

Sussex County Needs Assessment 2020

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County Human Services Advisory Council

Authored by: Nickolas G. Kapetanakis

County of Sussex Human Services Advisory Council
Coordinator

Table of Contents

PART 1

Executive Summary

Introduction

County Description

Needs Assessment Methodology

PART 2

Key Findings Across All Needs

Key Findings for Each Basic Need Area

- Housing
- Food
- Health Care
- Community Safety
- Employment and Career Services
- Child Care

PART 3

Key Findings for Specialized Service Need Areas

- 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
- Parenting Skills Services
- Legal and Advisory Services

PART 1



Executive Summary

Narrative: In the Words of the County

Background:

Committed to its mission of "...improving the quality of life of Sussex County residents through an integrated approach to comprehensive services that meets the needs of individuals, families and communities", the County of Sussex Department of Health and Human Services (CSDHHS) in collaboration with the New Jersey Department of Children and Families (NJDCF) completed a county-wide human services needs assessment during the year 2020.

Purpose:

The NJDCF funded the County's Human Services Advisory Council (HSAC) to undertake the assessment in order to collect quantitative and qualitative data documenting; local needs, social connections and community networks, the impact of those needs on subpopulations, trends in needs over time, key barriers to service delivery, and considerations for action. Assessment results will be used to support both the CSDHHS and the NJDCF in their efforts to; educate residents, raise awareness regarding unmet needs and barriers to service delivery, to advocate for policies that represent the interests of those who have no voice in government or the public area, and to assist with crafting informed policy and strategic planning that supports the strengthening of families in Sussex County.

Process Model and Research:

The tools and protocols utilized by the CSDHHS to complete the Needs Assessment were supplied and developed by the NJDCF in conjunction with a joint workgroup consisting of select county human service leadership from across the state. The process consisted of a survey tool, facilitated focus groups and one-on-one interviews with key informants from the community. The HSAC's Planning and Allocation Committee provided oversight in administering the Needs Assessment and assistance with recruiting participants for the focus groups and key informant interviews. Once the Needs Assessment was completed, the Committee met to review the results, identify priority areas of need and to create recommendations for action.

NJDCF also provided the CSDHHS with a county data profile (Rutgers' School of Social Work, A Profile of Family and Community Indicators, 2019) to assist with identifying key topics to be prioritized and to be explored more in depth. The data profile consisted of the most recently available administrative data related to the demographic population and the selected service indicators. Additional county specific data was sourced from a variety of objective resources including but not limited to; American Community Survey, U.S. Department of Agriculture, North Jersey Health Collaborative, Robert Wood Johnson Foundation, State of New Jersey Department of Human Services (and its various Divisions), New Jersey State Police and the New Jersey Judiciary.

County Data Profile:

Methodology

Data detailing the specifics of Sussex County was collected in a multitude of domains for analysis including; demographics, housing, food, health care, community safety, employment and career services, child care, services for families caring for the child of a relative/family friend, behavioral/mental health service for children, behavioral/mental health services for adults, substance use disorder services, domestic violence services, parenting skills services and legal/advocacy services.

Demographics

*The estimated population of Sussex County is 140,488 divided into approximately 53,361 households

*4.6% of the population is under 5 years old, 14.8% are between the ages of 5 and 18 years old, 62.6% are between the ages of 18 and 65 years old, 18% are 65 years old and older

*94% of the population are White, 8% are Hispanic/Latino, 3% are Asian, 3% are Black/African American, 2% are Other, 1% are American Indian/Alaska Native and 8% (Note: Percentages add up to more than 100% because respondents to the 2017 American Community Survey were able to select more than one race)

*The median income per household is \$89,232 with an annual cost of living of \$100,824

Housing

*There are 62,472 housing units consisting of 87% detached single-unit structures, 11% multi-unit structures and 2% mobile homes

*More than 80% of all housing units are owner occupied

*Home owners with a mortgage paid a median of \$2,241 per month while those without a mortgage paid a median of \$974 per month

*Sussex County has a foreclosure rate of 1.37% of all homes

*The average gross rent payment is \$1260 per month and does not take in to account utility charges, HOA fees or other associated living costs

Food

*Approximately 6.7% of all households suffer from food insecurity

*For 2017, 789 woman, infants and children were enrolled in the WIC nutritional program, 2216 children were receiving free or reduced lunch and 1,521 children were living in families receiving NJ SNAP (Food Stamps)

*There are an estimated 21 food pantries in Sussex County

Health Care

*Less than 6% of residents lack some form of health insurance coverage with 62% on employer plans, 8% on Medicaid, 13% on Medicare, 10% on non-group plans and less than 1% on military or VA Plans

*There are 49 care providers per 100,000 residents with primary care physicians seeing 2144 patients per year with a 2,010:1 patient to physician ratio

*The county is home to several urgent care centers, 1 hospital, 1 federally qualified health center, 1 family success center and 1 veterans' clinic

Community Safety

*In 2016, there was a total of 81 violent crimes (0 murders, 12 rapes, 7 robberies, 62 aggravated assaults), 118 non-violent crimes (11 arsons, 42 motor vehicle thefts, 902 larcenies and 233 burglaries) and a juvenile arrest rate of 8 arrests per every 1,000 residents

*New Jersey State Police Troop B is responsible for policing 13 out of 24 municipalities across the entire county as only 11 municipalities have their own police force

Employment and Career Services

*Between 2010 and 2019, the county's average unadjusted unemployment rate of 6.38% had been consistently lower than the state average of 6.84% and was at its lowest in 2019 (3.4%)

*46% of residents commute an average of 36 minutes to jobs located outside of the county

*Residents spend 23% of their income on transportation with an annual auto cost of \$15,640

Child Care

*There are 64 licensed child care providers, 2 Head Start programs and 13 family child care providers in Sussex County that have been approved by NJDCF

*The median monthly cost of child care for an infant is \$956, the median monthly cost of child care for a toddler is \$910 and the median monthly cost for pre-k is \$800

*Families who are unable to afford the costs associated with child care can receive assistance through a variety of subsidy programs and private scholarships

Behavioral/Mental Health Services for Adults

*There are 159 providers per 100,000 population (this includes psychologists, psychiatrists, licensed clinical social workers, counselors and advanced practice nurses specializing in mental health care)

*Over the past 5 years there have been an average of 1881 admissions per year to Newton Medical center due to mental health illness, 576 psychiatric hospitalization admissions and 1313 psychiatric hospitalization discharges to the community

Behavioral/Mental Health Services for Children

*Over the past 5 years there have been an average of 356 admissions per year to Newton Medical Center due to mental health illness

*45% of the calls received by NJDCF's Mobile Response and Stabilization Service were due to a mental health emergency with 22% being due to a self-made threat to the safety and well-being of the person

Substance Use Disorder Service

*In 2018, 1358 substance use disorder treatment admissions were reported to the New Jersey Department of Human Services

*The most common primary drugs identified by those admitted were (in order of prevalence); heroin, alcohol, marijuana, cocaine/crack and opiates (other than heroin)

*From 2013-2018, Sussex County averaged an 85% increase in suspected opioid overdose deaths

*There are 7 licensed substance use disorder treatment providers in Sussex County

Services for Families Caring for the Child of a Relative/Family Friend

*The Kinship Navigator Program supports caregivers who have taken on the responsibility of caring for their relative's children by; providing agency staff to assist caregivers with "navigating" other forms of government assistance, helping with short-term expenses for the relative child and providing technical support if the caregiver chooses to become the kinship legal guardian

*There are no viable statistics to document how many families in Sussex County are currently caring for the child of a relative/family friend

Domestic Violence Services

*Between 2012 and 2016, Sussex County averaged 1,196 domestic violence incidents per year

Parenting Skills Services

*The Family Success Center located at Project Self-Sufficiency offers a one-stop shop that provides wrap-around resources and supports for families before they find themselves in crisis

*The county's Family Support Organization (Family Partners of Morris and Sussex) provides direct family-to-family peer support, education, advocacy and other services to family members of children with emotional and behavioral problems

Legal/Advocacy Services

*From July 2019 to June 2020, there were 8,227 total court filings in Sussex County

*New Jersey's average legal rate is \$272 per hour

Survey Tool

Methodology

A standard survey tool was developed by NJDCF to gather data about the key topic areas outlined in the aforementioned data profile in addition to identifying areas of strength and areas in need of improvement in relation to county-based supports and service array. Due to restrictions imposed by the State of New Jersey in response to the COVID-19 pandemic, all Needs Assessment participants were sent a hyperlink to an online version of the survey tool and instructed to complete it prior to their scheduled group session or key informant interview.

Focus Groups

Methodology

From June 24, 2020 to August 5, 2020 a total of 33 focus groups were conducted via Zoom (due to restrictions imposed by the State of New Jersey in response to the COVID-19 pandemic) by the HSAC county coordinator using the NJDCF supplied facilitation guides. The sessions were approximately 1 to 1.5 hours in length ranging in size from 1 to 20 persons. Focus group participants represented the following predetermined set of stakeholders; community members currently or previously serviced by the Division of Child Protection & Permanency (DCP&P), community members currently or previously serviced by the Children System of Care (CSOC), community members currently or previously served by community based providers, youth/young adults, community members at large (1 of 2), community members at large (2 of 2), community-based health & human service provider organizations, community leaders & influential people, members of public service organizations; and local business owners. The HSAC's Planning and Allocation Committee selected focus group participants from a variety of sources including but not limited to; HSAC members and/or associates, provider agency consumers, personal/professional contacts within the community and announcements posted in local Facebook Groups.

Key Informant Interviews

Methodology

From June 29, 2020 to July 9, 2020 a total of 12 interviews were conducted via Zoom (due to restrictions imposed by the State of New Jersey in response to the COVID-19 pandemic) by the HSAC county coordinator using the NJDCF supplied facilitation guides. The sessions were approximately 1 to 1.5 hours in length with only one person per interview. The HSAC's Planning and Allocation Committee selected Key Informants from the human services community that best represented the thirteen basic and service needs identified in the Needs Assessment. In addition, the Committee determined that Key Informant interviews would be conducted with; the Administrator of the CSDHHS, the Division of Child Protection & Permanency Sussex Local Office Manager and a representative from the disability services community.

Results

Prioritization of Basic Needs

Listed in order of importance as determined by respondents noting that Housing and Health Care were a statistical tie. The top three most frequently identified barriers to each Need have also been included for reference.

1. Housing (transportation/wait lists/lack of awareness of services)
 - 1a. Health Care (transportation/wait lists/too expensive)
2. Food (transportation/lack of awareness of service/stigma leads to avoidance)
3. Employment and Career Services (transportation/lack of awareness of service/wait lists)
4. Child Care (too expensive/transportation/wait lists)
5. Community Safety (lack of awareness of services/transportation/stigma leads to avoidance)

Prioritization of Service Needs

Listed in order of importance as determined by respondents noting that Behavioral/Mental Health Services for Adults and Behavioral/Mental Health Services for Children were a statistical tie. The top three most frequently identified barriers to each Need have also been included for reference.

1. Behavioral/Mental Health Services for Children (lack of awareness of service/transportation/wait lists)
 - 1a. Behavioral/Mental Health Services for Adults (transportation/wait lists/lack of awareness of service)
2. Substance Use Disorder Services (transportation/stigma leads to avoidance/lack of awareness of services)
3. Domestic Violence Services (stigma leads to avoidance/lack of awareness of service/transportation)
4. Parenting Skills Services (transportation/lack of awareness/stigma leads to avoidance)
5. Legal Advisory Services (lack of awareness/transportation/wait lists)
6. Services for Families Caring for Children of a Relative (lack of awareness/transportation/wait lists)

Key Informant Recommendations for Action:

The recommendations listed for each area of need only include those to be taken into consideration by the CSDHHS and not local human service providers or the NJDCF as documented in the full Needs Assessment report. As directed by NJDCF protocols, only the top two basic and service needs are being prioritized for action. Recommendations are not listed in any particular order. The Key Informants' primary recommendation is to increase funding for prioritized need areas in order to expand the direct level of service provided in the community (i.e. increased housing services/increased health care services/increased behavioral-mental health services). All other recommendations are listed below by area of need.

Basic Needs

Housing

1. Create an information campaign to educate; clergy members, professionals in service organizations, schools, police, medical providers and any other point of contact in the community that are within reach in addition to the general public. The campaign needs to be conducted across a wide spectrum of media including but not limited to; print, internet, social media, radio and public access television.
2. Promote a housing-first model which focuses on moving homeless individuals or families into permanent, independent housing immediately from the streets or emergency shelters.
3. Advocate for the creation of a men's homeless shelter.
4. Establish a Homeless Trust Fund as per New Jersey Public Law 2009 Chapter 123 in order to provide funding for allowable services under said Law.
5. Collaborate with local providers in an effort to support existing case management services that would be the point of contact for residents that are in need of; assistance with finding solutions to their housing needs, completing application forms and other additional wrap around services.
6. Expand transportation options offered through Skylands Ride which include service to areas of the county that are not currently being served or are underserved in addition to expanding the hours of operations (nights/holidays/expanded weekend services).
7. The Sussex County Department of Health and Human Services, Division of Social Services should review their application processes annually to ensure that they are consumer friendly, require a minimal amount of documentation (as provided by the consumer) and are not creating a barrier to service. They also need to minimize the amount of time it takes to approve a consumer for services.

Health Care

1. Create an information campaign to educate; clergy members, professionals in service organizations, schools, police, medical providers and any other point of contact in the community that are within reach in addition to the general public. The campaign needs to be conducted across a wide spectrum of media including but not limited to; print, internet, social media, radio and public access television.
2. Increase its efforts in advertising the health and wellness programs offered by the Office of Public Health Nursing in addition to making a representative from their office available at HSAC meetings.
3. Medical transportation options offered through Skylands Ride should be expanded to areas of the county not currently served or underserved and should include increased hours of operations (including nights, weekends and holidays). Increase transportation options to out-of-county destinations (when necessary).
4. Collaborate with local providers in an effort to support existing case management services that would be the point of contact for residents in need of assistance with navigating the health care system.

Service Needs

Behavioral/Mental Health Services for Adults/Children

(The two have been combined as recommendations made by Key Informants apply to both populations)

1. Increase funding to expand provider network for both demographics and to assist with the cost of services/copays.
2. Work with local elected officials to advocate for an increase in reimbursement rates for providers and to develop additional incentives in order to attract behavioral/mental health providers to Sussex County.
3. Collaborate with public school system in order to develop on-site (school based) behavioral/mental health services for children
4. Create an information campaign to educate; clergy members, professionals in service organizations, schools, police, medical providers and any other point of contact in the community that are within reach in addition to the general public. The campaign needs to be conducted across a wide spectrum of media including but not limited to; print, internet, social media, radio and public access television.
5. Medical transportation options offered through Skylands Ride should be expanded to areas of the county not currently served or underserved and should include increased hours of operations (including nights, weekends and holidays). Increase transportation options to out-of-county destinations (when necessary).

Conclusion

The County of Sussex Human Services Advisory Council completed the 2019 Needs Assessment as directed and under the supervision of the New Jersey Department of Children and Families with the goal of collecting quantitative and qualitative data that documented; local needs, social connections and community networks, the impact of those needs on subpopulations, trends in needs over time, key barriers to service delivery, and considerations for action. Those that participated in the Focus Groups and Key Informant interviews provided a framework that the county could use in developing a plan of action to improve resident's access to services as well as establishing new ideas for future consideration at the local, county and state level. It is important to note that while some of these recommendations can be accomplished through various means, there is little that can be done in terms of increasing the inventory or capacity of a prioritized service without substantial financial assistance.

