

# Gloucester County Needs Assessment 2019

---

**September 17, 2020**

---

**Gloucester County Human Services Advisory Council**

**Authored by:**

Gloucester County Division of Human & Disability Services

Table of Contents

PART 1

Executive Summary

Introduction

County Description

Needs Assessment Methodology

PART 2

Key Findings Across All Needs

Key Findings for Each Basic Need Area

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

PART 3

Key Findings for Specialized Service Need Areas

- Services for Families Caring for a Child of a Relative
- Behavioral/Mental Health Services for Children
- Behavioral/Mental Health Services for Adults
- Substance Use Disorder Services
- Domestic Violence
- Parenting Skills Services
- Legal and Advisory Services

# PART 1



---

## Executive Summary Narrative: In the Words of the County

The NJ Department of Children and Families (DCF) asked each County Human Services Advisory Council to conduct a Needs Assessment with the goal of gathering information related to prioritizing local basic and service needs, identifying barriers to service delivery and seeking considerations for action. The final step in this process is a presentation of the needs assessment findings during a DCF ChildStat session. DCF intends for this process to be undertaken every two years.

The County was tasked with assessing thirteen (13) needs and prioritizing the top four (4). The assessment utilized two main sources to accomplish this goal: (1) DCF provided county-specific data profile, and (2) Input from Community Stakeholders. *The end result is the high priorities for Gloucester County are Housing, Health care and Behavioral/Mental Health Services for Adults and for Children.*

During the Needs Assessment process, it should be noted that the County and Nation were, and are still, in an unprecedented and unusual time. By way of background, on March 9<sup>th</sup>, the NJ Governor declared a state of emergency due to the COVID-19 Pandemic. Quickly thereafter schools closed to in-person instruction, a statewide curfew was imposed, and retail and hospitality businesses were closed except for food delivery and take-out. From March 21<sup>st</sup> through June 9<sup>th</sup>, a stay-at-home order was in place. Fast-forward to current day, NJ is in Phase 2 of reopening, which means moderate-risk activities have restarted.

Also during this time, civil unrest in the United States surged soon after May 25<sup>th</sup> when George Floyd was killed by Minneapolis police officers. Initially civil unrest broke out in Minnesota and quickly spread across the nation and in other parts of the world. Protests have declined but are still occurring at this time.

In June and July of 2020, while we were seeking survey responses and holding focus groups and key informant interviews, the Pandemic and Civil Unrest entered into discussions about community needs. Focus group participants and key informants expressed concerns about worsening conditions affecting housing, health care, and behavioral/mental health services, especially for people in poverty and vulnerable at-risk populations, by such impacts as job and health insurance losses, increased isolation, and delays in preventative screenings and treatment.

### Notable County-Specific Data

The data provided by DCF was used to help define geographic areas in need and the scope of the number of children in need. It should be noted that the statistical data that informed the needs assessment was predominantly from 2017 and ranged from 2010 to 2019.

### People and Population

- The county's estimated population was 291,636, making it the state's 14th-most populous county in NJ
- 104,271 households and 75,805 families in the county
- Median Age 40
- Foreign Born 5.3% and Language other than English spoken at home 8.8%
- (3.6% Spanish, 2.7% Indo-European, 1.7% Asian/Pacific Islander, 0.8% Other)
- 81.7% White, 10.3% Black, 0.1% Native American, 3.1% Asian
- Hispanic or Latino of any race 5.9%

---

## Children

- Overall poverty rate of families with children is 8% with Paulsboro at 41%, Woodbury at 26%, and Glassboro at 22%
- 2.8% of children the county have no health insurance
- Over 9,000 children enrolled in free/reduced lunch program
- Over 1,800 children were served by DCF-Division of Child Protection and Permanency
- 19% of children were classified with special needs and nearly 9,000 children are enrolled in special education programs

## Housing and Income

- Severe Housing Problems ranged from 16 to 30% of households over a 5 year span. Severe housing problems are at least 1 of the following: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities
- Monthly cost of living is ~ \$7,600 which includes housing, food, childcare, transportation, health care, taxes, and other necessities for a two parent, two child household
- The municipalities representing lowest monthly median income levels:
- Paulsboro ~ \$3900 (\$3700 less than the monthly COL)
- Woodbury and Westville ~ \$4500
- National Park ~ \$5000
- Clayton ~ \$5500
- Deptford and Glassboro ~ \$5700 (\$1900 less than the monthly COL)

## Community Stakeholder Participation

Voluntary and confidential participation of community stakeholders was sought from:

- Customers served by Children's Protection and Permanency (DCP&P), by the Children's System of Care (CSOC) and by Service Providers
- Youth/Young Adults
- Representatives from Community Based and Public Service Organizations
- Local Business Owners
- Community Leaders

Multiple outreach efforts were made to one hundred and thirty one (131) community stakeholders resulting in:

1. Sixty-six (66) respondents to an on-line survey
2. Six (6) virtually-led focus groups, attended by twenty-nine (29) participants
3. Participation of three (3) individuals in Key Informant interviews

## Survey

Participant Demographics:

- 97% of participants live in the county, ~1/2 of participants were service providers, 12% customers, and 5% served by DCP&P

- 
- Predominantly female at 74%
  - 21% Black and 12% Hispanic
  - 14% young adults

Percentages of prioritized needs:

- Housing 67%
- Health care 58%
- Behavioral/Mental Health Services Adults 78%
- Behavioral/Mental Health Services for Children 60%

### Focus Groups and Key Informants

The purpose of the focus groups and key informant interviews was to collect qualitative information to better understand the scope, nature and local context related to addressing community needs. Two common trends across all needs were (1) people and families with less income had more difficulty meeting their needs, and (2) the more rural areas of the county had fewer resource options. Below is a brief summary of common barriers and notable ideas for addressing barriers that the focus groups and key informants pinpointed:

Participants' Commonly Identified Barriers:

- Cost
- Transportation
- Stigma
- Lack of awareness of services
- Difficulty with application procedures
- Lack of diverse and bilingual staff

Participants' Prominent Ideas for Addressing Barriers

- "Meet people where they are" by developing and delivering services directly in local communities
- Diversify the workforce to support "community connectivity" and engagement
- Increase awareness by distributing informational materials and hosting events and activities in the community, in such places as shops, grocery stores and schools
- Seek survivor stories and community leaders to serve as ambassadors to address stigma
- Increase service options and provider capacity for all priority needs
- Provide support so people can access and benefit from services
- Seek to build greater capacity of services tailored to intellectual and developmental disabilities of children, youth, and adults
- Seek greater involvement of NJDCF with the schools in providing behavioral health services in the school setting

### *Housing*

Housing was determined to be an urgent basic need in Gloucester County. Focus Group/Key Informant Participants expressed that the need for housing was likely worsened by the Pandemic as people have lost jobs and may face eviction should the moratorium be lifted. Some of the below suggestions can be incorporated into

---

existing operations, but to make substantial increases in services such as housing stock or new bilingual staff will require additional funding.

