectionality among county agencies and community organizations and the collective power of these stakeholders to make measurable improvements.

## IMPACTING OUTCOMES ACROSS THE COMMUNITY

As Somerset County continues to grow, the challenges and needs will continue to evolve as well. Understanding these changes and how they influence human services needs is vital in the continuous

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effort to successfully identify challenges, effectively plan and coordinate efforts, and efficiently align programs and services that help maintain a thriving community for all residents.

While the needs of the community remain broad and far-reaching, the 2020 HSAC needs assessment highlighted a manageable and focused number of needs that have significant systemwide impact.

In writing the report, the following questions were considered: 1) Geographically, are there populations or areas inequitably impacted by these trends? 2) What is the size and scope of the number of individuals impacted? 3) What are some local considerations for addressing the need? By focusing on these three areas will allow for more targeted investment opportunities and provide an opportunity to change the trajectory of the current trend.

In this 2020 HSAC needs assessment, the following priorities related to needs and services that impact outcomes across the county were identified: Food, Housing, Health Care, Behavioral/Mental for Children, Substance Use Disorder and Prevention Services. Barriers to accessing these services presented ongoing themes related to lack of awareness, transportation, waitlists, cultural barriers, eligibility requirements, stigma and services provided are one-size fits all and don't meet individual needs.

The Somerset County Human Services Department has long strived to promote a community where every individual can achieve his or her full potential. Yet, in many pockets in the county, as this 2020 needs assessment brings to light, the challenges to realizing this vision continue to remain deep and complex, resulting in inequities in opportunity and health outcomes. Solutions require a comprehensive and collaborative approach. To change the trajectory of these trends and fully invest in the future, the Department of Human Services cannot do it alone. Somerset County is fortunate to have a robust network of councils and committees that meet regularly which will be called upon to integrate planning efforts across areas of work to help shape the future of County residents' needs. To create change, Somerset County's Human Services staff will engage and collaborate with community stakeholders by:

Sharing the challenges facing residents:

- Immediately present findings from the assessment to all Councils related to the needs of the communities in the county to increase awareness and help spur community dialogue;

Engage/create subcommittees/task forces to work on and drive initiatives:

- Identify and undertake local projects to help address individualized needs within a community;
- Recruit volunteers of a community group, or public board, authority, or commission to provide feedback and share expertise for more diverse voices;

Working together to realize stronger outcomes:

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- Identify and develop new partnerships that address needs;
  - Bring together individuals from diverse backgrounds, experiences, and disciplines to provide greater opportunities for social and economic mobility;
  - Continue to strengthen partnerships between the private and public sectors to leverage resources, skills, and knowledge;
  - Share information, expertise, and resources through social media and other tools to collectively build solutions;

Building a better tomorrow for all residents:

- Evaluate policies and practices within the County and local organizations that could be modified to better serve residents and address needs;
- Utilize findings from the report to help guide organizational planning and decision-making.

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# Introduction

## Purpose

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

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

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# County Description

## Narrative: In the Words of the County

Somerset County is located in the central part of New Jersey and is comprised of 21 municipalities, 81 public schools, 5 public hospitals and, as of July 1, 2019, has seen an increase in population by 1.7%, with a total of 328,934 people reported countywide (Census, 2019) (NJHA, 2017). It is the 13th most populated county in the state (Census, 2019). Of the 328,934 people reported (Census, 2019):

- 16,446 (5%) are persons under the age of 5
- 72,365 are persons under the age of 18 (21.5%)
- 52,629 (16.2%) are persons 65 and over
- 167,756 are persons identifying as female

Furthermore, of the 21.5 % of youth reported in the 2019 Census data, 1,018 have been served by the Division of Child Protection & Permanency (DCP&P) services, 947 in-home placements and 71 out of home placements (Census, 2019).

According to the 2019 United States Census, Somerset County's population is composed of:

- 223,675 (68.1%) persons identifying as White
- 34,538 (10.5%) identifying as Black or African American alone
- 13,157 (0.04%) identifying as American Indian and Alaska Native alone
- 61,840 (18.8%) identifying as Asian alone
- 329 (0.1%) identifying as Native Hawaiian and other Pacific islander alone
- 6,908 (2.1%) identifying as two or more races
- 49,998 (15.2%) identifying as Hispanic or Latino

The predominant languages other than English spoken in Somerset County according to Data USA, 2018 are:

- Spanish (37,379 speakers)
- Chinese (11,823 speakers including Mandarin & Cantonese)
- Hindi (5,620 speakers)

The Department of Children & Families reported that in 2017 the average household income for Somerset County was \$106,046. By 2019, Census Bureau recorded a higher median household income for Somerset County being \$121,378. Furthermore, the average property value in 2018 is reported at \$436,000 with a homeownership rate of 76.8% & the median cost of rent for a two-bedroom apartment being \$1,432.00 (Data USA, 2018)(NJ Fair Market, 2019).

Transportation services in Somerset County include public transportation provided by Somerset County Public Works. These buses can be used by anyone for work, school, errands or recreation serving residents from Monday through Friday. The fare is \$2.00 for a one-way ride with children ages five and younger able to ride free and all buses are accessible. These include:



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- SCOOT which serves communities in Bridgewater, Somerville, Bound Brook, Manville, Bedminster & Hillsborough
  - The DASH county shuttle provides transportation service from Bound Brook to New Brunswick
  - The CAT County Shuttle provides service to the communities of Bound Brook, South Bound Brook, Franklin, Branchburg, Raritan, Somerville and also providing travel routes to Raritan Valley Community College

Other forms of transportation Somerset County are the NJ Transit Raritan Valley Line, Taxi services & car-sharing services such as Uber and Lyft.

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# Needs Assessment Methodology

Quantitative and qualitative data from various sources and stakeholders related to housing, food, health care, community safety, employment and career services, child care, services for families caring for a child of a relative, behavioral/mental health services for children, behavioral/mental health services for adults, substance use disorder services, domestic violence services, parenting skills services and legal and advocacy services were collected to inform this needs assessment.

## **County Data Profile**

DCF provided a county data profile to the county Human Service Advisory Council (HSAC) to support the HSAC in identifying key topics to be explored in more depth. The data profile consists of the most recently available administrative data related to demographic population and selected indicators of poverty, housing, food security, childcare, health care, transportation, employment, community safety, mental health and substance use. The sources for the data included in the profile include a combination of federal databases. The primary purpose of the county data profiles is to support the HSAC needs assessment team in identifying key areas to prioritize during the focus group data collection efforts.

## ***Approach for Prioritizing Needs***

The Somerset County Human Services Department received a county data profile to assist with identifying the groundwork. The data reports and profile were compiled by Rutgers University on behalf of the Department of Children and Families (DCF) with its most recent data from 2017. The data related to county demographics with the selected indicators of poverty, housing, food security, childcare, health insurance, prenatal care, commute to work, transportation, employment, community safety, mental health and substance use, violent crimes, children served by the Division of Child Protection and Permanency (DCP&P), children being served by special education services or needing early intervention services. While this information served as a foundation for comparison, the data for this 2020 Needs Assessment is derived from the in-person and virtual focus groups and interviews of community members, stakeholders, and key informants. Their key feedback was recorded during the sessions and in the DCF survey, the results were then analyzed and located the top need areas in the county. All the feedback during the focus groups, interviews, and surveys are anonymous and used for qualitative data purposes.

Somerset County received a county data profile as mentioned in the earlier paragraph. This report from Rutgers included a prioritization guide that rates the status of needs based on the scope and magnitude of the need. According to the description of the report, the guide was based on trends related to changes over time, comparisons to statewide needs, and the impact the need is having on subpopulations when the trend indicates. For Somerset County's report, the trends indicate that change in suspected opioid overdose, age-adjusted frequency of mental health distress, frequency of

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depression, average minutes of travel time to work, and the cost of transportation as a percentage of income in NJ expenses related to transportation were areas of greater need and highlighted for possible discussion. This information was to serve as potential discussion points, however, for Somerset County's focus group facilitation, the Rutgers suggestions for possible discussion group questions were presented to each group. However, each focus group chose to discuss the individual group identified top needs from each of the two categories: basic needs and special services. Participants individually indicated their responses and then the facilitator compiled the data to determine the top two of each category and presented the ranked results to the group for further discussion.

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. Basic Needs: Food
2. Basic Needs (a tie): Housing & Health Care
3. Specialized Service Need: Behavioral/Mental Health Services for Children
4. Specialized Service Need: 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 HSACs to conduct a series of focus groups. The purpose of the focus groups was to collect qualitative information to better understand the scope, nature and local context related to addressing community needs that influence families.

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

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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 Somerset County HSAC partnered with community participants from community-based organizations, local community-based providers, and key informants that have lived and worked in Somerset County.

The HSAC reached out to the Somerset County Family Success Center, local Division of Child Protection & Permanency Office, Family Support Organization, Tri-County Care Management Organization, the Board of Education and the County Superintendent's Office, youth-centered organizations, faith-based institutions and participation in local community events and council meetings in order to recruit participants for the DCF county-wide needs assessment. To ensure that the data collected was diverse, culturally-inclusive and representative of the residents of the county, the Somerset County HSAC was intentional about gathering data from the different ethnic groups and other intersectional identifiers that reflect the residents of Somerset County. In addition, the survey was offered in Spanish for participants as needed. Somerset County was fortunate to have staff able to facilitate the focus groups in Spanish which allowed a greater opportunity for a broader reach in County resident participation.

***Focus Group Participants.*** A total of 35 focus groups were conducted in this county as part of this needs assessment. These focus groups were conducted from January 30, 2020 to November 20, 2020. There was a total number of 100 participants. The number of participants in each focus group ranged from a minimum of 3 and a maximum of 15 participants. During the focus group sessions, a total of 100 surveys were completed.

## Key Informant Interviews

Key informant interviews were conducted to gather additional feedback from County Human Services Directors and other identified individual selected by the HSACs regarding considerations for addressing the needs and concerns that were highlighted in the data profiles and focus group sessions. Facilitators use a structured protocol to explain the purpose, goals and objectives of the focus group.

### **Recruitment.**

The Somerset County HSAC identified key informants that worked in community-based organizations within the County who have a plethora of experience and knowledge of the county's population and diverse needs. In an effort to recruit candidates to serve as key informants, the HSAC reached out to candidates from social service organizations, legal services, mental/behavioral health services and other such community-based organizations to enhance the County's data to identify needs. The key informant interviews were conducted via the Zoom platform and in person. The sessions were approximately 1.5 hours in length. The Human Services Coordinator used the DCF provided facilitation guide to conduct the interview.

**Key Informant Interview Participants.** A total of 4 interviews were conducted in this county as part of this needs assessment. The total number of participants included was 4. These interviews were conducted from August 12, 2020 to October 14, 2020. There was a total of 4 surveys completed during the interview sessions.

