

# **Union County Needs Assessment 2020**

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**September 30, 2020**

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**County Human Services Advisory Council  
Authored by: Robert Milici**

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# PART 1



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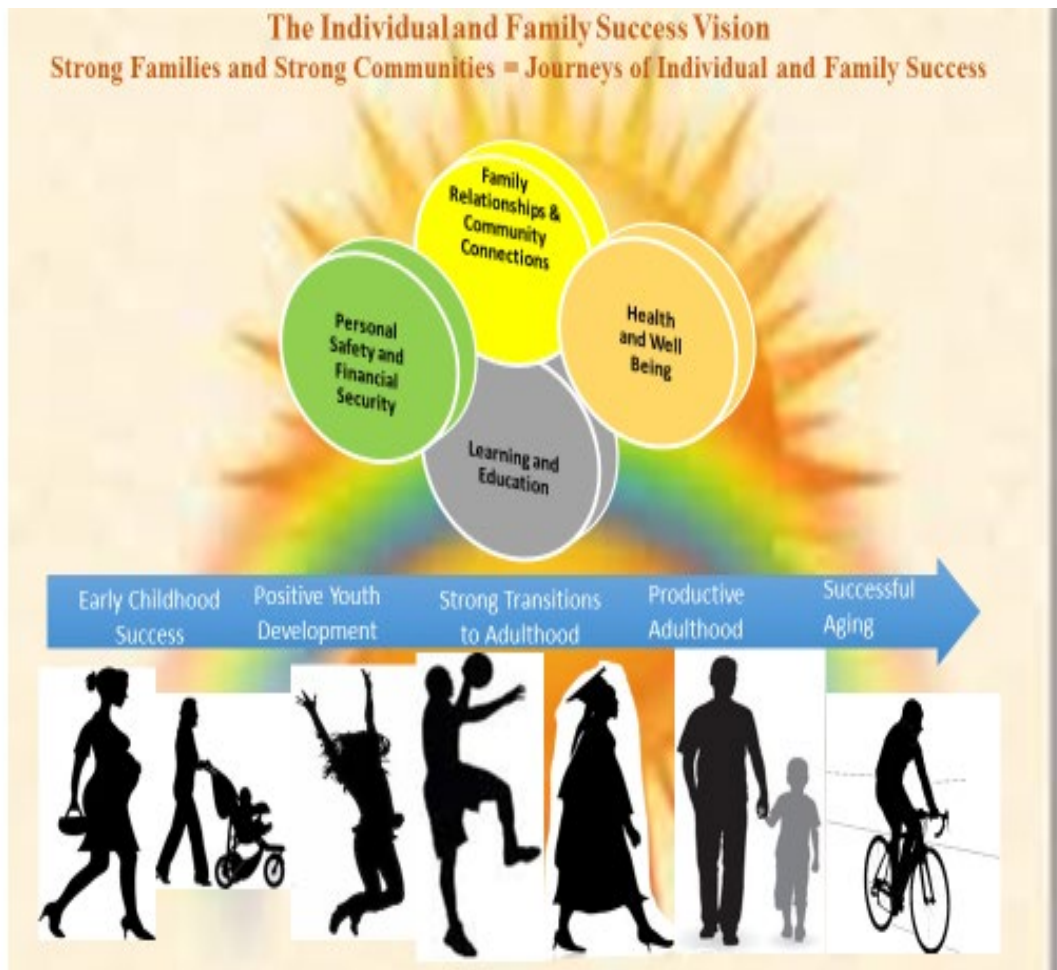
# Executive Summary

## Narrative: In the Words of the County

The approach used to complete the CNA was to examine not only the needs that exist among county residents, but also on the strengths, capabilities, and interests of the residents and their communities. The approach utilized was systematic in determining needs, or “gaps” between the current conditions and desired conditions or “wants”. It used multiple methods to gather information from diverse constituencies, examining partnerships and collaborations that exist, and keeping the assessment realistic, to provide the county and community stakeholders with usable data for community improvement. The county was very successful in engaging the community, both residents and other stakeholders, to participate in this process, with nearly 1000 residents and stakeholders contributing.

### **The Framework**

The assessment was conducted within a framework of individual and family success, as depicted below. The premise of the family success approach is that comprehensive, holistic investments in organized local systems of family and individual support and community improvement will, over time, produce dramatically better results for children, youth, individuals and families. This approach acknowledges that developmentally appropriate resources and services are required to successfully support people’s developmental journeys through life.



Under this framework, the developmental stages of the life journey, and its goals are:

- ❖ **Early Childhood Success** (0-8 years old) - All young children will be safe, healthy, and ready to learn.
- ❖ **Positive Youth Development** (9-15 years old) - All school-age children and youth will be living in a permanent home, achieving in school, and connected to their families and communities.
- ❖ **Strong Transitions to Adulthood** (16-26 years old) - Youth transitioning to adulthood will be on positive pathways to economic and social independence with strong and responsible family and community ties.
- ❖ **Productive Adulthood** (27- 59) - adults will achieve their greatest potential for economic and social independence as responsible and contributing community members.
- ❖ **Successful Aging** (60 and over)- aging adults will maintain their greatest level of independence, functioning, and dignity as valued members of their families and communities
- ❖ **Strong Individuals and Families/ Strong Communities** – Individuals, families and communities will have the knowledge, resources, and skills to successfully support their families and community members from birth to the end of life.

The needs assessment sought to identify how well Union County residents were able to achieve these goals.

This framework provides a unifying vision for stakeholders' goals around the developmental stages of life, as well as individual and family support in their community across four **pillars**, or essential conditions, to support the quality of life for residents:

- *Family relationships and community connections*
- *Personal safety and financial security*
- *Health and well-being*
- *Learning and education*



The CNA process in Union County was one that the County Department of Human Services fully embraced and supported, and with which it was highly successful in engaging the community. Within this framework, the process examined populations, conditions, and communities where more opportunities are needed to support greater success for individuals and families.

The process began with the formation of a Steering Committee, a diverse representation of stakeholders in from various aspects of the human services system in Union County. This group adopted this consensus framework for data collection and analysis, and oversaw and provided direction and input for the entire needs assessment process. The process also included quantitative data mining and analysis as the consultants worked with county representatives and this group to identify relevant data to be considered, and prepared a full report on data about Union County residents.



There was a strong interest in reaching out to residents, particularly those who need or use available human services, through surveys and focus groups. The DHS leadership and consultants designed a wide variety of information gathering tactics to solicit input from providers, other stakeholders, and most importantly residents around key areas of need and concern in the community. The focus groups were designed to engage a large variety of residents – in terms of location (including the communities of concern), age (young parents through older adults), diversity (groups were conducted in 5 different languages), and needs (focused on housing, youth services, the disabled or older residents, and those with behavioral health needs or disabilities). In all cases, special efforts were made to reach out to those living in poverty, both through invitation and outreach, and by providing some incentives for participation (such as combining the group with an event or providing refreshments). The Committee also used a survey which allowed a broad based view of the critical needs of the County and its residents.

**Participants in information gathering process:**

- **Surveys – 446**
- **Focus groups – 300**
- **Planning Body Meetings – 198**
- **Key Informants - 13**
- **Steering Committee – 26**
- **TOTAL – 983**

The survey was field-tested prior to utilization, and ultimately completed by 446 people. These individuals represented a broad cross section of county residents, including half identifying as White and Black/Multi-racial, and 39% as Hispanic. 12% were caring for a grandchild.



The Steering Committee met a total of 5 times, during which time data and community input was shared and discussed, trends were identified, and the consultants facilitated a process of the group undertaking strategic formulation. Strategic formulation, a critical part of a planning process such as this, includes not only a review of relevant information, but also discussing it and developing consensus about the meaning of the information. The results are findings and recommendations about what can be done to better support county residents being successful in every stage of their lives.