#### *Access*

- Increase Housing Options especially for people with Intellectual and/or Developmental Disabilities (I/DD), Seniors (age 60+) and Transition Age Youth
- Establish a website to register landlords who provide affordable rent
- Support roommate housing match-up programs
- Renovate boarded up homes and buildings to increase the housing stock
- Develop more county-based emergency housing options

#### *Awareness*

- Provide printed materials at points of community contact
- Translate materials into Spanish
- Include people who have benefited from housing services in marketing efforts
- Sponsor events to get the word out about housing services
- Incorporate information about housing services into life skills education in high schools

#### *Support for Stability*

- Provide bilingual services for one on one support with application processes
- Provide support for Seniors (age 60+) to match their specific needs with housing resources
- Provide more behavioral/mental health service supports for those having difficulties complying with program rules
- Provide information regarding services such as childcare and employment

#### *Health Care*

Health Care was determined to be an urgent basic need in Gloucester County. Focus Group/Key Informant participants expressed that the need for health care was likely to be worsened by the Pandemic as people have been furloughed or lost jobs and income. Some of the below listed suggestions can be incorporated into existing operations, but to make substantial increases in Medicaid providers, transportation, and delivery of services in communities will require additional funding as well as leadership beyond the local level. Participants shared the following suggestions to help meet the need for health care:

#### *Access:*

- Provide a hybrid treatment model of in person and telehealth
- Increase availability of technology to support telehealth communication
- Increase capacity within local communities for primary, urgent care and specialty care
- Consider mobile units to bring treatment to people where they live
- Look for collaboration within the health care system to support outreach and transportation (such as wellness screenings and transportation to medical appointment)
- Deploy Social Services staff offsite to community settings such as medical or hospitals
- Cultivate informal volunteer networks within faith based and civic organizations to support transportation and other access needs
- Provide navigator services to help people understand and access their health care options including in-home care and long-term care needs (advocate/ombudsmen)

---

*Awareness:*

- Step up marketing campaigns in communities in various formats including print, mailings, television and social media, and feature survivor stories to foster awareness, access, reduce stigma and increase engagement
- Increase availability of health care information, including food pantries and other supports impacting health, in print format in community settings such as convenience stores, other shopping sites and community locations frequented by people
- Increase public awareness communications targeted at reducing stigma and early warning signs for medical issues
- Make health care packets available to community leaders to support and assist communities
- Broaden the diversity of staff and communications in languages reflective of the community
- Provide educational information related to orientations to home care services including transition expectations, safety awareness, turnover of staff impact on care, continuity of care and emergency support plans and access support for transitioning care needs, to support disabled and senior (age 60+) populations

*Transportation:*

- Increase awareness of ridesharing services and Access Link and extend route limits
- Work with insurers to support access to providers in Philadelphia given its proximity to accommodate access, need and ease of transportation

*Behavioral/Mental Health Services for Adults*

Behavioral/Mental Health Services for Adults was identified as a priority service need that should be addressed now. Capacity, limited options, lack of centralized information and referral were notes of concern. Attempts to seek information or access treatment result in being “bounced from one person to another or across multiple agencies”. The use of interns was cited as a continuity of treatment concern that affected engagement and outcomes. Transportation challenges arose again as a theme. Respondents shared the following suggestions to address access and awareness:

*Access*

- Increase capacity in communities to support “connectivity” and inclusiveness
- Increase the availability of Medicaid enrolled practitioners and treatment providers
- Develop additional capacity in local communities, multiple provider options and flexible appointments
- Strengthen advocacy and other supports and facilitate transportation services to promote access and engagement in treatment
- Increase diversity of staff reflective of communities
- Provide a hybrid provider model that includes telehealth as well as in person services
- Engage crisis system in following up post discharge to support aftercare

*Awareness*

- Increase and promote more behavioral/mental health awareness and increase educational efforts using ambassadors and community leaders to normalize treatment and reduce stigma
- Provide meet and greet and cross educational opportunities for medical and behavioral/mental health providers to increase awareness of resources, treatment, and coordination of care

---

### *Behavioral/Mental Health Services for Children*

Behavioral/Mental Health Services for Children was identified as a priority service need that should be addressed now. Focus Group/Key Informant Participants expressed that the Pandemic has made the identification of child abuse and mental health issues more difficult as teachers are not with the children in person and children are isolated from their peers. Telehealth has shown to be helpful during the Pandemic although privacy is limited and a virtual venue is not effective for everyone. Participants' suggestions included:

#### *Increasing Service Options*

- Increase availability of evidence-based practices particularly trauma informed care
- Address the quality of in-home services
- Provide parenting programs for families with children who have behavioral/mental health issues
- Increase services for young children ages 0-5
- Improve children's environment in economically disadvantaged areas by providing play spaces where children can release stress through physical expression
- Provide more training and professional development opportunities for classroom aids
- Increase the availability of CSOC specialized behavioral/mental health services for children and youth with intellectual and developmental disabilities (I/DD)
- Provide a system to help children and youth access behavioral/mental health care structured similarly to the Court Appointed Special Advocates (CASA)
- Incorporate mental health wellness checks for all children in schools and primary care offices
- Expand the capacity for integrated physical and behavioral/mental health care for children and youth with I/DD (e.g. the Rowan Integrated Special Needs Center at Rowan Medicine)

---

## 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 NJDCF'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 NJDCF's existing ChildStat process and shared with NJDCF staff and stakeholders during the county's ChildStat session. ChildStat is a learning, management, and accountability tool used by NJDCF 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 NJDCF executive management and senior leadership and system partners.

---

## County Description

### Narrative: In the Words of the County

Gloucester County was incorporated in 1686 and is governed by a seven-member Board of Chosen Freeholders. Gloucester County is strategically located on the eastern bank of the Delaware River, straddling the I-95 corridor, directly across from the Greater Philadelphia International Airport. Gloucester County is in close proximity to several major cities including Philadelphia PA, Trenton NJ, Wilmington DE, New York NY, and Washington, D.C. Gloucester County is home to Rowan University and its Cooper Medical School as well as within one hour of nearly 100 other accredited colleges and universities. Within its boundaries, Gloucester County has the largest industrial park on the East Coast. Gloucester County is located within a 50-mile radius of more than 600 food processing and manufacturing companies. It should also be noted that the farming industry is well established in Gloucester County and includes fruit, vegetables, and poultry farming, the dairy industry, the breeding of cattle, hogs, and other livestock. The industry is supported by modern year-round canneries, quick freezing establishments and nearby markets.

### *Municipalities and Geography*

- 24 Municipalities covering 329 square miles including 2,032 total miles of road of which 410 are County Highways
- Municipality with largest population is Washington Township at 48,559 and the municipality with smallest population is Newfield at 1,553
- Gloucester County has one of the fastest-growing municipalities on the East Coast, Woolwich Township (<http://www.gloucestercountynj.gov/residents/ffagc.asp>)

### *Population*

- The 2010 United States Census counted 288,581 people, 104,271 households, and 75,805.017 families in the county
- The population density was 895.3 per square mile (345.7/km<sup>2</sup>)
- There were 109,796 housing units at an average density of 341 per square mile (132/km<sup>2</sup>)
- Of the 104,271 households, 55.6% were married couples living together; 12.4% had a female householder with no husband present and 27.3% were non-families
- Of all households, 22% were made up of individuals and 8.9% had someone living alone who was 65 years of age or older
- The average household size was 2.72 and the average family size was 3.2
- 24.4% of the population were under the age of 18, 9.4% from 18 to 24, 25.6% from 25 to 44, 28.3% from 45 to 64, and 12.4% who were 65 years of age or older
- The median age was 38.7 years
- For every 100 females, the population had 94.4 males

- In 2018, Gloucester County, NJ had a population of 291 thousand people with a median age of 40.8 and a median household income of \$81,849
- Between 2017 and 2018 the population of Gloucester County, NJ declined from 292,206 to 291,408, a -0.273% decrease and its median household income declined from \$86,496 to \$81,849, a -5.37% decrease (<https://datausa.io/profile/geo/gloucester-county-nj>)
- As of the 2019 Census estimate, the county's population was 291,636, making it the state's 14<sup>th</sup> most populous county

#### *Employment*

- Gloucester County employs 149,000 people; the largest industries in Gloucester County are Health Care & Social Assistance (21,957 people), Educational Services (19,210 people), and Retail Trade (18,526 people)
- The highest paying industries based on median salaries are Management of Companies & Enterprises at \$134,922, Utilities at \$97,599, and Public Administration at \$76,502 (<https://datausa.io/profile/geo/gloucester-county-nj>)