## Participant Demographics

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

<b>Role in the Community (not mutually exclusive)</b>	<b>Number of Participants</b>
County Resident	55
Staff or Volunteer with a Community-Based Organization (e.g., Health and Human Services providers, Planning Board Participants)	20
Staff or Volunteer with a Public Service Organization (e.g., paramedics, fire fighter, police officers, air force, judges)	20
Local Business Owner in the County	3
Community leader and advocate in the county (e.g., hold a volunteer office, clergy, activist)	2
Other	0

<b>Age</b>	<b>Number of Participants</b>
Under 18	15
18-24	11
25-34	7
35-44	35
45-54	18
55-64	13
65 and over	1

<b>Gender</b>	<b>Number of Participants</b>
Female	68
Male	28
Non-binary, third gender/transgender	1
Prefer Not to Say	3
Other	0

<b>Race</b>	<b>Number of Participants</b>
American Indian or Alaska Native	2
Asian	10
Black or African-American	9
Native Hawaiian or Other Pacific Islander	0
White or Caucasian	64
Multi-Race (2 or More of the Previous)	15
Other	0

<b>Ethnicity</b>	<b>Number of Participants</b>
Hispanic, Latino or Spanish Origins	10
No Hispanic Latino or Spanish Origins	90

<b>Education Level</b>	<b>Number of Participants</b>
Grades Preschool-8	0
Grades 9-12-Non-Graduate	15
High School Graduate or GED	5
High School/GED <u>and</u> Some College/Trade	0
2 or 4-Year College/Trade School Graduate	68
Graduate or Other Post-Secondary School	12

<b>Employment Status</b>	<b>Number of Participants</b>
Employed: Full-Time	70
Employed: Part-Time	12
Unemployed-Looking for Work	3
Unemployed-Not Looking for Work	5
Retired	0
Student	10
Self Employed	0
Unable to Work	0

<b>Years of Community membership</b>	<b>Number of Participants</b>	<b>Range</b>
How many years have you been a member of this community?	97	1-65 years

<b>Services Accessed by a Household Member within the last 2 Years</b>	<b>Number of Participants</b>
Yes	34
No	66

<b>Household Member History of Involvement with NJ Division of Child Protection and Permanency</b>	<b>Number of Participants</b>
Yes	13
No	87

Participants represented the following municipalities

The participants represent the Bernards, Bernardsville, Bound Brook, Branchburg, Bridgewater, Far Hills, Franklin, Green Brook, Hillsborough, Millstone, Montgomery, North Plainfield, Peapack Gladstone, Raritan, Rocky Hill, Somerville, South Bound Brook, Warren and Watchung communities.

### **Additional Data Collection Methodologies**

No additional comments in this section.

# PART 2





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# Key Findings Across Needs

The Somerset County HSAC surveyed 100 participants, these being key informants, focus group participants, and individual interviews of community members and community-based organizations. An in-depth quantitative analysis of the collected data does not reveal any trends among specific subpopulations due to the fact that there was a relatively small participant sample size. Recruitment for survey and focus group participants was challenging as residents were struggling with the COVID-19 pandemic and the Somerset County Human Services team stayed flexible and open to elicit engagement of focus group and key informant participants to maximize engagement. Most of the participants were sourced by their position in the community (as dictated by the focus group type) and not by specific demographics (with the exception of the youth/young adult focus group). The survey tool did present with some limitations to the details of the data it was to capture so it is not possible to determine the nature of the responses (whether the information gathered is objective or subjective). The majority of the focus group/key informant participants tended to focus on the main barriers to service including: stigma leads to avoidance, waitlists, lack of transportation options to access services, cultural barriers, and a lack of awareness of the services that exist in the community. These are the most commonly cited barriers and may/or may not apply to all of the areas of need examined in the needs assessment. The most noteworthy trend identified in the qualitative data was that a large portion of participants are not aware of the various services provided in the community. This trend leads us to conclude that residents are not receiving enough education regarding the array of available services to be able to successfully navigate the system. In addition, respondents noted numerous ways in which information regarding services is obtained (i.e. family members, friends, service agencies, neighbors, etc.). As noted in the needs assessment, this would have to incorporate additional funding through either a local, county, state or federal source. The HSAC could take measures to directly reduce the effects that the barriers (as noted above) have on those attempting to access services by undertaking a project to map the complete array of service providers (public and private), programs, boards, and councils directly related to human services or the delivery of human services; create a human service information campaign to educate stakeholders and residents alike, collaborate with local providers in an effort to hear and understand their barriers and needs and work together to deliver the services greatly needed for the residents of Somerset County.



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**Need Area: Housing****Status: General 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 Somerset County, 15 percent of households experienced severe cost burden (50% of income or more is spent on housing) for housing in 2017. This percentage is less than the percentage for the state of New Jersey (American Community Survey; see *County Data Profile for Additional Source Information*). In 2019 the latest year of data made available in the county profile packet, 17 percent of households experienced at least one of four severe housing problems: 1.) overcrowding determined by high person-per-room, persons-per-bedroom, or unit square footage-per-person; 2) severe cost burden, 3) lack of kitchen facilities, or 4) lack of plumbing facilities (Comprehensive Housing Affordability Strategy; data compiled by HUD; see *Data Profile for Additional Source Information*).

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

According to the latest data reported in 2019 by the US Department of Housing and Urban Development (HUD), Somerset County has an estimate of 49,340 people (15%) who are facing severe cost burdens due to low income and high rental costs in the county (HUD). HUD defines a cost-burdened renter household as one that pays 30% or more of income on gross rent (HUD). Statewide, New Jersey reports the number of people facing severe housing cost burden to be 50.8% of the populations, this is roughly 4,526,280 New Jersey residents (HUD). Furthermore, data gathered from housing professionals in Somerset County indicate that the communities with the highest number of persons identifying as non-White/Caucasian (persons identifying as Hispanic/Latino, African American/Black, Asian, Pacific Islander, Indigenous, etc.) are in higher need of rental assistance & housing support services (Survey Participant, 2020). These county members predominantly represent the municipalities of North Plainfield, South Bound Brook, Bound Brook, Franklin Township and Manville (Survey Participant, 2020). The data collected by the Department of Children and Families (DCF) and Rutgers University showed a trend fluctuating from 2014-2019 from 17%-19% for families with severe housing burdens in Somerset County (DCF, 2017). A vast majority of surveyed participants indicated that much of the data collected representing the scope of needs of Somerset County does not include statistical information on the undocumented community members residing in the county (Survey Participant, 2020).

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During 2020, the picture is even bleaker. As of the data for November 11 - December 7, 2020 show, 33% of adults living in households with children birth to age 17 have reported that their households are very likely or extremely likely to have to leave their home/apartment due to eviction or foreclosure in the next two months. (<https://datacenter.kidscount.org/data/tables/10918-adults-living-in-households-with-children-who-are-very-or-extremely-likely-to-have-to-leave-this-home-due-to-eviction-or-foreclosure-in-the-next-two-months?loc=32&loct=2#detailed/2/32/false/2042,2034,2033,2032,2028,2027,2002/7819,7820,7821/21218>.)

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

According to housing specialists and focus group participants, Somerset County offers few affordable housing options for families experiencing severe housing burden costs. Furthermore, many of the municipalities such as Somerville, Bound Brook, South Bound Brook, Millstone and Rocky Hill are exempt from having to offer affordable housing options. In addition, focus group participants report that when there are affordable housing options for families, sometimes they may still be above the income capacity for the families in most need. The median cost of a two-bedroom apartment in Somerset County is \$1,432.00 and according to needs assessment participants, this rent cost is out of budget range for low- to moderate-income families. The data gathered from the Somerset County DCF needs assessment survey show the predominant access barriers for those seeking housing in Somerset County being, waitlists (45%), lack of awareness of affordable housing (56%) and transportation (41%). A housing specialist that participated in the survey reported that municipalities such as Branchburg and Hillsborough will be developing a number of affordable housing units in their communities. In addition, Somerset County does offer subsidized and income-based housing options in some municipalities.

While the majority of the respondents agreed with the statements related to having enough services available and believe that residents in the County are able to access services, a large enough percentage were completely unaware of what housing services were available (10-20%) and 25% felt the availability of these services were not well known to those needing access.

Multiple respondents commented on the lack of options or scarce resources available for undocumented residents. With eligibility requirements being highlighted as a barrier (23%), participant narratives included, "applying for emergency housing is an unreasonably burdensome process for people in a time of crisis. Emergency housing placements are poor quality and have limit transportation, making access to employment and transition to more stable housing very challenging." Other narratives brought to light how discrimination (stigma at 20%) play a role in not accessing housing services such as how some "landlords are not complying with federal law" and

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discriminating as related to the "receipt of rental funds from certain sources" and that "young black men have very little support in regard to housing services and other needs."

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

Local considerations provided by the survey participants to address housing at a county level is to develop new and innovative ways to disperse information about housing availability within the County. Some suggestions: were dispersing information within the school system, to community-based organizations and during community outreach events that take place in all municipalities and towns of the county, but especially in those with the highest number of those needing housing assistance. According to survey participants this information should be available in different languages to be able to reach persons of diverse cultures and backgrounds. Other participants suggested creating a network that connects existing services.

Key informant feedback included Somerset County ensuring the buildings and homes within the county be equipped to meet the needs of people with disabilities. For instance, some examples include having ramps and doorways with wheelchair access, and braille for those who are visually impaired. One respondent wanted County leaders to consider, "Housing resources are incredibly difficult to locate. In our opinion, it is essential to centralize all available housing resources and invest in new housing resources for our residents. COVID-19 has only compounded Somerset County resident's inability to find affordable housing, rental assistance, shelters, etc. We also find that the few resources that are available are not accessible to all - primarily because they fail to meet the needs of newer communities within the county (like residents with Spanish as a first language) and communities that have been historically marginalized (like transwomen of color)."

Somerset County currently offers housing (shelters and safe housing options) for persons who have survived domestic violence and/or intimate partner violence. Most of this support is offered through Somerset County's lead domestic violence prevention and intervention organization, Safe+Sound Somerset (S+SS). After conducting a focus group with domestic violence response team members, S+SS staff and service recipients from the organization, survey and focus group participants expressed the need for transitional housing for persons surviving domestic or intimate partner violence. Focus group participants explained that intervention resources are available and abundant in Somerset County and these range from emergency shelters for survivors and their children, assistance for basic needs such as food and clothing and transportation to doctors' appointments, school or employment. Furthermore, focus group participants also expressed that while intervention resources are readily available, long-term re-adjustment resources are not. They continued to explain how long-term housing for survivors of domestic and intimate partner violence is not available in Somerset County and is a great need due to the need for support during the transition into their new life. They suggested building housing for survivors and their children in Somerset County. Focus group

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participants identified this as an urgent need that should occur both at the county and state level since the state provides the funding for the county to disperse at the local level.

Somerset County has a robust Continuum of Care (CoC) Committee which serves as the lead entity for Somerset County’s homelessness planning efforts and the institutional structure for the County to carry out its homelessness strategy. The CoC Committee is a federally-mandated effort that is comprised of state and local government representatives, non-profit agency representatives, and other community members who are interested in working to develop a comprehensive system of care for people who are coping with poverty and homelessness. The Committee's primary goals are to track emerging issues and trend data, to create awareness about challenges that affect people that have special needs and to create resources and opportunities for clients and the people that care for them. At the end of 2020 now moving forward into 2021, a subcommittee was formed to focus on addressing racial inequity in Somerset County which began with dialogue and moves forward to analyze the County's systems and its relationships with racial (in)equity to build the capacity of the CoC to seek and provide equitable services along the path to end homelessness in Somerset County.

Housing affordability is a challenge that all counties across the state and country are facing now and will continue to face in the future. There is no “one-size-fits-all” solution to affordable housing that every county can implement. Considerations for Somerset County leaders should include working with local communities to develop solutions that best fit their situation to take advantage of the numerous tools available such as partnerships (agreements with municipalities, developers and other organizations), community engagement, local funding solutions, planning, and zoning strategies and federal grants to increase housing affordability.

Housing is recognized as one of the key determinants in achieving positive health outcomes. High housing cost burdens, demand exceeding supply, transportation access to name a few barriers all exacerbate existing inequalities and disparities, especially related to health and wealth. By increasing housing affordability for residents, counties are also decreasing health risks and driving wealth creation for residents, especially for those who are most vulnerable.