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# Introduction

## Purpose

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

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





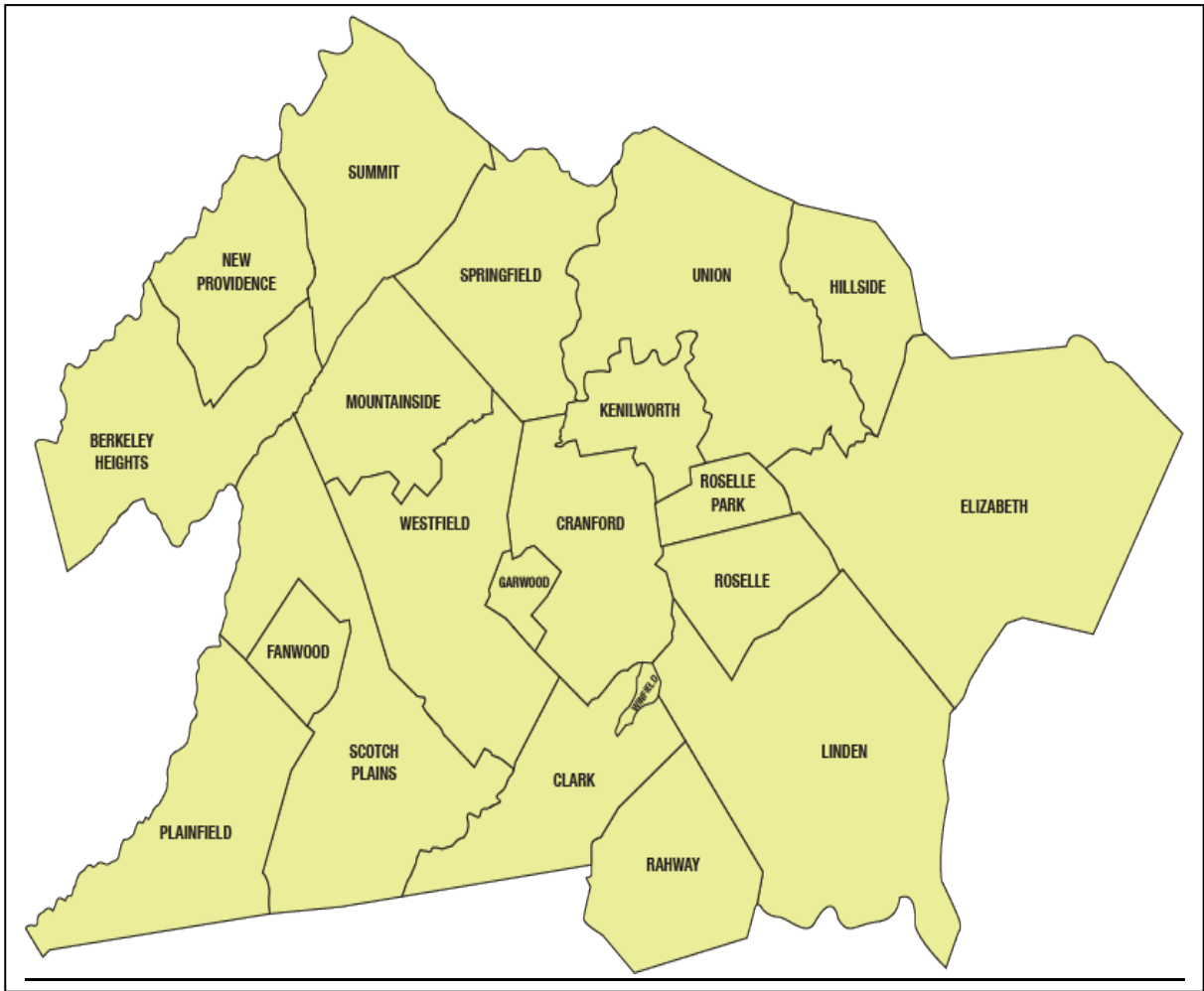
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# County Description

## **Narrative: In the Words of the County**

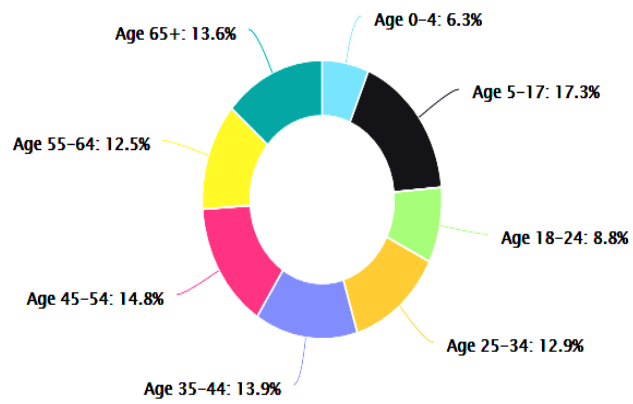
The 563,892 residents who live in the 187,916 households of Union County represent the rich diversity of cultures, languages, ethnicity, race, faith and origins that make New Jersey unique. As of 2017 Census data, the ethnic composition of the population of Union County, NJ is 39% White residents, 31% Hispanic residents, 20% Black residents, 5% Asian residents, and 5% categorized as Other residents. While the population of New Jersey has been declining, the population in Union County has been stable. The most common foreign language spoken in Union County, NJ is Spanish (139,170 speakers).

Union County has a density of 5,482 people per square mile of land area. The municipalities with the highest population densities are Roselle Park with 11,218 people per square mile, Elizabeth with 10,570, Winfield with 8,642 people per square mile, and Plainfield with 8,522 people. Lowest density areas include Mountainside with 1,742 people per square mile, Berkeley Heights with 2,215 people per square mile, Scotch Plains with 2,731 people per square mile and New Providence with 3,655 people per square mile. *(Data Source: NJ Department of Labor and Workforce Development Population Density by County and Municipality 2017).*



Total Population by Age Groups, Total

Union County, NJ



Data Source: US Census Bureau Population Estimates (2018)

<b><u>Municipalities by Population</u></b>			
<b>Area</b>	<b>Population</b>		
		<b><u>Area</u></b>	<b><u>Population</u></b>
Berkeley Heights	13,759	Plainfield	51,327
Clark	16,109	Rahway	30,131
Cranford	24,439	Roselle Borough	21,976
Elizabeth	130,215	Roselle Park	13,821
Fanwood	7,808	Scotch Plains	24,630
Garwood	4,408	Springfield	17,726
Hillside	22,274	Summit	22,323
Kenilworth	8,312	Union Township	59,327
Linden	43,056	Westfield	30,433
Mountainside	6,982	Winfield	1,528
New Providence	13,308		

*Data Source: New Jersey Department of Labor and Workforce Development*

Assets in the county include access to parks and green space that can help to drive health equity, and in Union County there are 36 parks that encompass nearly 6,200 acres of land including a 2,200 acre Watchung Reservation. There are many different activities and facilities in the county, including public and private golf courses, pools, and ice rink, paved paths suitable for wheelchairs and strollers, a golf course, dog park, and a variety of trails.



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# Needs Assessment Methodology

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

## **County Data Profile**

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

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

To determine and prioritize needs, the county was successful in engaging a large number of community stakeholders/providers to sponsor and, in some cases, facilitate focus groups with residents. The consultants provided a workshop for focus group facilitators and provided questions for the groups, to standardize the process as much as possible. In total, over 300 residents participated in the focus groups. They represented various parts of the county, diverse populations, and specialized populations/needs (e.g., older residents, youth in Plainfield, etc.).

The consultants also completed individual stakeholder interviews. Social service agencies were also invited to assist residents in completing the survey that was developed together information about residents' needs.

Finally, there was a survey used to gather additional input. Great efforts were taken to design a survey instrument that would be comprehensive, understandable, and provide useful information. The results of the survey were highly consistent with that of the focus groups.

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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. **Employment & Career Services**
3. **Substance Use Disorder Services**
4. **Behavioral/Mental Health Services for Adults**

## **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.***

Union County has a wealth of community partner agencies through its HSAC, professionals, government officials and employees to access. This group was contacted to reach out to their clients and or groups to create focus groups in each area of their respective expertises.

***Focus Group Participants.*** A total of 27 focus groups were conducted in this county as part of this needs assessment. These focus groups were conducted from September 20, 2019 to November 29, 2019. There was a total number of 282 participants. The number of participants in each focus group ranged from a minimum of 2 and a maximum of 30 participants. During the focus group sessions, a total of 446 surveys were completed.

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## **Key Informant Interviews**

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

### ***Recruitment.***

Key informants were recruited by Department of Human Services Director Debbie-Ann and JANUS Solutions, in consultation with the County Manager. Key informants were comprised of County Partner members, key County officials and key Community Leaders. Names are available upon request.

***Key Informant Interview Participants.*** A total of 13 interviews were conducted in this county as part of this needs assessment. The total number of participants included was 13. These interviews were conducted from September 30, 2019 to November 29, 2019. There was a total of 0 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	439
Staff or Volunteer with a Human Service Provider	143
Other	303

Age	Number of Participants
16-26	32
27-40	137
41-59	166
60-75	87
76-85	21
86 and over	3

Gender	Number of Participants
Female	319
Male	99
Non-binary, Third Gender	3
Prefer to Self-Describe	25

Race	Number of Participants
Aboriginal	1
Asian	7
Black or African American	137
Native American	10
White or Caucasian	155
Multi-Race (2 or More of the Previous)	41
No Answer	89
Not Listed	6



<b>Ethnicity</b>	<b>Number of Participants</b>
Hispanic, Latino or Spanish Origins	174
Not Hispanic Latino or Spanish Origins	272

<b>Education Level</b>	<b>Number of Participants</b>
Grades Preschool-8	31
Grades 9-12-Non-Graduate	57
High School Graduate or GED	96
High School/GED <u>and</u> Some College/Trade	55
2 or 4-Year College/Trade School Graduate	119
Graduate or Other Post-Secondary School	66
Currently in School	6
No Answer	16

<b>Employment Status</b>	<b>Number of Participants</b>
Employed: Full-Time or Part-Time	214
Unemployed	3
Other Source of Income (ie, SSI/SSD, Child Support/Alimony, Pension)	195
No Answer	54

<b>Services Accessed/Used by a Household Member within the last 2 Years (I Use this Service)</b>	<b>Number of Participants</b>
Yes	enter number
No	enter number

Participants represented the following municipalities

**There was at least one participant from each of the Counties 21 Municipalities.**

### **Additional Data Collection Methodologies**

The Steering Committee met a total of 5 times, during which time data and community input was shared and discussed, trends were identified, and the consultants facilitated a process of the group undertaking strategic formulation. Strategic formulation, a critical part of a planning process such as this, includes not only a review of relevant information, but also discussing it and developing consensus about the meaning of the information. The results are findings and recommendations about what can be done to better support county residents being successful in every stage of their lives.