#### *Housing*

- The Median House Value in Gloucester County is \$220,400 (<http://www.gloucestercountynj.gov/residents/ffagc.asp>)
- Average rent: the median monthly gross residential rent in Gloucester County NJ was \$1,147 in 2017 according to the Census ACS survey
- Number of affordable housing units: 43 low income housing apartment communities offering 3,091 affordable apartments and 62 scattered-site single-family houses, located in Deptford Township, West Deptford Township, Monroe Township and Washington Township for certified eligible very low income families; 1,723 housing units with rental assistance; 1,191 rent subsidized apartments that do not provide direct rental assistance but remain affordable to low income households (<http://www.hagc.org/Programs/PublicHousing/tabid/5273/Default.aspx>)

The NJ Department of Children and Families Division of Child Protection and Permanency (DCP&P) provided the following statistics (Gloucester - A Profile of Family & Community Indicators, Rutgers and NJDCF 12/20/2019, otherwise referred to in this document as NJDCF County Profile):

*Race/Ethnicity Demographics:* The racial makeup of the county population was 83.8% White, 11.8% Black or African American, 0.6% Native American, 3.8% Asian, 0.01% Pacific Islander, 2.8% from other races, and Hispanic or Latino of any race were 5.8% and 2.8% reported as others (Table 1.2, 2017)

*Language:* English is spoken as the primary language by 91% of the population and 5% of Gloucester County residents are foreign born (Table 1.7 and 1.4 respectively, 2017)

*Number of Children:* 64,660 children under the age of 18; 29% under 6, 35% between 6 and 11, 36% between 12 and 17 (Table 1.10, 2017)

---

*Percentage of Children with no health insurance:* 2.8% (Table 9.1, 2017)

*Poverty:* The poverty rate of families with children is 8% with Paulsboro having the highest rate at 41%, followed by Woodbury at 26%, and Glassboro at 22% (Table 2.1 and 2.3, respectively, 2017)

*Children Support Services:*

- 9,161 children were enrolled in the free and reduced lunch program (Table 6.4, 2017-2018 Academic Year)
- 1803 children were served by the NJ Department of Children and Families Division of Child Protection and Permanency; 1498 or 83% were served in their own homes and 176 in non-kinship out of home placements (Table 1.13 and 1.14, respectively, 12/31/2018)
- 19% of children were classified in the county and 8,997 children enrolled in special education programs (Table 15.1 and 15.2, respectively, 2018)
- 365 children received early intervention services (Table 15.3, 2017-2018)

*Severe Housing Cost Burden:* Ranked at 15%. The severe housing cost burden is defined as the percentage of households that spend 50% or more of their household income on housing (Table 5.1, 2017)

*Severe Housing Problems:* Ranged from 16 to 30% of households. Severe housing problems were defined as the percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities (Table 5.2, 2014-2019)

*Annual Cost of Living:* \$91,524 with the monthly cost of living is \$7,627 including housing, food, childcare, transportation, health care, taxes, and other necessities for a two parent, two child household (Table 3.3, March 2018)

*Median income:* Range across the 24 municipalities: \$46,429 (Paulsboro) to \$130,491 (Harrison). The municipalities representing the lowest median income levels include Paulsboro (\$46,429), Woodbury (\$53,618), Westville (\$54,375), National Park (\$61,397), Clayton (\$65,595), Deptford (\$67,983) and Glassboro (\$69,000) (Table 4.3, 2017)

#### 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

NJDCF provided a county data profile (NJDCF County Profile) to the county HSAC to support the Gloucester County 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

During the community survey process, housing, health care, behavioral/mental health for adults and behavioral/mental health for children emerged as priorities as the most frequently selected basic and service needs.

Housing was selected by 67% of respondents and 58% selected health care as priority basic needs; 78% of respondents selected behavioral/mental health for adults and 60% selected behavioral/mental health for children as priority service needs.

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

1. Housing
2. Health care
3. Behavioral/Mental Health-Adults
4. Behavioral/Mental Health-Children

#### Focus Groups

In an effort to implement a uniform needs assessment approach across counties to support statewide trend analysis, NJDCF 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.

*Pre-Pandemic*, focus group sessions were anticipated to be scheduled *in-person* 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, *it was proposed* that participants would be asked to complete a standard community survey to gather data about the key topic areas outlined in the aforementioned data profiles (NJDCF County Profile). *However, in response to the Pandemic, NJDCF provided an online community survey to collect data in lieu of conducting the surveys during the interviews.* The community 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. *The survey was administered on-line and was available for input for about three (3) weeks, from June 19<sup>th</sup> through July 8<sup>th</sup>, 2020.*

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

---

## Recruitment

The Gloucester County HSAC recruitment efforts were designed to include a broad range of people and organizations that would be representative of the County service system and reflective of the county across its municipalities and demographics. A total of 131 people were identified for Focus Group membership based on the following categories of membership:

- Community Members CP&P (Child Protection & Permanency)
- Community Members CSOC (Children's System of Care)
- Community Members Served by Community Based Providers
- Youth/Young Adults
- Community Members at Large (1)
- Community Members at Large (2)
- Community Based Organizations
- Public Service Organizations (schools, police, medical professionals)
- Local Business Owners (landlords, salons, barbershops)
- Community Leaders & Influential People (Key Informants)
- Targeted recruitment efforts included emails, phone calls, flyers, and meetings to identify participants. A total of 66 people participated in the community survey with 29 focus group participants and 3 key Informants participating in focus group/key informant discussions.

Efforts for recruiting Community Members served by CP&P (Child Protection & Permanency) and the CSOC (Children's System of Care) included outreach efforts to the following agencies:

- NJDCF Division of Child Protection and Permanency East and West Offices
- Gloucester County Prosecutor's Office, Child Advocacy Center
- Center for Family Services / Trauma & Violence Prevention
- Gloucester/Salem Counties Child Abuse Prevention (CAP)
- The Arc Family Intervention Program
- Acenda / Mosaic Family Success Center
- Acenda (FKA Newpoint Behavioral Health Care, Robin's Nest & Cape Counseling)
- Integrity House
- SERV-CFS (Services Empowering Rights of Victims)
- Family Support Organization
- NJ Department of Children & Families

The following organizations/stakeholders were targeted for recruitment to reflect the Gloucester County community including:

*Gloucester County Government:* County Interagency Coordinating Council, Gloucester County Human Services Advisory Council, Housing Authority of Gloucester County, Gloucester County Economic and Workforce Development, County Human and Disability Services, Committee on Missing and Abused, Youth Services Commission, Gloucester County Division of Social Services, Gloucester County Commission on Women, and the Gloucester County Library System

*State Agencies:* NJDCF - Division of Child Protection & Permanency - Gloucester County East and West Offices, NJ Council on Developmental Disabilities, NJ Vocational Rehabilitation Services, NJ Statewide Independent Living Council, and NJ Department of Children and Families

---

*Workforce Development Agencies:* HigherAbility, NJ Vocational Rehabilitation Services, MidAtlantic States Career and Education Center, Youth and Intellectual/Developmental Disabilities (I/DD) Employment Services, Economic Development Community Assessment Team, Abilities solutions, Chamber of Commerce Southern New Jersey, St. John of God, and Center for Independent Living

*Education:* Gloucester County Superintendent of Schools, Gloucester County Special Services School District, Rowan College of South Jersey Adult Center for Transition, Literacy NJ, Woodbury and Repauno Preschool Child Development Centers, and Rowan University

*Health Care:* Hackensack Meridian Health, Inspira Health Care Network, Gloucester County Special Child Health Program, and Rutgers Cooperative Extension Family and Community Health Sciences Division