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

N/A

## Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	100	0 %	5 %	55 %	25 %	15 %	100 %
2. Anyone in the county is able to access services.	100	10 %	5 %	45 %	20 %	20 %	100 %
3. Services are widely advertised and known by the county.	100	0 %	25 %	40 %	15 %	20 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	100	10 %	25 %	45 %	10 %	10 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	100	0 %	5 %	60 %	15 %	20 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	100	0 %	0 %	60 %	25 %	15 %	100 %

### Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	100	45	45%
Services do not exist	100	20	20%
Transportation	100	41	41%
Cannot contact the service provider	100	17	17%
Too expensive	100	0	0%
Lack of awareness of service	100	56	56%
Cultural Barriers	100	20	20%
Services provided are one-size fits all, and don't meet individual needs	100	0	0
Stigma Leads to Avoidance	100	20	20%
Eligibility Requirement (explain below)	100	23	23%
Other (explain below)	100	0	0%

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## Need Area: Food

## Status: Prioritized Need Area

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

In **Somerset County**, the food insecurity rate for households was approximately 5.2 percent in **2018**, 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

According to the latest data in 2018 provided by the US Department of Agriculture Economic Research Service, Somerset County was reported to have 17,120 (5.2%) of county residents facing food insecurity (Health, 2018). Furthermore, of the 17,120 persons living with food insecurity, 4,390 (5.9%) were children under the age of 18 years old (Health, 2018.) The data collected by the Department of Children and Families and Rutgers University shows a decreasing trend from 2015-2017 from 7.1% (2015) to 6.2% (2017), which indicates that the amount of people experiencing food insecurity in Somerset County is on a decline (DCF 2017). In addition, the number of persons enrolled in the WIC Nutritional program has also been on a steady decline with data collected in 2013 reporting 3,635 people enrolled in the WIC Nutritional Program, in comparison to 3,023 persons enrolled in the WIC Nutritional Program in 2017 (DCF, 2017).

Similar to previously reported trends the amount of children in Somerset County receiving free or reduced lunch has seen a declining trend from 8,253 students in the 2013-2014 academic year to 7,914 during the 2017-2018 academic year (DCF, 2017). In regards to families receiving Temporary Assistance for Needy Families (TANF) resources, the US Department of Human Services reports that in 2018 Somerset County had a total of 223 of its families receiving this kind of support (DHS, 2018).

However, data for another source tells a more eye-opening statistic. In order to ensure that students have access to healthy meals while attending a public school in Somerset County, during 2018-2019, there were 70,756 children under the age of 18 and 14.6% (10,357) were eligible to receive free/reduced-price school meals (<https://datacenter.kidscount.org/data#NJ/5/0/char/0>). This better explains why food as a basic need was identified as the number one prioritized need area in the County by its residents and focus group participants. A majority of the focus group participants and key informants reported that food insecurity within Somerset County was most prevalent in



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municipalities such as Bound Brook, South Bound Brook, North Plainfield, Franklin Township and Manville. In addition, focus group participants and key informants reported that food insecurity within Somerset County predominantly affected persons of Black/ African American descent, persons of Hispanic/Latino descent, persons of Asian/ Asian descent, persons living with disabilities and persons unemployed due to the COVID-19 pandemic.

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

The data collected by the focus groups and key informants during the Somerset County needs assessment, revealed that there is a plethora of food banks, soup kitchens and local and pop-up food pantries to meet the food insecurity needs of the residents on a semi-consistent basis. The focus group participants further explained that, for most of the food pantries and food banks in Somerset County, families can access food on a monthly or bi-monthly basis. This means that although there are resources to decrease the rate of food insecurity within Somerset County, they are not meeting the families' needs consistently.

The focus group participants also report that there are a few food pantries that provide food that encompass the five food groups required for healthy nutritious meals. Furthermore, while interviewing a director from one of the largest food banks in Somerset County, it was reported that the type of food the food bank can provide the families depends on the supply chain from local farmers and larger statewide food distribution programs. This foodbank is one of the only organizations that is trying to meet the needs of those facing food insecurity in Somerset County, that takes into account the residents' diet restrictions based on their religion. This fits in to explain the high rankings of cultural barriers (30%) and that services provided are one size fits all, and don't meet individual needs (29%) access barriers to food within the County.

Service providers and community members identified a lack of transportation (57%) as the main reason residents were not able to access this service. For residents who live on the outskirts of municipalities such as Bound Brook, South Bound Brook, North Plainfield, Franklin Township or Manville, oftentimes there are no affordable methods of transportation or direct transportation routes to access food. Focus group participants who identified as physically disabled reported that for those living with disabilities, accessing food can become a huge strain on the person and their family. These participants living with disabilities, reported that many times it is very difficult for the families to transport them to and from food banks/resources which impedes them from having access to food sources within Somerset County. Lack of awareness (57%) was also identified as a key access barrier by survey respondents, This predominantly affecting those who do not read, write or

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speak English. Focus group participants also identified a lack of cultural diversity, cultural competency and languages among personnel that provide these kinds of services in Somerset County.

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

The focus group participants agreed that Somerset County does indeed have a a great number of food banks, food pantries, soup kitchens, mobile soup kitchens and local food pantries to include those run by religious institutions. However, there is a lack of transportation and accessibility to be able to obtain the food they need. Some suggestions provided by the focus group participants that may be implemented on a county level are to plan transportation stops near food sources (food banks, food pantries, local food resources etc), to already existing transportation routes within Somerset County such as the SCOOT, the DASH, the CAT. Along with this, focus group participants also suggested adding pick-up and drop-off times around high-peak transportation times such as in the early morning and evening.

Community development and outreach specialists interviewed by Somerset County's HSAC, suggested having mobile food pantries in the areas identified with the highest rates of need, such as Bound brook, South Bound Brook, North Plainfield, Manville and Franklin Township. Key informants that work directly with community members that face food insecurity consistently due to low wages and other cost burdens have suggested implementing more mobile soup kitchens to serve as mobile response efforts to decrease the number of people facing hunger within Somerset County. Other suggestions included: increasing the number of times a week and the time schedules mobile soup kitchens are open, and within the community to hold similar events such as the food box distribution that is done by the Somerset County YMCA on Thanksgiving, but to do so weekly to fill in the gap between food pick-ups from food pantries/sources. Focus group participants suggested advertising local food distribution & community outreach events on various social media platforms such as on Somerset County's social media accounts. Additionally, the ability to combine other services to help streamline access to resource information was also identified as a consideration. For example, a participant noted that "The Food Bank Network has a big space with the potential to add nutrition and cooking classes, links to other services, co-location of services on an going basis or a particular times (free tax prep, ACA enrollment, etc.)" to engage residents and to help address other key determinants of health.

Partnering with local community based organizations, schools, healthcare centers, small business and other organizations to promote food distribution events. The promotion of such events should also be in other languages other than English to ensure that persons who are in high need and are from a

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sub-population have access to resources and information. Survey participants suggested that the county create a system or network where services and resources are listed and posted in realtime so that Somerset County residents can be aware of services they may need. Furthermore, survey participants have mentioned that a communication network between the service providers would be helpful in the delivery of services.

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

N/A

## Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	100	0 %	15 %	65 %	10 %	10 %	100 %
2. Anyone in the county is able to access services.	100	5 %	20 %	55 %	5 %	15 %	100 %
3. Services are widely advertised and known by the county.	100	10 %	12 %	58 %	10 %	10 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	100	4 %	16 %	55 %	10 %	15 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	100	4 %	6 %	70 %	8 %	12 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	100	5 %	7 %	63 %	10 %	15 %	100 %

### Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	100	9	9%
Services do not exist	100	19	19%
Transportation	100	57	57%
Cannot contact the service provider	100	29	29%
Too expensive	100	0	0%
Lack of awareness of service	100	57	57%
Cultural Barriers	100	30	30%
Services provided are one-size fits all, and don't meet individual needs	100	29	29%
Stigma Leads to Avoidance	100	30	30%
Eligibility Requirement (explain below)	100	29	29%
Other (explain below)	100	0	0%

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## Need Area: Health Care

Status: Prioritized Need Area

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

In **Somerset County**, the estimated proportion of children under 18 years old (minors) with no health insurance coverage was 3.6 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 Somerset County in **2018**, there were 149 reports of lack of or no prenatal care. This was **increase** of 20 reports from the previous year (Center for Disease Control and Prevention; see *Data Profile for Additional Source Information*).

## Need Assessment Key Findings

### Summary: Scope of the Need

In Somerset County residents may access health care services and resources from some of the main hospitals and healthcare centers such as Robert Wood Johnson University Hospital, Zufall Health Center, the Somerset County Health Partnership and the many local urgent cares and private practices in each of the municipalities. The Department of Children and Families (DCF) reported that in 2017, of the 72,354 children under 18, 2,604 (3.6%) of them do not have health coverage (DCF, 2017). This number not including minors who are undocumented. Furthermore, trends captured by the 2017 American Community Survey show that from 2013 until 2017 the number of minors under the age of 18 without health insurance coverage has been on a steady increase by 0.10% (an estimated increase of about 70-73 children annually) every year (DCF, 2017). As the Somerset County Human Service Advisory Council focused in on minors under the age of 18 without health insurance coverage on a municipal level and the following results were captured: in the Borough of Bound Brook 19.10% of minors were reported to having no health insurance, the borough of Manville 16.50%, Raritan Township 5.8%, North Plainfield Township 5.3%, Franklin Township 4.7%, Bedminster Township 3.6%, Hillsborough Township 3.4%, Rocky Hill Township 3%, Warren Township 2%, Montgomery Township 1.9%, the borough of Somerville 1.7%, the borough of Watchung 1.6%, Green Brook Township 1.50%, Bridgewater Township 1.4%, Branchburg Township 1.3%, Bernardsville

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Township 1%, Bernards Township 0.50%, Far Hills Township 0%, Millstone Township 0%, the Borough of Peapack & Gladstone 0%, the borough of South Bound Brook 0% and no data was provided for the Township of Basking Ridge (DCF, 2017). According to DCF, there were 8,572 persons under the age of 18 and 1,443 adults who participated in Family Care Medicaid in 2019 (DCF, 2017). In addition, from 2018-2019 Somerset County reported that 95.7% of the youth under the age of 18 received all of the immunizations required by grade type (DCF, 2017). A compilation of data collected on immunizations required by grade type from 2013-2019, acquired by youth under the age of 18 shows a fluctuating trend between 84.10% to 95.70% acquisition rate (DCF, 2017). This indicates that most of the children in Somerset County's public school system that are in Pre-Kindergarten, Kindergarten, First Grade, Sixth Grade, and transfer students have indeed received most if not all of the required immunizations to attend a public school. DCF reports that from 2017-2018, 149 persons expecting/pregnant in Somerset County did not receive prenatal care or received late prenatal care (DCF, 2017). Furthermore, the Center for Disease Control (CDC) defines late prenatal care as receiving prenatal care in the third trimester of their pregnancy (7 months- 10 months) or not receiving prenatal care at all while expecting/pregnant (DCF, 2017). From the years of 2016-2018, Somerset County displays a fluctuating trend from 157 persons not receiving prenatal care/receiving late prenatal care in 2016, 129 in 2017 to 149 in 2018 of persons not receiving prenatal care/ receiving late prenatal care (DCF, 2017). Interpretation of the data collected by DCF and the focus group participants indicate that intersectional issues relating to access and cost of healthcare within Somerset County mostly affect municipalities such as Bound Brook, North Plainfield, Franklin Township, Manville, and Raritan. Demographically, persons who reside in these municipalities are predominantly of Black/African American origins, Hispanic/Latino origins, Asian/Southeast Asian origins and other ethnicities that are not White.

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

During the focus groups and captured survey responses, participants mentioned the main access barriers to health care being the lack of awareness of services and resources related to health care in Somerset County, a lack of reliable or affordable transportation, cultural competency, language barriers, and eligibility requirements. According to key informant interviews and survey participants, Healthcare facilities across Somerset County do indeed offer quality services for resident healthcare needs. Services are available, however, they may not always be accessible. According to survey participants, many times the local healthcare clinics do not accept state insurance or Medicaid and if the person in need of healthcare services does not have insurance, affordability becomes a burden. Furthermore, many of the people in most need do not have access to reliable transportation to and from their healthcare centers during appointments. A focus group participant who identifies as a person living with disabilities mentioned that although Somerset County does offer transportation for people with and without disabilities, oftentimes the time schedules and travel time are not congruent with the needs of the residents. The cost of a taxi or ride sharing service is oftentimes so high that it discourages county residents from making or attending healthcare

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appointments. A county resident expressed the need for affordable health clinics throughout Somerset County that are accessible and affordable to meet the needs of the people living within the county. In addition to having access to affordable and accessible healthcare services, respondents reported the need to have healthcare professionals and systems that are both culturally competent and have staff that speak diverse languages. A survey respondent mentioned having healthcare professionals, healthcare information and other related healthcare resources in different languages may reflect more accurately the resident population of Somerset County.