# PART 2



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# Key Findings Across Needs

□ In Union County, 10.95% of the population (61,387 people) are linguistically □ □ □ isolated (no one over age 14 speaks English). The immigrant population has special challenges, especially new immigrants. These include □ cultural assimilation, lack of access to public benefits and services, discrimination, etc. Because of the significant diversity of the residents of Union County, it is challenging to address the many linguistic and cultural needs of residents when they try to access services. Relationships within families are also sometimes problematic. In 2018, there were 3,994 calls to the state child abuse and neglect hotline, and 4,521 investigations completed on Union County families. Children placed outside of their homes has been declining from 324 in 2016, to 266 in 2018. However, 15% of these children have been in placement for over 5 years (highest county in the state). There are 3,186 grandparents raising grandchildren in Union County. Also, there were 3,858 incidents of domestic violence in the county, at last report.

Services for Children and Youth – While the county has a significant number of services and supports for families and children, including Family Success Centers, not all families know how to find and access them. The Centers can serve as significant support to young families, youth, and for grandparents raising their grandchildren. Many community members raised unmet needs in the areas of affordable childcare, after school care and summer care, and recreational programs for youth.

Transportation - Key to accessing resources and feeling “connected” is transportation – to work, childcare, medical appointments, etc. Issues related to transportation were raised as a priority by every group, in every part of the county. Transportation needs of residents are great and varied – to work, school, services, etc. – and impact their ability to be safe and financially secure. Accessing Resources is a significant issue for many in the county. The lack of knowledge about, and how to access, resources available within the county was raised repeatedly by almost all groups in the CNA. Spanish Speaking individuals were connected to faith based organizations more than other resources; however, they often have no access or knowledge of resources that would be available. The “safety net” agency – the Division of Social Services - was categorized as not customer friendly, and evening hours for services were recommended.

Crime – Personal safety is an issue, especially at night, in several cities within the county. Both violent and non-violent crime is higher in the county than the state average. In NJ, the non-violent crime rate is 17.9/1000, while it is 21.5/1000 in the county. The violent crime rate is 2.4/1000 for the state, and 3.4/1000 in the county. This is a particular problem in some of the communities of opportunity.

Housing – Housing was the most frequently and consistently identified issue in the CNA. Affordable Housing, including shelter care, is an issue for all age groups and family sizes, including those with special needs, such as the disabled and aging populations in Union County. Issues raised related to the lack of affordable housing, availability of Section 8 housing, availability of housing for seniors or disabled folks, lack of shelter beds, and the fact that on average a resident pays 42.3% of their income on housing on rent. Affordable housing was the top issue raised – in every community and for every group. 45.5% of households in Union County spend more than 35% of their income on rent. A 2 bedroom apartment in Union County averages \$1600 per month. Further, subsidized/ Section 8 Housing is effectively closed, as landlords are increasingly refusing Section 8. Foreclosures are still continuing, though decreasing, and financial advice is needed, especially for seniors. In 2019, there were 438 people identified as homeless in the county, and those identified as chronically homeless increased from 28 in 2018 to 68 in 2019, and 25 percent of the homeless population included people with mental illness (112 individuals). The county identifies 68 people as

□ chronically homeless, and sheltered 3,132 people during “Code Blue” in 2018, including 532 □ □ children. There are not enough Code Blue and Shelter beds. Providers indicate that the homeless population needs access to services across many social service domains. The problem of homelessness in the county is one that is getting worse, as the vast majority of new housing being built in the county is luxury housing, well out of reach economically for the average Union County family. Shelter costs are increasing for the county, as the NJ Division of Family Development pays only \$50 per night for shelter care, while there are almost no housing providers that will accept this rate and it must be supplemented by DSS with county funds. Also, the county recently learned that New York City relocated several thousand homeless individuals and families to the county, paying landlords one year’s rent in advance, thus negatively effecting the availability of affordable housing for county residents. Lack of affordable housing/basic needs creates crisis for families and security issues . While the housing issue is challenging, there are some strengths upon which progress can be built. A strength in the system is that faith-based organizations are increasingly opening their facilities to homeless individuals for showers, etc. The Continuum of Care award (for housing) for Union County is \$4,170,723 annually, and allows the county to shelter and provide short term housing for residents.

**Income** – Many people in Union County are doing very well, yet there are 57,000 people in the county living in poverty, including 10,000 children living in poverty, with incomes below \$16,460 annually for a family of two (*2017 Federal Poverty Level*), and who struggle to meet even basic needs. While the median family income in the county is \$76,975, the *Economic Policy Institute Cost of Living Annual Cost Chart* notes that a family of four in Union County requires \$92,937 to be economically secure. *Data Source: US Census Bureau Population Estimates (2018)* Poverty for children and those over 65 exceeds the State average (14.4 and 8.7%, respectively). The dynamics of intergenerational poverty tend to reinforce poverty as the status quo. Over 19,000 residents are receiving SNAP, and 52,090 are labeled food insecure. Almost half of the children in the county (46.9%) qualify for free or reduced lunch in school. Public assistance numbers, while declining, are still significant in the county:

Indicator	WFNJ	TANF	Emergency Assistance	General Assistance	SNAP
New Jersey	11,602	1,527	4,216	358,572	19,732
Union County	569	89	518	19,732	52,090

Additionally, the population in need but ineligible for SNAP is estimated to be 52,090 or 24% (of adults and children). Union County had 41,764 Earned Income Tax Credit returns filed with refunds of \$98,164,511, for an average return of \$2,350. All of these trends indicate that special attention needs to be paid to those individuals and families most effected by poverty. Most residents of Union County have access to high quality healthcare, and enjoy the positive wellbeing that living in the county supports. Others in the county, however, do not have these advantages. Many residents still do not have access to affordable healthcare: 14% have no health insurance, including 4% of all children. Access to specialists, especially psychiatrists or those speaking languages other than English, is also a need. Access to primary care physicians, mental health treatment, and FQHCs in Union county is below the NJ average (significantly higher than 8% of residents in New Jersey). The Federally Qualified Health Care Center rate in Union County is particularly low, with just .56/100,000 people, as compared to 1.38 in New Jersey.

Indicators	New Jersey	Union County
Primary care physicians per 100,000 population	101.6	85
Dentists, Rate per 100,000 Population	82.6	83.49
Mental Health Care Provider Rate (Per 100,000 Population)	200.6	173.6
Rate of Federally Qualified Health Care Centers	1.34	.56

From 2016-2018 there were 14,647 Non-Medicaid births to Union County residents and 5,182 Medicaid births during

Opioid use in Union County continues to be an issue, and access to treatment and early/community education is a critical need.

those same three years (2016-2018). 67.9% of pregnant females receive prenatal care in the first trimester, and there were 24.2 births to women 15-19 per 1,000. Residents noted that there are few pediatricians and mental health professionals available that speak other than English, and that there are not enough psychiatrists, especially those

that are bilingual. Residents with low incomes also need better access to eye and dental care for low income residents is needed. **Behavioral Health/Substance Use Disorder** – There are significant challenges in this area related to incidence and the response to the incidence. Opioid use has increased in the county, as evidenced by a rise in the number of Naloxone administrations increasing: the number of Naloxone Administrations from 2016-2018 increased by 90% in Union County with 438 in 2016, 709 in 2017 and 830 in 2018. Despite county initiatives to address it, stigma exists regarding substance use disorder. 3,341 residents of Union County were admitted for substance use disorder in 2017 and of those 1,110 were for alcohol and 2,223 were for drugs. There were 98 overdoses in 2016, 131 in 2017 and 150 in 2018, in just three years the number of deaths from overdoses increased by 50%. 49.2% of residents needed, but couldn't access, treatment for substance use disorder. While other services exist in the county, only one halfway House exists in the County there is no inpatient facility for detox or treatment in Union County. There also appears to be a fragmented system of access to services, and no clear strategies for prevention throughout the county, despite the efforts of several non-profits in the area. Community strengths related to substance use disorder exist, including: County funds \$10,000 for transportation to inpatient SUD facilities. Peer recovery support services of Prevention Links. Workforce Advantage and Prevention Links are providing peer recovery support training thru a DOL grant. **Mental Health** – Many individuals in Union County struggle with mental health issues. 5.2% of total deaths in 2017 were due to mental or behavioral disorders in Union County, and 25% of homeless individuals have mental illness. The Mental Health Care Access Rate Per 100,000 population is 173.6 in Union County, lower than the state average. Education - In Union County, 34% of the population over age 25 has a Bachelor's degree or higher, and 14% in that group have less than a high school diploma. 22.9% of residents speak English less than very well, and many residents expressed an interest in learning English and Spanish. The high school graduation rate in Union County is 88%, yet in some communities it is well below that. 13 schools in the county struggle the most with meeting standardized testing standards, and the graduation rate is low in several of the communities. In many of those same communities, the unemployment rate exceeds the county average, especially for young adults. Residents spoke repeatedly about job training being needed that prepares people to earn credentials, and earn living wages. Better job training for the disabled was also cited as being needed. Community input also revealed that stakeholders have expectations for schools that go beyond traditional education for their students. Many felt that guidance counselors and other school staff should be better educated about services available to support success for their students; being knowledgeable about services and supports that students and their families may need.





## 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 Union County, 42 percent of household income was spent on housing in 2019. This percentage is greater than the percentage for the state of New Jersey (American Community Survey; *see County Data Profile for Additional Source Information*). In 2019 the latest year of data made available in the county profile packet, 28 percent of households experienced at least one of four housing problems: 1.) overcrowding determined by high person-per-room, persons-per-bedroom, or unit square footage-per-person; 2) severe cost burden, 3) lack of kitchen facilities, or 4) lack of plumbing facilities (Comprehensive Housing Affordability Strategy; data compiled by HUD; *see Data Profile for Additional Source Information*). Additional data for this need area may be available in the county profiles.