*Community Based Organizations for Adults, Children and Families* (including programs focusing on behavioral/mental health, substance use disorders, advocacy, child protection and advocacy): Family Success Center, Child Advocate, Youth Advocate Program, Good Will, Bancroft, Elwyn NJ, Acenda, Center for Family Services, CGS Family Partnership, Integrity House, New Behavioral Network, Ranch Hope, Southwest Council, St. John of God, ARC of Gloucester, United Way, VOA, Archway Programs, Boys and Girls Clubs of Gloucester County of Gloucester, Brothers and Sisters, and YMCA Gloucester County

*Law Enforcement:* Gloucester County Sheriff's Office, the Police Chiefs Association, and Woodbury Police Chief

*Churches:* 8 churches in various locations throughout the County of Gloucester

*Businesses:* Chamber of Commerce Southern New Jersey, Paulsboro Refinery, Rastelli's Market Fresh

**Focus Group Participants:** A total of 6 focus groups were conducted using a virtual format as part of the needs assessment process. These focus groups were conducted from July 16, 2020 to July 29, 2020. There were a total number of 29 participants. The number of participants in each focus group ranged from a minimum of 3 and a maximum of 8 participants. A total of 66 community surveys were completed using an online format due to the Pandemic.

**Key Informant Interviews:** Key informant interviews were conducted to gather additional feedback from County Human Services Directors and/or other identified individuals selected by the HSACs regarding considerations for addressing the needs and concerns that were highlighted in the data profiles (NJDCF County Profile) and focus group sessions. Facilitators used a structured protocol to explain the purpose, goals, and objectives of the focus group.

**Recruitment:** Key informants were selected from the total recruitment pool of 131 community members. They all were long term residents of the county and selected based on their roles in the community.

**Key Informant Interview Participants:** A total of 3 interviews were conducted in this county as part of the needs assessment process. The total number of participants included was 3. These interviews were conducted from August 3, 2020 to August 17, 2020.

Participant Demographics: As described in the previous sections, both focus group and interview participants completed the needs assessment online community 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	22
Staff or Volunteer with a Community-Based Organization (e.g., Health and Human Services providers, Planning Board Participants)	25
Staff or Volunteer with a Public Service Organization (e.g., paramedics, fire fighter, police officers, air force, judges)	5
Local Business Owner in the County	2
Community leader and advocate in the county (e.g., hold a volunteer office, clergy, activist)	7
Other	5

Age	Number of Participants
Under 18	0
18-24	2
25-34	7
35-44	13
45-54	21
55-64	14
65 and over	8

Gender	Number of Participants
Female	49
Male	16
Non-binary, third gender/transgender	0
Prefer Not to Say	0
Other	0

Race	Number of Participants
American Indian or Alaska Native	1
Asian	0
Black or African American	14
Native Hawaiian or Other Pacific Islander	0
White or Caucasian	45
Multi-Race (2 or More of the Previous)	0
Other	19

Ethnicity	Number of Participants
Hispanic, Latino or Spanish Origins	8
No Hispanic Latino or Spanish Origins	57

Education Level	Number of Participants
Grades Preschool-8	0
Grades 9-12-Non-Graduate	1
High School Graduate or GED	3
High School/GED and Some College/Trade	5
2 or 4-Year College/Trade School Graduate	19
Graduate or Other Post-Secondary School	37

Employment Status	Number of Participants
Employed: Full-Time	57
Employed: Part-Time	1
Unemployed Looking for Work	2
Unemployed-Not Looking for Work	1
Retired	3
Student	1
Self Employed	0
Unable to Work	0

Years of Community membership	Number of Participants	Range
How many years have you been a member of this community?	63	2-65

Services Accessed by a Household Member within the last 2 Years	Number of Participants
Yes	8
No	53

Household Member History of Involvement with NJ Division of Child Protection and Permanency	Number of Participants
Yes	3
No	61

**Participants represented the following municipalities**

Clayton, Deptford, East Greenwich, Elk, Franklin, Glassboro, Greenwich, Harrison, Mantua, Monroe, National Park, Newfield, Paulsboro, Pitman, South Harrison, Swedesboro, Washington Township, Wenonah, West Deptford, Westville, Woodbury, Woodbury Heights, Woolwich

Additional Data Collection Methodologies:  
Not applicable.

# PART 2



---

## Key Findings Across Needs

### Trends related to Scope Across Needs

- People and families with less income had more difficulty meeting their basic and service needs.
- More rural areas of the county had fewer resource options.

### Significant Common Barriers to Services

- Public transportation and ride sharing services especially in rural areas, require multiple transfers, are complicated by restricted route radius limits and inconvenient pick up points
- Lack of awareness regarding the availability of services
- The stigma of asking for help
- Cost and Affordability
- Cultural Barriers including lack of diverse staff
- Waiting lists

### Significant or Common Trends in Impact of Needs on Subpopulations

- Increased isolation of senior citizens, single parents, and children, disabled and vulnerable or at-risk populations due to the Pandemic
- Displaced workers from service industry jobs due to the Pandemic, such as in the entertainment and restaurant industry who experienced a loss of income and health insurance
- The working poor have difficulty in meeting basic needs such as health care with limited income
- At risk populations including victims of domestic violence, child abuse and people with mental health issues have several challenges accessing treatment such as trauma, cost, transportation, stigma and are less identified due to lack of face to face interactions during the Pandemic
- Services are less available for children ages 0-5
- The impact of disabilities should be considered in developing and providing services to address the physical and behavioral/mental health needs of children and youth with intellectual and developmental disabilities (I/DD).
- Stigma and eligibility requirements restrict access to health care and behavioral/mental health treatment and support services for the undocumented population
- Lost jobs and/or reduced income due to the Pandemic place people at risk of housing displacement.

### Local Considerations for Addressing Needs Trends Across Stakeholders' Perspectives

- "Meet people where they are" referring to developing services in local communities.
- The need for increased diversity in the health care and social service workforce to support access, engagement and "community connectivity".
- Informational materials should be distributed in places that people frequent in their normal routines, such as shops, grocery stores and schools.
- Education and awareness events and other activities should be sited in local communities
- Survivor stories and community leaders should be used as ambassadors to address stigma.
- Service options and provider capacity for all priority needs should be increased, the awareness of services should be improved, and support should be provided so people can access and benefit from services.

- 
- Children, youth, and adults with intellectual and developmental disabilities need greater capacity building for services that are tailored to their needs across all the priority need areas.
  - Key Informant Interviews also noted that NJDCF should get more involved with the schools to provide behavioral/mental health services in the school setting.

---

Basic Need Areas



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 Gloucester County, 15% of households experienced severe cost burden (50% of income or more is spent on housing) for housing in 2019. This percentage is less than the percentage for the state of New Jersey (American Community Survey; see *the NJDCF County Profile for Additional Source Information*). In 2019 the latest year of data made available in the county profile packet, 16% of households experienced at least one of four severe housing problems: 1.) overcrowding determined by high person-per-room, persons-per-bedroom, or unit square footage-per-person; 2) severe cost burden, 3) lack of kitchen facilities, or 4) lack of plumbing facilities (Comprehensive Housing Affordability Strategy; data compiled by HUD; see *NJDCF County Profile for Additional Source Information*).

#### Housing Need Assessment Key Findings

##### *Scope of Housing Need*

The US Census Bureau 2019 Quick Facts identified 104,587 total households in Gloucester County (<https://www.census.gov/quickfacts/gloucestercountynewjersey>). The percentage of households spending over 50% of their household income on housing, a severe cost burden, in 2019 was 15% or 15,688 households. From 2014-2019 the percentage of households with severe housing problems such as high cost or overcrowding has varied between 16 and 30% (Table 5.2). Housing was also identified most frequently (67%) by community survey respondents as one of their top three basic needs.