Introduction

Purpose

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

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

County Description

Narrative: In the Words of the County

Sussex County is the northern most county in New Jersey. It is bordered by New York State, Pennsylvania, Warren County, Morris County and Passaic County. It is geographically the fourth largest county in the state and is part of the Skylands Region, a term promoted by the New Jersey Commerce, Economic Growth, and Tourism Commission. Sussex County is a relatively rural, forested area with farms encompassing approximately 18% of the entire county (U.S. Department of Agriculture, 2017). The western and northern parts have been left undeveloped while the eastern and southern parts have experienced more suburban development because of their proximity to more populated areas and commercial development zones.

Sussex County remains a sparsely populated area with approximately 140,000 residents, 98% of which are citizens (2014-2018 ACS 5-Year Estimate). Only Hunderdon, Warren, Cape May and Salem counties have smaller populations. There are 24 municipalities ranging in size from less than one square mile (Branchville) to over 70 square miles (Vernon). There are an estimated 53,749 households with an average size of 2.6 persons per household (2014-2018 ACS 5-Year Estimate). Seventy-one percent of those households are married couples living together, 16% are single individuals only and 14% are non-family (2014-2018 ACS 5-Year Estimate). It is estimated that one third of all households had at least one child under the age of 18. County residents are predominantly white, non-Hispanic or Latino with only 12% of the population identifying themselves as being Black, African American, Hispanic or Latino (2014-2018 ACS 5-Year Estimate). Less than 8% of the total population reported being born outside of the country which may contribute to a higher than average population of English only speaking residents (2014-2018 ACS 5-Year Estimate). The median age of a Sussex County resident is 44 and has been slowly increasing since the last census was conducted with 20% of residents under the age of 18 (2014-2018 ACS 5-Year Estimate). Race and ethnicity demographics of the child population roughly correspond to that of the total population as a whole, however, a disproportionate number of children of color are living below the poverty line (NJ ChildStat 2020).

Despite being considered one of the wealthiest counties in New Jersey with a median income of \$89,232 per year (6th highest), slightly more than half of all Sussex County households have an income under the estimated \$100,824 per year cost of living (Economic Policy Institute, 2020). Those with the highest reported incomes are primarily concentrated in the southern and south eastern portions of the county. This could be due to its close proximity to the more developed areas of Morris County. Wealth is also concentrated in communities that are located in proximity to major state highways. The more rural northern and western parts of the county mostly reported having

below the median yearly income as these sections are largely underdeveloped and have smaller, spread out populations.

The median property value in Sussex County is \$264,110 (2014-2018 ACS 5-Year Estimate). The highest median property values (\$332,500 average) are located in Sparta while the lowest median property values are located in Hamburg (\$172,900). More than 80% of housing units in the county are owner occupied which is 20% higher than the national average (2014-2018 ACS 5-Year Estimate), leaving a small percentage of available rental units. For 2019, Sussex County had the 4th highest foreclosure rate in the state at 1.37% of all homes (Zimmer, 2019).

The current poverty rate in Sussex County is less than half that of the state and almost 4 times lower than the national average (2014-2018 ACS 5-Year Estimate). The largest demographic living in poverty are females ages 45-54, followed by males ages 55-64 (2014-2018 ACS 5-Year Estimate). The highest rates of families in poverty are living in Sussex Borough, Newton and Franklin (2014-2018 ACS 5-Year Estimate). Ninety-six percent of county residents have a high school diploma or higher with 37% having a bachelor's degree or higher. Less than 4% of those living in the County have no high school diploma or degree (2014-2018 ACS 5-Year Estimate).

There is a total of 10 grocery stores spread out across the entire county along with numerous specialty markets. In addition, there are dozens of local farmers' markets and food stands that sell a wide variety of fresh produce and other foods throughout different areas of the county. The overall high access to fresh foods is primarily due to the county's high number of farms. For those who lack the economic means to purchase food themselves, there are an estimated 21 food pantries. There is also a location in Newton that serves a daily hot lunch.

Early industry and commerce in Sussex County centered around agriculture, milling and iron mining. This has decreased drastically over the last 50 years leading the county to be known as a "bedroom community". The economy of Sussex County employs only 54% of the population with the other 46% commuting an average of 36 minutes to jobs that are located outside of the county (2014-2018 ACS 5-Year Estimate). The largest industries in Sussex County are health care and social assistance, retail trade and education services (2014-2018 ACS 5-Year Estimate). The highest paying industries are management of companies and enterprises, public administration and utilities (2014-2018 ACS 5-Year Estimate).

Primarily due to its rural and nonurban composition, Sussex County has not had commuter rail service since the 1960s. Lakeland Bus Lines, which is a privately operated bus company based outside of the county under contract with NJ Transit, offers transportation services between various commuter lots located throughout a small portion of the county and New York City's Port Authority Bus Terminal seven days a week. Sussex County Skylands Ride is the only transportation provider in the county that offers-in-county transportation on a daily basis. Their service is limited to Monday thru Friday beginning at approximately 5:30 a.m. and ending by approximately 6:00 p.m. Skylands Ride operates 2 large passenger buses that stop at various locations along a route that interconnects the various urban areas in the central part of the county. Skylands Ride does offer limited Saturday

services but provides no services on Sunday or major holidays. Skylands Ride also offers various other transportation solutions including services for those with medical needs.

While Sussex County reports better than average outcomes in Social and Economic Environment and Child Health, it is trending lower when compared with other counties across the state with regards to Health Behaviors, Clinical Care and Physical Environment. Almost 30% of the adult population suffers from obesity despite the fact that almost 100% reported having access to some form of exercise opportunity. Twenty percent of the adult population reported excessive drinking along with 11% of adults being classified as binge or heavy drinkers. An average of 18% of all households in Sussex County suffer from either over-crowding, high housing costs, lack of kitchen facilities or a lack of plumbing facilities. (Rutgers' School of Social Work, A Profile of Family and Community Indicators, 2019). Primary care physicians average 2144 patients per year with a 2,010:1 patient to physician ratio (2014-2018 ACS 5-Year Estimate). Mental health providers average 727 patients per year with a 690:1 patient to physician ratio (2014-2018 ACS 5-Year Estimate).

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 Sussex County Human Services Advisory Council's (SCHSAC) Planning & Allocation Committee (Committee) agreed to allow each focus group and key informant to select their own priority areas to discuss during the qualitative data collection process. This was due to the fact that the Committee felt that by pre-selecting need areas it would narrow the scope of the focus groups/key informant interviews and discourage participation. In addition, the Committee did not want to favor any specific need areas as this could have deterred participation by providers or those in the community who may have felt that their "voice" would not be heard. The New Jersey Department of Children and Families' staff were notified of this decision and had no objections to this method.

The Committee did review the provided county profile and did not select the recommended need areas as they did not align with local priorities and could not have been discussed or addressed within the structure of the Needs Assessment as provided by the New Jersey Department of Children and Families. Those need areas were as follows; average minutes of travel time to work when compared to other counties, higher cost of transportation when compared to other counties, change in suspected opioid overdose deaths and frequency of depression. The four need areas selected by both focus group participants and key informants as the most important needs to be addressed at this time are listed below.

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

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

Focus Groups

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

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

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

Recruitment.

The County of Sussex was not able to adhere to the focus group procedure as outlined above due to the restrictions imposed by the State of New Jersey in response to the COVID-19 pandemic. In-person focus groups were not permitted and because of slower internet speeds experienced by many county residents, it was determined that each focus group would need to be divided into quantitative and qualitative components. Every focus group participant was sent an email that contained; a hyperlink to an online version of the Needs Assessment Survey, the date and time of their assigned focus group and the Zoom/conference telephone call information necessary to attend. Participants were instructed to complete the survey prior to attending their scheduled focus group. Then, on the day of the scheduled focus group, they would connect via the provided instructions to complete the qualitative component. All focus groups followed the structured protocol as supplied by the New Jersey Department of Children and Families.

The New Jersey Department of Children and Families' staff was notified of this decision and had no objections to this method.

Recruitment for the Needs Assessment focus groups was completed by the Sussex County Human Services Advisory Council's Planning & Allocation Committee. Due to the time constraints imposed by the New Jersey Department of Children and Families as well as the logistical difficulties of conducting a Needs Assessment during a national pandemic, it was determined that the best way to recruit participants would be to utilize the extensive resource network of the SCHSAC. This included working in coordination with local human service provider agencies in order to recruit their staff and/or consumers. Focus group participants were selected from a variety of sources including but not limited too; SCHSAC members and/or associates, provider agency consumers, Children System of Care consumers, New Jersey Department of Children and Families' consumers, personal contacts within the community and even via announcements posted in local Facebook Groups. In addition, the Sussex County Disability Services Advisory Council membership was asked to participate due to the fact that the Committee felt that it was inappropriate for the New Jersey Department of Children and Families to exclude disability services from the Needs Assessment.

Focus Group Participants. A total of 33 focus groups were conducted in this county as part of this needs assessment. These focus groups were conducted from June 24, 2020 to August 5, 2020. There was a total number of 84 participants. The number of participants in each focus group ranged from a minimum of 1 and a maximum of 20 participants. During the focus group sessions, a total of 73 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 County of Sussex was not able to adhere to the Key Informant interview protocol provided by the New Jersey Department of Children and Families due to the restrictions imposed by the State of New Jersey in response to the COVID-19 pandemic. In-person key informant interviews were not permitted and because of slower internet speeds experienced by many county residents, it was determined that each key informant interview would need to be divided into quantitative and qualitative components. Every Key Informant was sent an email that contained; a hyperlink to an online version of the Needs Assessment Survey, the date and time of their assigned interview and the Zoom/conference telephone call information necessary to attend. Informants were instructed to complete the survey prior to attending their scheduled interview. Then, on the date of the scheduled interview, they would connect via the provided instructions to complete the qualitative component. All Key Informant interviews followed the structured protocol as supplied by the New Jersey Department of Children and Families.

The New Jersey Department of Children and Families' staff was notified of this decision and had no objections to this method.

Recruitment for the Needs Assessment Key Informant interviews was completed by the Sussex County Human Services Advisory Council's Planning Allocation Committee. Due to the time constraints imposed by the New Jersey Department of Children and Families as well as the logistical difficulties of conducting a Needs Assessment during a national pandemic, it was determined that the best way to recruit participants would be to utilize the extensive resource network of the SCHSAC.

The Committee selected Key Informants from the human services community that best represented the thirteen basic and service needs identified in the Needs Assessment. In addition, the Committee determined that Key Informant interviews would be conducted with the Administrator of the County of Sussex Department of Health and Human Services and the Division of Child Protection & Permanency Sussex Local Office Manager. The Committee chose to include a Key Informant representative from the disability services community as it felt that it was inappropriate for the New Jersey Department of Children and Families to exclude disability services from the Needs Assessment.

Key Informant Interview Participants. A total of 12 interviews were conducted in this county as part of this needs assessment. The total number of participants included was 12. These interviews were conducted from June 29, 2020 to July 9, 2020. There was a total of 12 surveys completed during the interview sessions.

Participant Demographics

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

Role in the Community (not mutually exclusive)	Number of Participants
County Resident	30
Staff or Volunteer with a Community-Based Organization (e.g., Health and Human Services providers, Planning Board Participants)	29
Staff or Volunteer with a Public Service Organization (e.g., paramedics, fire fighter, police officers, air force, judges)	3
Local Business Owner in the County	9
Community leader and advocate in the county (e.g., hold a volunteer office, clergy, activist)	8
Other	0

Age	Number of Participants
Under 18	15
18-24	5
25-34	1
35-44	20
45-54	13
55-64	16
65 and over	13

Gender	Number of Participants
Female	69
Male	13
Non-binary, third gender/transgender	0
Prefer Not to Say	1
Other	0

Race	Number of Participants
American Indian or Alaska Native	0
Asian	0
Black or African-American	1
Native Hawaiian or Other Pacific Islander	0
White or Caucasian	78
Multi-Race (2 or More of the Previous)	3
Other	0

Ethnicity	Number of Participants
Hispanic, Latino or Spanish Origins	7
No Hispanic Latino or Spanish Origins	74

Education Level	Number of Participants
Grades Preschool-8	0
Grades 9-12-Non-Graduate	21
High School Graduate or GED	4
High School/GED <u>and</u> Some College/Trade	10
2 or 4-Year College/Trade School Graduate	21
Graduate or Other Post-Secondary School	27

Employment Status	Number of Participants
Employed: Full-Time	37
Employed: Part-Time	13
Unemployed-Looking for Work	16
Unemployed-Not Looking for Work	2
Retired	6
Student	0
Self Employed	8
Unable to Work	1

Years of Community membership	Number of Participants	Range
How many years have you been a member of this community?	77	57.5

Services Accessed by a Household Member within the last 2 Years	Number of Participants
Yes	30
No	51

Household Member History of Involvement with NJ Division of Child Protection and Permanency	Number of Participants
Yes	16
No	61

Participants represented the following municipalities

Andover, Augusta, Branchville, Byram, Frankford, Franklin, Fredon, Hampton, Hardyston, Highland Lakes, Hopatcong, Lafayette, Montague, Newton, Sandyston, Sparta, Stanhope, Sussex, Vernon, Wantage

Additional Data Collection Methodologies

No additional Needs Assessment activities were completed by the SCHSAC other than described above.

PART 2



Key Findings Across Needs

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 utilized for the DCF/CSHSAC Needs Assessment and that as written, 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 is also not explicit in what level of services are being rated by the participant (i.e. non-profit, municipal, county, state, federal or private) so one cannot draw any conclusions to the effectiveness or ineffectiveness of each level. Despite these limitations, the survey tool and associated interview questions did elicit valuable data that when correlated together, could provide both the DCF and the CSHSAC with a foundation of information to build upon. When considering all of the areas of need collectively, only one-third of those surveyed agreed that there are enough services available in the county to help those in need, that these services are accessible to anyone and that they are widely advertised and known throughout the county (note that questions where replies reflected a statistical “50-50” disagree/agree were removed in order to simplify calculation). Of the services that do exist, the majority of respondents agreed that services take; race, age, gender, ethnicity and more into account, the facilities that provide service to meet this need are of good quality (e.g., clean and well supplied); and that facility staff are well-trained, knowledgeable and provide good customer service. These results, directly correlate to the most commonly cited barriers of; waiting lists (not enough inventory to accommodate need), transportation (services are not accessible to everyone) and a lack of awareness (services are not widely advertised and known). The majority of focus group/key informant participants tended to focus on three main barriers to service including; a lack of inventory of providers to accommodate the need, a lack of transportation options to access services and a lack of awareness of the services that exist in the community. Again, note that 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 alarming trend identified in the qualitative data was that an unexpectedly large portion of participants were not aware of the full scope of human services provided in the community. It was agreed upon, that in certain need areas (as cited in the full report) an increase in service capacity is critical but many of those interviewed advocated for services that are not only already in existence but may be expanding to meet demand. This trend leads one to believe that those in the community 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, social media etc.). These responses lacked any real consistency or order and alluded to the idea that many are not following a “roadmap” but are merely finding what they need almost by accident. Again, this directly relates to both the common barriers cited and the quantitative data regarding a lack of awareness of services. It also needs to be noted that many of those interviewed stated that service providers lack; a sufficient inventory of bilingual speakers, a lack of services that meet the cultural needs of minorities; and a lack of programs that target the LGBTQ+

population. The LGBTQ+ population was brought up several times in focus groups/key informant interviews when discussing barriers to subgroups. No particular barriers to program entry could be consistently identified but many agreed that there needs to be further development of programs and services that directly target the issues faced by this demographic. It was widely agreed upon that the human service network in Sussex County would benefit greatly from an increase to the available inventory of the prioritized needs. As noted in the Needs Assessment, this would have to incorporate additional funding through either a local, county, state or federal source. The CSHSAC could take measures to directly reduce the effects that the barriers (as noted above) have on those attempting to access service 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 clergy members, professionals in service organizations, schools, police, medical providers and any other point of contact in the community that is within reach in addition to the general public; and collaborate with local providers in an effort to support existing case management services that would be the point of contact for residents that are in need of assistance with navigating the human service system in Sussex County.