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

Although there are many hospitals, healthcare clinics, and urgent care facilities throughout Somerset County, many of the services are not affordable to those that do not have private or state health insurance. Furthermore, according to survey responses, healthcare affordability deters county residents from accessing services when they need them due to the high-cost burden of seeking healthcare services. In addition, focus group participants and service providers suggested that the state or county partner with transportation agencies in order to bridge the gap of services and the people in need. This may look like providing vouchers for residents to travel to and from appointments or possibly paying a portion of the cost to a healthcare appointment. Somerset County does offer public transportation, however, county residents have stated that oftentimes the current routes are a distance away from affordable and accessible healthcare facilities in the area. Focus group participants mentioned the need for regular/consistent community outreach events and healthcare clinics throughout the communities in most need throughout Somerset County. According to focus group participants, Somerset County should carry out these community outreach events throughout the entire county, however, a greater emphasis should be made in the following municipalities: Sound Bound Brook, Bound Brook, North Plainfield, Manville, Franklin, and Raritan Township. Key informants, healthcare professionals interviewed and survey respondents suggested that community outreach events should occur in community safe spaces such as schools, family success centers, public libraries, community parks, and community-based organizations/spaces where community members frequent because by doing so there is a higher chance of accessing a more diverse group of community members.

Focus group feedback also suggested that employee diversity in regards to language and culture is needed across both the county and state level in order to meet the needs of the community members that are of different cultural and language backgrounds. Focus group and survey participants from local community-based organizations suggested having local healthcare clinics in each municipality in order to ensure that the health of Somerset County residents is being met. Respondents suggested Somerset County acquire grants that target healthcare issues faced by the residents in most need in the county. Furthermore, by acquiring grants tailored for preventive

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health measures, the county and possibly health centers can hold community health clinics that are free of cost and encourage healthier lifestyles and well-being.

The COVID-19 pandemic has demonstrated the need for everyone to have quality, affordable health insurance. For the first time, on November 1, 2020, New Jersey launched the state's official health insurance marketplace, Get Covered New Jersey, to provide improved access to health coverage for all New Jersey residents. New Jerseyans will no longer use Healthcare.gov to shop for health insurance. Instead, they will now shop at GetCovered.NJ.gov. The State of New Jersey recently created a new program to provide additional financial help to residents to lower the cost of health coverage. This new portal and health insurance marketplace extends residents' ability to enroll in health care beyond the federal deadlines. New Jersey's open enrollment period for the health insurance marketplace has been extended until January 31, 2021. This is a very positive step towards expanding coverage, but the County and its stakeholders need to continue working together to deliver affordable access to the quality health care they need regardless of income, age, gender, ethnicity, immigration status or religion.

Within the community, Somerset County has an extremely robust coalition facilitated by Robert Wood Johnson University Hospital Somerset, Healthier Somerset, created to improve the health and well-being of the residents of the county. Healthier Somerset is comprised of over 50 organizations representing thousands of Somerset County residents, businesses, schools, nonprofit organizations, public health officials, healthcare providers, Somerset County government (Human Services, Health Department and Planning), municipal government officials, and faith-based organizations. Healthier Somerset is an ideal platform to engage community leaders and stakeholders in the efforts to address health care access and disparities of the county's most vulnerable residents.

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

N/A



### Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	100	0 %	17 %	55 %	25 %	3 %	100 %
2. Anyone in the county is able to access services.	100	7 %	15 %	58 %	5 %	15 %	100 %
3. Services are widely advertised and known by the county.	100	5 %	25 %	55 %	10 %	5 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	100	5 %	10 %	70 %	10 %	5 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	100	0 %	7 %	85 %	8 %	0 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	100	0 %	3 %	90 %	5 %	2 %	100 %

### Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	100	26	26%
Services do not exist	100	7	7%
Transportation	100	37	37%
Cannot contact the service provider	100	26	26%
Too expensive	100	0	0
Lack of awareness of service	100	44	44%
Cultural Barriers	100	29	29%
Services provided are one-size fits all, and don't meet individual needs	100	3	3%
Stigma Leads to Avoidance	100	21	21%
Eligibility Requirement (explain below)	100	26	26%
Other (explain below)	100	1	1%

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## Need Area: Community Safety

Status: General Need Area

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

In Somerset County there was a total of 226 violent crimes in 2016 and the *violent crime* rate per 1,000 was 0.7 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 14 arson, 154 motor vehicle theft, 2796 larceny and 604 burglary in Somerset 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

According to the New Jersey Department of Law and Public Safety during the year 2016, the number of violent crimes in Somerset County was recorded at 226 which was less than New Jersey's statewide average of 21,914 for that year (DCF, 2017). In addition, Somerset County's juvenile arrest rate for the year of 2016 was recorded at six (6) arrests per 1,000 youth, which is still lower than the State of New Jersey's average of 10 per 1,000 youth under the age of 18 (DCF, 2017). The Director of Juvenile Institutional Services in Somerset County reports that annually, the County Prosecutor and JIS teamwork conjunctly with the youth that was arrested and their families to seek rehabilitation services rather than incarceration of the youth. Data provided by the New Jersey State Police emulates a data trend that is on the decrease. In 2012, Somerset County reported 11 arrests of youth under the age of 16, in 2013 there were nine (9), in 2014 there were eight (8), in 2015 there were eight (8), and in 2016 there were six (6) minors under the age of 18 arrested. Furthermore, data provided by the New Jersey State Health Assessment shows that in 2017 Somerset County had no age-adjusted deaths by homicide, this is in comparison to the New Jersey State average of 4.1 age-adjusted deaths by homicide annually (DCF, 2017). Over the past five (5) years from 2013-2017, Somerset County has shown a steady and unchanging trend from 2013-2017 of little to no reported age-adjusted deaths by homicide in Somerset County (DCF, 2017). The State of New Jersey has provided data that dispaly a decreasing median trend from 4.9 age-adjusted deaths by homicide in 2013 to 4.1 age adjusted deaths by homicide in 2017 (DCF, 2017). The homicide rates in Somerset County by race or by ethnic group are reported being nine (9) deaths from White/non-Hispanic person, 12 deaths from Black/non-Hispanic persons, 3 deaths from Hispanic/any race and 4 deaths

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from Asian/non-Hispanic persons (DCF, 2017). When observing data of homicide rates divide by sex it was reported that in 2017 there were 14 female victims of homicide and 14 male victims of homicide (DCF, 2017).

Pre-COVID 19 pandemic, the Family Success Center of Somerset County was open and available to the public and had drop-in hours for youth and families. During the Covid-19 pandemic, they have now created various virtual support spaces and activities and are looking forward to welcoming the families back once the State of New Jersey allows them to do so. Furthermore, many other community-based organizations that serve as safe spaces for youth and families in Somerset County such as the Salvation Army, Middle Earth, Casa Esperanza and many others have also created virtual events and ways to connect with the youth and families in a socially distanced and safe manner. A focus group participant from the Department of Child Protection and Permanency (DCP&P) provided data on the welfare of youth and families in Somerset County and the data is the following: the substance abuse adult admissions rate in Somerset County was reported at 643 people in 2018 (NJ Child Data, 2018). Subsequently, an increasing trend of substance use among adults in Somerset County from 2014-2018, rose from 525 in 2014 to 643 in 2018 (NJ Child Data, 2018). The rates of children in poverty in Somerset County are on a decreasing trend of 3% from the years of 2014-2018 (NJ Child Data, 2018). Chronic school absenteeism throughout Somerset County has shown an increase by 1% from the years of 2014-2017. According to DCP&P of Somerset County, the number of DCP&P Hotline referrals for all kinds of abuse and neglect has risen from 1,800 annually in 2015 to 2,000 annually in 2019, with most referrals coming from the school system (NJ Child Data, 2018). In addition, Child Protection and Permanency have reported an increase in children served from 3.4% in 2014 to 3.5% in 2018 throughout Somerset County. In terms of child placements, Somerset County has demonstrated a steady decreasing trend in 2014 from 103 placements to 40 placements in 2018 (NJ Child Data, 2018). When focusing on placements it is reported that when DCP&P services must remove a child/children, there has been a 3% increase from 2014-2018 of placing children with relatives instead of resources homes (formerly known as foster homes) (NJ Child Data, 2018). Lastly, when looking to place siblings together throughout Somerset County, there has been a predominantly increasing trend of keeping siblings together, from 78% in 2014 to 100% in 2018 (NJ Child data, 2018).

When looking at the statistics provided by the Children's System of Care (CSOC) in Somerset County the following data and trends were reported. There was an increase in calls to PerformCare, from 2,500 calls in 2015 to 3,200 in 2019 (NJ Child Data, 2019). There has been an increase of active youth using services of the children's system of care, from 1,100 youth in 2015 to 1,700 youth in 2019 (NJ Child Data, 2019). Furthermore, CSOC reports a decrease in youth receiving treatment in out-of-home treatment facilities for behavioral health, substance use, developmentally and intellectually disabled youth from 64 in 2015 to 56 in 2019 (NJ Child Data, 2019). There has been a rise in the number of Mobile Response Dispatches (MRSS) from 391 in 2015 to 689 in 2019 ( NJ Child Data,

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2019). The number of youth in Somerset County eligible for Intellectual or Developmental Disability Services has increased from 453 in 2015 to 470 in 2019 ( NJ Child Data, 2019).

Data gathered from focus group participants and key informants show that county residents feel safe in their communities and feel as though they can rely on resources such as local police, domestic violence response teams, community safe watches and other such resources. According to survey responses and helping professionals in DCP&P, MRSS, and the Family Crisis Intervention Unit of Somerset County (FCIU), as services such as these are more promoted throughout the County, the more residents feel confident and safe accessing them for help.

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

The municipalities in Somerset County have implemented community-based neighborhood watch programs in order to keep their communities, youth and families safe. Focus group participants and key informants have expressed feeling safe and confident within their communities and in the safety systems such as security guards in schools, local police departments, crossing guards etc. Focus group participants and Domestic Violence advocates report that most municipalities within Somerset County have a Domestic Violence Response Team (DVRT) in order to serve the needs of the residents of each municipality within the County.

Most of the respondents believe that there are enough services available to keep their communities safe (54%) and 57% felt that residents were able to access services to feel safe. Respondents pointed to cultural barriers as the main reason why residents do not access these services, particularly noting that "I don't think the justice system protects vulnerable communities." Both stigma (26%) and lack of awareness to services (24%) were noted as strong reasons for people not to rely on resources, some participants noted, "All public servants need to be more sensitive to the needs of the disabled population," as well as "not being aware of community safety organizations in the area." Another participant expressed the reason for issues related to the importance of addressing community safety was due to "Community leaders don't know or care because they don't live where it is an issue." Additionally, the events that transpired across the nation during 2020 that brought to light the impact of systemic racism serve as a major barrier for some residents to reach out to particular resources.

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

N/A

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

N/A

### Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	100	6 %	31 %	31 %	23 %	9 %	100 %
2. Anyone in the county is able to access services.	100	9 %	26 %	31 %	26 %	9 %	100 %
3. Services are widely advertised and known by the county.	100	14 %	20 %	26 %	31 %	9 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	100	14 %	17 %	20 %	40 %	9 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	100	6 %	20 %	31 %	37 %	9 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	100	9 %	24 %	32 %	29 %	9 %	100 %

### Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	100	4	4%
Services do not exist	100	6	6%
Transportation	100	12	12%
Cannot contact the service provider	100	2	2%
Too expensive	100	0	0%
Lack of awareness of service	100	24	24%
Cultural Barriers	100	32	32%
Services provided are one-size fits all, and don't meet individual needs	100	10	10%
Stigma Leads to Avoidance	100	26	26%
Eligibility Requirement (explain below)	100	4	4%
Other (explain below)	100	0	0%

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

**Status: General Need Area**

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

According to the Federal Reserve Bank economic data, the unemployment rate of Somerset County as of November 2020 is at 8.3% (vs. November 2019 at 2.9%). In June of 2020, the County reached its highest peak of unemployment at 13.2%, a major fallout of the COVID-19 pandemic. For the same time period, New Jersey experienced its highest unemployment rate also in June 2020 to reach 16.6% to fall down to a reported 9.9% in November 2020 (vs. November 2019 at 3.5%).