The Focus Groups identified poverty as a key factor driving the need for housing services. While the overall county poverty rate for families with children is 8.8% (Table 2.1), there are municipalities with much higher poverty rates. Paulsboro (41%), Woodbury (26%) and Glassboro (22%) had the three highest poverty rates for Families with Children under the age of 18 living (Table 2.3). The county median household income is \$81,489 but the median income falls far below the county in Paulsboro at \$46,429, followed by Woodbury at \$53,618 and Glassboro at \$69,000 (Table 4.3).

##### *Nature of Housing Need*

In Gloucester County, there are 43 low income housing apartment communities offering 3,091 affordable apartments for rent. There are 1,723 income based apartments where tenants typically pay no more than 30% of their income towards rent and utilities and there are 1,191 rent subsidized apartments that do not provide direct rental assistance but remain affordable to low income households (<https://affordablehousingonline.com>)

The Gloucester County Housing Authority owns and operates 62 scattered-site single-family houses, located in Deptford Township, West Deptford Township, Monroe Township and Washington Township for certified eligible very low-income families. The Housing Authority owns and operates two (2) one-bedroom apartment buildings with 200 apartments for elderly and disabled persons over the age of 50. Only 25 apartments (12.5%) are

---

designated for people with physical disabilities. Waiting lists, cited by the Focus Groups as a significant barrier, are open for seniors, veterans and some 1-bedroom apartments. The waiting list for multi-bedroom housing suitable for families is closed. (<http://www.hagc.org/Programs/PublicHousing/tabid/5273/Default.aspx>)

In addition to the above recognized Gloucester County Housing Authority, one municipality in the county also offers housing authority services, the Borough of Glassboro. The Glassboro Housing Authority administers 232 units of tenant based rental assistance in the Section 8 Housing Choice Voucher Program. The Glassboro Housing Authority currently owns and operates three (3) developments designed for elderly or disabled persons. The developments contain efficiency, one- and two-bedroom apartments. (<http://www.glassborohousing.org/>)

The Focus Groups noted that people in poverty have fewer options for housing, that there was a lack of turnover in these housing units and the Rental Assistance amounts were too low. Also, people who are in an undocumented status had difficulty meeting the eligibility requirements for housing programs. Nearly 70% of the community survey respondents disagreed or strongly disagreed that housing services are widely advertised and known by the county. Focus group participants reported that people rely on word of mouth or personal networks because they are unaware of the county's housing resources and/or perceive a stigma to seeking public help. People also reported difficulty understanding, navigating, and complying with housing program eligibility processes and rules due to language and cultural barriers.

The Focus Groups also identified a lack of county-based emergency housing resources, noting that many people had to be referred to out-of-county shelters. They noted that Emergency Assistance is not conducive to finding long-term housing for families or for people with disabilities.

The key barriers to housing services most frequently cited by community survey respondents were lack of awareness, waiting lists and transportation. The Focus Groups and Key Informants also noted the high cost of housing and lack of affordable housing stock (particularly housing suitable for families) as barriers. Issues with housing programs included clients' unrealistic expectations, feeling intimidated and having prior bad experiences with agencies and Section 8 Housing restrictions. People also did not know what the application process required, especially the need for documentation. People also have difficulty following housing program rules particularly when they are also experiencing mental health and/or substance abuse challenges or there is a language or cultural barrier.

#### *Local Considerations for Addressing Housing, a County Prioritized Need*

The Community Survey Respondents, Focus Groups and Key Informants identified Housing Services as an urgent Basic Need. The Focus Groups called for increasing housing options, improving the awareness of housing services and providing support so people could access and maintain housing. Their suggestions included:

#### *Increasing Housing Options*

- Expanding housing options for special populations including for people with Intellectual and/or Developmental Disabilities (I/DD), Seniors and Transition Age youth
- Establishing a website for landlords willing to provide affordable rent to register
- Supporting roommate housing match-up programs

- 
- Renovating boarded up homes and buildings to increase the housing stock
  - Developing more county-based emergency housing options particularly for single males and families

#### *Increasing Awareness*

- Providing printed materials at points of community contact such as grocery stores and other types of shopping venues to bring the information to places that people frequent
- Translating materials into Spanish
- Including people who have benefited from housing services in marketing efforts
- Sponsoring events to get the word out about housing services
- Incorporating information about housing services into life skills education in high schools

#### *Providing Support for Accessing and Maintaining Housing*

- Provide translators and/or hire bilingual staff to provide one on one support to help with the application process for housing services
- Provide support for Seniors to match their specific needs with housing resources
- Provide more supports for people in housing programs for those having difficulties complying with the rules of housing programs
- Ensure people who need mental health and substance abuse services receive them to maintain their existing housing
- Provide information regarding services such as childcare and employment services to boost income and make housing more affordable

There are several County organizations that provide housing services in Gloucester County including the Gloucester County Housing Authority. The Board of Social Services provides access to Emergency Housing Assistance. Numerous other community-based organizations provide case management and other services that support people in need of housing services. Key Informants recommended capacity building across the board. Some of these suggestions can be incorporated into existing operations, but to make substantial increases in housing stock or to hire new bilingual staff will require additional funding.

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

The Pandemic may have worsened the housing situation in Gloucester County as people have lost jobs and may face eviction should the moratorium be lifted.

Need Area: Survey Results

HOUSING	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not Know	Total
1. There are enough services available in the county to help those who have this need.	47	17 %	38 %	28 %	6 %	11 %	100 %
2. Anyone in the county is able to access services.	46	9 %	37 %	35 %	7 %	13 %	100 %
3. Services are widely advertised and known by the county.	46	11 %	59 %	17 %	4 %	9 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	46	7 %	13 %	48 %	7 %	26 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied).	45	2 %	9 %	44 %	16 %	29 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	45	2 %	4 %	47 %	16 %	31 %	100 %

Key Barriers	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	45	31	6
Services do not exist	45	14	31
Transportation	45	31	69
Cannot contact the service provider	45	8	18
Too expensive	45	10	22
Lack of awareness of service	45	31	69
Cultural Barriers	45	15	33
Services provided are one-size fits all, and do not meet individual needs	45	12	27
Stigma Leads to Avoidance	45	12	27
Eligibility Requirement (explain below)	45	11	24
Other (explain below)	na	na	na

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 Gloucester County, the food insecurity rate for households was approximately 9.2% 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 NJDCF County Profile for Additional Source Information*). This percentage is less than the percentage rate for New Jersey.

#### Need Assessment Key Findings

##### *Scope of Food Need*

The NJDCF County Profile provided data on Food Insecurity. Food insecurity in Gloucester County was 9.2% in 2017. The percentage has been dropping since 2015 when it was at 10.5% and 2016 when it was 9.9%. Gloucester County's percentage is lower than the state figure (9.6%) and the U.S. percentage of 12.5% (2017). (Table 6.1)

Enrollment in WIC in 2017 was 3,274. WIC enrollment has continued to drop from 2013 through 2017 decreasing from 4,029 (2013) to 3,901 (2014) to 3,739 (2015) and 3,445 (2016). (Table 6.3)

NJ Free and Reduced Lunch Program enrollment in School Year 2017-2018 was 9,161. Enrollment has dropped across the five school years by 1,000 students. (Table 6.4)

SNAP enrollment was 8,197 in 2017. This figure is 32.3% lower than in 2013 (10,148). The intervening years all saw decreases in SNAP enrollment in Gloucester County. (Table 6.5)

The factors that contribute to food insecurity include unemployment and poverty. Areas of the County where poverty and unemployment are higher than the overall County percentages are likely to have higher incidence of food insecurity. In the Community Survey, Food was ranked outside of the top three basic needs.