## Need Assessment Key Findings

### Summary: Scope of the Need

Housing was the most frequently and consistently identified issue in the CNA. Affordable Housing, including shelter care, is an issue for all age groups and family sizes, including those with special needs, such as the disabled and aging populations in Union County.

### Summary: Nature of the Need

<b>As one can see from the below chart the need for housing in Union Count is great.</b>	<b>New Jersey</b>		<b>Union County</b>	
Total Housing Units	3,595,055		201,442	
Total Occupied Housing Units	3,199,111		187,916	
Vacant Housing Units Number & Percent	395,944	11%	13,526	6.7%
Homeowner Vacant Housing Units	5.5		1.8	
Rental Vacant Housing Units	1.7		4.0	

Data Source: US Census American Community Survey 2017

In Union County 30.1% of the population 60 and over lives in renter-occupied housing while 69.9% live in Owner Occupied Housing. This compares to New Jersey with 24.5% of individuals 60 and over

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residing in renter-occupied housing and 75.5% live in owner occupied housing. For those in this category who live in owner-occupied housing, 42.3% pay 30% or more of their income toward their housing costs, compared to New Jersey at 36.3% and for those living in renter-occupied housing in Union County 59.8% have a gross rent as a percentage of household income in the past twelve months that is 30% or more. In New Jersey this number is 56.8% of the 60 and over population. (Data Source: American Community Survey (2013-2017))

### **Key Barriers**

Issues raised related to the lack of affordable housing, availability of Section 8 housing, availability of housing for seniors or disabled folks, lack of shelter beds.. Affordable housing was the top issue raised – in every community and for every group. 45.5% of households in Union County spend more than 35% of their income on rent. A 2 bedroom apartment in Union County averages \$1600 per month.

Further, subsidized/ Section 8 Housing is effectively closed, as landlords are increasingly refusing Section 8. Foreclosures are still continuing, though decreasing, and financial advice is needed, especially for seniors. The closing of two significant shelters in Union County has placed a great strain on the remaining ones.

□ In 2019, there were 438 people identified as homeless in the county, and those identified as chronically homeless increased from 28 in 2018 to 68 in 2019, and 25 percent of the homeless population included people with mental illness (112 individuals).

The county identifies 68 people as chronically homeless, and sheltered 3,132 people during “Code Blue” in 2018, including 532 children. There are not enough Code Blue and Shelter beds.

Providers indicate that the homeless population needs access to services across many social service domains. The problem of homelessness in the county is one that is getting worse, as the vast majority of new housing being built in the county is luxury housing, well out of reach economically for the average Union County family. Shelter costs are increasing for the county, as the NJ Division of Family Development pays only \$50 per night for shelter care, while there are almost no housing providers that will accept this rate and it must be supplemented by DSS with county funds.

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Also, the county recently learned that New York City relocated several thousand homeless individuals and families to the county, paying landlords one year's rent in advance, thus negatively effecting the availability of affordable housing for county residents. Lack of affordable housing/basic needs creates crisis for families and security issues.

While the housing issue is challenging, there are some strengths upon which progress can be built. A strength in the system is that faith-based organizations are increasingly opening their facilities to homeless individuals for showers, etc. The Continuum of Care award (for housing) for Union County is \$4,170,723 annually, and allows the county to shelter and provide short term housing for residents.

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

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

As the most frequently raised issue, the need for affordable housing is clearly the highest unmet need in the county. While there has been significant construction of housing units in Union County, they are generally luxury units and not affordable by many. Changes to the Mount Laurel Act have significantly reduced the availability of affordable housing.

Issues exist related to availability of shelter beds, transitional housing, long term affordable housing, and housing for seniors and disabled individuals. While the county has taken efforts to address the needs of homeless people, including developing warming centers, and engaging the faith-based community in this effort, concentrated efforts are still needed to make the housing system, limited as it is, more responsive to resident need. To accomplish this, the following activities are recommended:

Short-term:

- Under the public/community partnership, create a workgroup focused on homelessness to:
  - Design and implement an organized system of services for homeless individuals and families
  - Establish a single point of intake and service routes for homeless services
  - Create strategies for “housing first” and homeless prevention in addition to crisis-based services
  - Consider best practice models/strategies from within NJ and nationally (e.g., Mercer County and Denver, Colorado)
- Utilize a unified, consistent approach to shelter development among faith-based providers.

- 
- Review the use of the Homeless Trust Fund in the context of emerging strategies

Longer-term:

Engage Federal and State officials, municipal officials, developers and landlords to create a Union County Housing Task Force to confront and resolve the many challenging issues identified in the CNA related to affordable housing and income disparities. Encourage County municipalities to create ordinances regarding a percentage requirement for developers who choose to build housing units in Union County.

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

## Need Area: Housing Survey Results

Item	Total Number of Respondents	I need this service	I use this service	I know how to access this service	No Response	Total
1. Finding Affordable Housing.	515	47 %	7 %	13 %	33 %	100 %
2. Utility/Home Energy/Weatherization Assistance.	532	42 %	8 %	17 %	33 %	100 %
3. Mortgage/Rent/Foreclosure Assistance.	478	25 %	3 %	12 %	60 %	100 %
4. Home Repair.	498	30 %	6 %	13 %	51 %	100 %
5. Saving for Home/Home Ownership Help	466	37 %	3 %	48 %	12 %	100 %
6. Reverse Mortgage.	467	16 %	1 %	12 %	71 %	100 %
7. Support/Intervention to Prevent Homelessness	497	29 %	5 %	15 %	51 %	100 %

## 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 **Union County**, the food insecurity rate for households was approximately 9.3 percent in **2017**, the most recent date of available data (U.S. Census Bureau Current Population Survey and U.S. Department of Agriculture Economic Research Service; see *County Data Profile for Additional Source Information*). This percentage is **less than** the percentage rate for New Jersey.

## Need Assessment Key Findings

### Summary: Scope of the Need

Food insecurity remains an issue in Union County. It remains one of the largest expense items in most households. One of the largest concerns is the Counties population under 18. Also, recent changes to SNAP regulations have reduced its availability and has put a big strain on existing Food Pantries.

This indicator reports the estimated percentage of the total population and the population under age 18 that experienced food insecurity at some point during the report year, but are ineligible for State or Federal nutrition assistance. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. Assistance eligibility is determined based on household income of the food insecure households relative to the maximum income-to-poverty ratio for assistance programs (SNAP, WIC, school meals, CSFP and TEFAP).

Report Area	Food Insecure Population, Total	Percentage of Food Insecure Population Ineligible for Assistance	Food Insecure Children, Total	Percentage of Food Insecure Children Ineligible for Assistance
Union County, NJ	52,090	24%	16,350	24%
New Jersey	865,900	35%	260,340	33%

### Summary: Nature of the Need

**Population Receiving SNAP Benefits** - This indicator reports the average percentage of the population receiving the Supplemental Nutrition Assistance Program (SNAP) benefits between the months of July 2014 and July 2015. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

<b>Report Area</b>	<b>Total Population</b>	<b>Population Receiving SNAP Benefits</b>	<b>Percent Population Receiving SNAP Benefits</b>
Union County,	555,786	49,749	9%
New Jersey	8,958,013	889,656	9.9%

**Free/Reduced Lunch**-In New Jersey 520,509, or 37.9%, of children were eligible in 2016-2017 for free and reduced lunch. In Union County there were 44,533, or 46.9%, of children eligible for free and reduced lunch for that same time period. (Data Source: American Community Survey (2013-2017)).

The need for food pantries continues; access to transportation to obtain food goods are key for many and many find the amount of SNAP benefits not sufficient to feed entire households. While Union Counties food insecurity percentage is slightly less than that of New Jersey, it stands at 9% OVER, the NJ average for eligibility in Free / Reduced Lunch programs.

Among the most widely-used services, county-wide, is Meals on Wheels, which feeds 1,500 people each day, and enrolls 50-70 new people each month. This includes both congregate sites and home delivery.

### **Key Barriers**

Key barriers include:

- Low income / fixed income

- Large percentage of household income needed for housing expense

- Lack of food pantries

- Lack of transportation to obtain food goods

- SNAP benefits inadequate or not available under new Federal Regulations

Although Meals on Wheels collects contact information for all applicants, the organization has found that 15-20% of the phones have been disconnected when they try to reach people.

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

**NA**

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

**NA**



## Need Area: Food Survey Results

Item	Total Number of Respondents	I need this service	I use this service	I know how to access this service	No response	Total
1. Home Delivery Meals.	583	18 %	3 %	19 %	60 %	100 %
2. Food-Food Pantry, WIC, Farmers Market Vouchers.	544	36 %	10 %	25 %	29 %	100 %
3. SNAP (Food Stamps).	528	32 %	9 %	23 %	36 %	100 %

## Need Area: Health Care

Status: General Need Area

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

In **Union County**, the estimated proportion of children under 18 years old (minors) with no health insurance coverage was 5.6 percent in 2017. This percentage is **greater 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 Union County in **2018**, there were 452 reports of lack of or no prenatal care. This was **decrease** of 27 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

Most residents of Union County have access to high quality healthcare, and enjoy the positive wellbeing that living in the county supports. Others in the county, however, do not have these advantages. Many residents still do not have access to affordable healthcare.

#### Summary: Nature of the Need

14% of residents have no health insurance, including 4% of all children. Access to specialists, especially psychiatrists or those speaking languages other than English, is also a need.

Access to primary care physicians, mental health treatment, and FQHCs in Union county is below the NJ average (significantly higher than 8% of residents in New Jersey). The Federally Qualified Health Care Center rate in Union County is particularly low, with just .56/100,000 people, as compared to 1.38 in New Jersey.