Need Area: Housing

Status: Prioritized Need Area

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

In Sussex County, 14 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

Sussex County has a total of 62,472 housing units (5th lowest in the state) consisting of 87% detached single-unit structures, 11% multi-unit structures and 2% mobile homes with an overall housing occupancy rate of 86%. More than 80% of all housing units are owner occupied (2nd highest in the state) leaving a small portion of available rental units (2014-2018 ACS 5-Year Estimate).

Home owners with a mortgage paid a median of \$2,241 per month while those without a mortgage paid a median of \$974 per month (2014-2018 ACS 5-Year Estimate). In 2020, the average yearly property tax liability per home was \$7205 (Crespolini, 2020). In total, 1.9% of all mortgages in Sussex County are delinquent with 15.4% of mortgage holders considered to be "underwater" on their loan (Zillow, 2020). For 2019, Sussex County had the 4th highest foreclosure rate (1.37% of all homes) in the state (Zimmer, 2019). In 2018, there were 791 court evictions filed representing 8.4% of all households in the county (O'Dea, 2018).

Renters in Sussex County pay an average gross rent of \$1260 per month which is slightly lower than the state average of \$1295 per month (2014-2018 ACS 5-Year Estimate). Note that this cost does not include any utility charges, HOA fees or other associated living costs.

Due to its rural nature, the majority of housing in Sussex County is only accessible by car. Public transportation is limited to the more developed town centers (i.e. Newton, Sussex, Franklin and Sparta) and does not service large sections of the county.

Residents have limited resources when in need of homelessness, homelessness prevention and or voucher based rental services. There are two emergency shelters for families or single women, one emergency shelter for pregnant single women and one emergency shelter/transitional housing program for victims of domestic violence. For those with limited income, there are three rooming houses and several hotel/motels that offer daily, weekly and/or monthly rates. Sussex County has only one project-based housing development that offers subsidized rental assistance to the general public. There are numerous housing developments for seniors and for those with disabilities scattered throughout the county. The New Jersey Department of Community Affairs closed its field office in Sussex County several years ago and has since relocated it to Morris County.

The majority of funding to provide homelessness and homelessness prevention services is provided to the county by the New Jersey Department of Human Services Division of Family Development (DFD) and the federal government. DFD provides SSH/SSH-TANF dollars to address issues such as emergency shelter, security deposits, eviction prevention and utility assistance. Sussex County is also part of a Tri-County Continuum of Care (along with Hunterdon and Warren Counties) that receives federal support to provide rapid-rehousing services and rental support vouchers to those who are identified as chronically homeless through a prioritization list.

According to the 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) Sussex County residents have less of a need for housing assistance when compared to other counties in New Jersey due to the fact that in 2017, only 14% of all households spent more than 50% of their household income on housing, which is considered to be a severe cost burden. This is below the state average of 19% and is tied for the 2nd lowest percentage of all counties in the state. Additionally, since 2014, an average of 18% of households reported having a severe housing problem which is defined as households having at least 1 of the following 4 housing problems; overcrowding, severe cost burden, lacking kitchen facilities or lacking plumbing facilities. Despite these findings, 72.22% of those surveyed by the Department of Children and Families' 2019 Needs Assessment identified housing as the most important basic need among residents of Sussex County.

Summary: Nature of the Need

As stated above, housing was identified as the most important basic need by those surveyed in the 2019 Needs Assessment. Forty-five percent of participants stated that the cost of housing in Sussex County was too expensive and that they often struggled to find available, affordable rental units. Those that have difficulty paying their monthly housing costs are not able to access Section 8 housing vouchers as the New Jersey Department of Community Affairs has not accepted applications from county residents in several years.

For those who are able to locate affordable housing, many reported that they were denied a lease due to personal issues such as; low credit score, criminal background, lack of references, prior history of evictions and/or immigration status. In addition, almost 70% of those surveyed stated that a lack of

transportation provided the most significant barrier to locating housing. Without a personal vehicle, residents are isolated to only a small section of the county that is accessible by public transportation. With an already limited housing inventory, this has led to a shortage of available, accessible and affordable housing in these areas.

For those that are in need of housing assistance, over 40% stated that there were not enough services available to meet the demand. Thirty-six percent stated that housing services were not available to everyone in the county as the majority are located in one location (Newton) and are difficult to find as they are not widely advertised (54%). Many stated that they are linking to housing assistance providers by; references from family/friends, internet searches, social media, community leaders, clergy, police, NJ211, school staff, court system representatives and/or provider outreach events. Not a single respondent in any of the focus groups stated that they saw services being advertised via print or digital media. Participants identified that they often struggle with the stigma of asking for help (33%) and that this has prevented them from attempting to access services.

Forty-six percent reported that the housing providers in Sussex County delivered a level of service that met their needs and was of good quality. This included taking into consideration one's race, age, gender, ethnicity and more into account as well as having well-trained, knowledgeable staff that provided good customer service (43.59%).

On the other hand, 41% of respondents stated that they were not able to find a housing service that fit their need or were faced with eligibility requirements that were too extensive or difficult to complete (28%). For those that were able to meet programmatic guidelines, over 60% stated that waiting lists for services were too excessive and would not be able to accommodate their need in a timely manner.

Sussex County lacks appropriate housing for certain demographics including but not limited to; single homeless men, seniors, those living with disabilities, those experiencing mental health issues or substance use disorders and youth/young adults. There also continues to be no emergency shelter "drop-in" services for those that are either experiencing homelessness for the first time or chronically homeless. Focus group members did identify a lack of housing services that are designed to accommodate the needs of specific demographics such as minorities, bilingual individuals, LGBTQ+ adults and youth, deaf/hard of hearing and the disabled.

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

There is little that the county, as an entity, can do with regards to; the affordability of rentals, the purchase price of homes, the availability of long-term rental assistance, the lack of affordable housing options near public transportation, the low rental inventory or the lack of housing for seniors and those with disabilities. Furthermore, the county does not have the tax base necessary to provide financial support for large-scale low-income housing development. The qualitative data gathered from the Key Informant interviews has provided a framework that the county could use in developing a plan of action to improve residents' access to existing services as well as establishing new ideas for future consideration at the local, county and state level.

Local Level Recommendations: (Local Human Service Provider Agencies)

1. Homeless/homelessness prevention providers should review their application processes annually to ensure that they are consumer friendly, require the least amount of documentation necessary to determine eligibility and are not creating a barrier to service. The application process should be constructed in such a way that the provider can determine programmatic eligibility in the least amount of time so that they are able to respond quickly to the needs of the consumer.
2. Need to expand available emergency housing options to include demographics that are not currently being serviced or are being underserved such as single men, youth/young adults, the LGBTQ+ population, the disabled, those with substance use disorders and those with untreated mental health illness. Expanded services need to also include the use of bilingual speakers.
3. Service providers need to expand services to underserved geographic areas of the county through the establishment of mobile services or through the use of static/pop-up satellite locations.
4. Need to continuously update and expand advertising efforts so that residents have easy access to available programmatic information.

County Level Recommendations: (The Sussex County Department of Health and Human Services)

1. Continue to encourage providers to maintain working relationships within the community and with each other. This can be done through a collaborative effort involving the entire human service provider system that involves the creation of an information campaign to educate both agency staff and county residents on the available homeless/homelessness program options offered in the community. The campaign should involve educating churches, professionals in service organizations, schools, police, medical providers and any other point of contact in the community that is within reach. In addition, available services need to be advertised across a wide spectrum of media including but not limited to; print, internet, social media, radio and public access television.
2. Promote a housing-first model which focuses on moving a homeless individual or family into permanent, independent housing immediately from the streets or emergency shelters.
3. Advocate for the creation of a men's homeless shelter.
4. Establish a Homeless Trust Fund as per New Jersey Public Law 2009 Chapter 123 in order to provide funding for allowable homeless services under said Law.
5. Collaborate with local providers in an effort to support existing case management services that would be the point of contact for residents that are in need of; assistance with finding solutions to their housing issues, completing application forms and other additional wrap around services.
6. Expand transportation options offered through Skylands Ride which should include service to areas of the county that are not currently being served or are underserved in addition to expanding the hours of operations (nights/holidays and additional weekend services).
7. The Sussex County Department of Health and Human Services, Division of Social Services should review their application processes annually to ensure that they are consumer friendly, require the least amount of documentation necessary to determine eligibility and are not creating a barrier to service. The application process should be constructed in such a way that they can determine programmatic

eligibility in the least amount of time so that they are able to respond quickly to the needs of the consumer.

State Level Recommendations: (The New Jersey Department of Children and Families)

1. Take any/all steps necessary to increase the number of Section 8 vouchers available to Sussex County residents and to provide additional tax incentives to bolster the creation of affordable housing.
2. Advocate for expanding the financial eligibility limits on applicable assistance programs specifically for those who are employed and earn above the current assistance limits.
3. Provide additional financial resources to the county in order to develop county specific solutions that prioritize existing programs and agencies while focusing on the populations with the most need.
4. Collaborate with other state departments to assist Sussex County in addressing local issues.
5. Review their various programmatic application processes annually to ensure that they are consumer friendly, require the least amount of documentation necessary to determine eligibility and are not creating a barrier to service. Application processes should be constructed in a way that the provider can determine programmatic eligibility in the least amount of time so that they are able to respond quickly to the needs of the consumer.

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

Not Applicable

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	78	19.23 %	42.31 %	20.51 %	1.28 %	16.67 %	100 %
2. Anyone in the county is able to access services.	78	16.67 %	35.90 %	28.21 %	2.56 %	16.76 %	100.1 %
3. Services are widely advertised and known by the county.	78	19.23 %	38.46 %	33.33 %	2.56 %	6.41 %	99.99 %
4. Services take race, age, gender, ethnicity and more into account.	78	1.28 %	8.97 %	39.74 %	8.97 %	41.03 %	99.99 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	78	1.28 %	12.82 %	46.15 %	14.10 %	25.64 %	99.99 %
6. Staff are well-trained, knowledgeable and provide good customer service.	78	2.56 %	10.26 %	43.59 %	16.67 %	26.92 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	78	48	61.54
Services do not exist	78	32	41.03
Transportation	78	54	69.23
Cannot contact the service provider	78	11	14.10
Too expensive	78	35	44.87
Lack of awareness of service	78	42	53.85
Cultural Barriers	78	17	21.79
Services provided are one-size fits all, and don't meet individual needs	78	23	29.49
Stigma Leads to Avoidance	78	26	33.33
Eligibility Requirement (explain below)	78	22	28.21
Other (explain below)	78	25	32.05

Need Area: Food

Status: General Need Area

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

In **Sussex County**, the food insecurity rate for households was approximately 6.7 percent in **2017**, the most recent date of available data (U.S. Census Bureau Current Population Survey and U.S. Department of Agriculture Economic Research Service; see *County Data Profile for Additional Source Information*). This percentage is **less than** the percentage rate for New Jersey.

Need Assessment Key Findings

Summary: Scope of the Need

Sussex County is home to 10 grocery stores along with numerous specialty markets spread out across 519 square miles serving over 140,000 people. In addition, there are dozens of local farmers' markets and food stands that sell a wide variety of fresh produce and other foods throughout the different seasons of the year. The overall high access to fresh foods is primarily due to the county's high number of farms which encompass approximately 18% of the entire county (US Department of Agriculture, 2017).

Due to its rural nature, the majority of grocery stores, specialty markets and farmers markets are only accessible by car. Public transportation is limited to the more developed town centers (i.e. Newton, Sussex, Franklin and Sparta) and does not service large sections of the county. Several grocery stores have personal shopping and home delivery services within a certain mileage range of the store to accommodate those in need.

For 2017, there were 789 women, infants and children living in Sussex County who were enrolled in the WIC nutritional program. In addition, there were 2,216 children receiving free or reduced lunch and 1,521 children living in families that were receiving NJ SNAP (supplemental nutrition assistance program). All three of these demographic points have steadily declined since 2013 (A Profile of Family and Community Indicators, Rutgers School of Social Work, 2019).

Residents have limited resources when in need of food assistance. There are an estimated 21 food pantries scattered throughout Sussex County the majority of which are not accessible via public transportation. The pantries are often operated by churches, nonprofit agencies and local/county government entities during regular business hours with limited "after-hours", weekend or holiday services. Several pantries also offer home delivery to those who lack access to transportation or are not able to leave their homes. Most pantries receive funding through private/public donations or food drives such as the annual Stuff the Bus event where residents are encouraged to bring enough donations to fill as many public transit buses as possible. Food pantries also donate supplies to the

Backpack Snacks for Kids program which provides children with a backpack filled with food for them to take home over the weekend. There is one food provider in the county that offers a daily "hot" lunch.

Residents can find information on local food pantries by utilizing the Resource Database located on the county's website. There is also a digital mapping program that allows residents to type in their address and view all of the pantries within a 50-mile radius of their location.

There are three congregate nutritional sites for seniors and a "meals on wheels" program that is operated by local county government. Skylands Ride, Sussex County's transit system, also provides limited transportation for shopping during normal business hours and on weekends. They also offer an assistance program to those who are disabled and need assistance with shopping.

According to the 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) 6.7% of Sussex County residents suffer from food insecurity. Food insecurity is defined by the Life Science Research Office as the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire nutritionally adequate and safe food in societally acceptable ways. This rate is not only lower than the state average of 9.6% but less than half the national average of 12.5%. This could be contributed to the fact that in 2017, Sussex County had the 4th lowest poverty rate at 5.7% in the state which was also 11% lower than the national average of 17%. Despite these findings, 44% of those surveyed during New Jersey's Department of Children and Families' 2019 Needs Assessment identified this as the most important basic need among residents in the county.

Summary: Nature of the Need

As stated above, 44% of participants identified food as being the most important basic need among residents in the county. Almost 90% of participants stated that a lack of transportation provided the most significant barrier to accessing food. Without a personal vehicle, residents are limited to only a small selection of grocery stores accessible by public transportation. This also limits their purchasing capacity as they have to carry their groceries on and off the bus. Those who are able to access grocery stores or other food providers stated that they lacked the knowledge on how to shop for food, budget money or the skills necessary to cook. Over 44% agreed that food was too expensive with many stating that they often lacked the ability to consistently purchase an adequate supply of food.

For those that are in need of food, the majority of assistance providers were rated extremely high by survey participants and agreed that staff are well-trained, knowledgeable and provide good customer service (65%) in addition to providing quality services that met their needs (68%). Over half of those surveyed agreed that enough food services were available in the county (58%), that anyone could access these services (57%) and that services are widely advertised and known by county residents (52%). Participants identified that they often struggle with the stigma of asking for help (38%) and that this has prevented them from attempting to access services.

Despite these positive reviews, many noted significant barriers to receiving assistance which included; lack of available foods to meet specialized dietary requirements, lack of available foods to meet appropriate cultural needs or those observing specific religious practices, lack of fresh fruits/produce, lack of available proteins, limited hours of service, and being given expired goods or goods that do not meet their needs. Many stated that they struggled to find information about food services (in contrast to the information reported above). Most reported locating services through; family/friends, internet searches, social media, community leaders, clergy, police, NJ211 or school staff. Transportation to food pantries is often limited to those that are located along the public transportation route and often only during regular business hours. NJ SNAP benefits are only available to those who meet eligibility guidelines. Those surveyed reported that the income requirements are too low and are often not an option for those who are employed but having difficulty affording food. Furthermore, the applications require an extensive amount of verifications which can be both difficult to obtain and time consuming.