##### *Nature of Food Need*

Sixty-four percent (64%) of respondents agreed that there are enough services in the county to help those with food insecurity. Sixty-six (66%) agreed that anyone is able to access these services. Respondents were more evenly split as to whether services were widely advertised and known throughout the county with 47% agreeing they were and 44% disagreeing with the statement. Although 43% of respondents agreed that food insecurity services take race, gender, age, and ethnicity into account, 23% disagreed and more than a third (34%) did not know. Respondents also felt food service providers were of good quality (70%) and had well-trained, knowledgeable staff (68%). The top three key barriers to accessing services for food insecurity were transportation (75%), lack of awareness of the service (64%) and stigma leading to avoidance (32%).

Need Area: Survey Results

FOOD	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not Know	Total
1. There are enough services available in the county to help those who have this need.	47	4 %	21 %	51 %	13 %	11 %	100 %
2. Anyone in the county is able to access services.	47	2 %	21 %	53 %	13 %	11 %	100 %
3. Services are widely advertised and known by the county.	47	4 %	40 %	34 %	13 %	9 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	47	6 %	17 %	30 %	13 %	34 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied).	46	0 %	7 %	57 %	13 %	24 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	47	0 %	4 %	55 %	13 %	28 %	100 %

Key Barriers	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	44	9	20
Services do not exist	44	7	16
Transportation	44	33	75
Cannot contact the service provider	44	8	18
Too expensive	44	0	0
Lack of awareness of service	44	28	64
Cultural Barriers	44	10	23
Services provided are one-size fits all, and do not meet individual needs	44	7	16
Stigma Leads to Avoidance	44	14	32
Eligibility Requirement (explain below)	44	3	7
Other (explain below)	na	na	na

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 Gloucester County, the estimated proportion of children under 18 years old (minors) with no health insurance coverage was 2.8% in 2017. This percentage is less than the estimated percentage of minors with no health insurance for New Jersey in the same year (ACS; see the NJDCF County Profile for Additional Source Information).

In Gloucester County in 2018, there were 133 reports of lack of or no prenatal care. This was decrease of 4 reports from the previous year (Center for Disease Control and Prevention; see the NJDCF County Profile for Additional Source Information).

#### Need Assessment Key Findings

##### *Scope of Health Care Need*

In 2017, 2.8% of county residents who are under 19 years of age had no health insurance (Table 9.1) and the NJ FamilyCare (non ABD/Aged, Blind, Disabled) program served 15,045 children residing in the county (NJ FamilyCare Enrollment Report Non-ABD Children - January 2017). Whereas, in September of 2019, the number fell to 12,831 children enrolled in the program, representing a decrease of .7% from 2013-2016 (Table 9.4 and 9.2, respectively).

##### Prenatal Care

- 133 mothers lacked or received late prenatal care in 2018 representing 4 less than in 2017 and an increase of 7 incidents in 2016. (Table 9.8)

##### Immunization Rates

- The number of children meeting all immunization requirements in 2018-2019 was 95.10% (Table 9.5)
- Over a five-year period from 2013 to 2019, immunization compliance ranged from a high of 96.8% in 2017-2018 to a low of 90.4% in 2014-2015

Food Insecurity (defined as the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire nutritionally adequate and safe foods in societally acceptable ways)

- Decreased from 10.5% in 2015 to 9.2% in 2017 (Table 6.1)
- Women, Infants and Children Nutrition (WIC) program enrollment has decreased from 4,029 in 2013 to 3,274 in 2017 (Table 6.3)
- Free and Reduced Lunch program enrollment has decreased from 10,161 in 2013-14 Academic Year to 9,161 in 2017-18 Academic Year (Table 6.4)
- NJ's Supplemental Nutrition Assistance Program (SNAP) enrollment has fallen from 9,873 in 2015 to 8,197 in 2017 (Table 6.5)

---

### Prevalence by subgroup

In 2017, Newfield (13%), Clayton (7%), Woodbury (6%) and Pitman (6%) had the highest number of uninsured minors. Elk had the lowest number of uninsured children (0%) followed by Harrison (.6%), National Park and Logan (.8%) and Wenonah (.9%) (Table 9.3)

Health care was cited by 42 community survey respondents as an important basic need that should be addressed as a high priority. Forty-eight percent (48%) of community survey respondents disagreed or strongly disagreed that health care is accessible. Transportation was cited as the primary barrier by 67% of respondents followed by a lack of awareness of services (48%), cultural barriers and “services do not meet individual need” (29%) and an inability to contact a service provider and expense (24%). Thirty-seven percent (37%) responded that it was accessible and 15% did not know. Transportation was cited as a barrier for more than 60% of community survey respondents followed by lack of awareness of services.

### Nature of Health Care Need

Focus group and key informant participants identified the following considerations regarding Access, Availability and Key Barriers:

- County residents use the hospital emergency departments and urgent care as primary treatment venues for a variety of reasons such as not linked to a primary care provider, lack of awareness of assistance, stigma, unable to secure an appointment, inconvenient hours, lack of insurance or a lack of a Medicaid provider and homelessness. Expense and cost of treatment was a concern. They may delay treatment until the condition worsens and may delay or not seek treatment due to insufficient income to meet household needs, the cost of copays/deductibles, medication, and ongoing treatment. Understanding and navigating the Family Care application process and providing requisite documentation was a concern. The loss of health insurance due rising unemployment rate was also indicated as an access issue.
- The Pandemic was cited as influencing reduced access to treatment due to a reduction in availability of face to face medical appointments, concerns over the virus and safety and technology difficulties with telemedicine. Some concern was expressed that telehealth does not offer a complete exam due to the lack of face to face interaction and hands on assessment of certain conditions. Others noted the availability of telehealth during the Pandemic has yielded a positive shift easing transportation, expenses, and childcare challenges for people who have the linkages and skills.
- Participants often cited difficulties with transportation as a barrier, affecting residents who do not live near convenient public transportation routes, destinations requiring multiple transfers or beyond an established route radius, wait times and cost as barriers.
- Focus group participants noted the disruption in the continuity of care was an area of concern for young adults transitioning from pediatric care to the adult system who have established relationships with health care providers. This was also noted as a concern for the intellectual and developmental disabled young adults or people with special needs. The homeless and undocumented residents were noted as subgroups with difficulties accessing health care.
- Difficulties in navigating in-home care were cited including identification of appropriate agencies, cost, expectations and safety awareness and limited resources once Medicare benefits have been exhausted. Staff turnover is a barrier to consistent and high-quality In-home care for the elderly and

---

disabled. Limited supportive and assistive residential and medical day care facilities are available to support changing life stages.

### Quality

Participants were mostly satisfied with the quality of care. Suggestions to improve quality were focused on increasing the number of providers in communities, including Medicaid enrolled providers and specialists. Community survey respondents agreed (52%) that health care facilities in Gloucester County are of good quality with well-trained staff and good customer service. Over a third of the respondents, however, responded that they “did not know” about health care facility quality.

### Local Considerations for Addressing Health Care, a County Prioritized Need

Respondents stated the county infrastructure and types of community-based organizations were adequate but more Medicaid providers, including specialty care providers and capacity was needed. Transportation was a significant challenge given the existence of population pockets and especially in rural areas of the county. The overall theme focused on the need to bring services into the community rather than centralizing health care services areas. Of particular concern was the shifting of medical services and hospital care from Woodbury to Mullica Hill which presents a transportation challenge affecting access to care for residents not in close proximity to the hospital.