Indicators	New Jersey	Union County
Primary care physicians per 100,000 population	101.6	85
Dentists, Rate per 100,000 Population	82.6	83.49
Mental Health Care Provider Rate (Per 100,000 Population)	200.6	173.6

Rate of Federally Qualified Health Care Centers	1.34	.56
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From 2016-2018 there were 14,647 Non-Medicaid births to Union County residents and 5,182 Medicaid births during those same three years (2016-2018). 67.9% of pregnant females receive prenatal care in the first trimester, and there were 24.2 births to women 15-19 per 1,000.

**Key Barriers**

In addition to the lack of affordable reliable healthcare or access to it, residents noted that there are few pediatricians and mental health professionals available that speak other than English, and that there are not enough psychiatrists, especially those that are bilingual. This is a major barrier, as a significant amount the residents of Union County speak Spanish as their first language. Residents with low incomes also need better access to eye and dental care for low income residents is needed. Statistics show that 9% of individuals under age 65 do not have health insurance in Union County.

Transportation to medical services proves a barrier for many. 33% of survey respondents stated they needed access to this critical transportation.

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

NA

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

NA

### Need Area: Health Care Survey Results

Item	Total Number of Respondents	I need this service	I use this service	I know how to access this service	No Response	Total
1. Health Insurance/Affordable Medical Care.	648	37 %	22 %	25 %	16 %	100 %
2. Transportation to Medical Social Services.	519	33 %	8 %	21 %	38	100 %
3. Eye/Vision Care including Eyeglasses and Dental Coverage/Care	607	42 %	7 %	20 %	31 %	100 %
4. Prevention Education (promoting healthy life-styles) .	521	35 %	8 %	19 %	38 %	100 %
5. Medicare/Medicaid Doctors/Services	703	28 %	13 %	18 %	41 %	100 %
6. Accessing Doctors.	596	33 %	16 %	22 %	29 %	100 %
7. Homecare/Hospice Services	490	18 %	5%	14%	63%	100%

**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 Union County there was a total of 1877 violent crimes in 2016 and the *violent crime* rate per 1,000 was 3.4 percent (NJ Department of Law and Public Safety, Division of NJ State Police, Uniform Crime Reports, Updated 8/15/19; see Data Profile for Additional Source Information). Of the *non-violent* crimes committed there was a total of 23 arson, 1380 motor vehicle theft, 6985 larceny and 1725 burglary in Union 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**

Personal safety is an issue, especially at night, in several cities within the county. Both violent and non-violent crime is higher in the county than the state average.

**Summary: Nature of the Need**

In NJ, the non-violent crime rate is 17.9/1000, while it is 21.5/1000 in the county. The violent crime rate is 2.4/1000 for the state, and 3.4/1000 in the county. This is a particular problem in some of the Union County communities. Relationships within families are also sometimes problematic. In 2018, there were 3,994 calls to the state child abuse and neglect hotline, and 4,521 investigations completed on Union County families. Children placed outside of their homes has been declining from 324 in 2016, to 266 in 2018. However, 15% of these children have been in placement for over 5 years (highest county in the state). There are 3,186 grandparents raising grandchildren in Union County. Also, there were 3,858 incidents of domestic violence in the county, at last report.

**Crime Rates – Violent and Non-Violent & Domestic Violence**

Indicators	New Jersey	Union County
Non-Violent Crime Rate	17.9 per 1,000	21.5 per 1,000
Violent Crime Rate	2.4 per 1,000	3.4 per 1,000
Domestic Violence Incidents	63,420	3,858

*Data Source: New Jersey State Police: UCR Reports and Domestic Violence Reports*

In 2016 Rahway, Roselle, and Union Township had lower Non-Violent Crime Rates and Violent Crime Rates than the county. In Violent Crime Rates, all of the other Communities of Opportunity have higher rates of violent crime than the county. In 2016 there were 23 murders in Union County, of those, 21 all occurred in Communities of Opportunity, including 2 murders in Union Township, 5 murders in Elizabeth, 1 in Hillside, 12 in Plainfield, and 1 in Rahway.

Data Source: New Jersey State Police Uniform Crime Reporting 2016

Communities of Opportunity Non-Violent Crime Rate				Union County Non-Violent Crime Rate 21.5		
Elizabeth	Hillside	Linden	Plainfield	Rahway	Roselle	Union Township
32.7	21.6	23.5	18.8	11.9	15.4	17.3
Communities of Opportunity Violent Crime Rate per 1,000 Residents				Union County Violent Crime Rate = 3.4 per 1,000 Residents		
Elizabeth	Hillside	Linden	Plainfield	Rahway	Roselle	Union Township
8.3	3.6	4.0	6.8	1.3	1.8	1.1

Indicators	New Jersey	Union County
Juvenile Arrests 2015	20,389	1117
Juvenile Arrests 2016	19,072	760
Juvenile Detention 2016	2,502	143
Juvenile Detention 2017	2,442	120

In Union County 53.3% of the youth in detention were detained for first or second degree crimes; 12% were for third degree crimes and of the remainder of youth in detention 5.8% were held for fourth degree crimes.

21.8% of youth in detention in 2017 remained in detention for 60 days or longer. 15.2% of youth in detention in 2017 in Union County were minority youth and 22% of minority youth in 2017 were in detention 60 days or more. The mean level of service of detention for minority youth in 2017 was 54.7 this was an increase from 2016 of 44.8.

### Key Barriers

A host of issues contribute to crime rates and safety issues and there are multiple barriers.

Transportation - Key to accessing resources and feeling “connected” is transportation – to work, childcare, medical appointments, etc. Issues related to transportation were raised as a priority by every group, in every part of the county. Transportation needs of residents are great and varied – to work, school, services, etc. – and impact their ability to be safe and financially secure.

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Accessing Resources is a significant issue for many in the county. The lack of knowledge about, and how to access, resources available within the county was raised repeatedly by almost all groups in the CNA. Spanish Speaking individuals were connected to faith based organizations more than other resources; however, they often have no access or knowledge of resources that would be available. The “safety net” agency – the Division of Social Services - was categorized as not customer friendly, and evening hours for services were recommended. Lack of being able to access services that may be of assistance, may contribute to a higher than desired crime rate. □

In NJ, the non-violent crime rate is 17.9/1000, while it is 21.5/1000 in the county. The violent crime rate is 2.4/1000 for the state, and 3.4/1000 in the county.

There are 57,000 people in the county living in poverty, including 10,000 children living in poverty, with incomes below \$16,460 annually for a family of two (*2017 Federal Poverty Level*), and who struggle to meet even basic needs. This is a direct contributor to crime rate.

Lack of Community Policing / Neighborhood watches

Lack of employment. This is a factor, especially in several municipalities in Union County; which contributes to a higher than desired crime rate.

The increased use of substances; in particular, opioids through out the County has had a direct affect on crime, and is a barrier difficult to overcome.

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

NA

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

NA

### Need Area: Community Safety Survey Results

Item	Total Number of Respondents	I need this service	I use this service	I know how to access this service	No Response	Total
1. Supports for dealing with community- based bias.	466	29 %	5 %	14 %	52 %	100 %
2. Services to make neighborhood safer.	506	38 %	6 %	12 %	44 %	100 %
3. Gang violence prevention.	466	19 %	2 %	11 %	68 %	100 %
4. Crime reduction.	458	34 %	4 %	13 %	49 %	100 %
5. Neighborhood clean-up projects.	483	31 %	4 %	12 %	53 %	100 %
6. Personal safety classes.	483	32 %	4 %	10 %	54 %	100 %



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**Need Area: Employment and Career Services****Status: Prioritized 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.)

**In Union County, unemployment rates ranged from a high of 4.9% to a low of 3.1%. These rates were during a range of June of 2018 – May of 2019. The average during this period, was 4.2%. These rates remained stable through March of 2020; but since have since have increased due to the Corona Virus employment shut down. Preliminary reports from the NJ Department of Labor estimated the unemployment rate in Union County in July of 2020 was 14.1%. This has now become a major concern in Union County. Source of 18/19 statistics – bls.gov**

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

The high school graduation rate in Union County is 88%, yet in some communities it is well below that. 13 schools in the county struggle the most with meeting standardized testing standards, and the graduation rate is low in several of the communities.

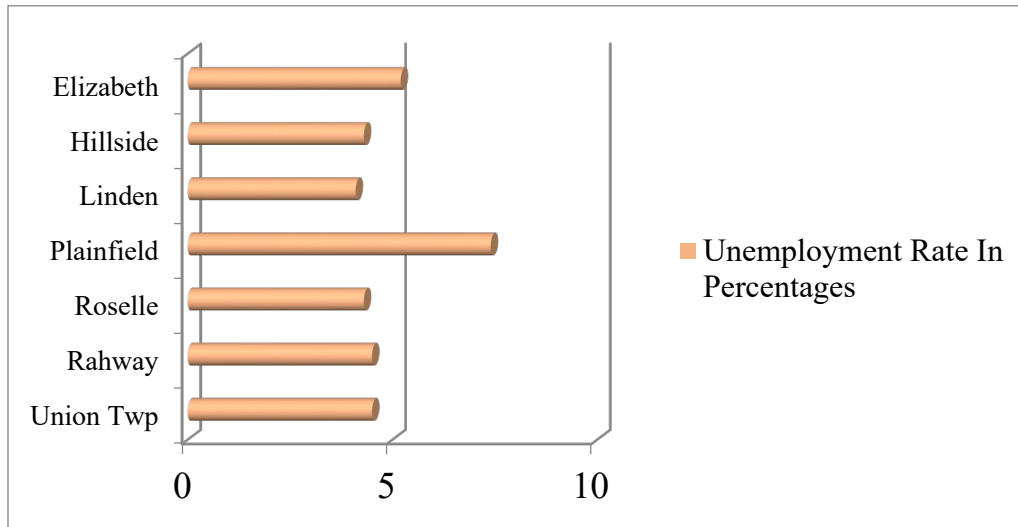
In many of those same communities, the unemployment rate exceeds the county average, especially for young adults. Residents spoke repeatedly about job training being needed that prepares people to earn credentials, and earn living wages. Better job training for the disabled was also cited as being needed.