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

Not Applicable

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

Not Applicable

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	77	6.49 %	20.78 %	36.36 %	22.08 %	14.29 %	100 %
2. Anyone in the county is able to access services.	77	5.19 %	24.68 %	36.36 %	20.78 %	12.99 %	100 %
3. Services are widely advertised and known by the county.	76	6.58 %	31.58 %	40.79 %	11.84 %	9.21 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	76	6.58 %	10.53 %	28.95 %	14.47 %	39.47 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	77	0.00 %	5.19 %	44.16 %	20.78 %	29.87 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	77	1.30 %	3.90 %	48.05 %	20.78 %	25.97 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	73	11	15.07
Services do not exist	73	9	12.33
Transportation	73	65	89.04
Cannot contact the service provider	73	8	10.96
Too expensive	73	8	10.96
Lack of awareness of service	73	40	54.79
Cultural Barriers	73	10	13.70
Services provided are one-size fits all, and don't meet individual needs	73	13	17.81
Stigma Leads to Avoidance	73	28	38.36
Eligibility Requirement (explain below)	73	5	6.85
Other (explain below)	73	9	12.33

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 **Sussex County**, the estimated proportion of children under 18 years old (minors) with no health insurance coverage was 3.40 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 Sussex County in **2018**, there were 46 reports of lack of or no prenatal care. This was **decrease** of 17 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 Sussex County, less than 6% of residents lack some form of health insurance coverage with 62% on employee plans, 8% on Medicaid, 13% on Medicare, 10% on non-group plans and less than 1% on military or VA plans (2014-2018 ACS, 5-Year Estimate). The county has a lower percentage of minors without health insurance coverage (3.4%) when compared to both the state (4.4%) and the national average (5.7%). There are 3231 participants on NJ Family Care Medicaid, which is the 2nd lowest in the state (A Profile of Family and Community Indicators, Rutgers' School of Social Work, 2019). Between 2013 and 2014, all personal health care spending per capita in New Jersey (including private, Medicare/Medicaid) grew 4.91% from \$8,444 to \$8,859 (2014-2018 ACS, 5-Year Estimate). According to the North Jersey Health Collaborative's 2018 Survey, over 10% of residents reported being unable to afford the cost of care.

No reliable data exists (or that could be located during the creation of this report) to document the number of primary care physicians, specialists and/or other medical providers located in Sussex County. What is known, is that the majority of providers exist under the umbrella of several different groups such as Sussex County Medical Associates, Premier Health Associates or Skylands Medical Group. Providers are not distributed evenly throughout the county and are centralized to Newton, Hamburg, Sparta, Sussex and Vernon. Most of these providers are not accessible via public transportation and do not provide transportation assistance. There are 49 providers per 100,000 people (North Jersey Health Collaborative, 2018) with primary care physicians in the county seeing 2144 patients per year with a 2,010:1 patient to physician ratio (2014-2018 ACS, 5-Year Estimate). The

North Jersey Health Collaborative also reported that in 2018, 64% of adults received routine physician "check-ups" with 12% at least having one primary care provider.

There are several urgent care centers, 1 hospital (Newton Medical Center), 1 federally qualified health center (Zufall Health), 1 family success center (Project Self-Sufficiency) and 1 veterans clinic operated by the Veterans Administration. The county is also home to a wide variety and scope of health and wellness programs provided by local, state, federal, for-profit and non-profit agencies. These programs assist both men and women, the disabled, those with mental health illness, youth/young adults, seniors and veterans. A complete list of programs in the county does not exist as services are too extensive and as previously stated, are spread out across numerous agencies located throughout the county.

Residents of Sussex County have an estimated life expectancy of 79.4 years (North Jersey Health Collaborative, 2018). According to the most recent available data from the Robert Wood Johnson Foundations; 25% of adults in the county are obese despite the fact that almost 100% reported having access to some form of exercise opportunity, 18% of adults are smokers, and 18% reported excessive drinking. Almost 25% reported that they are physically inactive.

The North Jersey Health Collaborative (2018) has documented the following health indicators for those living in Sussex County; 11% of adults have prediabetes with 7% of those aged 20+ years having diabetes, 3% have experienced a heart attack, 4% have experienced a stroke, 16% of residents have cognitive difficulty or a disability and 11% suffer from frequent mental distress. Without accounting for population size, Sussex County has the lowest reporting of late or lack of prenatal care incidents (32) among all counties in the state which have been steadily declining over time (A Profile of Family and Community Indicators, Rutgers' School of Social Work, 2019).

Summary: Nature of the Need

The New Jersey Department of Children and Families' 2019 Needs Assessment identified healthcare as the most important basic need (72.22% statistically tied with housing) among residents of Sussex County.

Almost 60% of respondents stated that there are not enough primary care providers and/or specialists in the county with 44% of those surveyed noting that they struggle to find a provider because services are not regularly advertised. Forty-eight percent of respondents reported long wait times for services as a barrier and that they are often forced to schedule appointments weeks or months in advance. Many added that due to long waiting lists providers frequently stop taking new patients. Providers commonly only operate during regular business hours with few offering limited services at night or on weekends, causing individuals to miss work or parents having to remove their children from school in order to receive care. In addition, focus group participants and key informants claimed that providers accept limited forms of insurance with very few accepting Medicaid (qualitative data only, not backed by factual statistics). These difficulties have led residents to seek services in neighboring counties or in major surrounding cities such as New York or Philadelphia. Participants also noted that the lack of provider inventory and limited availability also prevents a patient from establishing a

trusting, ongoing relationship with their physician which is critical for those with ongoing health concerns.

Nearly 50% of respondents stated that the increasingly high costs of health care prevents them from receiving proper care. Many identified that they are unable to afford their health care plan premiums, deductibles, copays and other related expenses. Those unable to pay are often forced to either go into extensive debt or to only seek treatment under life threatening circumstances.

Transportation is the primary barrier to health care services for those living in Sussex County (as noted by 78% of those surveyed). As previously mentioned, health care providers are centrally located in several municipalities and not often accessible by public transportation. There are no providers located in the more rural areas of the county and only the federally qualified health center offers mobile health services (note that local county government does offer off-site services on a limited basis as well as several other non-profit entities that offer off-site health and wellness programs). Public transportation does offer limited transportation services for veterans to VA services outside of the county as well as limited in-county medical transportation. Under most circumstances, those that leave the county for services must provide and pay for their own form of transportation. Transportation expenses add to the cost of receiving health care services placing additional strain on those with limited income.

Participants overwhelmingly agreed that the health care system is overly complicated and difficult to navigate. Those in need have to search through multiple channels of information (i.e. internet, insurance provider, local service providers) in order to locate services that are accessible, affordable and that are available within an appropriate time frame. Typically, they are referred to out-of-network services by their attending physician and are not able to follow up on their recommended treatment plan because of the added cost. Many stated that they struggle with how to use their health care plans and have tremendous difficulty with completing and/or understanding complicated medical documentation.

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

There is little that the county, as an entity, can do with regards to; increasing the inventory of available physicians, increasing physician participation in Medicaid/Medicare/Private insurance and/or in reducing the overall costs of health insurance/health care services. The qualitative data gathered from the Key Informant interviews has provided a framework that the county could use in developing a plan of action to improve residents' access to existing services as well as establishing new ideas for future consideration at the local, county and state level.

Local Level Recommendations: (Local Human Service Provider Agencies)

1. Need to expand health and wellness services into underserved geographic areas of the county through the establishment of mobile services or through the use of static/pop-up satellite locations. Services need to include the expanded use of bilingual speakers and programs that specifically target the LGBTQ+ population.

2. Need to continuously update and expand advertising efforts so that residents have easy access to available programmatic information.

County Level Recommendations: (The Sussex County Department of Health and Human Services)

1. Continue to encourage providers to maintain working relationships within the community and with each other. This can be done through a collaborative effort involving the entire human service provider system that involves the creation of an information campaign to educate both agency staff and county residents on the available health and wellness programs offered in the community. The campaign should involve educating churches, professionals in service organizations, schools, police, medical providers and any other point of contact in the community that is within reach. In addition, available services need to be advertised across a wide spectrum of media including but not limited to; print, internet, social media, radio and public access television.

2. Increase its efforts in advertising the health and wellness programs offered by the Office of Public Health Nursing in addition to making a representative from their office available at HSAC meetings.

3. Medical transportation options offered through Skylands Ride should be expanded to areas of the county not currently serviced or underserved and should include an increase in the hours of operations (nights/holidays/additional weekend services). Additional transportations options to out-of-county destinations (when necessary) need to also be made available.

4. Collaborate with local providers in an effort to support existing case management services that would be the point of contact for residents in need of assistance with navigating the health care system.

5. Work in conjunction with human service providers in developing additional health and wellness programs to meet the needs of the community as necessary.

State Level Recommendations: (The New Jersey Department of Children and Families)

1. Take any/all steps necessary in order to increase the number of physicians that accept Medicaid/Medicare/Private insurance in Sussex County.

2. Advocate for an increase in tele-health opportunities and the ability for agencies to bill tele-health services at the same rate as in-person services.

3. Advocate for expanding the financial eligibility limits on applicable assistance programs and/or lowering associated consumer costs.

4. Provide more community education regarding the benefits of Medicaid and other state offered health care services.

5. Provide additional financial resources to the county in order to develop county specific solutions that prioritize existing programs and agencies rather than the creation of new ones.

6. Collaborate with other state departments to assist Sussex County with addressing local issues.

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

Not Applicable

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	76	18.42 %	40.79 %	27.63 %	5.26 %	7.89 %	99.99 %
2. Anyone in the county is able to access services.	75	16 %	40 %	24 %	5.33 %	14.67 %	100 %
3. Services are widely advertised and known by the county.	76	13.16 %	34.21 %	34.21 %	6.58 %	11.84 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	75	8 %	10.67 %	44 %	9.33 %	28 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	76	2.63 %	5.26 %	59.21 %	14.47 %	18.42 %	99.99 %
6. Staff are well-trained, knowledgeable and provide good customer service.	76	2.63 %	3.95 %	55.26 %	18.42 %	19.74 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	73	35	47.95
Services do not exist	73	26	35.62
Transportation	73	57	78.08
Cannot contact the service provider	73	14	19.18
Too expensive	73	34	46.58
Lack of awareness of service	73	32	43.84
Cultural Barriers	73	18	24.66
Services provided are one-size fits all, and don't meet individual needs	73	22	30.14
Stigma Leads to Avoidance	73	16	21.92
Eligibility Requirement (explain below)	73	12	16.44
Other (explain below)	73	14	19.18

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 Sussex County there was a total of 81 violent crimes in 2016 and the *violent crime* rate per 1,000 was .6 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 11 arson, 42 motor vehicle theft, 902 larceny and 233 burglary in Sussex County (NJ Department of Law and Public Safety, Division of NJ State Police, Uniform Crime Report, Updated 8/15/19; see *Data Profile for Additional Source Information*).

Need Assessment Key Findings

Summary: Scope of the Need

The duties of providing Sussex County residents with safe communities and public spaces rests with the Sussex County Prosecutor's Office, the Sussex County Sheriff's Office, the New Jersey State Police and local municipal police departments.

The Sussex County Prosecutor's Office is organized into units that concentrate on different types of criminal behavior including; major crimes unit, sex crimes unit, juvenile unit, domestic violence unit, grand jury unit, and the gangs, guns and narcotics task force. Each unit is lead by an Assistant Prosecutor and a Senior Detective. There are a number of secondary units concerned with particular functions such as the evidence unit, fugitive unit and forfeitures unit. In addition, there is a specially trained victim witness unit.

There is a single New Jersey State Police station located in Sussex County. State Police Troop B is responsible for policing 13 out of 24 municipalities across the entire county.

The following municipalities operate their own police department; Andover, Byram, Franklin, Hamburg, Hardyston, Hopatcong, Newton, Ogdensburg, Sparta, Stanhope and Vernon.

According to the 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) Sussex County residents have less of a need for increased community safety when compared to other counties in the state. The report indicated that the county has one of the lowest violent crime rates (which includes murder, rape, robbery and aggravated assault) in the state at .06 incidents per 1000 residents. In 2016, there were a total of 81 violent crimes reported which was less than the state average of 1043. When reported, the most violent crimes were attributed to aggravated assault (62). Note that the

homicide rate in the county is too small to calculate reliably when compared to the more populated counties in the state. Also, in 2016, 1188 nonviolent crimes were reported, the vast majority of which were attributed to larceny. The report also showed that without accounting for population size, Sussex County has the 13th highest juvenile arrest rate in the state at 8 arrests per every 1,000 people. This rate has increased slightly between 2012 and 2016 but has remained below the state average of 10 arrests per every 1,000 people. In accordance with these findings, only 22% of those surveyed during New Jersey's Department of Children and Families' 2019 Needs Assessment identified Community Safety as an important basic need among residents of Sussex County.

Summary: Nature of the Need

As stated above, only 22% of participants identified community safety as being an important basic need among residents of Sussex County. More than 60% agreed that there are enough services available in the county to help those in need and that they are accessible to everyone. Additionally, over 60% of those surveyed agreed that law enforcement staff were well-trained, knowledgeable and provided good customer service. Respondents did note that transportation to police services was an issue 33% of the time and that the stigma of being involved with the police also may lead to avoidance (32%).

Those who participated in the focus/key informant groups did cite several barriers to effectively providing a safe community for all Sussex County residents. Participants agreed that police officers at all levels need more bilingual interpreters or speakers in addition to training that focuses on cultural diversity, interacting with the disabled population and/or those suffering from mental health illness. Several of those surveyed stated that there is a significant concern for the safety of residents living in smaller towns with higher population densities (i.e. Newton, Sussex, Franklin) as well as the safety of those living in motel/hotels, rooming houses and group homes. Many stated that they were concerned with the lack of police coverage across the county despite statistics showing lower levels of violent and nonviolent crime when compared to the rest of the state. This was primarily due to the fact that the majority of the municipalities rely on the New Jersey State Police for security rather than having their own police department.

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

Not Applicable

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

Not Applicable

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	76	6.58 %	17.11 %	53.95 %	9.21 %	13.16 %	100.01 %
2. Anyone in the county is able to access services.	76	2.63 %	21.05 %	51.32 %	10.53 %	14.47 %	100 %
3. Services are widely advertised and known by the county.	75	6.67 %	29.33 %	44.00 %	8.00 %	12.00 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	76	3.95 %	15.79 %	36.84 %	11.84 %	31.58 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	76	1.32 %	6.58 %	50.00 %	14.47 %	27.63 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	76	1.32 %	13.16 %	48.68 %	13.16 %	23.68 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	53	9	16.98
Services do not exist	53	15	28.30
Transportation	53	18	33.96
Cannot contact the service provider	53	9	16.98
Too expensive	53	3	5.66
Lack of awareness of service	53	32	60.38
Cultural Barriers	53	14	26.42
Services provided are one-size fits all, and don't meet individual needs	53	10	18.87
Stigma Leads to Avoidance	53	17	32.08
Eligibility Requirement (explain below)	53	2	3.77
Other (explain below)	53	8	15.09

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.)

Between 2010 and 2019, Sussex County's average unadjusted unemployment rate of 6.38% has been consistently lower than the state average of 6.84%. Sussex County's average unadjusted annual unemployment rate has steadily declined from a high of 9.4% in 2010, to a low of 3.4% in 2019. Only in 2018, was the county's average unadjusted annual unemployment rate higher than that of the state (U.S. Bureau of Labor Statistics, 2020.)