Respondents shared the following suggestions that can be addressed at the county level:

#### *Access:*

- Maintain hybrid treatment model of in person and telehealth.
- Increase availability of tablets and other devices to provide face to face contact in lieu of telephone contact to support communication.
- Increase medical provider capacity within local communities including primary, urgent care and specialty care providers and consider mobile units to bring treatment to people where they live.
- Investigate health care system collaboration to support outreach and transportation to facilitate access.
- Deploy Board of Social Services staff offsite to community settings such as medical or hospitals.
- Cultivate informal volunteer networks within faith based and civic organizations to support transportation and other access needs.
- Provide navigator services to help people understand and access their health care options including in-home care and long-term care needs.

#### *Awareness:*

- Increase the availability of marketing campaigns in communities in various formats including print, mailings, television and social media, and feature survivor stories to foster awareness, access, reduce stigma and increase engagement.
- Increase availability of health care information, including food pantries and other supports impacting health, in print format in community settings such as convenience stores and other shopping sites and other community locations frequented by people.
- Increase public awareness communications targeted at reducing stigma and early warning signs for medical issues.
- Make health care packets available to community leaders to support and assist communities.
- Broaden the diversity of staff and communications in languages reflective of the community.
- Provide educational information related to orientations to home care services including transition expectations, safety awareness, turnover of staff impact on care, continuity of care and emergency support plans and access support for transitioning care needs.

---

*Transportation:*

- Increase awareness of ridesharing services and Access Link and extend route limits.
- Work with insurers to support access to providers in Philadelphia given its proximity to accommodate access, need and ease of transportation.

Additional Notable Focus Group Trends for County Prioritized Health Care Need Area

The Pandemic has also worsened access to health care and delayed care for those without technical capabilities for telehealth, and increased social isolation for some groups including the children, young adults, disabled and senior citizens, restricting access to senior citizen centers, other social/recreational centers such as senior citizen centers and other community programs or activities.

Need Area: Survey Results

HEALTH CARE	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not Know	Total
1. There are enough services available in the county to help those who have this need.	46	2 %	30 %	43 %	9 %	15 %	100 %
2. Anyone in the county is able to access services.	46	9 %	39 %	28 %	9	15 %	100 %
3. Services are widely advertised and known by the county.	46	9 %	43 %	24 %	11 %	13 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	46	2 %	26 %	28 %	9 %	35 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied).	46	0 %	13 %	41 %	11 %	35 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	46	0 %	17 %	41 %	11 %	30 %	100 %

Key Barriers	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	42	14	33
Services do not exist	42	10	24
Transportation	42	28	67
Cannot contact the service provider	42	10	24
Too expensive	42	10	24
Lack of awareness of service	42	20	48
Cultural Barriers	42	12	29
Services provided are one-size fits all, and do not meet individual needs	42	12	29
Stigma Leads to Avoidance	42	7	17
Eligibility Requirement (explain below)	42	5	12
Other (explain below)	na	na	na

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, NJDCF's Child Protection and Permanency, Family Success Centers, security companies, neighborhood watch, safe havens, hospitals, etc.)

In Gloucester County, there was a total of 337 violent crimes in 2016 and the *violent crime* rate per 1,000 was 1.2% (NJ Department of Law and Public Safety, Division of NJ State Police, Uniform Crime Reports, Updated 8/15/19; see the NJDCF County Profile for Additional Source Information). Of the *non-violent* crimes committed there was a total of 16 arsons, 192 motor vehicle thefts, 4,003 incidents of larceny and 1,203 burglaries in Gloucester County (NJ Department of Law and Public Safety, Division of NJ State Police, Uniform Crime Report, Updated 8/15/19; see the NJDCF County Profile for Additional Source Information).

#### Need Assessment Key Findings

##### *Scope of Community Safety Need*

Based on data from the NJDCF County Profile, in 2016 the violent crime and non-violent crime rates for Gloucester County were 1.2% and 18.5% respectively (Table 11.1). The juvenile arrest rate was 9.0 per 1000 youth as of July 2016 (Table 11.3). From 2012 to 2016 the juvenile arrest rate was a high of 15 in 2012 to a low of 8 in 2015 with a rise to 9 in 2016 (Table 11.4).

The age-adjusted homicide rate for Gloucester County in 2017 was 0.4% (lower value) and 3.6% (upper value) at the 95% confidence interval (Table 11.5). From 2013-2017 the number of deaths by homicide fluctuated considerably from 14 in 2013 down to 7 in 2014 and 6 in 2015, back up to 12 in 2016 and down to 7 in 2017 (Table 11.6). The data for 2013-2017's age-adjusted death by race/ethnicity indicated there were 21 White deaths, 15 Black deaths, 7 Hispanic deaths and 2 deaths for Other races (Table 11.7). There were 35 male deaths and 11 female deaths (Table 11.8). Only 22% of the respondents in the community survey identified community safety as a high priority need, ranking it outside of the top three basic needs for the county.

##### *Nature of Community Safety Need*

In the community survey 68% of the respondents agreed that there were enough services available in the county to address community safety. Sixty-six percent (66 %) agreed that anyone is able to access these services. Fifty-four percent (54%) of the respondents agreed that services were widely advertised and known throughout the county and 30% disagreed with the statement. Forty percent (40%) of respondents agreed that services take race, gender, age, and ethnicity into account while 24% did not. Respondents also felt that service providers were of good quality (63%) and had well-trained, knowledgeable staff (64%). The top three key barriers to accessing services for community safety were lack of awareness of the service, cultural barriers, and transportation.

## Need Area: Survey Results

COMMUNITY SAFETY	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not Know	Total
1. There are enough services available in the county to help those who have this need.	46	0 %	20 %	57 %	11 %	13 %	100 %
2. Anyone in the county is able to access services.	46	0 %	17 %	57 %	9 %	17 %	100 %
3. Services are widely advertised and known by the county.	44	0 %	30 %	45 %	9 %	16 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	46	4 %	22 %	33 %	7 %	35 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied).	46	0 %	7 %	52 %	11 %	30 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	45	0 %	11 %	53 %	11 %	24 %	100 %

Key Barriers	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	34	4	12
Services do not exist	34	6	18
Transportation	34	14	41
Cannot contact the service provider	34	2	6
Too expensive	34	2	6
Lack of awareness of service	34	23	68
Cultural Barriers	34	15	44
Services provided are one-size fits all, and do not meet individual needs	34	9	26
Stigma Leads to Avoidance	34	9	26
Eligibility Requirement (explain below)	34	3	9
Other (explain below)	na	na	na

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.)

### Need Assessment Key Findings

#### *Scope of Employment and Career Services Need*

Based on data from the NJDCF County Profile, the Gloucester County average weekly wage by quarter in 2018 was \$893, \$891, \$875, and \$944 respectively per quarter (Table 10.1). The annual average was \$901 in 2018 (Table 10.2). This figure is 71% of the NJ average annual weekly wage of \$1,264. The annual average weekly wage across 2016, 2017 and 2018 was \$875, \$882, and \$901 respectively (Table 10.2).

The unadjusted monthly and median unemployment rate for the months from June 2018 through May 2019 ranged from a low of 2.9% in April 2019 to a high of 4.9% in July of 2018. During this period Gloucester's average and median monthly unemployment rate in comparison to New Jersey's rate was higher eight times or equal to rate four times. (Table 10.3)

The median income by gender was \$67,691 for males and \$51,933 for women (Table 10.5). Both of these figures are higher than the New Jersey and U.S. averages (Table 10.6). From 2013 to 2017 the annual median income rose nearly 3.8% and 4.3% for women (Table 10.7).

The three municipalities with the highest median incomes for males in 2017 were Harrison, South Harrison, and East Greenwich at \$96,520, \$89,107, and \$88,129, respectively. For women, the top three municipalities were South Harrison, Wenonah, and Harrison at \$77,250, \$74,609, and \$73,992, respectively. The three municipalities with the lowest median incomes for males in 2017 were Woodbury, National Park and Paulsboro at \$51,250, \$51,681 and \$52,375, respectively. The three municipalities with the lowest median incomes for women in 2017 were Paulsboro, Newfield, and Woodbury at \$36,519, \$41,000, and \$41,906, respectively. (Table 10.8) Although 53% of the respondents in the community survey identified employment and career services as a high priority need, it ranked outside of the top three basic needs for the county.