**Summary: Nature of the Need**

Unemployment in several communities in Union County exceeds the state average of 3.6% during the reporting period (Rutgers Data) of 2019. During the pandemic, these rates have soared.

Many of these communities also have lower than average High School Graduation Rates; thus restricting employment opportunities for these students who do not graduate.

Issues also include the fact that many of the Counties residents are foreign born and use a language other than English as a primary language, This limits employment and for those undocumented, extremely limits what if any employment they can gain.



Data Source: New Jersey Department of Labor and Workforce Development

### Key Barriers

Key barriers at this time are lack of well paying jobs, transportation issues in some areas of the County and a lower than desired high school graduation rate in some Union County communities.

A high number of respondents also cited post secondary tuition costs as a barrier to obtaining a degree.

Jobs skills training (the lack of it) was cited by a number of respondents during focus groups and on surveys.

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

One key area where there are opportunities for enhanced coordination to support resident success is in the area of **workforce development**. Particularly for young adults and those residing in the Communities of Opportunity where unemployment is highest, an approach is needed to engage, educate, train, and place individuals on career paths. A public-private partnership to support an effort to help residents find and keep jobs, and have careers that allows them to support themselves and their families, would also maximize the use of available funding in this area. In the short term, more educational programs about employment opportunities can be increased. There are five Family Success Centers in Union County which can provide these services. In addition for the long term, Union County will continue to operate its American Job Center; which provides education, resume assistance, job placement and other career services.

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It is recommended that the needs for tutoring and mentoring programs for youth, and potentially in other service areas, be addressed partially through the development of a volunteer program that recruits, trains, manages and supports volunteers to work with youth in areas of employment training, education and related areas.. Ideally, a multi-generational tutoring /mentoring program could address the needs of both the older adults (for productive activities) and youth being served.

Institute a better education program County and Statewide to inform students of new Financial Aid opportunities for post secondary education.

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

**NA**

### Need Area: Employment and Career Services Survey Results

Item	Total Number of Respondents	I need this service	I use this service	I know how to access this service	No Response	Total
1. Adult Education (High School Diploma, GED, Literacy).	489	19 %	6 %	26 %	49 %	100 %
2. ESL Classes.	488	24 %	5 %	21 %	50 %	100 %
3. Job Skills Training to find a better job(trade school, computer skills, career counseling, readiness skills) .	500	38 %	6 %	17 %	39 %	100 %
4. Money for tuition.	504	40 %	7 %	14 %	39 %	100 %
5. Transportation to work or training.	493	30 %	6 %	16 %	48 %	100 %

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

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

In Union 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 Union County was less than the median monthly cost for NJ.

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

Many working families in Union County have a need for some form of child care while one or both parents work at full or part time jobs. However, while cost of traditional day care is slightly less than the New Jersey average, the cost is still prohibitive to many in lower income based jobs. There are other issues as well; transportation, lack of subsidies, lack of available spots, etc. Because of these issues, more and more grandparents are taking care of their grandchildren, while their child is working.

**Summary: Nature of the Need**

**Child care is at a premium in Union County. There are not enough centers and the cost of the centers available make it very difficult for many in the County to use these services. The average monthly cost in Union County for day care is \$1,050 for an infant. Someone earning minimum or even a moderate income finds it difficult to pay these rates and many; don't qualify for subsidies. In the lower income areas of Union County, most day cares are filled, so space, becomes an issue. The ones available are also not very easily accessed or overcrowded**

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**30% of survey respondents noted that they needed Affordable Childcare.** 35% of families in the county are headed by single adults, and grandparents are raising grandchildren in increasing numbers.

### **Key Barriers**

- ❖ Affordable childcare
  - **Cost** is the larger factor but centers not readily available are an issue as well
  - Transportation to the care is challenging
  - Care for very young children is hard to find
    - Non-traditional hours is a problem - not enough round the clock
    - Not a good information network to get the word out about the places you go to
    - Need more family daycare
  - Sick childcare is a challenge
    - Challenge for women who make an hourly wage - cost of daycare eats it up
- ❖ Support for young mothers is not readily available
- ❖ Support for single working parents is difficult to find
- ❖ Extended child care hours are hard to come by
- ❖ Need more day care centers; especially in Elizabeth.

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

**NA**

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

**NA**

### Need Area: Child Care Survey Results

Item	Total Number of Respondents	I need this service	I use this service	I know how to access this service	No Response	Total
1. Affordable Childcare.	504	30 %	6 %	22 %	42 %	100 %
2. Quality Infant/Toddler early education services.	491	26 %	4 %	22 %	48 %	100 %

# 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

There are 3,186 grandparents raising grandchildren in Union County. Lack of significant wages, undocumented workers, one parent households and many parents working two jobs contribute to this. Additionally, the lack of, or unaffordability of decent child care adds to this burden. While this is not a wide spread situation, it is significant enough to realize that the trend may continue to rise with the factors stated above.

Indicators	New Jersey	Percentage	Union County	Percentage
Grandparents Responsible for their own Grandchildren	49,236	24.7%	3,186	22.8%
Responsible for Grandchildren less than 1 year	7,641	3.8%	451	3.2%
Responsible for Grandchildren more than 1 year	21,221	10.7%	1,279	9.2%

Source: US Census Bureau American Community Survey 2017 & NJ Grandfacts Fact Sheet (2017)

#### Summary: Nature of the Need

While the county has a significant number of services and supports for families and children, including Family Success Centers, not all families know how to find and access them. The Centers can serve as significant support to young families, youth, and for grandparents raising their grandchildren. Many community members raised unmet needs in the areas of affordable childcare, after school care and summer care, and recreational programs for youth.

The lack of knowledge about, and how to access, resources available within the county was raised

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repeatedly by almost all groups in the CNA. Spanish Speaking individuals were connected to faith based organizations more than other resources; however, they often have no access or knowledge of resources that would be available.

In Union County, the poverty rate was 11.50% in 2017 which represented close to 57,000 residents; many with children who need additional support in the raising process from another family member other than their parent or parents.

Residents raised numerous issues related to how difficult it is to meet their transportation needs - whether it is to work, school, to reach child care or Success Centers, or for needed medical or social services. A complicated and very broad issue to address, because of the specific needs and resources available in each community, addressing transportation issues needs intense partnerships and collaboration.

### **Key Barriers**

Key barriers to prevent this social issue included, low wage earning, lack of affordable day care centers, rise in single parent families and a significant lack of school based programs to care for younger students before and after school. Other barriers included a lack of transportation to day care centers, lack of space at day care centers and a lack of knowledge on how to obtain some of the County services available that may assist them. Lack of affordable housing creates a large strain; as most low to moderate income earners, especially single parents, are expending over 40% on their housing needs; leaving very little for day care. 22% of respondents said they needed financial assisting for care giving.

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

**NA**

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

**NA**

### Need Area: Families Caring for a Child of a Relative Survey Results

Question:	Total Number of Respondents	Yes	No	No Answer/ No Response	Total
Are you a primary caregiver for one or more grandchildren/relatives?	446	12%	75%	13%	100%
Are you the primary caregiver for another relative?	446	18%	71%	11 %	100%
Are you the primary caregiver for one or more non-relative?	446	7%	79%	14%	100%

Item	Total Number of Respondents	I need this service	I use this service	I know how to access this service	No Response	Total
1. Financial Assistance for Caregiving.	477	22 %	2 %	14 %	62 %	100 %
2. Caregiver Support/Respite*.	505	26 %	6 %	18%	50%	100%

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

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

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

### **Need Assessment Key Findings**

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

Youth with special needs are a particular concern, as residents think that there are no consistent mental health services through the schools, and not enough wrap-around services for children with Intellectual/Developmental Disabilities. Additionally, many physicians have been trained to perform mental health screenings, but generally pediatricians are not doing them.

Young people with disabilities are growing as a group, and others are challenged by behavioral health or substance abuse issues. Youth-Age 16-18 have been exposed to many adult traumas and have such a greater awareness of what issues are impacting their families and youth have greater exposure to school violence and the impact of violence. One significant resource within the county is the Recovery High School (currently serving 15 students).

There are young residents in the county who, due to income, health and behavioral health status, developmental status, family situations and other reasons, are in need of support, services and resources from a variety of public, private and non-profit organizations.

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

- **Children need more access to mental health services. Unfortunately, there are a lack of mental health professionals which creates a wait for these types of services. Additionally many youth who may be on State provided health care, have limited access to mental health services and providers. Funding is needed in all counties to provide the mental health services to children needed. Additionally, schools don't offer nearly the amount of mental health professionals needed to combat the problem.**

**Prevention/EIS are not available for children ages 0-5**-this age group will not get a connection or referral with rare exception of children age four who sometimes can get connected to services.