Need Assessment Key Findings

Summary: Scope of the Need

Due to its rural nature, Sussex County's local economy only employs approximately 54% of the population. The remaining 46% commute an average of 36 minutes to jobs located outside of the county (2014-2018 ACS, 5-Year Estimate). This is the longest average commute in the state and is higher than the national average. Residents spend 23% of their income (the 5th highest in the state) on transportation with an annual auto cost of \$15,640 (2nd highest in the state) (A Profile of Family and Community Indicators, Rutgers' School of Social Work, 2019). As previously stated, Sussex County has not had commuter rail services since the 1960s. Lakeland Bus Lines offers transportation services between various commuter lots located throughout a small portion of the county and New York City's Port Authority Bus Terminal seven days a week. Sussex County Skylands Ride is the only transportation provider offering in-county transportation on a daily basis. Their service is limited to Monday thru Friday from 5:30 a.m. to 6:00 p.m. with limited weekend service. There is no service on Sunday or major holidays. These bus routes are isolated to various urban areas in the central part of the county.

Less than 4% of those living in Sussex County have no high school diploma or degree, 96% have a high school diploma or higher and 37% have a bachelor's degree or higher (2014-2018 ACS, 5-Year Estimate). There are 27 public school districts, 10 non-public schools, 1 charter school and 1 college in Sussex County.

The most common employment sectors for those who live in the county are; health care/social assistance, retail trade and education services. The least common employment sectors are; real estate, agriculture and utilities. The lowest paying industries are; public services (except administration), retail trade and accommodation/food services (2014-2018 ACS, 5-Year Estimate). According to Rutgers' School of Social Work, A Profile of Family and Community Indicators Report (2019), the median household income for county residents in 2017 was \$89,238 (higher than

state/national median). Males living in Sussex County earned a median income of \$70,529 with women earning a median income of \$52,096 (both higher than the state/national average). Since 2013, men have consistently earned about \$20,000 more than women. For 2018, the average weekly wage was \$906 which is lower than the state average of \$1,264.

The poverty rate in Sussex County (6%) is half that of the State (12%) and almost 3 times lower than the national average (17%) (A Profile of Family and Community Indicators, Rutgers' School of Social Work, 2019). The most common racial or ethnic group living below the poverty line is white, followed by Hispanic and Black. The largest demographic living in poverty are females ages 45-54 followed by males ages 55-64 (2014-2018 ACS, 5-Year Estimate).

Jobseekers or those in need of career training services can access assistance through the local One-Stop Career Center (OSCC) or through Morris, Sussex and Warren Employment and Training Services (ETS). These providers offer services to youth/young adults, seniors and veterans. Services can include but are not limited to: education/literacy, vocational rehabilitation and workforce/labor information. Those receiving public assistance (Temporary Assistance for Needy Families/General Assistance/NJ SNJAP) are able to access the OSCC and other employment/training services through the Work First New Jersey Program.

The county is also home to a wide variety and scope of employment and training services provided by non-profit agencies. These programs assist both men and women, the disabled, those with mental health illness, youth/young adults, seniors and veterans. A complete list of employment and training programs in the county does not exist as services are too extensive and spread out across numerous agencies located throughout the county.

Summary: Nature of the Need

According to the New Jersey Department of Children and Families' 2019 Needs Assessment, 51% of those surveyed identified employment and career services as an important basic need among residents of Sussex County.

Many respondents reported that there is a lack of employers in the county paying a wage that is sufficient to meet the costs of living. These positions tend to be similar (i.e. retail/service), involve completing simple tasks that are repetitive in nature and provide little opportunity for advancement.

Respondents also noted that there is a lack of employment opportunities for those under the age of 18 and/or over the age of 65.

Those with disabilities are increasingly being omitted from the job market due to the difficulty of finding employment that meets their individual level of function. These individuals are often hired into entry level positions and are not given the same opportunities as others or the necessary supports to be successful (conclusion drawn from qualitative data and not the opinion of the author).

The majority of employers are centrally located in/or around the more developed town centers, limiting opportunities to only those with personal transportation. Public transportation (Skylands Ride)

cannot provide services to those working non-regular business hours, nights, weekends or holidays. Those lacking personal transportation in the more rural areas have extremely limited employment options due to the long distances between municipalities.

While some employers continue to advertise open positions in local newspapers, the majority of them have shifted to online job sites. This has made it difficult for those who lack the necessary technology and computer skills to apply.

Focus group/key informant participants also noted that those exiting the public/private school system are not properly prepared to enter the job market as the majority of their studies focused on college readiness and not employment skills or trades. In order to learn these skills, students need to enroll in secondary school training programs that are expensive, time consuming and often delay their entry into the workforce.

Of those surveyed, only a slight majority (49%) stated that there were not enough services available in the county to help those in need (this could be due to the fact that 68% of respondents also stated that there was a lack of awareness of services in the community). Respondents reported that these services have staff that are well-trained, provide good customer service (62%) and are located in facilities that are of good quality (55%).

Common barriers cited to accessing employment and career services included; transportation (70%), waiting lists (32%), difficulty contacting the service provider (26%) and that the services provided are one-size fits all and don't meet individual needs. Qualitative data from the focus group/key informant participants confirmed the prevalence of these barriers. Many also stated that agencies are too centrally located and do not provide services in more rural areas of the county. Agencies also lack bilingual job training programs and that the majority of programs are designed for women often leaving men with little options for services. Programs also tend to focus on particular age demographics that exclude the elderly. Those with disabilities and/or the parents of those with disabilities stated that there are very limited resources for job training and supportive employment programs in the county especially for those that do not receive assistance from the New Jersey Department of Human Services Division of Developmental Disabilities.

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

Not Applicable

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

Not Applicable

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	74	14.86 %	33.78 %	37.84 %	4.05 %	9.46 %	99.99 %
2. Anyone in the county is able to access services.	74	8.11 %	36.49 %	40.54 %	1.35 %	13.51 %	100 %
3. Services are widely advertised and known by the county.	74	13.51 %	35.14 %	33.78 %	2.70 %	14.86 %	99.99 %
4. Services take race, age, gender, ethnicity and more into account.	74	1.35 %	12.16 %	45.95 %	6.76 %	33.78 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	73	1.37 %	6.85 %	46.58 %	8.22 %	36.99 %	100.01 %
6. Staff are well-trained, knowledgeable and provide good customer service.	74	2.70 %	6.76 %	51.35 %	10.81 %	28.38 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	66	21	31.82
Services do not exist	66	17	25.76
Transportation	66	46	69.70
Cannot contact the service provider	66	17	25.76
Too expensive	66	1	1.52
Lack of awareness of service	66	44	66.67
Cultural Barriers	66	17	25.76
Services provided are one-size fits all, and don't meet individual needs	66	19	28.79
Stigma Leads to Avoidance	66	13	19.70
Eligibility Requirement (explain below)	66	7	10.61
Other (explain below)	66	10	15.15

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

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

There are 64 licensed child care providers in Sussex County that have been approved by the New Jersey Department of Children and Families. In addition, there are 2 Head Start programs and 13 approved family child care providers. It is not known how many unapproved child care providers there are in the county at this time. Vendors are widely dispersed throughout the county but are heavily concentrated in the more densely populated areas (i.e. Newton, Sparta, Stanhope and Vernon). Walpack is the only municipality without at least one child care provider.

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 \$956 which is below the state median cost of \$1,420, the median monthly cost of child care for a toddler in Sussex County is \$910 which is below the state median cost of \$1,443 and the median monthly cost of child care for pre-k in Sussex County is \$800 which is below the state median cost of \$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 Sussex County, subsidies for child care services are accessible through Child and Family Resource Services operated by NORWESCAP. These subsidies can only be used to pay vendors that have been approved by the New Jersey Department of Children and Families.

Families experiencing homelessness are also able to access child care subsidies through the McKinney-Vento Act. 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 child care providers or other entities such as the local YMCA. Of those surveyed by New Jersey's Department of Children and Families' 2019 Needs Assessment, 39% identified child care as an important basic need among residents of Sussex County.

Summary: Nature of the Need

As stated above, 39% of participants identified child care as being one of the most important basic needs among residents. Fifty-five percent of those surveyed agreed that there are not enough services available to those who need them. Moreover, 52% agreed that not everyone in the county is able to access services with 42% stating that services are not widely advertised or known in the county. Of the services that are available, 63% agreed that the facilities provided a level of service that met the need of good quality with 60% noting that staff are well-trained, knowledgeable and provide good customer service.

Those in the community in need of child care services are searching for it through a wide variety of means including but not limited to: internet searches, social media, school staff, friends/family, human service agency referrals, NJ211 and physicians.

Seventy-six percent of respondents cited transportation as being the most significant barrier in obtaining child care services. In addition, 66% noted the high cost of care, 44% noted long wait lists and 46% noted a lack of awareness of service providers as barriers to receiving services. Those without their own personal vehicle have limited available public options for transporting their child to care. With over 46% of residents commuting an average of 36 minutes to jobs located outside of the county, early/late child care hours are essential. Furthermore, most providers are only open during regular business hours and often do not offer service at night, on weekends or holidays.

Focus group/key informant participants commonly cited; a lack of providers within close proximity to their home or place of employment, high cost or not being able to afford their subsidy copay, limited income eligibility for subsidy programs, an inconsistency in the quality of care offered by providers, a lack of bilingual staff; and having difficulty in locating a provider that will accommodate children with disabilities as additional barriers to receiving child care services.

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

Not Applicable

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

Not Applicable

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	74	20.27 %	35.14 %	27.03 %	5.41 %	12.16 %	100.01 %
2. Anyone in the county is able to access services.	74	14.86 %	37.84 %	28.38 %	2.70 %	16.22 %	100.00 %
3. Services are widely advertised and known by the county.	74	17.57 %	25.68 %	35.14 %	4.05 %	17.57 %	100.0 %
4. Services take race, age, gender, ethnicity and more into account.	74	6.76 %	12.16 %	36.49 %	9.46 %	35.14 %	100.01 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	74	6.76 %	1.35 %	51.35 %	12.16 %	28.38 %	100.00 %
6. Staff are well-trained, knowledgeable and provide good customer service.	74	6.76 %	2.70 %	47.30 %	13.51 %	29.73 %	100.00 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	63	28	44.44
Services do not exist	63	16	25.40
Transportation	63	48	76.19
Cannot contact the service provider	63	7	11.11
Too expensive	63	42	66.67
Lack of awareness of service	63	29	46.03
Cultural Barriers	63	12	19.05
Services provided are one-size fits all, and don't meet individual needs	63	13	20.63
Stigma Leads to Avoidance	63	8	12.70
Eligibility Requirement (explain below)	63	7	11.11
Other (explain below)	63	5	7.94

PART 3

Results: Specialized Service Needs



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

Status: General Need Area

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

Need Assessment Key Findings

Summary: Scope of the Need

Statewide, 57,000 (3%) of children live with relatives with no parent present. Eight percent of children under the age of 18 live in homes where householders are grandparents or other relatives. Of those children, 5.9% (119,016) live with grandparents and 2.2% (44,379) live with other relatives. Of the 49,117 grandparents; 13,025 (26.5%) 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 (2014-2018 ACS, 5-Year Estimate). Note that no data to statistically describe the demographics of the households of "other relatives" could be sourced at the time of this report. In addition, the county data provide by Rutgers' School of Social Work (A Profile of Family and Community Indicators, 2019) did not provide any county specific data with regards to this area of need.

Little information related specifically to Sussex County could be located for use in the New Jersey Department of Children and Families/County of Sussex Human Services Advisory Council's Needs Assessment. In 2019, there were 45 children in Sussex County placed out of their home with 15 being placed with kin. At the same time, 24 were entering placement with kin while 47 in total were exiting placement of various types. In 2018, the average length of placement stay for a child was 8.5 months (Rutgers' School of Social Work, Data HUB).

"Kinship care" is the term used when state child welfare agencies place children in foster care with grandparents. Kin must meet the same family licensing standards and receive the same payment as non-kin foster parents. Under the New Jersey Department of Children and Families, the 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. Local kinship agencies help caregivers navigate other forms of government assistance, determine their eligibility for Kinship Navigator Program benefits (i.e. short-term expense relief) and provide technical support and guide the family through the process of Kinship Legal Guardianship if the caregiver wishes to make a legal commitment to the child.

The Kinship Navigator designated for Sussex County is CarePlus NJ. They are located in Fair Lawn NJ and do not have an office in Sussex County. CarePlus acts as the Navigator for Bergen, Hudson, Morris, Passaic, Sussex and Warren Counties.

In addition, the United Way Caregivers Coalition works to improve the lives of caregivers by promoting knowledge of and action around caregiving issues. They work to ensure that people who are caregivers identify themselves as such and have access to information, education, resources, services and supports to sustain them in their role. The Coalition has developed a range of responses and programs that are free and open to all, that promote knowledge and action around critical issues, and provide access to help for unpaid family caregivers in the region. These programs are targeted towards those caring for a parent, spouse, child, sibling or friend with a physical or developmental disability, mental illness, or issues of aging.

Summary: Nature of the Need

Almost 17% of those surveyed during New Jersey's Department of Children and Families' 2019 Needs Assessment identified services for Families Caring for a Child of a Relative as an important service need among residents of Sussex County. The statistical 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; 46% stated that there are enough services available in the county to help those who have this need, 39% disagreed that anyone in the county is able to access services; and 50% disagreed that services are widely advertised and known by the county. Thirty-four percent stated that they agreed that services take race, age, gender, ethnicity and more into account yet nearly 50% stated that they did not know. 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 also important to note that almost half of respondents stated that they did not know if the facilities that provided the service are of good quality or have staff that are well-trained, knowledgeable and provide good customer service.

In agreement with the above data, the greatest barrier to service identified by participants was a lack of awareness of services (63%) (this could also explain why 31% reported that services do not exist) followed by transportation (38%). Thirty-one percent of respondents stated that program waiting lists also provide a barrier to service.

Focus groups and Key Informants prioritized this service need least when compared to the other areas of need in the assessment. The focus group consisting of Community Leaders, which was comprised of local clergy members, were particularly concerned with this area. It was their view, that a lack of awareness contributes greatly to the difficulty of accessing services. Those caring for the child of a family member frequently struggle through inappropriate referrals. Families often do not meet

the complicated programmatic/income guidelines for services due to the fact that their entire household's financial situation is taken into consideration rather than just that of the child.

Participants also stated that they frequently struggled to locate services to assist with caring for a disabled individual when the primary caregiver (parent) died or could otherwise no longer care for the person. Furthermore, that there were not enough services for families caring for a child of a relative that was disabled.

The overall consensus among residents regarding this area of need was that there is not enough awareness in the community regarding the available services. Many families that have chosen to care for a child from outside of their household are not involved with the state's Division of Child Protection & Permanency (DCP&P) and do not have access to someone who can guide them through the process of applying for assistance where and when applicable.