## **Need Assessment Key Findings**

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

Residents for Somerset County who are unemployed or underemployed have access to individual career counseling and vocational guidance provided by state-certified career counselors, services for specialized populations including veterans, youth, 55+, ex-offenders, public assistance recipients and those living with a disability through the County's Greater Raritan One-Stop Career Center. Active job seekers have the ability to attend workshops that provide the tools and skills needed to land a job, get aptitude, interest and skill-based assessments to guide career exploration and more.

During COVID-19, One Stop has not stopped to help Somerset County residents with job-seeking skills. They are providing all services virtually, including job-seeker workshops. With current restrictions in place, the Resource Room is not open, so people are being directed to libraries where they are able to use computers for job search.

The team at One Stop is currently addressing the large volume of individuals who are still having issues accessing unemployment benefits due to the state system continuing to be overwhelmed. While One Stop is a County entity and cannot correct the problems in the state system, the case managers have been providing guidance and direction, as well as an empathetic ear. There are a large number of clients who are indicating that they are having issues paying rent, making car payments and buying food. One Stop staff are referring them to ancillary services so that they have the support that they need to get through these challenging times. Many that have been laid off are from the service industry – restaurants, bars, hotels, hair/nail/beauty salons – where there has been a decreased demand for services as well as COVID restrictions which have changed how these industries can do business. Many of these workers were living paycheck to paycheck prior to the pandemic, so the impact on this group has been significant.

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## Summary: Nature of the Need

Participants in the Somerset County HSAC Needs Assessment reported that 46% did not feel there are enough employment and career services available in the County. Forty percent (40%) felt there were enough and another 14% simply did not know. With 54% of the participants stating that they did not feel the services are widely advertised fully supports to include a respondent's comment, "We are not aware of employment and career services in the area." The notion that 36% of those surveyed felt the barriers to accessing this basic need is due to lack of awareness of service. Of those who were familiar with the services, 50% did feel that the staff were well-trained, knowledgeable and provided good customer service. However, transportation (38%) remains consistent for all levels of service and needs to be a dominant barrier to access. Others noted cultural barriers impeding an individual from accessing this service need.

While employees in Somerset County traditionally earn a higher weekly wage than the state average (\$1,627 vs. \$1,299) based on 2018 data supplied by Rutgers University, the income levels within the County are not consistent when comparing incomes in municipalities as well as gender. For example, in 2017, a male in Bernards earns on average \$140,556 compared to a female in the same location earning \$95,685. However, a male in Bound Brook earns on average \$42,062 while his female counterpart earns \$36,279.

Many participants noted that there are no options for undocumented residents. In addition, several voiced the need to have additional funding sources for employment-related services beyond what the state offers to help those individuals who are not eligible for government-funded services. Another respondent pointed to employment services being a critical need post COVID-19 for those who are traditionally under or unemployed and for a new group of individuals who may access job-seeking services for the first time. Another participant highlighted the quality services being provided by the County's One Stop programming, but noted that the federal-state-funding restricts who can access those services including not addressing literacy levels, language and legal documentation which supports the noted barriers of eligibility requirements (14%), cultural barriers (24%), and services provided are one-size-fits all, and don't meet individual needs (14%).

Those with disabilities are also facing hurdles related to the job market. One respondent wrote, "For many individuals with disabilities, there are no decent paying jobs available, just very low-paying ones. For those who can't drive, transportation to accommodate a 9-5 job is practically nonexistent" in many parts of the county which was noted in an early paragraph referring to the 38% transportation barrier for this service.

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

*\*Required only if focus group need area topic.*

N/A

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

N/A



### Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	100	16 %	30 %	24 %	16 %	14 %	100 %
2. Anyone in the county is able to access services.	100	24 %	21 %	29 %	18 %	8 %	100 %
3. Services are widely advertised and known by the county.	100	32 %	22 %	22 %	19 %	5 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	100	11 %	31 %	17 %	31 %	9 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	100	13 %	13 %	13 %	13 %	13 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	100	11 %	17 %	39 %	31 %	3 %	100 %

### Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	100	8	8%
Services do not exist	100	12	12%
Transportation	100	38	38%
Cannot contact the service provider	100	6	6%
Too expensive	100	0	0%
Lack of awareness of service	100	36	36%
Cultural Barriers	100	24	24%
Services provided are one-size fits all, and don't meet individual needs	100	14	14%
Stigma Leads to Avoidance	100	16	16%
Eligibility Requirement (explain below)	100	14	14%
Other (explain below)	100	0	0%

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**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 Somerset County in 2020 the median monthly center-based child care cost for an infant was equal to the median monthly cost for NJ. The median monthly center-based child care cost for a toddler was equal to the median monthly cost for NJ. Median monthly center-based child care cost child care cost for Pre-K in Somerset County was equal to the median monthly cost for NJ.

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

Having access to a robust supply of high-quality licensed child care near their home or workplace is an essential support for working parents. Licensed child care programs not only offer parents a safe and reliable child care option while they work, but they can also be a valuable source of early education during the critically important first three years, laying the foundation for healthy development and success in school and life. As mentioned in the Food Need Area, in Somerset County, there are 70,756 children under the age of 18 and 14.6% (10,357) are eligible to receive free/reduced-price school meals (<https://datacenter.kidscount.org/data#NJ/5/0/char/0>).

As of 2019, there were 159 licensed child care facilities in Somerset County that have been approved by the New Jersey Department of Children and Families available to provide care to 12,729 children under age six with working parents and 1,660 children under age six living with a single mother (2018 Community Child Care Solutions 2018 Child Care Indicator Profile). According to a report issued by Rutgers' School of Social Work in conjunction with the New Jersey Department of Children and Families (A Profile of Family and Community Indicators, 2019), the median monthly cost of child care for an infant in Sussex County is \$1,000 which is the midpoint of the state median costs of ranging between \$700 - 1,420. The median monthly cost of child care for a toddler in Somerset County is \$970 which is also midline between the upper and lower median cost in New Jersey (\$700-\$1,443), and the median monthly cost of child care for pre-k in the county is \$945 which is again between the state median cost of \$700-\$1,025. Families who are unable to afford the costs associated with child care are able to receive assistance through a variety of subsidy programs and private scholarships. Subsidy programs are often based on a host of eligibility guidelines and may require the family to contribute financially towards the service. In Somerset County, subsidies for child care services are

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accessible through Child and Family Resource Services operated by Community Child Care Solutions. These subsidies can only be used to pay vendors that have been approved by the New Jersey Department of Children and Families. These subsidies not only provide financial assistance but also allow children to receive priority when being placed with a care provider. Private scholarships are also available to assist families with paying for child care services. Scholarships are usually offered through individual child care providers. The Somerset County Department of Human Services provides some financial assistance through its Nonprofit Purchase of Service Program grant funding.

In 2020 and continuing into 2021, child care centers have been severely impacted by the COVID-19 pandemic. Many were closed by Executive Order and as time passed, child care centers were allowed to operate again, however, with drastically reduced ratios. With schools fluctuating with remote or hybrid learning, for working parents, decisions had to be made whether or not to pursue child care options or simply find alternative child care solutions. Many of the child care centers that remain open are facing budget constraints as operating costs exceed revenue due to reduced enrollment with added expenses of cleaning supplies and personal protective equipment.

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

Respondents were quite divided on their perception and knowledge of child care services in Somerset County. Forty percent (40%) believed that there were enough services available while 46% disagreed with the statement. Forty-nine percent (49%) did not feel that residents were able to access these services while 37% did. Most strongly felt that child care providers had good, quality facilities with well-trained staff, were knowledgeable, and had good customer service (63%), but 44% did feel that race, age, gender, and ethnicity were not taken into account for the types of services offered.

In terms of perceived barriers to accessing this service, transportation ranked number one at 34% followed closely by the waitlist (30%) and the lack of awareness of service (30%). Cultural barriers (24%) ranked as the third most important barrier. The respondents were quite concerned that the eligibility requirements to receive assistance is too high as one participant noted, "it is extremely difficult for community members on public assistance, specifically TANF, to access child care that fits their needs and budget to allow them to obtain sustainable employment. Lack of child care access during and beyond enrollment in public assistance create a cycle that is hard to break." Others cited that child care needs to be high quality and close to work leading them to ask, "do employers have incentives to create programs?" Another respondent noted that children must "sometimes meet 'clinical' criteria and lower-level needs are unaddressed." Another participant noted that child care is expensive in New Jersey. Some parents can only pay for half-day of care asking, "What job is there that ends at 11 am so you can be there to pick up your child?"

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Other participants noted that the pandemic has severely impacted the availability of child care. For low-income families, there already was limited affordable quality child care. Multiple participants raised awareness of the cost of child care in the county and hoped that the county could find a way to assist with more affordable child care. Another respondent mentioned that people had to wait too long to access services and often misses opportunities to take preventative measures. One suggestion is to provide parents with more education on early childhood needs.

One participant identified a new initiative project with the New Jersey Pandemic Relief Fund in partnership with United Way to transform child care in New Jersey for ALICE (Asset Limited Income Constrained Employed) parents that would connect independent, home-based family care providers and licensed child care centers (<https://www.unitedwaynj.org/post/unitedincare>).

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

*\*Required only if focus group need area topic.*

N/A

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

N/A

### Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	100	27 %	19 %	5 %	35 %	14 %	100 %
2. Anyone in the county is able to access services.	100	35 %	14 %	5 %	32 %	14 %	100 %
3. Services are widely advertised and known by the county.	100	30 %	22 %	5 %	32 %	11 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	100	30 %	14 %	5 %	49 %	3 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	100	14 %	24 %	14 %	46 %	3 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	100	8 %	24 %	16 %	47 %	3 %	100 %

### Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	100	30	30%
Services do not exist	100	22	44%
Transportation	100	34	68%
Cannot contact the service provider	100	2	4%
Too expensive	100	0	0%
Lack of awareness of service	100	30	30%
Cultural Barriers	100	24	48%
Services provided are one-size fits all, and don't meet individual needs	100	20	40%
Stigma Leads to Avoidance	100	4	8%
Eligibility Requirement (explain below)	100	18	36%
Other (explain below)	100	0	0%



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

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

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

### **Need Assessment Key Findings**

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

It is reported at as of 2017, 57,000 (3%) of children live with relatives with no parent present of which 8% live in homes where householders are grandparents or other relatives. Two percent (2%) of these children live with other relatives. Grandparents represent the largest kin care providers for these children where 13,025 (26.5%) of these kin households did not have the child's parent present, 26,790 (54.5%) are under the age of 60, 29,359 (59.7%) are in the workforce, 7,180 (14.6%) are in poverty; and 16,819 (34.2%) are unmarried (Grandfacts New Jersey Fact Sheet, 2017).

According to the Rutgers School of Social Work data provided by DCF, in 2018, Somerset County had 36 (51%) out of 71 children placed with kin and 35 (49%) placed elsewhere.

The New Jersey Department of Children and Families' Kinship Navigator Program supports caregivers who have taken on the responsibility of caring for their relatives' children. These children can include the caregiver's siblings, nieces, nephews, or grandchildren. Somerset County's local kinship agency, the Children's Home Society, helps caregivers navigate other forms of government assistance, determine their eligibility for Kinship Navigator Program benefits (i.e. short-term expense relief) and provide workshops, support groups and recreational activities for kin families.

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

The survey data gathered revealed that a larger than expected number of participants do not have enough information or experience with these services to accurately answer the statements listed on the needs assessment. Of those that did provide an answer to the statements, 37% stated that there are enough services available in the county to help those who have this need, 50% believed that there were not enough services available, 38% either disagreed or strongly disagreed that anyone in the county is able to access services, and 43% disagreed or strongly disagreed that services are widely

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advertised and known by the county. Forty-one percent (41%) stated that they agreed that services take race, age, gender, ethnicity, and more into account yet nearly 53% stated that they disagreed. For these three questions, an average of 38% of respondents stated that they did not know enough about the services for families caring for a child of a relative to make a determination (agree or disagree). It is important to highlight that a high portion of the respondents stated that they did not know if the facilities that provided the service are of good quality (41%) or have staff that is well-trained, knowledgeable and provide good customer service (35%).