- There are preschool programs but **no mental health services**; some of the school districts have some clinical staff but there is no formal type of consistent services found in schools, etc.
- Based on gap in children age 4; new provider in attendance who opened new facility at the beginning of summer; mental health professional services began and they are seeing children age 4 and up with mental health challenges; transportation is available-agency is located in New Providence and provides transportation to the entire county.
- **Educational Mental Health:** People look at mental health as an acute model that is crisis specific; it is a cultural county issue; we are not looking at symptoms and identifying future issues; need mental health checkup to occur on a consistent basis across services.
- New collaborative grant where Pediatricians are trained; the program does screen and pediatricians are trained to understand mental health needs and screen for them. Discussion on parents rely on pediatricians for help and they are identifying behavioral issues when the child needs mental health services. Also, new program makes service easy for parents by doing a screening/consult electronically using technology for video calls, etc. removing transportation barrier for parents/caretakers.
- CMO's have identified a **gap with the pediatricians**, parents are going to the doctors first, but the pediatricians have absolutely no idea about the need for mental health services and how they can and should provide screening.
- Mental health curriculum for grades K-12 new law in New Jersey may provide more services.

## Key Barriers

- There is a **lack of mental health services and general awareness and education in the schools and the districts**. Schools are left up to their own solutions in each district-lack of mental health coordination with school districts. Elizabeth has a new model to keep the kids in school for mental health issues, but it is not replicated anywhere else.
- **School districts are still operating too independently** in Union County. The new law may provide some changes, but schools even within districts are not consistent. Need more cohesiveness and schools should be interacting with mental health and social services. It is a

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challenge for parents, they don't want to interact with the school personnel. Need for more school-based programs; stigma free work needs to be done with parents who resist the behavior of their children and not grasp or understand what is really going on with mental health issues with children. Parents do not always understand the real problems and they are being let down when they try to get help and the mental health issues are identified as behavioral issues.

- **Pediatricians do not understand mental health** and the ability to identify it through screenings. It has been difficult to broach issues with mental health with children with pediatrics. They don't know what to do with them and the children end up in the emergency room. We place a responsibility on parents, but it is learned helplessness. The physicians/pediatricians really need to understand how to assist and what the resources are available to help the parents deal with the concerns. The new collaborative has been open for 18 months and is in one flagship location with 15 physicians on board for the mental health screenings. Some doctors will now prescribe until the child is linked to the psychiatrist.
- **More education Needed to lift the “Stigma” of Youth Mental Health – the “stigma” of mental health issues is overwhelming for some youth and may prevent them from seeking assistance.**

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

NA

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

NA

### Need Area: Behavioral Mental Health Services for Children Survey Results

Item	Total Number of Respondents	I need this service	I use this service	I know how to access this service	No Response	Total
1. Mentoring (examples-Big Brother/Big Sister, Peer Mentoring).	495	26 %	5 %	19 %	50 %	100 %
2. Caregiver Support/Respite*.	505	26 %	6 %	18 %	50 %	100 %
3. Special Education Services at child's school.	488	22 %	5 %	17 %	56 %	100 %
4. Services to support Child's attendance at school.	478	21 %	3 %	14 %	62 %	100 %
5. Youth employment services	486	25 %	15 %	15 %	45 %	100 %
6. Suicide Prevention*	488	19%	4	24%	53%	100%
7. Developmental health services/support counseling*	561	24%	14%	17%	45%	100%
8. Treatment for Mental Health issues*	491	19%	6%	19%	56%	100%
9. Supports for persons with special needs	488	28%	3%	19%	50%	100%



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## **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**

Many individuals in Union County struggle with mental health issues. 5.2% of total deaths in 2017 were due to mental or behavioral disorders in Union County, and 25% of homeless individuals have mental illness. However, the Mental Health Care Access Rate Per 100,000 population is 173.6 in Union County, lower than the state average. Mental health professionals in Union County are lower than the New Jersey rate. (Many individuals in Union County struggle with mental health issues. In Union County the statistics show that women experience forms of depression at about a 4% higher rate than men.

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

New Jersey reported 3,766 deaths attributed to Mental and Behavioral Disorders in 2017 with a rate of 41.8. There were 194 deaths attributed to Mental and behavioral disorders in 2017 in Union County or a crude rate per 100,000 of 34.4. In addition, 5.2% of total deaths in 2017 were due to mental or behavioral disorders in Union County.

#### **Needs identified during focus groups included (but not limited) to:**

- Waiting lists around the country for mental health counseling
- Greater Mental Health resources needed
- Need more licensed and credentialed professionals
- Support and funding needed
- Need stable family support, education and resources

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- Once a child ages out of services, there is a lack of or extreme waiting list for adult services
  - Transition programs are lacking
  - Social Services in counties need more mental health workers to deal with the growing need of clients
  - Need mental health advocates who can go with the person when they go to apply for assistance.  
Need people instantly available or on-call.
  - Need a navigator of mental health

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## Key Barriers

Resources are spread out around the county and reliable transportation is difficult to obtain for many with mental health issues.

Lack of low costing inpatient facilities and lack of support groups / coaching.

Reaching homeless folks who have mental issues. Trying to bring them in for treatment.

Lack of adequate insurance that covers mental health visits and medication where needed

Education for those in need of where and how to find mental health services..

The general “stigma” of mental health.

- Lack of accessible detox in the county
  - Sent out of the county (Newbridge and others)
  - Even people with insurance
  - Lack of addiction treatment
- Lack psychiatrists and bilingual psych
  - Client waits 3-6 months
- Medicaid & Medicare
  - Hard to find a decent provider
- No urgency from Dept of Health
  - People waiting months to get surveyed and licensed
  - Need integrated license – not formulated yet
  - 6 month goal for having it up and running not likely to be met
- Transportation
  - Hard for people to get to treatment
- Hard to get identification
  - Long process to get documents
  - Homeless
    - Elizabeth offers no-cost documents
      - Model program?
    - Inconsistency among towns towns
- Continuity of care
  - Have an effective model but it is underutilized
  - Not accessing the resources when needed
  - New system with lots of changes/still learning how to work together
  - Referral process can be improved

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

Conversation around mental health and **ending stigma** through the county initiative has helped to shift the culture; the county has identified this stigma free effort to help change the culture and it is helping. In addition, some of the towns have also identified being stigma free so there are multiple layers working on the same thing which helps to shift mindset. More direction and guidance in the future is needed from the county to see how we continue to work on changing culture in the future.

- Education for children and parents, support groups, these things are needed for those with mental health services, NAMI offers services in this area and more support groups would be helpful.
- **Data Analysis:** Report put together but not recently-it has been several years; IIC should be looked at and the outcomes of the program reported and examined; State data is not analyzed either-they provide numbers and they are shared with committee but no one at State level is analyzing data. Coordinating data from hospitals and providers would help to assess the service gaps.
- **Development of an affordable inpatient mental health facility (long term) possibly with a partnership of private sector and government.**
- **Hire more bi-lingual mental health providers (short term)**
- **Analyze transportation to mental health facilities and provide education on how to access it (short term)**

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

NA

**Need Area: Behavioral/Mental Health Services for Adults Survey Results**

<b>Item</b>	<b>Total Number of Respondents</b>	<b>I need this service</b>	<b>I use this service</b>	<b>I know how to access this service</b>	<b>No Response</b>	<b>Total</b>
1. Suicide Prevention*.	488	19 %	4 %	24 %	53 %	100 %
2. Treatment for mental health issues*.	491	19 %	6 %	19 %	56 %	100
3. Developmental health services/ support counseling*.	561	24 %	14 %	17 %	45 %	100 %
4. Coaching/Support Groups*.	526	34 %	9 %	21 %	36 %	100 %
5. Support for persons with special needs.*	488	28 %	3 %	19 %	50 %	100 %

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

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

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

### **Need Assessment Key Findings**

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

There are significant challenges in this area related to incidence and the response to the incidence. Opioid use has increased in the county, as evidenced by a rise in the number of Naloxone administrations increasing: the number of Naloxone Administrations from 2016-2018 increased by 90% in Union County with 438 in 2016, 709 in 2017 and 830 in 2018. Despite county initiatives to address it, stigma exists regarding substance use disorder. Substance abuse is an issue of concern in Union County.

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

3,341 residents of Union County were admitted for substance use disorder in 2017 and of those 1,110 were for alcohol and 2,223 were for drugs. There were 98 overdoses in 2016, 131 in 2017 and 150 in 2018, in just three years the number of deaths from overdoses increased by 50%. 49.2% of residents needed, but couldn't access, treatment for substance use disorder. □

Opioid use in Union County continues to be an issue, and access to treatment and early/community education is a critical need.

While other services exist in the county, only one halfway House exists in the County there is no inpatient facility for detox or treatment in Union County. There also appears to be a fragmented system of access to services, and no clear strategies for prevention throughout the county, despite the

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efforts of several non-profits in the area.

Community strengths related to substance use disorder exist, including:

- County funds \$10,000 for transportation to inpatient SUD facilities.
- Peer recovery support services of Prevention Links.
- Workforce Advantage and Prevention Links are providing peer recovery support training thru a DOL grant.

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## Key Barriers

Opioid use is increasing in Union County, yet there is no inpatient treatment available within the county. This is a major key barrier in fighting the battle against substance abuse. Despite best efforts by providers in the county, there exists no continuum of care within their own communities available for Union county residents struggling with opioid addiction

The lack of early intervention is another barrier in successfully lower the instances of substance abuse. That along with a lack of educational programs within the key school systems, makes it very difficult to battle this issue. Lower income areas are also suseptable to substance abuse issues, are the areas in Union County that generally have single parent households raising children.