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

Not Applicable

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

Not Applicable

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	74	10.81 %	35.14 %	16.22 %	1.35 %	36.49 %	100.01 %
2. Anyone in the county is able to access services.	74	6.76 %	32.43 %	24.32 %	1.35 %	35.14 %	100.00 %
3. Services are widely advertised and known by the county.	74	16.22 %	33.78 %	14.86 %	1.35 %	33.78 %	99.99 %
4. Services take race, age, gender, ethnicity and more into account.	74	5.41 %	13.51 %	27.03 %	6.76 %	47.30 %	100.01 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	74	4.05 %	6.76 %	29.73 %	6.76 %	52.70 %	100.00 %
6. Staff are well-trained, knowledgeable and provide good customer service.	73	4.11 %	4.11 %	38.26 %	5.48 %	47.95 %	100.01 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	57	18	31.58
Services do not exist	57	18	31.58
Transportation	57	22	38.60
Cannot contact the service provider	57	9	15.79
Too expensive	57	15	26.32
Lack of awareness of service	57	36	63.16
Cultural Barriers	57	10	17.54
Services provided are one-size fits all, and don't meet individual needs	57	14	24.56
Stigma Leads to Avoidance	57	8	14.04
Eligibility Requirement (explain below)	57	8	14.04
Other (explain below)	57	10	17.54

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

Over the past 5 years, those under the age of 18 have averaged 356 admissions per year to Newton Medical Center due to mental health illness. According to the New Jersey Department of Children and Families' 2016 Suicide Report, from 2013-2015, the rate of fatal suicides among those 10 to 24 years of age was 10 per 100,000 persons. For the same time period, the rate of non-fatal suicide attempts/self-inflicted injuries among those 10 to 24 years of age was 112.9 per 100,000 persons. This rate was higher than the state average of 89.7 per 100,000 persons. Seventy-four percent of those who made non-fatal suicide attempts/self-inflicted injuries ended up in the emergency room with 26% needing to be hospitalized.

There are 159 mental health providers per 100,000 persons in Sussex County (mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, and advance practice nurses specializing in mental health care) seeing an average of 727 patients per year (Robert Wood Johnson Foundation, County Health Rankings, 2018). As of November 2017, the New Jersey Department of Human Services, Directory of Mental Health Services listed the following behavioral/mental health services in Sussex County; 1 primary screening service, 2 system advocacy groups, 3 supportive housing programs, 2 supported employment programs, 0 supported education programs, 1 short term care facility, 1 self-help center, 1 residential service, 0 residential intensive support teams, 1 program of assertive community treatment (PACT), 0 partial care programs, 2 outpatient programs, 0 justice involved services, 1 involuntary outpatient commitment program, 0 intensive outpatient TX and support services, 1 intensive case management service, 1 homeless service (PATH), 0 emergency services, 1 county mental health board, and 0 acute care family support services. Note that there is no data available to determine if these vendors provide services to infants, youths or young adults.

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. As the CSA, PerformCare provides youths and their families with the services, resources tools and support they need to optimally participate in treatment within their homes, schools, and community settings. PerformCare provides the avenue for families to request clinically appropriate, needs-based services with a single phone call any time day or night. According to PerformCare's online database, there are 7 outpatient/intensive outpatient providers in Sussex County and 13 outpatient/intensive outpatient providers located in neighboring Morris County.

Data for those who utilize PerformCare as a point of contact for service is published monthly on New Jersey's Department of Children and Families' website. For the month of August 2020, 44% of the children assessed were between the ages of 5 to 10 with 24% being between the ages of 14 to 17. Fifty-three percent of the children were male and 45% were female. Eighty-two percent of the calls received were from the child's parent or legal guardian with 58% requesting in-home services and 28% inquiring about services for an intellectual/developmental disability. During the month of August 2020, PerformCare authorized the following type and amount of services for Sussex County children; behavioral assistance (348), biopsychosocial assessments (40), care management (775), family functional or multi-systemic therapy (12), family support services (123), intensive outpatient services (894), intensive in-home services (174), mobile response stabilizations (179), out of home treatment (77); and wrap-around flex services (99).

The most recent data collected by the North Jersey Health Collaborative reports that of those aged 0 to 17; 5.4% have a disability, 2.9% have a cognitive disability, 0.5% have hearing difficulty, 0.8% have a selfcare difficulty, 0.7% have a vision difficulty and 0.3% have an ambulatory difficulty.

Summary: Nature of the Need

Of those surveyed by the New Jersey Department of Children and Families' 2019 Needs Assessment, 70% identified Behavioral/Mental Health Services for Children as an important service need among residents of Sussex County. Note that this area of need was in a statistical tie with Behavioral/Mental Health Services for Adults for the most important service need among those surveyed. To quote a Key Informant, "...the system has been allowed to deteriorate to the point where it has become impossible to navigate, is overly complicated and often leads consumers to dead-ends."

Seventy-one percent of those surveyed agreed that there are not enough services available in the county to help those in need with 68% stating that services are not accessible to everyone. Only 25% of respondents agreed that services are widely advertised in the county. Of the services that do exist, 62% agreed that the facilities that provide this service are of good quality with 62% stating that agency staff are well-trained, knowledgeable and provide good customer service.

Respondents overwhelmingly agreed that a lack of awareness of services (70%), a lack of transportation (68%), long wait lists (64%) and a lack of service providers (52%) create substantial barriers to accessing behavioral/mental health services.

Focus Group participants and Key Informants painted a grimmer picture of the behavioral/mental health system than could ever be drawn from the data produced by the survey results. The system is plagued by numerous barriers as well as systemic operational issues that are hindering parents from appropriately addressing the behavioral/mental health needs of their children (note that these are the statements and views of those interviewed and do not reflect the opinions of the author of this report).

One of the most significant barriers cited by those interviewed was the lack of a coordinated entry system for those in need of services. Respondents stated that there must be an agency available to assist residents with locating a provider that fits the needs of their child, accepts their form of insurance, is within a reasonable distance from their home and that can schedule an appointment for service in a timely manner.

Many stated that the current model of service is broken due to the fact that behavioral/mental health treatment is often reactive not proactive and is administered on an emergency basis. Those seeking services are frequently denied due to not meeting strict eligibility criteria which may require a formal "diagnosis". Proving eligibility can be difficult as programmatic assessment tools are increasingly becoming more and more strict requiring parents to use "key phrases" or "buzzwords" to qualify for assistance. Furthermore, services are often short-term despite the fact that mental health illnesses require long-term care especially for those with chronic conditions.

Those who pursue services learn quickly that in Sussex County there are few providers who offer a narrow scope of therapy modalities or that specialize in a particular form of illness. There are no child psychiatrists or psychologists in the community (that accept medicaid or private insurance) along with no inpatient services. Outpatient treatment facilities are limited and centralized to only a small section of the county. Of the providers that do exist in the county, few accept Medicaid or private health insurance. Health care plans commonly require high deductibles or copays which many consumers simply cannot afford. Those that do not accept any form of insurance coverage charge hundreds of dollars per session which is unaffordable for the majority of those living in the community. Providers usually operate during regular business hours and have long wait times for appointments. This causes children to have to wait significant periods of time before they can be seen and to be removed from school in order to attend.

The majority of services are centrally located in the more developed areas of the county and are not accessible by those who live in the rural areas without a means of transportation. While some are on the public bus route, the route is narrow in scope and does not service the entire county. Skylands Ride does offer on-demand transportation to two mental health providers in the county (when necessary).

All of the issues cited above contribute to a situation that is dire for those in need. Many are often left without any place to turn for assistance or have to travel outside of the county to access services leading to potential decomposition and even repeated hospitalizations. For those that are

unfortunately hospitalized, once stabilized, they are discharged right back into the same situation without the ability to follow up with a provider in the community.

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

There is little that the county, as an entity, can do with regards to; increasing the inventory of available psychiatrists/psychologists, increasing participation in Medicaid/Medicare/Private insurance and/or in reducing the overall cost of behavioral/mental health services. Despite this, since 2016, the County of Sussex has provided almost a million dollars to fund programs that provide behavioral/mental health services to; adults with/without health insurance, victims of domestic violence, in-home services for children, and to provide transportation to local area mental health service providers.

The qualitative data gathered from the Key Informant interviews has provided a framework that the county could use in developing a plan of action to improve residents' access to services as well as establishing ideas for future consideration at the local, county and state level.

Local Level Recommendations: (Local Human Service Provider Agencies)

1. Need to expand behavioral/mental health services for children into underserved geographic areas of the county through the establishment of mobile services or through the use of static/pop-up satellite locations. Services need to include the expanded use of bilingual speakers and programs that specifically target the LGBTQ+ population (as recommended by Key Informants and Focus Groups).
2. Need to continuously update and expand their advertising efforts so that residents have easy access to the most updated programmatic information available.
3. Agencies and providers need to work together to pool resources in order to hire psychologists/psychiatrists rather than shoulder the burden by themselves.

County Level Recommendations: (The Sussex County Department of Health and Human Services)

1. Increase funding to expand the provider network and to assist with the cost of services/copays.
2. Work with local elected officials to advocate for an increase in reimbursement rates for providers and to develop additional incentives in order to attract behavioral/mental health providers to Sussex County.
3. Collaborate with public school system in order to develop on-site (school based) behavioral/mental health services for children.

4. Continue to encourage providers to maintain working relationships within the community and with each other. This can be done through a collaborative effort involving the entire human service provider system that involves the creation of an information campaign to educate both agency staff and county residents on the available health and wellness programs offered in the community. The campaign should involve educating clergy members, professionals in service organizations, schools, police, medical providers and any other point of contact in the community that are within reach. In addition, available services need to be advertised across a wide spectrum of media including but not limited to; print, internet, social media, radio and public access television.

5. Medical transportation options offered through Skyland Ride should be expanded to areas of the county not currently serviced or underserved and should include increased hours of operations (including nights, expanded weekend service and holidays). Increase transportation options to out-of-county destinations (when necessary).

6. Collaborate with local providers in an effort to support existing case management services that would be the point of contact for residents in need of assistance with navigating the behavioral/mental health system.

7. Advocate for; local hospital to provide more services to the County in order to fill in service gaps, establish a pediatric hub where families can receive case management services; and additional pediatrician training to identify disabilities and mental health issues in young children.

State Level Recommendations: (The New Jersey Department of Children and Families)

1. Take any/all steps necessary in order to increase the number of providers that accept Medicaid/Medicare/Private Insurance in Sussex County.

2. Advocate for higher reimbursement rates in addition to other incentives aimed at attracting providers to Sussex County.

3. Advocate for faster reimbursement to vendors for services rendered from state-controlled funding streams.

4. Advocate for an increase in tele-health and other mobile opportunities with the ability for agencies to bill these services at the same rate as in-person services.

5. Alter service model so that general practitioners are able to provide mental health services under the supervision of an off-site psychiatrist.

6. Advocate for expanding the programmatic financial eligibility limits on applicable assistance programs and/or lowering associated consumer costs.

7. Provide more community education regarding the benefits of Medicaid and other state offered healthcare services.

8. Provide additional financial resources to the county in order to develop county specific solutions that prioritize existing programs and agencies rather than the creation of new ones.

9. Collaborate with other state departments to assist Sussex County with addressing local issues.

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

Not Applicable

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	73	41.10 %	30.14 %	17.81 %	4.11 %	6.85 %	100.01 %
2. Anyone in the county is able to access services.	72	26.39 %	41.67 %	20.83 %	2.78 %	8.33 %	100.00 %
3. Services are widely advertised and known by the county.	73	30.14 %	32.88 %	19.18 %	5.48 %	12.33 %	100.01 %
4. Services take race, age, gender, ethnicity and more into account.	72	13.89 %	13.89 %	31.94 %	5.56 %	34.72 %	100.00 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	73	5.48 %	5.48 %	49.32 %	12.33 %	27.40 %	100.01 %
6. Staff are well-trained, knowledgeable and provide good customer service.	72	4.17 %	11.11 %	48.61 %	13.89 %	22.22 %	100.00 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	67	43	64.18
Services do not exist	67	35	52.24
Transportation	67	46	68.66
Cannot contact the service provider	67	18	26.87
Too expensive	67	33	49.25
Lack of awareness of service	67	47	70.15
Cultural Barriers	67	11	16.42
Services provided are one-size fits all, and don't meet individual needs	67	15	22.39
Stigma Leads to Avoidance	67	25	37.31
Eligibility Requirement (explain below)	67	10	14.93
Other (explain below)	67	8	11.94

Need Area: Behavioral/Mental Health Services for Adults

Status: Prioritized Need Area

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

Need Assessment Key Findings

Summary: Scope of the Need

Sussex County residents have a 12.4% frequency of mental health distress (age adjusted) which is higher than the state's average of 12.1%. For 2017, the frequency of mental health distress (age adjusted) experienced by women (16.4%) was higher than that experienced by men (9.3%) (note: mental health distress equals the % of respondents who indicated that 14 or more of the past 30 days were "not good") with white non-Hispanics reporting the highest frequency at 11.4%. The frequency among; Black/African American non-Hispanics, Hispanic/Latino, Asian/non-Hispanics, Other/non-Hispanics was so low that it could not be comparatively measured. Sussex County residents have a 14.8% frequency of depression (age adjusted) which is higher than the state's average of 12.1% with white, non-Hispanics reporting the highest frequency at 14.8%. The frequency among; Black/African American non-Hispanics, Hispanic/Latino, Asian/non-Hispanics, Other/non-Hispanics was so low that it could not be comparatively measurable (A Profile of Family and Community Indicators, Rutgers' School of Social Work, 2019). When adjusted for age, there are 11 deaths due to suicide per 100,000 people in Sussex County. Almost 20% of adults report that they do not get the social and/or emotional support that they need (North Jersey Health Collaborative, 2020).

Between 2015 and 2019 Newton Medical Center Psychiatric Emergency Services and Screening Center had an average (per year) of 1881 admissions. They completed an average of 240 community contacts through Mobile Outreach which resulted in 184 diversions from their Emergency Room. During this time period, the Screening Center reported a yearly average of; 42 transfers to psychiatric hospitalization, 934 voluntary hospitalizations, 131 transfers to short-term care facilities (STCF), 40 transfers to non-short term care facilities (or private hospitals), 2 transfers to state hospitals; and 1313 discharges from various hospitalizations to the community setting.

There are 159 mental health providers per 100,000 people in Sussex County (mental health providers include psychiatrist, psychologists, licensed clinical social workers, counselors, and advance practice nurses specializing in mental health care). Mental health providers in Sussex County, each see an average of 727 patients per year (Robert Wood Johnson Foundation, County Health Rankings, 2018).

As of November 2017, the New Jersey Department of Human Services, Directory of Mental Health Services listed the following behavioral/mental health services in Sussex County; 1 primary screening service, 2 system advocacy groups, 3 supportive housing programs, 2 supported employment programs, 0 supported education programs, 1 short term care facility, 1 self-help center, 1 residential service, 0 residential intensive support teams, 1 program of assertive community treatment (PACT), 0 partial care programs, 2 outpatient programs, 0 justice involved services, 1 involuntary outpatient commitment program, 0 intensive outpatient TX and support services, 1 intensive case management service, 1 homeless service (PATH), 0 emergency services, 1 county mental health board, and 0 acute care family support services.

According to the most recent data (2014-2018) collected from the American Community Survey, of those adults 65 years or older living in Sussex County; 28.2% have a disability, 12% have a hearing difficulty, 7% have a self-care difficulty, 4.4% have a vision difficulty, and 10.8% have a independent living difficulty. Of the entire Sussex County population; 11.7% of persons have a disability, 4.5% have cognitive difficulty, 1.6% have vision difficulty, 5.7% have ambulatory difficulty, and 14.2% of persons with a disability live in poverty.

The New Jersey Division of Developmental Disabilities Fiscal Year 2015 Data Report indicated that there were 572 people eligible for their services in Sussex County (341 men/231 women). Of these individuals; 5 were living in a community care residence, 257 were living in group homes, 245 were living in their own home, 27 were living in skilled nursing facilities, 27 were living in supportive housing, and 6 were living in a location deemed as "other". The most common disabilities reported were; mild intellectual disabilities (144), moderate intellectual disabilities (111), autistic disorder (95), epilepsy (88), and unspecified intellectual disabilities (71).