When focusing on the barriers to this service category, the greatest barrier to service identified by participants was a lack of awareness of services (38%) followed by transportation (19%). Eleven percent (11%) of respondents stated that cultural barriers are also a barrier to service.

The overall consensus among respondents regarding this area of need was that there is not enough awareness in the community regarding the available services.

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

*\*Required only if focus group need area topic.*

N/A

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

N/A



### Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	100	25 %	25 %	6 %	31 %	13 %	100 %
2. Anyone in the county is able to access services.	100	13 %	25%	19 %	31 %	13 %	100 %
3. Services are widely advertised and known by the county.	100	29 %	14 %	14 %	29 %	14 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	100	24 %	29 %	6 %	35 %	6 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	100	12 %	12 %	29 %	6 %	41 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	100	12 %	35 %	12 %	6 %	35 %	100 %

### Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	100	4	4%
Services do not exist	100	7	7%
Transportation	100	19	19%
Cannot contact the service provider	100	0	0%
Too expensive	100	0	0%
Lack of awareness of service	100	38	38%
Cultural Barriers	100	11	11%
Services provided are one-size fits all, and don't meet individual needs	100	7	7%
Stigma Leads to Avoidance	100	7	7%
Eligibility Requirement (explain below)	100	7	7%
Other (explain below)	100	0	0%

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

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

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

### **Need Assessment Key Findings**

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

According to the Mental Health Association of New Jersey, "half of all lifetime cases of mental illness begin by age 14, and 75% by age 24." This statistic is supported by Governor Murphy's administration to respond to a challenging reality: one in five Americans have a mental health condition and many are reluctant to reach out for help or do not know where to get help. Suicide was the second-leading cause of death among 15 to 24-year-olds, and more than one in four students report feeling persistently sad or hopeless (<https://www.nj.gov/governor/news/news/562020/20200211b.shtml>) to launch a statewide Mental Health Working Group along with delivering statewide Mental Health First Aid for school and higher education personnel certification. Unfortunately, this initiative did not hit the ground running in 2020. Teen mental health as evidenced by the originally planned response was already a pressing issue and the need to support the emotional well-being of youth during the COVID-19 pandemic only worsens existing mental health problems in young adults and increases their risk for future mental health issues (<https://pubmed.ncbi.nlm.nih.gov/32860905/>).

According to the October 2020 Needs Assessment Summary report from the Children's Hope Initiative of Somerset County, "DCP&P has already said that because of budget cuts, there is not sufficient money for all children who need mental health services to receive what they need AND that the scholarships that allow abused and neglected children in their care to go to summer camp may not be available in 2021." The conclusion from the report based on the responses of Somerset County youth-serving organizations (YSOs) is "that children, especially abused and neglected children, are facing and will continue to face mental health issues arising from the pandemic and isolation."

Due to the effects of COVID-19, the children's mental health system has been impacted in several ways. The GCADA Municipal Alliance funding has been cut, which provides prevention, education, and early intervention programming to municipalities and schools focusing mainly on mental health and substance use.

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Additionally, nonprofits and schools alike have seen an increase in the need for youth mental health supports, treatments, and education. Youth are feeling overwhelmed due to isolation and fear related to the virus, the change in structure and life as they know it, the never-ending newsfeed, and not understanding what may be occurring or when it will end. Youth are not able to receive the supports that they did from school attendance, clubs and sports, and even work. School counselors are inundated with need, and many students are not adjusting well to online learning (whether due to technology access, parental support, or lack of engagement).

Overall, there is a lack of service availability for youth that is accessible and affordable. Mental health treatment services notoriously do not accept insurance benefits, and there is a gross lack of child psychiatrists. Waiting lists are long for services. Aspects such as stigma and parental denial may delay treatment, and for those who are open to the services, they may not know where or how to receive help.

In Somerset County, Bridgeway Rehabilitation Services provides 24/7 Psychiatric Emergency Screening Services (PESS). In addition, residents have the support of these additional emergency resources: Mobile Response Stabilization Services (an immediate in-home outreach program coordinated through PerformCare) and Somerset County's Family Crisis Intervention Unit (FCIU) for assistance with family conflict, truancy, runaway behavior, or human trafficking. Community agencies providing counseling services for youth include the ability to offer sliding scale fees and in some instances, bilingual services.

PerformCare New Jersey is the Contracted System Administrator (CSA) for the State of New Jersey's Department of Children and Families, Children's System of Care (CSOC). PerformCare is the single point of access to a wide array of behavioral health, intellectual and developmental disability services for youth and families throughout New Jersey. According to PerformCare's online directory, in Somerset County, there are 13 outpatient/intensive outpatient providers and one partial hospitalization provider. As of 12/14/2020, PerformCare received over 100,000 calls with 53,253 youth (under 21) enrolled in services and 31,415 actually receiving services. Thirty-five percent (35%) of youth accessing CSOC are uninsured/underinsured or have private insurance that does not cover CSOC related services. Sixty-five percent (65%) have Medicaid coverage. The most common reasons for calling PerformCare include: depression/anxiety, bullying, physical or verbal aggression, intellectual/development disabilities, substance use, attention or hyperactivity, oppositional or defiant behavior, grief from major trauma, and concerns from teachers (source: <https://www.performcarenj.org/pdf/educators/townhall-121520.pdf>).

According to the statistical data available through the DCF website's New Jersey Child Welfare Data Hub administered by the Rutgers School of Social Work, in 2019, 2,444 cases of Child Abuse or Neglect were reported for Somerset County which is defined by the total number of children referred

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to DCP&P for an abuse/neglect investigation. This report uses three different units of analysis: by child, by report, and by investigation (reported to the Prosecutor). Of the total cases in 2019, 1,973 were referred through the hotline (<https://njchlldata.rutgers.edu>). Child abuse and neglect may affect the development of an individual's physical and mental health in both direct and indirect ways. The U.S. Department of Human Services Children's Bureau stresses that "maltreatment during infancy and early childhood has been shown to negatively affect early brain development and in turn contribute to negative behavioral health outcomes into adolescence and adulthood. The immediate emotional effects of abuse and neglect— isolation, fear, and an inability to trust—can translate into lifelong consequences, including low self-esteem, depression, and relationship difficulties, as well as increased risk for developing an addiction to drugs and alcohol." (<https://www.childwelfare.gov/topics/can/impact/long-term-consequences-of-child-abuse-and-neglect/health/>).

As of November 2017, the New Jersey Department of Human Services, Directory of Mental Health Services (Rutgers University School of Social Work data) listed the following behavioral/mental health services serving Somerset County:

- 1 primary screening service (Bridgeway)
- 1 system advocacy groups (NAMI)
- 5 supportive housing programs (Alternatives, Center for Great Expectations, Community Hope, Easter Seals, Safe + Sound) (ES does not serve families)
- 1 supported employment programs (RHCMHC--adult)
- 0 supported education programs
- 2 short term care facility (St. Francis and Princeton House--adult) (both located in Mercer)
- 1 self-help center (Freedom Trail-adult)
- 1 residential service (Hackensack Meridian Carrier Clinic)
- 1 residential intensive support teams (Bridgeway RIST—adult)
- 1 program of assertive community treatment (PACT) (Bridgeway)
- 3 partial care programs (High Focus Centers, Gen Psych-youth) (High Point Partial Care—Flemington-adult)
- 5 outpatient programs (RHCMHC, Jewish Family Service, Family and Community, High Focus Centers, GenPsych)
- 1 justice-involved services (SCDHS)
- 1 involuntary outpatient commitment program (Richard Hall—adult)
- 1 intensive outpatient TX and support services (RWJ, RHCMHC, CCDOM, GenPsych--youth, High Focus--youth)
- 1 intensive care management service (Easter Seals—adult)
- 1 homeless service (PATH) (RHCHMC)
- 2 emergency services (Bridgeway and Catholic Charities MRSS—thru Performcare)
- 1 county mental health board
- 1 acute care family support services. (Catholic Charities IFSS—adult)

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Based on the review of this source information, the ongoing need to coordinate updated data between the Somerset County and the reporting arm of the NJ Department of Human Services is apparent, with attention to what is an adult vs youth-serving program, and which agencies have sliding scale fees and accept Medicaid.

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

In the 2020 Somerset County HSAC Needs Assessment, 72% identified Behavioral/Mental Health Services for Children as an important service need among its residents. According to one community-based organization group participant, "This is another area in which there is a statewide dearth of resources. Often mental/behavioral health care services are not covered by insurance and many free options (like school counselors) have been cut as a result of budgetary constraints." Another respondent commented that "there are very few options for children and teens to get appropriate mental health or behavioral care (especially those who have NJ FamilyCare insurance) and there are ZERO options for intensive outpatient or partial hospital care in the county." A key informant shared, "Without insurance, children and their families need to meet the requirements for CMO services in order to get behavioral health interventions. Transportation is a problem to access the services."

Fifty-five percent (55%) of those surveyed agreed that there are not enough services available in the county to help those in need with 55% stating that services are not accessible to everyone. Thirty-six percent (36%) of the participants agreed that services are widely advertised in the county while 52% disagreed with that statement which supports the conclusion that lack of awareness of services appeared as the second greatest barrier to services, tied with transportation also coming in at 32%. Of the services that do exist, 53% disagreed that the facilities that provide this service are of good quality with 57% disagreeing with the statement that agency staff are well-trained, knowledgeable, and provide good customer service.

The responses point to stigma at 36% being the main reason why these services for youth are not being accessed. Following lack of awareness and transportation at number two, cultural barriers (26%) were cited to be the third major factor in not seeking behavioral/mental health services for youth. Oftentimes, respondents noted that an individual's insurance plan, if they have it, may not be accepted by the mental health provider.

One of the respondents from the Children's System of Care group suggested that county leaders need to do an audit to determine the correct actions to solve the issue.

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Youth mental health is seen as an evasive issue. Much different than the adult system, it often requires intervention from someone other than the person being served to initiative treatment intervention, i.e. parent/guardian, school, community referral. This can sometimes become a barrier or a missed opportunity for intervention, as parents may be in denial, not recognize their child's need, or simply are unaware of what services are available and how to access them.

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

*\*Required only if focus group need area topic.*

Based on the responses from the 2020 HSAC focus group, it vital for the county along with its stakeholders to work collaboratively and efficiently to address the barriers brought to light by the respondents.

Recommendations:

- Increase awareness of community service knowledge, including what services are available, appropriate for need, and how to access them.
- Create opportunities to connect directly to youth to learn their specific needs and wants for supportive services and change.
- Educate youth, parents, schools, and families on mental health and substance use education to reduce stigma and increase engagement for community services.