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

Opioid use is increasing in Union County, yet there is no inpatient treatment available within the county. Despite best efforts by providers in the county, there exists no continuum of care within their own communities available for Union county residents struggling with opioid addiction. To address this significant issue, the following is recommended:



- Advocate with, and seek funding from, the State and federal government for in-patient treatment services within the county for residents with substance use disorder. This needs to be a priority and done immediately.
- Work with appropriate planning bodies (HSAC, Municipal Alliances, etc.) to develop a full organized continuum of services and support, including clear and concrete strategies for prevention, treatment, and recovery throughout the county
- Partner with schools for long term educational programs
- Provide where necessary more therapeutic groups and providers to provide reactive and preventative programs.
- Educate the public on where and how to obtain substance abuse help
- Work to remove the “stigma” relating to substance abuse and encourage more to seek help.

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



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NA

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

Item	Total Number of Respondents	I need this service	I use this service	I know how to access this service	No Response	Total
1. Recovery support services.	489	19 %	4 %	18 %	59 %	100%
2. Substance use disorder treatment services.	473	14 %	3 %	19 %	64 %	100%
3. Coaching/Support groups*	526	34%	9%	21%	36%	100%



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

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

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

### **Need Assessment Key Findings**

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

In 2018, there were 3,858 incidents of domestic violence in the county. It's a significant issue. Contributing factors include lack of sustainable work, substance abuse, low wages and lack of affordable housing to name a few.. Many individuals in Union County struggle with mental health issues. 5.2% of total deaths in 2017 were due to mental or behavioral disorders in Union County, and 25% of homeless individuals have mental illness. This is a contributing factor in the issue of Domestic Violence.

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

**While numbers have been somewhat consistent, there has been an increase in domestic violence in multiple communities within Union County. Especially Elizabeth, Plainfield and Linden.**

Issues related to what residents know about services available, and how to navigate them, were raised by every group, in every area of the county. Specific areas about which it is recommended that the community be better educated were also identified.

There are several components to addressing the challenge of residents being unaware of how to get help when needed.

**The recommendations related to residents being able to find and access resources require a comprehensive approach, led by CSBG funded agencies, to develop mechanisms and a system to help county residents to become better educated about issues effecting their well being, and services/supports available to help address them.**

A comprehensive approach to addressing this challenge includes the development of a system for cataloging resources, and a plan for getting the word out to residents about help that is available. Additional availability of centers to provide counseling and shelter would be a benefit as well. 14% of Union County residents do not have health insurance, so counseling issues are greater for this group.

	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Elizabeth	723	574	685	626	607	566	1,321
Plainfield	710	788	819	728	729	593	877
Linden	374	350	257	331	268	338	414
Rahway	668	532	166	146	131	142	188
Union	229	223	243	241	188	159	182
Roselle	163	223	179	169	163	201	166
Hillside	248	191	142	120	110	86	112

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## **Key Barriers**

Key barriers include but are not limited to access to services, knowledge of where to obtain services and the need for more referral systems. Also, there is a lack of shelters in Union County and of those that are available, many are full or close to full. We need additional locations for victims of domestic violence to go to gain support and short term living arrangements. Travel to shelters and or counseling centers is an issue; as is funding to expand these services.

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

**NA**

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

**NA**

### Need Area: Domestic Violence Services Survey Results

Item	Total Number of Respondents	I need this service	I used this service	I know how to access this service	No Response	Total
1. Victim Assistance.	469	19 %	3 %	9 %	69 %	1 00 %
2. Sexual assault treatment.	467	18 %	2 %	14 %	66 %	100 %
3. Domestic violence and trauma support.	481	20 %	4 %	22 %	56 %	100 %
4. Anger Management classes/groups	488	25%	5%	18%	52%	100%





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

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

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

### **Need Assessment Key Findings**

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

While there are multiple Family Success Centers, and other organizations that provide Family Strengthening, and education for Parenting Skills, there remains a significant need for this service. Parental education and classes on how to manage the stress of low income, lack of day care, single parent households and of keeping families together when possible in abundance would also be beneficial.

In Union County, 10.95% of the population (61,387 people) are linguistically isolated (no one over age 14 speaks English). The immigrant population has special challenges, especially new immigrants. These include cultural assimilation, lack of access to public benefits and services, discrimination, etc. Because of the significant diversity of the residents of Union County, it is challenging to address the many linguistic and cultural needs of residents when they try to access services. Family parenting skills, development and strengthening is one of these areas.

Relationships within families are also sometimes problematic. In 2018, there were 3,994 calls to the state child abuse and neglect hotline, and 4,521 investigations completed on Union County families. Children placed outside of their homes has been declining from 324 in 2016, to 266 in 2018. However, 15% of these children have been in placement for over 5 years (highest county in the state). There are 3,186 grandparents raising grandchildren in Union County. Also, there were 3,858 incidents of domestic violence in the county, at last report.

There is a strong need for Family Strengthening, parental education and classes on how to manage the stress of low income, lack of day care, single parent households and of keeping families together when possible. In Union County, 35% of households are made up of single parents.

**Number of Households and Household Composition in New Jersey and Union County**

Household Types	New Jersey - 1,069,635		Union County - 70,540	
	Number	Percentage	Number	Percentage
Married Family Households	741,655	51.2%	46,327	65.7%
Single-Male Family Households	75,158	4.9%	6,311	8.9%
Single-Female Family Households	246,446	13.3%	17,634	25%
Non-Family Households*	6,376	30.7%	268	.4%

Data Source: US Census American Community Survey 2013-2017

\*Note: According to the American Community Survey the definition of a non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

**Summary: Nature of the Need**

While the county has a significant number of services and supports for families and children, including Family Success Centers, which provide family strengthening services and classes, not all families know how to find and access them. These need to be promoted more. The Centers can serve as significant support to young families, youth, and for grandparents raising their grandchildren. Many community members raised unmet needs in the areas of affordable childcare, after school care and summer care, and recreational programs for youth.

The creation of a “pipeline for success” requires a community-by-community approach to coordination, and the development of a system that is integrated by virtue of vision, activities, and values. This is a longer term activity that requires leadership by the county, and support and participation by the human services stakeholder community.

A starting place is with the Family Success Centers in the communities of opportunity, which can serve to better engage residents in defining their strengths, needs, and preferences as a family. Fatherhood classes are offered. Service providers should seek cooperative planning and service collaborations with State services, for example the Department of Children and Families and the Division of Developmental Disabilities. The goal would be the

development of an integrated system to efficiently and effectively support Union County residents in being successful in each area/pillar, and across the life journey.

The need for early parental parenting education is key. More classes are needed; more access to Family Success Centers and their programs are needed. Without them, stress is placed on the family unit resulting in a greater number of out of home placements than would be desired.

**Child Protection and Permanency Information 2017**

<b>Indicators</b>	<b>New Jersey</b>	<b>Union County</b>
Child Abuse Hotline Referrals	78,322	3,994
Child Abuse/Neglect Investigations	87,574	4,521
Total Number of Children Served	48,371	2,439

Data Source: New Jersey Data Welfare HUB (2017)

**2016-2018 Children in Placement, All Ages-Point in Time**

<b>Indicators</b>	<b>New Jersey</b>	<b>Union County</b>
Children in Placement 2016	6,663	324
Children in Placement 2017	6,191	318
Children in Placement 2018	5,543	266

Data Source: New Jersey Child Welfare Data Hub

**Key Barriers**

Key barriers making it difficult to enhance Family Parenting Skills include lack of additional funding to provide more programs; programs in languages other than English and difficulty in gaining transportation to Family Success Centers; and other available courses. The lack of parenting skill courses in schools contribute to this as well; for single mothers. There were significant survey respondents who cited a need for these services.

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

NA

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

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NA

**Need Area: Parenting Skills Services Survey Results**

Item	Total Number of Respondents	I need this service	I use this service	I know how to access this service	No Response	Total
1. Parenting Classes, Skills and Supports.	497	28 %	5 %	19 %	48 %	100 %
2. Supports to help teen parents stay in school.	468	20 %	3 %	10 %	67 %	100 %
3. Services to prevent abuse/neglect.	472	22 %	3 %	14 %	61 %	100 %
4. Child abuse investigation	477	17 %	3 %	18 %	62 %	100 %
5. Teen pregnancy support	466	17 %	2 %	12 %	80 %	100 %
6. Fatherhood classes.	467	18 %	2 %	12 %	68 %	100 %



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

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

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

With housing being noted as the most consistently identified issue in the CNA, it was also frequently evident that residents of Union County are not aware of the number of different legal and advocacy services throughout the community.

**Summary: Nature of the Need**

Housing is one of the four basic human needs, legal and advocacy service agencies can assist residents with maintaining their permanent housing as well as any other civil (non-criminal) case. Most legal and advocacy service agencies assist with low-income residents that have a legal problem and cannot afford an attorney.

**Key Barriers**

Issues that were raised: lack of knowledge and understanding of available services, lack of information about available services in multiple languages, limitations to accessing services (transportation) and limited resources for undocumented households. It was suggested on multiple occasions that resources should be available to residents at a minimum on each end of the County and in multiple languages. Not having legal and advocacy service agencies in multiple locations throughout the County presents a logistical separation for households with limited financial resources and/or limited English proficiency.

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

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NA

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

NA



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### Need Area: Legal and Advocacy Services Survey Results

Item	Total Number of Respondents	I need this service	I use this service	I know how to access this service	No Response	Total
1. Legal services and assistance.	483	37 %	8 %	27%	28 %	100 %
2. Probation/Community Service hours.	470	16 %	2 %	12%	70 %	100 %