Summary: Nature of the Need

(Author's Note: Summary of Service Need is similar to that of Behavioral Health/Mental Health Services for Children with the exception of the quantitative data generated by the Needs Assessment as Focus Group participants and Key Informants grouped the two demographics together due to similar need)

Of those surveyed by The New Jersey Department of Children and Families' 2019 Needs Assessment, 70% identified Behavioral Health/Mental Health Services for Adults as an important service need among residents of Sussex County. Note that this area of need was in a statistical tie with Behavioral/Mental Health Services for Children for the most important service need among those surveyed. To quote a Key Informant, "...the system has been allowed to deteriorate to the point where it has become impossible to navigate, is overly complicated and often leads consumers to dead-ends."

Sixty-five percent of those surveyed agreed that there are not enough services available in the county to help those in need with 63% stating that services are not accessible to everyone. Only 21% of respondents agreed that services are widely advertised in the county. Of the services that do exist, 53% agreed that the facilities that provide this service are of good quality with 53% stating that agency staff are well-trained, knowledgeable and provide good customer service.

Respondents overwhelmingly agreed that a lack of transportation (66%), long wait lists (61%), a lack of awareness of available services (57%), and a lack of service providers (42%) create substantial barriers to accessing behavioral/ mental health services. Note that 41% stated that these services were too expensive for those in need.

Focus Group participants and Key Informants painted a grimmer picture of the behavioral/mental health service system than could ever be drawn from the data produced by the survey results. The system is plagued by numerous barriers as well as systemic operational issues that are hindering adult individuals from appropriately addressing their behavioral/mental health needs (note that these are the statements of those interviewed and do not reflect the opinions of the author of this report).

One of the most significant barriers cited by those interviewed was the lack of a coordinated entry for those in need of behavioral/mental health services. Respondents stated that there must be an agency available to assist residents with locating a provider that fits their needs, accepts their form of insurance, is within a reasonable distance from their home and that can schedule an appointment for service in a timely manner.

Many stated that the current model of service is broken due to the fact that behavioral/mental health treatment is often reactive not proactive and is administered on an emergency basis. Those seeking services are frequently denied due to not meeting strict eligibility criteria which may require a formal "diagnosis". Proving eligibility can be difficult as programmatic assessment tools are increasingly becoming more and more strict requiring the use of "key phrases" or "buzzwords" to qualify for assistance. Furthermore, services are often short-term despite the fact that mental health illnesses require long-term care especially for those with chronic conditions.

Those who pursue services learn quickly that in Sussex County there are few providers who offer a narrow scope of therapy modalities or that specialize in a particular form of illness. There are few psychiatrists or psychologists in the community along with no inpatient and limited intensive outpatient services. Outpatient treatment facilities are centralized to only a small section of the county. Of the providers that do exist in the county, few (if any) accept Medicaid or private health insurance. Health care plans commonly require high deductibles or copays which many consumers simply cannot afford. Those that do not accept any form of insurance coverage charge hundreds of dollars per session which is unaffordable for the majority of those living in the community. Providers usually operate during regular business hours and have long wait times for appointments.

As noted above, the majority of services are centrally located in the more developed areas of the county and are not accessible by those who live in the rural areas without a means of transportation. While some are on the public bus route, the route is narrow in scope and does not service the entire

county. Skylands Ride does offer on-demand transportation to two mental health providers in the county (when necessary).

All of the issues cited above contribute to a situation that is dire for those in need. Many are often left without any place to turn for assistance or have to travel outside of the county to access services leading to potential decomposition and even repeated hospitalizations. For those that are unfortunately hospitalized, once stabilized, they are discharged right back into the same situation without the ability to follow up with a provider in the community.

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

There is little that the county, as an entity, can do with regards to; increasing the inventory of available psychiatrists/psychologists, increasing participation in Medicaid/Medicare/Private insurance and/or in reducing the overall cost of behavioral/mental health services. Despite this, since 2016, the County of Sussex has provided almost a million dollars to fund programs that provide behavioral/mental health services to; adults with/without health insurance, victims of domestic violence, in-home services for children, and to provide transportation to local area service providers.

The qualitative data gathered from the Key Informant interviews has provided a framework that the county could use in developing a plan of action to improve residents access to services as well as establishing ideas for future consideration at the local, county and state level.

Local Level Recommendations: (Local Human Service Provider Agencies)

1. Need to expand behavioral/mental health services for adults into underserved geographic areas of the county through the establishment of mobile services or through the use of static/pop-up satellite locations. Services need to include the expanded use of bilingual speakers and programs that specifically target the LGBTQ+ population (as recommended by key informants and focus groups).
2. Need to continuously update and expand their advertising efforts so that residents have easy access to the most updated programmatic information available.
3. Agencies and providers need to work together to pool resources in order to hire psychologists/psychiatrists rather than shoulder the burden by themselves.

County Level Recommendations: (The Sussex County Department of Health and Human Services)

1. Increase funding to expand the provider network and to assist with the cost of services/copays.
2. Work with local elected officials to advocate for an increase in reimbursement rates for providers and to develop additional incentives in order to attract behavioral/mental health providers to Sussex County.
3. Continue to encourage providers to maintain working relationships within the community and with each other. This can be done through a collaborative effort involving the entire human service provider system that involves the creation of an information campaign to educate both agency staff and county residents on the available health and wellness programs offered in the community. The campaign should involve educating clergy members, professionals in service organizations, schools, police, medical providers and any other point of contact in the community that are within reach. In addition, available services need to be advertised across a wide spectrum of media including but not limited to; print, internet, social media, radio and public access television.
4. Medical transportation options offered through Skylands Ride should be expanded to areas of the county not currently serviced or underserved and should include increased hours of operations (including nights, weekends and holidays). Increase transportation options to out-of-county destinations (when necessary).

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5. Collaborate with local providers in an effort to support existing case management services that would be the point of contact for residents in need of assistance with navigating the behavioral/mental health system.
 6. Advocate for the local hospital to provide more services to the county in order to fill in service gaps.

State Level Recommendations: (The New Jersey Department of Children and Families)

1. Take any/all steps necessary in order to increase the number of providers that accept Medicaid/Medicare/Private Insurance in Sussex County.
2. Advocate for higher reimbursement rates in addition to other incentives to attract providers to Sussex County.
3. Advocate for faster reimbursement to vendors for services rendered from state-controlled funding streams.
4. Advocate for an increase in tele-health and other mobile opportunities with the ability for agencies to bill these services at the same rate as in-person services.
5. Alter service model so that general practitioners are able to provide mental health services under the supervision of an off-site psychiatrist.
6. Advocate for expanding the programmatic financial eligibility limits on applicable assistance programs and/or lowering associated consumer costs.
7. Provide more community education regarding the benefits of Medicaid and other state offered healthcare services.
8. Provide additional financial resources to the county in order to develop county specific solutions that prioritize existing programs and agencies rather than the creation of new ones.
9. Collaborate with other state departments to assist Sussex County with addressing local issues.

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

Not Applicable

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	73	34.25 %	31.51 %	23.29 %	2.74 %	8.22 %	100.01 %
2. Anyone in the county is able to access services.	73	28.77 %	34.25 %	19.18 %	2.74 %	15.07 %	100.01
3. Services are widely advertised and known by the county.	73	21.92 %	43.84 %	17.81 %	4.11 %	12.33 %	100.01 %
4. Services take race, age, gender, ethnicity and more into account.	73	13.70 %	13.70 %	34.25 %	5.48 %	32.88 %	100.01 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	73	8.22 %	4.11 %	43.84 %	9.59 %	34.25 %	100.01 %
6. Staff are well-trained, knowledgeable and provide good customer service.	73	9.59 %	8.22 %	42.47 %	10.96 %	28.77 %	100.01 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	68	42	61.76
Services do not exist	68	29	42.65
Transportation	68	45	66.18
Cannot contact the service provider	68	12	17.65
Too expensive	68	28	41.18
Lack of awareness of service	68	39	57.35
Cultural Barriers	68	12	17.65
Services provided are one-size fits all, and don't meet individual needs	68	16	23.53
Stigma Leads to Avoidance	68	26	38.24
Eligibility Requirement (explain below)	68	13	19.12
Other (explain below)	68	10	14.71

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

Status: General Need Area

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

Need Assessment Key Findings

Summary: Scope of the Need

In 2018, there were 89,629 treatment admissions and 87,516 discharges reported to the New Jersey Department of Human Services, Division of Mental Health and Addiction Services by substance abuse treatment providers state wide. The most common primary drugs identified by those admitted were (in order of prevalence); heroin, alcohol, marijuana, cocaine/crack and opiates (other than heroin) (State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, Substance Abuse Overview, 2018). Sussex County reported the 4th lowest admissions in the state that year with 1358 of which 368 were first time admissions. The most common primary drugs identified by those from Sussex County admitted were (in order of popularity); heroin, alcohol, marijuana, cocaine/crack and opiates (other than heroin). The top five municipalities (of residence) with substance abuse admissions were; Vernon (209), Newton (190), Hopatcong (156), Sparta (133) and Wantage (83) (State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, Substance Abuse Overview Sussex County, 2018).

From 2015-2017, Sussex County averaged a confirmed drug death rate (per 100,000 people) of 25, which was higher than the state average of 22. In addition, from 2013-2018, Sussex County averaged an 85% increase in suspected opioid overdose deaths which was less than the state average of a 133% increase (NJ ChildStat, 2020). Between 2016 and 2018, 16 counties in New Jersey experienced a 14% average increase in opioid deaths compared to Sussex County which experienced a decrease of 2.78% for the same time period. Between 2014 and 2018, the number of suspected opioid deaths in the county had increased then remained steady with an average of 30 deaths per year over that time period (A Profile of Family and Community Indicators, Rutgers's School of Social Work, 2019).

According to the Regional Operations and Intelligence Center's Statewide Naloxone Administration, Sussex County had 146 Narcan administrations for 2017. This was almost double the amount from 2016. These numbers do not include administrations done by community members.

There are 7 licensed substance use treatment providers in Sussex County including; Capitol Care Inc., Center for Prevention and Counseling, Garden State Treatment Center, NewBridge, Newton Medical Center for Behavioral Health Services, First Light Counseling and Sunrise House. These providers manage a total of 7 outpatient programs, 5 intensive outpatient programs, 4 medically-assisted

treatment programs, 1 detoxification program and 1 residential program. There are also 16 buprenorphine physicians (inclusive of facilities and multiple doctors at facilities). There are no inpatient program providers in Sussex County as of the date of this report. Of the 7 facilities listed, 4 accept Medicaid as a form of payment (ChildStat, 2020). In 2018, almost half of all county residents seeking treatment had to travel outside of the county for admission. Of those receiving in-county services, over half had Medicaid as their insurance with a third having no form of insurance (State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, Substance Abuse Overview, 2018).

Locally, Sussex County is home to 11 Municipal Alliances representing 22 of the 24 municipalities. Municipal Alliances are community-based volunteer committees that address each community's unique substance abuse prevention needs and issues for all ages. Alliance programs include but are not limited to; parenting workshops, peer leadership programs, drug awareness events, and drug use and misuse among the senior population. The Alliances are supported and overseen at the county level by the Sussex County Alliance.

Of those surveyed by the New Jersey Department of Children and Families' 2019 Needs Assessment, 58% identified Substance Use Disorder Services as an important service need among residents of Sussex County. Note that this was identified as the 2nd most important service need but has not been selected as a Prioritized Area due to the fact that Behavioral Health/Mental Health Services for Adults and Behavioral Health/Mental Health Services for Children were in a statistical tie (70%) for the most important service need among those surveyed.

Summary: Nature of the Need

As stated above, Substance Use Disorder Services was identified as the 2nd most important service need among residents of Sussex County. The statistical 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. Those that did provide an answer to the statements, showed a lack of agreement with regards to; the sufficient inventory of services to help those in need (37% agreed/43% disagreed/20% did not know), accessibility of services (42% agreed/39% disagreed/18% did not know) and if services are widely advertised and known by the county (43% agreed/38% disagreed/18% did not know). When evaluating the providers, 39% agreed that services take race, age, gender ethnicity and more into account yet 34% stated that they did not know if this was true. Almost 60% stated that the service provider facilities are of good quality yet 33% stated that they did not know if this was true and finally almost 67% stated that service provider staff are well-trained, knowledgeable and provide good customer service yet 27% stated that they did not know if this was true.

Participants were much more definitive when identifying the barriers that make it difficult to address a substance use disorder with 75% stating that transportation was the greatest barrier. In addition, stigma leading to avoidance (58.93%), lack of awareness of service (53.75%) and long waiting lists for services (42.86%) were also identified.

The qualitative data generated by the focus groups and key informants reinforced the survey results as state above. Substance use disorder services are generally well advertised and publicized utilizing large scale omnichannel information campaigns. Many access services through the court system, medical providers (including hospital emergency room), internet searches, local service providers, local and state police, as well as a variety of other community resources.

Once an individual is ready to seek substance use disorder services, they are often faced with a number of obstacles (as described by focus groups and key informant participants). An individual must first locate a provider that is not only capable of servicing their particular addiction but also have an available opening, they must meet all applicable medical and eligibility criteria, agree with the treatment modalities, have the financial means or appropriate health insurance authorizations for payment (unless grants or scholarships are available) and have a reliable means of transportation (when appropriate). Treatment providers are located in a small portion of the county and do not provide "off-site" services. With limited access to public transportation, many must either use their own vehicle or be transported by another means. The process of seeking treatment is often exhausting, time consuming and overly-complicated to the point where many decide to cease their efforts.

The consensus among those interviewed was that the county lacks the sufficient inventory of affordable treatment providers who offer the necessary range of services to appropriately meet the needs of county residents.

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

Not Applicable

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

Not Applicable

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	72	15.28 %	27.78 %	29.17 %	8.33 %	19.44 %	100%
2. Anyone in the county is able to access services.	71	11.27 %	28.17 %	32.39 %	9.86 %	18.31 %	100%
3. Services are widely advertised and known by the county.	72	11.11 %	27.78 %	29.17 %	13.89 %	18.06 %	100.01 %
4. Services take race, age, gender, ethnicity and more into account.	72	8.33 %	18.06 %	27.78 %	11.11 %	34.72 %	100%
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	72	4.17 %	2.78 %	45.83 %	13.89 %	33.33 %	100%
6. Staff are well-trained, knowledgeable and provide good customer service.	72	2.78 %	2.78 %	47.22 %	19.44 %	27.78 %	100%

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	56	24	42.86
Services do not exist	56	16	28.57
Transportation	56	42	75.00
Cannot contact the service provider	56	12	21.43
Too expensive	56	21	37.50
Lack of awareness of service	56	30	53.57
Cultural Barriers	56	12	21.43
Services provided are one-size fits all, and don't meet individual needs	56	9	16.07
Stigma Leads to Avoidance	56	33	58.93
Eligibility Requirement (explain below)	56	8	14.29
Availability of Substance Use Disorder Services	56	15	26.79
Availability of Substance Abuse Prevention Programs	X	X	X
Other (explain below)	56	5	8.93



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 3020 offenses per county. Assaults and harassments accounted for over 80% of all domestic violence offenses reported. Arrests were made in 31% of the 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. Although domestic violence does not occur at a regular frequency, when viewed as a ratio of its occurrence to a fixed time interval, one act of domestic violence occurred every 8 minutes and 29 seconds in the state (New Jersey State Police Annual Domestic Violence Reports, 2016).