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

N/A

## Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	100	49 %	6 %	17 %	22 %	6 %	100 %
2. Anyone in the county is able to access services.	100	44 %	11 %	17 %	17 %	11 %	100 %
3. Services are widely advertised and known by the county.	100	40 %	12 %	12 %	24 %	12 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	100	23 %	24 %	12 %	29 %	12 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	100	12 %	29 %	18 %	29 %	12 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	100	12 %	24 %	18 %	35 %	12 %	100 %

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	100	18	18%
Services do not exist	100	22	22%
Transportation	100	32	32%
Cannot contact the service provider	100	16	16%
Too expensive	100	4	4%
Lack of awareness of service	100	32	32%
Cultural Barriers	100	26	26%
Services provided are one-size fits all, and don't meet individual needs	100	16	16%
Stigma Leads to Avoidance	100	36	36%
Eligibility Requirement (explain below)	100	10	10%
Other (explain below)	100	0	0%

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

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

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

### **Need Assessment Key Findings**

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

Based on the data provided by DCF, Somerset County residents have a 13.9% frequency of mental health distress (age-adjusted) which is found higher than the state's average of 12.1%. Over time, the percentage of the population reporting mental health distress in a telephone survey based on a New Jersey Behavioral Risk Factor Survey from 2013-2017 reflecting an upward trend from 6.8% to 13.9%. For 2017, the frequency of mental health distress (age-adjusted) experienced by women (19.3%) was higher than that experienced by men (7.6%) with White, non-Hispanics, reporting the highest frequency at 11.0%. The frequency among; Black/African American non-Hispanics, Hispanic/Latino, Asian/non-Hispanics, Other/non-Hispanics level were unable to be comparatively measured. Somerset County residents have an 18.5% frequency of depression (age-adjusted) which is higher than the state's average of 14.8%. Over time, the percentage of the population reporting depression from the New Jersey Behavioral Risk data also continues to trend upward since 2013 (13% to 18.5% in 2017). White, non-Hispanics reporting the diagnosed depression most frequently at 20.5%. The frequency among Black/African American non-Hispanics, Hispanic/Latino, Asian/non-Hispanics were not comparatively measurable (A Profile of Family and Community Indicators, Rutgers' School of Social Work, 2019). Women outnumbered men (23% vs. 11.9%) with a depression diagnosis.

The above data analysis reflects the prevalence of mental health distress before COVID-19. While the long-term effects are far from fully realized, it is important to note that the current stressors of society may exacerbate symptoms for those who are already living with diagnosable mental health or substance use disorder and may cause the onset of symptomology for others.

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



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Of those surveyed by NJDCF/HSAC's 2020 County-Wide Needs Assessment, 62% identified Behavioral Health/Mental Health Services for Adults as important service needs among residents of Somerset County.

Sixty-four percent (64%) of those surveyed agreed that there are not enough services available in the county to help those in need with 58% stating that services are not accessible to everyone. These responses could be linked to the strong showing that 60% of the respondents did not feel that adult mental health services are well advertised throughout the county compared to the 31% of participants who believe that adult mental health services are widely advertised in the county. Forty-eight percent (48%) believe that the facilities that provide this service are of good quality with 53% noting that agency staff is considered well-trained, knowledgeable and provide good customer service.

Respondents pointed to cultural barriers (44%), transportation (42%), stigma (42%), a lack of awareness of available services (40%), waitlist (34%), and service providers offering a one-size-fits all service approach (20%) to create substantial barriers to accessing behavioral/ mental health services. Note that 14% stated that eligibility requirements most notably related to insurance to also serve as barriers. One respondent stated, "There are not enough providers that accept Medicare" while another noted that psychiatric evaluations are needed for treatment, but there is a limited number of psychiatrists who accept and work with Medicaid. Additionally, another respondent pointed to long waiting lists while another commented on the limited number of methadone clinics.

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

For the adult mental health continuum of care, it is worth understanding how the system has adapted to respond to continue to provide services to some vulnerable populations. Feelings of isolation and fear are undeniably increasing with mass unemployment, fear for future evictions, and fear of contracting the virus. Despite this, changes are being made to keep agencies viable and services available, including the utilization of telemedicine and teletherapy services. For some, it has reduced barriers of transportation and childcare, as well as the ability to reschedule, and the flexibility of some insurance companies to waive deductible and copays for behavioral health treatments.

Some recommendations going forward would include:

- Collaborate with agency partners to increase cultural competencies, best practices, and comfort with these topics and serving diverse clients.
- Encourage agency partners to solicit client feedback on services, to ensure that clients feel that they are being well served and their needs are being heard and addressed.
- Develop relationships with private practitioners and for-profit mental health treatment resources for a more comprehensive and supportive continuum of care.
- Reduce the perception of a one-size-fits-all approach to mental health services, through community education that explains various mental health modalities and how to navigate the system.

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

N/A

## Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	100	42 %	22 %	14 %	5 %	17 %	100 %
2. Anyone in the county is able to access services.	100	35 %	22 %	14 %	15 %	14 %	100 %
3. Services are widely advertised and known by the county.	100	43 %	17 %	17 %	14 %	9 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	100	19 %	25 %	12 %	36 %	8 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	100	11 %	33 %	20 %	28 %	8 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	100	8 %	31 %	25 %	28 %	8 %	100 %

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	100	34	34%
Services do not exist	100	20	20%
Transportation	100	42	42%
Cannot contact the service provider	100	10	10%
Too expensive	100	8	8%
Lack of awareness of service	100	40	40%
Cultural Barriers	100	44	44%
Services provided are one-size fits all, and don't meet individual needs	100	20	20%
Stigma Leads to Avoidance	100	42	42%
Eligibility Requirement (explain below)	100	14	14%
Other (explain below)	100	0	0%

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## **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**

According to the 2019, New Jersey Substance Abuse Monitoring System (NJSAMS), 2,272 Somerset County residents sought substance use disorder treatment; 1,876 adults aged 25-59; 265 aged 18 to 24; 124 adults aged 60 and over and 7 residents aged 17 and under. Across all ages, with the exception of marijuana for the 17 and under age group, the top substance used is alcohol followed by heroin and then marijuana. In addition, NJSAMS data reports the top five Somerset County municipalities with the highest number of treatment admissions in order of ranking are: (1) Franklin, (2) Somerville Borough, (3) Bridgewater Township, (4) Hillsborough Township, and (5) Manville Borough. NJSAMS data from 2019 also reflects that 40% of Somerset County residents sought traditional outpatient services followed by 22% that sought intensive outpatient services. In addition, 73% of residents that sought substance use treatment in 2019 were discharged with a co-occurring disorder. Furthermore, 75% were in the 0-133% of the Federal Poverty Level with 54% having Medicaid; 35% having no health insurance, and 17% private insurance.

The data from DCF and Rutgers School of Social Work revealed supporting data:

- In Somerset County, the number of suspected overdose deaths increased by 6.1% over that period.
- Between 2014 and 2018, the number of suspected opioid deaths in Somerset County had increased steadily from 33 to 52 respectively.
- Somerset County had an increasing trend of overdose deaths
- Most treatment center admissions were related to alcohol usage (41%) and heroin at 32%

These statistics highlight the priority of this specialized service need.

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## Summary: Nature of the Need

Substance Use Disorder Services was identified as the second most important specialized service need among residents of Somerset County. The statistical data gathered indicates that a larger than expected number of participants do not have enough information or experience with these services. Of the respondents, 22% were unable to answer if there are enough services, 19% were unable to assess the ability for residents to access this type of service and 17% were unaware of these services were advertised. Of the respondents who did provide answers, 45% did not feel that there were enough services available. Thirty-nine percent (39%) also felt that residents were not able to access services and 53% did not believe that available services were widely advertised. When evaluating the providers, 61% felt that the facilities that did offer these services were of good quality, as well as 61% felt that the staff at these facilities were well trained, knowledgeable and provided good service. While 61% of the respondents noted that the services being provided are taking race, age, gender, and ethnicity into account, there were still 38% who disagreed with the statement. This could explain why cultural barriers represented 28% of the barriers to care for respondents.

At the top of the list, for actual barriers to care, stigma reflected 44% followed closely by transportation at 42%. In addition, 40% of respondents believed that available substance use disorder programs are inadequate within the county, lack of awareness of service (34%), and long waiting lists for services (28%) were also identified. Important to note is the high response rate of 70% that the focus group participants believed strongly that there is a lack of substance use prevention programs in the county.

As one respondent noted, substance use disorder is a "long-term illness and the individual is very resistant to treatment." Multiple respondents cited not enough resources such as, "There are only a handful of places that provide one-on-one substance use treatment for youth/adolescents -- no options in County for IOP or partial hospital care." Another noted that "Resources are hard to find and only located through non-official sources. Referrals are by a friend or you have to know someone." Another respondent stated that access to program services was too strict. Others also noted a lack of insurance coverage, the need for more facilities as well as providing for longer recovery time as other factors to address in order to meet the needs of county residents.

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

The average age of first-time substance use in Somerset County across all substances is 13-16 years old. According to Adolescent Information Form (AIF) for Somerset County, substance use as the primary reason for referral has almost doubled between 2015 and 2017 and more youth seem to experience challenges with mental health by fifth grade. Youth who experience mental health challenges are at a significantly greater risk for substance misuse or a substance use disorder as substance use is usually employed as a method to cope with uncomfortable feelings or traumatic experiences. Additionally, most AIF referrals (30%) in 2017 were from schools. According to the Somerset County Comprehensive Substance Use Needs Assessment for 2020-2023, the pivotal age for prevention programming is during or prior to grades sixth through eighth as students have experimented with a variety of substances by the time they are in high school as well as preferably implementing prevention programming in school settings as students rely mostly on teachers and mass media for information about substances.

According to the Somerset County Comprehensive Substance Use Needs Assessment for 2020-2023, early identification of youth with substance use or co-occurring disorder and early intervention is a top priority among the youth population specifically, youth aged 21 and under. Specific trends in the lack of youth accessing substance use or co-occurring disorder services include: (1) stigma associated with substance use or co-occurring disorders; (2) lack of a perceived need for services by the youth (as seeking services is voluntary) or by the parent or caregiver; (3) parent or caregiver lack of education and understanding of the effects of substance use; (4) consequences of substance use among youth; and (5) lack of early identification of substance use disorder or mental health precursors to substance use.

In Somerset County as of 2019, fourteen (14) facilities provide substance use disorder treatment services, with seven (7) providing medication-assisted recovery. Findings indicate that some agencies report offering individual counseling substance use treatment services for youth upon request by parents, caregivers or school counselors and there are limited substance use therapy groups offered. As a result, there is a low enrollment of youth in substance use treatment programs. Student Assistance Counselors (SAC) have expressed a great need for youth group therapy that can offer students the opportunity to interact with other individuals and develop valuable social and life skills as substance use in the household can cause a variety of relationship problems, such as the profound inability to develop healthy relationships in adolescence and adulthood. Mental health and substance use professionals also recognize the need for group therapy and support groups for youth to engage in healthy behaviors. However, the cost-benefit, specifically for nonprofit agencies is not substantial which impacts low enrollment into these programs.

The 2019 Substance Use Navigator Initiative Report highlighted some of the following needs: prevention programming at earlier ages, integration of mental health and substance use treatment

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services, substance use screening implementation, implementation of ACEs in clinical practice, better communication and coordination among system partners, and transportation to services.

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

N/A

## Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	100	28 %	17 %	14 %	19 %	22%	100%
2. Anyone in the county is able to access services.	100	28 %	11 %	14 %	28 %	19%	100%
3. Services are widely advertised and known by the county.	100	39 %	14 %	14 %	17 %	17%	100%
4. Services take race, age, gender, ethnicity and more into account.	100	8 %	30 %	14 %	41 %	8%	100%
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	100	8 %	22 %	14 %	47 %	8%	100%
6. Staff are well-trained, knowledgeable and provide good customer service.	100	3 %	28 %	22 %	39 %	8%	100%

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	100	28	28%
Services do not exist	100	16	16%
Transportation	100	42	42%
Cannot contact the service provider	100	6	6%
Too expensive	100	2	2%
Lack of awareness of service	100	34	34%
Cultural Barriers	100	28	28%
Services provided are one-size fits all, and don't meet individual needs	100	18	18%
Stigma Leads to Avoidance	100	44	44%
Eligibility Requirement (explain below)	100	12	12%
Availability of Substance Use Disorder Services	100	40	40%
Availability of Substance Abuse Prevention Programs	100	70	70%
Other (explain below)	100	0	0%





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

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

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

### **Need Assessment Key Findings**

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

In 2016, New Jersey had a total of 63,420 domestic violence offenses reported with an average of 3,020 offenses per county. Assaults and harassment accounted for over 80% of all domestic violence offenses reported. Arrests were made in 31% of all offenses reported. The most frequent day of the week for domestic violence incidents was Sunday (11,022) closely followed by Saturday (10,013). For the 34th consecutive year, the most frequent hours of domestic violence incidents were between 8:00 p.m. and midnight, when 26% of the offenses were reported. Children were actively involved or present during 28% of all domestic violence offenses occurring in 2016. Specifically, 4% were actively involved or participated and 24% were present or witnessed the offense. Females were actively involved in 74% of all domestic violence offenses. Alcohol and/or drugs were involved 25% of the time. One act of domestic violence occurred every eight (8) minutes and 29 seconds in the state (New Jersey State Police Annual Domestic Violence Reports, 2016).