In 2016, Sussex County reported 1,231 domestic violence incidents which without accounting for population size, was the 4th lowest in the state. The number of incidents in the county has varied slightly between 2012 and 2016 with an average of 1,196 incidents reported per year. Between 2010 and 2016 the top 5 municipalities with the highest average domestic violence incidents were; Hopatcong (152 per year), Newton (129 per year), Vernon (117 per year), Wantage (113 per year) and Sussex (68 per year) (A Profile of Family and Community Indicators, Rutgers' School of Social Work, 2019). Note that the Rutgers' report did not make statistics available to document the type of domestic violence offenses committed, the demographics and/or the common characteristics as described in the New Jersey State Police Annual Domestic Violence Report.

From July 2019 to June 2020, there were 540 domestic violence court filings in Sussex County. This was the 3rd lowest in the state and a 6.3% decrease from the previous year (NJ Judiciary, 2020).

Sussex County residents who are victims or survivors of domestic violence are able to receive services through Domestic Abuse & Sexual Assault Intervention Services (DASI) located in Newton.

DASI provides comprehensive services for victims of domestic and sexual violence and human trafficking including; safe emergency housing, supportive counseling/groups, legal and social service advocacy, information and referrals along with accompaniment to some medical, legal and law enforcement proceedings. Services are free and confidential. DASI operates a 24-hour helpline that allows those in the community to access DASI services including emergency safe house services, information and referrals as well as a supportive voice. DASI also provides a 27-week educational intervention program for men who are abusive or violent with their partners. Participation may be voluntary or court-ordered. DASI also provides emergency housing for women and children whose physical safety is at risk due to domestic/sexual violence or human trafficking. Housing is offered in a safe and confidential location without cost. Services include supportive counseling, advocacy, children's services, information and referrals. In addition, they offer transitional housing services for those in need.

Summary: Nature of the Need

Thirty-two percent of those surveyed during New Jersey's Department of Children and Families' 2019 Needs Assessment identified domestic violence services as an important service need among residents of Sussex County. Of those surveyed only 40% agreed that there are enough services available in the county to help those in need. The majority of respondents agreed that anyone in the county is able to access services (55%), that they are widely advertised and known by the county (46%), and that services take race, age, gender, ethnicity and more into account (45%). It was widely agreed upon that the facilities that provide service to meet this need are of good quality (63%) and that the staff are well-trained, knowledgeable and provide good customer service (65%). It is important to note that an average of 28% of those answering these survey questions did not know enough about the service array to either agree or disagree with the statements above.

Over 60% of respondents identified that the top barrier to service is the stigma associated with domestic violence followed by the fact that a lack of awareness of services leads to those in need not knowing where to turn (58%). Due to domestic violence services being located in only one part of the county (Newton), those without a vehicle may struggle to receive assistance. This could be due to the fact that public transportation only services a limited portion of the county and does not run at night, on holidays or Sundays. In accordance with this, 52% of those surveyed stated that transportation was a barrier to service.

Focus Group participants and Key Informants clarified the quantitative data by providing additional narrative regarding the barriers that those seeking Domestic Violence services experience. In particular they noted that the lack of a municipal police force in every town combined with inadequate State Police coverage creates a dangerous environment for those who are actively involved in a domestic violence situation. In addition, the recently overhauled bail process has reduced the amount of time an abuser is in custody, which in turn reduces the amount of time that a victim has to contact an agency for services. Also, due to the rural nature of the county, many

residents are isolated in areas and may be without neighbors or others close by who they can speak with for assistance. Domestic Violence service providers need to have more interaction with this population and advertise their services at the locations that they may frequent more regularly (i.e. grocery stores, local general stores, post offices, etc.) and have more off-site outreach events. Participants emphasized that providing the public with education about Domestic Violence and the related assistance services should be prioritized. Educational efforts should be focused on the general public but also needs to prioritize teens and include those with special needs in addition to those with developmental disabilities.

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

Not Applicable

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

Not Applicable

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	72	12.50 %	20.83 %	31.94 %	8.33 %	26.39 %	99.90 %
2. Anyone in the county is able to access services.	72	4.17 %	16.67 %	47.22 %	8.33 %	23.61 %	100.00 %
3. Services are widely advertised and known by the county.	71	11.27 %	25.35 %	35.21 %	11.27 %	16.90 %	100.00 %
4. Services take race, age, gender, ethnicity and more into account.	71	2.82 %	14.08 %	35.21 %	9.86 %	38.03 %	100.00 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	71	1.41 %	2.82 %	42.25 %	21.13 %	32.39 %	100.00 %
6. Staff are well-trained, knowledgeable and provide good customer service.	71	0.00 %	4.23 %	40.85 %	23.94 %	30.99 %	100.01 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	55	10	18.18
Services do not exist	55	7	12.73
Transportation	55	29	52.73
Cannot contact the service provider	55	5	9.09
Too expensive	55	3	5.45
Lack of awareness of service	55	32	58.18
Cultural Barriers	55	14	25.45
Services provided are one-size fits all, and don't meet individual needs	55	4	7.27
Stigma Leads to Avoidance	55	34	61.82
Eligibility Requirement (explain below)	55	4	7.27
Other (explain below)	55	5	9.09



Need Area: Parenting Skills Services

Status: General Need Area

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

Need Assessment Key Findings

Summary: Scope of the Need

The New Jersey Department of Children and Families (NJDCF) is the state's first Cabinet-level agency devoted exclusively to serving and supporting at-risk children and families. NJDCF is committed to assisting and empowering residents to be safe, healthy and connected by offering an array of evidenced-based, family-centered programs and services that are provided through a robust network of community providers using work-practices that incorporate racial equity, are healing centered and utilize a protective factors framework. Collectively, the NJDCF and its partners are working to: increase kinship placements and family connections; prevent maltreatment and promote strong families; integrate consumer voice in all programs and services; cultivate a culture of accountability; maximize federal revenue; provide an integrated and inclusive system of care for youth; safeguard staff and promote professional satisfaction. In order to strengthen families, the NJDCF funds various programs throughout the state including Family Support Organizations (FSOs) and Family Success Centers (FSCs).

Family Support Organizations (FSOs) are family-run, county-based organizations that provide direct family-to-family peer support, education, advocacy and other services to family members of children with emotional and behavioral problems. In Sussex County, Family Partners of Morris and Sussex operates as the designated FSO. This program is funded by the NJDCF's Children's System of Care (CSOC) to provide support, education and advocacy to families with children who have mental, emotional, behavioral health challenges and/or developmental/intellectual disabilities. They offer programs that provide education on topics related to children's mental health and family well-being. In addition, they offer a wide variety of other programs that provide support and advocacy to teens and young adults. For 2017, the FSO conducted an average of 14 support groups per month, serving an average of 17 youths per month while actively supporting 302 families per month.

Family Success Centers (FSCs) are a "one-stop" shop that provide wrap-around resources and supports for families before they find themselves in crisis. Family Success Centers offer primary child abuse prevention services to families and bring together concerned community residents, leaders, and community agencies to address the problems that threaten the safety of families and the community. There is no cost to access services provided by Family Success Centers. Family Success Centers seek to

provide a warm and welcoming home-like environment that provides family friendly activities and resources within communities to strengthen families by offering services to any children, youth, families, individuals, and communities. In Sussex County, Project Self-Sufficiency operates as the designated FSC. The FSC at Project Self-Sufficiency offers access to information on child, maternal and family health services, economic self-sufficiency and job readiness, information and referral services, life skills training, housing services, parent education, parent-child activities, parent to parent support groups, home visitation programs for pregnant women and new parents, leadership training, legal advice and advocacy.

No reliable data regarding the FSO or the FSC was readily made available by NJDCF nor was it included in Rutgers' School of Social Work's, A Profile of Family and Community Indicators, 2019.

In addition to the FSO and the FSC, there are also numerous other parenting skill services offered by a wide variety of agencies throughout Sussex County. At the time of this report, no reference material could be sourced that included a comprehensive directory or listing of service providers.

Summary: Nature of the Need

Twenty-six percent of those surveyed during New Jersey's Department of Children and Families' 2019 Needs Assessment identified Parenting Skills services as an important service need among residents of Sussex County. Of those surveyed, 40% believed there are not enough services available in the county to help those in need and only 39% agreed that anyone in the county is able to access them. Respondents were nearly split as to if services are widely advertised and known by the county (39% disagreed/35% agreed) with the majority of respondents (40%) not knowing if services take race, age, gender, ethnicity or more into account. It was widely agreed upon that facilities that provide services to meet this need are of good quality (51%) and that the staff are well-trained, knowledgeable and provide good customer service (53%). It is important to note that an average of 33% of those answering these survey questions did not know enough about the service array to either agree or disagree with the statements above.

Sixty-six percent of respondents identified both a lack of awareness of services and transportation as the top barriers to receiving parenting skills services. This was followed by the fact that the stigma associated with the service often leads to avoidance (37%). It is important to note that 26% of those surveyed, reported that cultural barriers made it difficult to receive services.

The qualitative data generated by Focus Group participants and Key Informants provided additional clarity to the difficulties that those in the community are having with accessing Parenting Skills services. Many cited that those in need may resist contacting an agency for services due to the fear that the Division of Child Protection & Permanency will be contacted or that they will face some other type of legal disciplinary action. Programs may have limited hours of operation making it hard for working

parents to attend and may be modeled around a "one size fits all" approach making it difficult for those attending to apply the information to their particular situation. Respondents cited a lack of programs specifically tailored towards the parents of developmentally disabled children or children with other special needs. Programs are centrally localized to one area and without a personal vehicle or the use of public transportation many are simply not able to participate (unless the program provides transportation).

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

Not Applicable

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

Not Applicable

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	72	9.72 %	30.56 %	26.39 %	6.94 %	26.39 %	100 %
2. Anyone in the county is able to access services.	72	5.56 %	26.39 %	31.94 %	6.94 %	29.17 %	100 %
3. Services are widely advertised and known by the county.	72	13.89 %	25.00 %	27.78 %	6.94 %	26.39 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	72	6.94 %	13.89 %	31.94 %	6.94 %	40.28 %	99.99 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	72	1.39 %	5.56 %	38.89 %	12.50 %	41.67 %	100.01 %
6. Staff are well-trained, knowledgeable and provide good customer service.	72	1.39 %	5.56 %	40.28 %	12.50 %	40.28 %	100.01 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	63	12	22.64
Services do not exist	63	11	20.75
Transportation	63	35	66.04
Cannot contact the service provider	63	7	13.21
Too expensive	63	7	13.21
Lack of awareness of service	63	35	66.04
Cultural Barriers	63	14	26.42
Services provided are one-size fits all, and don't meet individual needs	63	10	18.87
Stigma Leads to Avoidance	63	20	37.74
Eligibility Requirement (explain below)	63	5	9.43
Other (explain below)	63	4	7.55



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**

From July 2019 to June 2020, there were 8,227 total court filings in Sussex County. This represents a decrease of 19% from the previous year and was the 5th lowest number of court filings in the state (NJ Judiciary, 2020). Court proceedings in Sussex County are conducted at the Sussex County Judicial Center located in Newton NJ.

There are an unknown number of private lawyers in Sussex County with most being located in the more developed town centers of Newton, Sparta, Hamburg and Vernon. Attorney fees are based on a number of factors including but not limited to; location, experience level, qualifications and type of work being completed. Fees can be billed hourly, at a flat rate, by contingency or retainer. According to Clio's 2017 Legal Trends Report, New Jersey's average legal rate is \$272 per hour which is higher than the national average of \$225 per hour.

Those in need of assistance with navigating the court system can receive help through the state sponsored Ombudsman Program. The Ombudsman is a neutral staff person who answers questions, addresses concerns from the public and is responsible for providing a bridge between the courts and the community. They are not able to give legal advice or make referrals to specific legal services.

Residents (adult or juvenile) charged with a criminal offense can apply for a public defender when the court has determined that they cannot afford to hire a private lawyer and or have a gross annual income under 125% of the federal poverty level. Public defenders do not provide representation to individuals facing domestic violence complaints in Family Court, traffic or minor offenses that are handled in local Municipal Court or parole violation matters. Public defenders can also provide representation to; parents or guardians who are accused of abusing and/or neglecting children who are facing possible termination of parental rights, to children who are the subjects of litigation against their parents and/or guardians when concerning alleged abuse and/or neglect or possible termination of parental rights, to individuals in mental health-related commitments and to clients of the New Jersey Department of Human Services' Division of Developmental Disabilities in guardianship hearings.

Legal Services of Northwest Jersey provides free civil legal services to residents of Sussex 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. Due to limited funding, Legal Services of Northwest

Jersey 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. Legal Services of Northwest Jersey 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; veterans, seniors and victims of domestic violence.

There are limited legal service supports provided by the non-profit community in Sussex County. The county's local Family Success Center, Project Self-Sufficiency, offers legal consultations with volunteer attorneys to income-eligible residents as well as educational forums in family law, bankruptcy, landlord/tenant and elder law. SCARC Guardianship Services assists families with obtaining guardianship of their family members at a greatly reduced rate. In addition, Domestic Abuse and Sexual Assault Intervention Services (DASI) provides legal advocacy services for victims of domestic and sexual violence and human trafficking including information and referrals, court preparation and accompaniment to some medical, legal and law enforcement proceedings.

Summary: Nature of the Need

Twenty-five percent of those surveyed during New Jersey's Department of Children and Families' 2019 Needs Assessment identified Legal Advocacy Services as an important service need among residents of Sussex County with 43% citing that there are not enough services available to help those in need. Almost half (47%) of respondents stated that services are not widely advertised or known by the county. A lack of awareness of services was also identified by 65% of those surveyed as the main barrier to receiving services. Fifty percent of those that were able to access services agreed that provider facilities were of good quality with 44% stating that the staff were well-trained, knowledgeable and provided good customer service.

More than half of respondents (58%) stated that transportation was a barrier to accessing services. The majority of the above-mentioned legal services including the Sussex County Judicial Center, Office of the Ombudsman, Office of the Public Defender and Legal Services of Northwest Jersey are located along the public transit system route which is limited to a narrow portion of the county. The majority of county residents would need their own form of transportation to access services. Additional commonly cited barriers to services identified by respondents included; long waiting lists for services (38%), inappropriateness of services (38%) and the inability to afford services (32%).

Qualitative data from the focus group/key informant participants revealed that many of those in need of Legal Advisory Services are unaware of the services offered in the community and/or how to locate the one that best fits their individual needs. Other than the Office of the Ombudsman, there are no other resources available to assist with helping someone navigate the court system. Services offered to the general public through the court system have a narrow financial eligibility requirement that does not include a large portion of the county's population, specifically those earning wages above

the poverty line. Hiring a private attorney is often too costly and not an option for these individuals. For those that are eligible, it was reported that services are often overburdened and are too limited in scope.

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

Not Applicable

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

Not Applicable

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	72	12.50 %	30.56 %	26.39 %	5.56 %	25.00 %	100.01 %
2. Anyone in the county is able to access services.	72	11.11 %	26.39 %	29.17 %	5.56 %	27.78 %	100.01 %
3. Services are widely advertised and known by the county.	72	16.67 %	30.56 %	22.22 %	5.56 %	25.00 %	100.01 %
4. Services take race, age, gender, ethnicity and more into account.	71	5.63 %	11.27 %	36.62 %	7.04 %	39.44 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	72	0.00 %	2.78 %	38.89 %	12.50 %	45.83 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	72	1.39 %	2.78 %	40.28 %	13.89 %	41.67 %	100.01 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	55	21	38.18
Services do not exist	55	16	29.09
Transportation	55	32	58.18
Cannot contact the service provider	55	10	18.18
Too expensive	55	18	32.73
Lack of awareness of service	55	36	65.45
Cultural Barriers	55	13	23.64
Services provided are one-size fits all, and don't meet individual needs	55	13	23.64
Stigma Leads to Avoidance	55	12	21.82
Eligibility Requirement (explain below)	55	11	20.00
Other (explain below)	55	5	9.09