Based on the data supplied by DCF and Rutgers University, in 2016, Somerset County had 2,048 reported domestic violence incidents which, without accounting for population size, was the 8th lowest in the state. Ten (10) out of the 21 municipalities of Somerset County had domestic violence reports during the years 2010-2016. The number of incidents in the county has varied significantly with the following four municipalities reporting the highest average domestic violence incidents in 2016: Franklin (437 per year), Hillsborough (255 per year), Bound Brook (246 per year) and North Plainfield (209 per year) (A Profile of Family and Community Indicators, Rutgers' School of Social Work, 2019). The Rutgers' report sources its information from the New Jersey State Police Annual Domestic Violence Report but does not break down the type of domestic violence incident but notes that most of these offenses are categorized as assault and harassment.

Somerset County is home to Safe+Sound Somerset (S+SS), the designated lead agency and only organization in the county that provides comprehensive services to survivors of domestic abuse and

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their families. S+SS has experienced a sharp rise in calls for help related to domestic violence since the COVID-19 pandemic began in March 2020. As more people are forced to stay home with their abusers, domestic abuse in a public health crisis has led to a 40% increase in its hotline/texting services. S+SS has reported an increase of 25% since 2019 for referrals to counseling programs. In 2020, S+SS has added three programs, emergency safe house services, telecounseling, virtual legal services, and virtual classes to learn about the warning signs of domestic violence.

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

Of those surveyed in the Somerset County HSAC Needs Assessment, only 48% agreed that there are enough services available in the county to help those in need with 43% agreeing that anyone in the county is able to access services. Forty-one percent (41%) felt that the services are widely advertised and known within the county and that services take race, age, gender, ethnicity and more into account (53%). It was widely agreed upon that the facilities that provide service to meet this need are of good quality (76%) and that the staff are well-trained, knowledgeable, and provide good customer service (73%). There was a range of 3-6% of respondents who did not know enough about the services.

Forty-two percent (42%) of respondents identified stigma associated with domestic violence as the greatest barrier to service. Lack of awareness of services (36%) and then lack of transportation serving as another barrier (34%). Cultural barriers (24%) proved to be a noted issue by the participants with the category of other representing 14% of the responses related to barriers.

The additional narrative provided by the focus group participants and key informants shed some more light on the responses. One key informant shared, "For a short time the Prosecutor's Office had a case worker working along with the courts, non-profits, and Safe+Sound, to help victims connect to other community resources (especially if not living in the safe house). For a time, there was also a good cadre of liaisons in local police departments to be sure DVRT volunteers and police worked toward the same goal of connecting victims to DV services. Over time, those efforts waned. For a while, Manville's municipal court judge worked directly with the DVRT team and had a volunteer available for private consultation/referral directly in the county (in a private office). This was effective." Another respondent commented that a barrier could be due to misperception that "the first referral is often through law enforcement so victims do not always feel like they should/can contact Safe+Sound." Another comment referred to how a "victim feels controlled, trapped and unable to make a move." Another pointed to the concern that a victim may leave a situation of abuse, but there is a need for supportive housing, transportation and the ability to house a person who has children, and to get legal advice and financial support." Multiple participants recognized the "excellent work" of the lead agency, S+SS and another respondent commented "proud of what S+SS provides" but did not know of any other entity that supports the survivor.

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

*\*Required only if focus group need area topic.*

N/A

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

N/A

## Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	100	8 %	39 %	17 %	31 %	6 %	100 %
2. Anyone in the county is able to access services.	100	17 %	34 %	17 %	26 %	6 %	100 %
3. Services are widely advertised and known by the county.	100	38 %	19 %	19 %	22 %	3 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	100	14 %	28 %	14 %	39 %	6 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	100	5 %	16 %	35 %	41 %	3 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	100	6 %	18 %	32 %	41 %	3 %	100 %

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	100	10	10%
Services do not exist	100	6	6%
Transportation	100	34	34%
Cannot contact the service provider	100	6	6%
Too expensive	100	0	0%
Lack of awareness of service	100	36	36%
Cultural Barriers	100	24	24%
Services provided are one-size fits all, and don't meet individual needs	100	6	6%
Stigma Leads to Avoidance	100	42	42%
Eligibility Requirement (explain below)	100	8	8%
Other (explain below)	100	14	14%



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

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

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

### **Need Assessment Key Findings**

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

Through a partnership with the New Jersey Department of Human Services' (DHS) Division of Family Development (DFD), Strengthening Families (SF) works closely with Child Care Resource and Referral (CCR&R) Agencies to conduct trainings that build on the SF approach in child care centers and family child care providers throughout the State. SF is an evidence-based approach that helps reduce child abuse and neglect through training and guidance to child care and family child care providers. Within Somerset County, programs and services are funded by the NJ DCF's Family and Community Partnerships (FCP) to provide a network of prevention support and services that are intended to be culturally responsive, strength-based and family-centered. Family Support Services are provided locally by Pioneer Family Success Center and the Children's Home Society which offers the Kinship Navigator Program.

Early childhood services are supported by Central Jersey Family Health Consortium, United Way, Community Child Care Solutions, and Empower Somerset. For women's services, Safe+Sound Somerset and Zufall Health Center address the needs of violence against women. Somerset County Vocational Technical School and Franklin High School have programming to address school-based services while the Somerset County Board of Social Services is the local county welfare agency with three locations throughout the county (Somerville, North Plainfield and Somerset).

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

When asked about parenting skill specialized service, 55% of the respondents agreed that there were enough services available to support parents, yet 14% specifically noted that they did not have

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enough knowledge to answer and another 32% disagreed with the statement. Similarly, 58% of the participants who were familiar with parenting services felt that residents were able to access these services while 33% disagreed. More importantly, 34% felt that services were not widely advertised and another 17% did not have enough knowledge to answer as described in a quote by a participant, "I have no knowledge about these services in Somerset County." This is supported in the barriers to service section of the survey where the respondents felt that the primary reason why residents did not access this service (19%) was that they were not aware these services were available.

Stigma (12%) and cultural barriers (12%) tied in second place representing a barrier to service followed closely by transportation (11%). Some respondents reported that eligibility requirements were the contributing factor to 5% of barriers which was supported by the comment, "Single parents may not always be eligible for this service based on income or other factors." Additionally, other respondents noted that due to cuts, some programs were no longer available, "The Parents as Teachers program was great, but moved out of county years ago and have been hard to access ever since. Not sure what other parenting resources exist." Another suggested providing programming that can be unique to the parent's individual situation, "There has to be a service that provides parenting skills that are specific to the situation. They have to be relevant to the parent and the parent needs to feel supported." This supports the 8% survey findings that services provided are one-size-fits-all, and don't meet individual needs.

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

*\*Required only if focus group need area topic.*

N/A

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

N/A



## Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	100	16 %	16 %	14 %	41 %	14 %	100 %
2. Anyone in the county is able to access services.	100	22 %	11 %	14 %	44 %	8 %	100 %
3. Services are widely advertised and known by the county.	100	28 %	6 %	14 %	36 %	17 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	100	19 %	16 %	14 %	46 %	5 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	100	11 %	14 %	19 %	53 %	3 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	100	11 %	14 %	20 %	51 %	3 %	100 %

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	100	6	6%
Services do not exist	100	8	8%
Transportation	100	11	11%
Cannot contact the service provider	100	2	2%
Too expensive	100	1	1%
Lack of awareness of service	100	19	19%
Cultural Barriers	100	12	12%
Services provided are one-size fits all, and don't meet individual needs	100	8	8%
Stigma Leads to Avoidance	100	12	12%
Eligibility Requirement (explain below)	100	5	5%
Other (explain below)	100	6	6%



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

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

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

Legal Services of Northwest Jersey (LSNWJ) is a nonprofit law firm serving people low-income individuals living in Hunterdon, Morris, Somerset, Sussex and Warren Counties. LSNWJ is to provides free civil legal services to residents of Somerset County whose income falls at or below the 250% federal poverty level. Vulnerable seniors, age 60 or older, are also eligible for services regardless of income.

The work of LSNWJ is vital to the efforts of people living in poverty to maintain safe and affordable housing, gain sustainable income to escape the ravages of poverty, access quality health care, secure family stability and personal safety, and live with dignity in the community. Due to limited funding, LSNWJ is not able to represent all people living in the community. They prioritize cases that involve; protective services and autonomy, self-sufficiency and health care, family relationship and safety, as well as, safe and affordable housing. LSNWJ encourages the participation of private attorneys in the delivery of legal services to low-income people through its Volunteer Program and is also involved in numerous special projects across the state that benefit a wide variety of demographics including; individuals and families living in poverty, veterans, seniors and victims of domestic violence.

There are limited legal service supports provided by the non-profit community in Somerset County. The ACLU of New Jersey and Volunteer Lawyers for Justice has also been cited by DCF & Rutgers School of Social Work as resources for pro bono legal/advocacy services. Other resources available for Somerset County residents are provided by the American Friends Service Committee (immigrant rights and legal services) and Disability Rights New Jersey which is a private, nonprofit consumer-directed organization to advocate and promote the civil and legal rights of New Jersey citizens living with disabilities. Specific to intimate partner violence, Manavi, based in New Brunswick, focuses on addressing the unmet needs of South Asian women affected by violence providing a unique blend of culturally specific support services and advocacy models. Safe+Sound Somerset also provides legal advocacy for survivors to help victims understand their rights and navigating the legal system.

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

Half of the respondents (50%) stated that there are not enough services available with 11% reporting that they did not know enough to comment. Another 56% felt that residents needing these services were not able to access services and 56% felt that the services are not widely advertised or known by the county. A lack of awareness of services was noted by 48% of those surveyed as the main barrier to receiving services followed by transportation at 34%, eligibility requirements (32%), cultural barriers as the most prominent reasons residents who would need these services couldn't access them. Since the pandemic, Legal Services has been assisting its clients remotely so the transportation barrier should be reduced with its ability to serve clients without needing to travel.

The narrative from respondents and key informants provided more background into these widely held beliefs. One respondent commented that, "Funding limitations require Legal Services of NW Jersey to limit their services to very low-income clients, meaning there are individuals who cannot afford to pay a lawyer but earn too much to be eligible. LSNWJ also only assists with certain legal matters (not the whole array)." Others pointed to the eligibility barriers for some seeking services who do not qualify because the individual could make "too much income but still have trouble paying or accessing services due to other responsibility." Some point to how the agency, Legal Services of Northwest NJ, is "underfunded" and, therefore, it is "difficult" to provide client services "in a timely manner." Others noted how Legal Services does not provide a full array of services and due to funding limitations can only assist "very low-income clients."

Despite the challenges noted, respondents did feel that Legal Services "does a good job" as evidenced by the 60% and 61% scoring to reflect good, quality facilities and having well-trained staff who are knowledgeable and provide good customer service.

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

*\*Required only if focus group need area topic.*

N/A

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

N/A

## Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	100	25 %	25 %	17%	22 %	11 %	100 %
2. Anyone in the county is able to access services.	100	25 %	31 %	14%	22 %	8 %	100 %
3. Services are widely advertised and known by the county.	100	42 %	14 %	17%	17 %	11 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	100	22 %	22 %	14%	36 %	6 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	100	11 %	24 %	30%	30 %	5 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	100	6 %	28 %	31%	31 %	6 %	100 %

## Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	100	18	18%
Services do not exist	100	20	20%
Transportation	100	34	34%
Cannot contact the service provider	100	3	3%
Too expensive	100	0	0%
Lack of awareness of service	100	48	48%
Cultural Barriers	100	22	22%
Services provided are one-size fits all, and don't meet individual needs	100	14	14%
Stigma Leads to Avoidance	100	6	6%
Eligibility Requirement (explain below)	100	32	32%
Other (explain below)	100	14	14%