#### Nature of Employment and Career Services Need

In the community survey 54% of the respondents agreed that there were enough services available in the county to help those that need employment and career services although 37% disagreed. Fifty percent (50%) agreed that anyone is able to access these services although a third of respondents disagreed. Respondents differed as to whether services were widely advertised and known throughout the county with 37% agreeing they were and 48% disagreeing with the statement. Seventy percent (70%) of respondents agreed that employment and career service providers were of good quality and 65% agreed that these services had well-trained, knowledgeable staff. The top three key barriers to accessing employment services were lack of awareness, transportation, and cultural barriers.

Need Area: Survey Results

EMPLOYMENT AND CAREER SERVICES	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not Know	Total
1. There are enough services available in the county to help those who have this need.	46	0 %	37 %	43 %	11 %	9 %	100 %
2. Anyone in the county is able to access services.	46	0 %	33 %	43 %	7 %	17 %	100 %
3. Services are widely advertised and known by the county.	46	2 %	46 %	30 %	7 %	15 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	46	0 %	20 %	33 %	9 %	39 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied).	46	0 %	9 %	59 %	11 %	22 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	46	0 %	7 %	54 %	15 %	24 %	100 %

Key Barriers	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	38	8	21
Services do not exist	38	8	21
Transportation	38	22	58
Cannot contact the service provider	38	3	8
Too expensive	38	2	5
Lack of awareness of service	38	25	66
Cultural Barriers	38	11	29
Services provided are one-size fits all, and do not meet individual needs	38	7	18
Stigma Leads to Avoidance	38	7	18
Eligibility Requirement (explain below)	38	3	8
Other (explain below)	na	na	na

Childcare services include agencies that provide care and supervision to children; as well as before- and after-school care programs. This need area seeks to assess the level to which residents throughout the county need child care and before and after school care and the existence of community services and supports that address the need for child care (e.g., licensed 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 Gloucester County, in 2017 the median monthly center-based childcare cost for an infant was less than the highest median monthly cost for NJ. The median monthly center-based childcare cost for a toddler was less than the median monthly cost for NJ. Median monthly center-based childcare cost for Pre-K in Gloucester County was less than the median monthly cost for NJ.

#### Need Assessment Key Findings

##### *Scope of Child Care Need*

Based on data from the NJDCF County Data Profile, in a *November 2017* report, the median monthly cost of infant, toddler and Pre-K center-based childcare is \$1,081, \$975, and \$834, respectively. These costs are below the New Jersey highest median costs and represent 16%, 14.4% and 12.3% of the Gloucester County median household income (Table 7.2). Fifty-three (53%) of the respondents in the community survey identified childcare services as a top three basic need.

It should be noted that this basic need has been dramatically impacted by the Pandemic. A brief excerpt from an USA Today article written by Jessica Guynn, published on May 17, 2020, entitled “Coronavirus child care crisis tops concerns as nation pushes to reopen. Parents ask: Who will watch our children?” describes the situation as follows: “COVID-19 has plunged the child care industry, 90% of which is privately run, into a crisis the likes of which the nation has never seen. Already child care centers were expensive to operate and stayed afloat on meager profits. Caregivers and other staffers, a third of whom have been laid off, often get by on poverty wages and public assistance, unable to afford child care for their own children. Now child care advocates argue the nation’s already fragile system is at risk of collapse. They are lobbying for billions more in federal aid to ensure reliable child care is available to parents.”

##### *Nature of Child Care Need*

In the community survey 34% of the respondents agreed that there were enough childcare services available in the county while 41% disagreed. Thirty-two percent (32%) of respondents agreed that anyone is able to access these services while 43% disagreed. Sixty-four percent (64%) of respondents disagreed with the statement that services were widely advertised and known throughout the county. Respondents largely did not know whether childcare services take race, age, gender, ethnicity and more into account. Forty-six percent (46%) of respondents agreed that service providers were of good quality; and 56% agreed that childcare agencies had well-trained, knowledgeable staff. The top two key barriers to accessing childcare services were waiting lists and transportation. Lack of awareness and cost tied for third.

Need Area: Survey Results

CHILD CARE	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not Know	Total
1. There are enough services available in the county to help those who have this need.	47	11 %	30 %	30 %	4 %	26 %	100 %
2. Anyone in the county is able to access services.	47	11 %	32 %	30 %	2 %	26 %	100 %
3. Services are widely advertised and known by the county.	47	9 %	49 %	15 %	4 %	23 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	47	2 %	19 %	30 %	6 %	43 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied).	47	0 %	15 %	40 %	6 %	38 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	47	0 %	13 %	47 %	9 %	32 %	100 %

Key Barriers	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	39	25	64
Services do not exist	39	8	21
Transportation	39	21	54
Cannot contact the service provider	39	1	3
Too expensive	39	19	49
Lack of awareness of service	39	19	49
Cultural Barriers	39	9	23
Services provided are one-size fits all, and do not meet individual needs	39	9	23
Stigma Leads to Avoidance	39	2	5
Eligibility Requirement (explain below)	39	8	21
Other (explain below)	na	na	na



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, NJDCF's Division of Child Protection and Permanency, Family Success Centers, County Board of Social Services, etc.)

#### Need Assessment Key Findings

##### Scope of Services for Families Caring for a Child of a Relative Need

The NJDCF County Data Profile indicated that in 2018 there were 1,803 children receiving services from the DCP&P. The majority (1,498) were served through in-home services (Table 1.13). There were 305 children served in out-of-home care, 176 in non-kinship placements and the remaining 129 in the care of a relative (Table 1.14). Only 33% of community survey respondents ranked services for families caring for a child of a relative as a top three service need and so these services were not included in the priority needs.

##### Nature of Services for Families Caring for a Child of a Relative Need

In the community survey, 34% of the respondents agreed that there were enough services available in the county to help those caring for a child of a relative and 45% indicated that they did not know. Also, 34% agreed that anyone is able to access these services and again 45% responded "don't know". Forty-eight (48%) of the respondents disagreed with the statement that services for families caring for a child of a relative are widely advertised and known throughout the county and 30% of respondents did not know. Fifty-two percent (52%) of the community survey respondents also did not know if the services take race, age, gender, ethnicity and more into account. Forty-six (46%) of respondents agreed with the statement that service providers were of good quality and 48% agreed that services had well-trained, knowledgeable staff. The top two key barriers to accessing these services were lack of awareness of the service and cultural barriers. Transportation and waiting lists were tied for third.

Need Area: Survey Results

SERVICES FOR FAMILIES CARING FOR A CHILD OF A RELATIVE	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not Know	Total
1. There are enough services available in the county to help those who have this need.	47	2 %	19 %	32 %	2 %	45 %	100 %
2. Anyone in the county is able to access services.	47	0 %	21	30 %	4 %	45 %	100 %
3. Services are widely advertised and known by the county.	46	4 %	43 %	15 %	7 %	30 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	46	0 %	13 %	30 %	4 %	52 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied).	46	0 %	9 %	37 %	9 %	46 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	46	0 %	11 %	39 %	9 %	41 %	100 %

Key Barriers	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	34	8	24
Services do not exist	34	6	18
Transportation	34	8	24
Cannot contact the service provider	34	4	12
Too expensive	34	7	21
Lack of awareness of service	34	24	71
Cultural Barriers	34	9	26
Services provided are one-size fits all, and do not meet individual needs	34	7	21
Stigma Leads to Avoidance	34	3	9
Eligibility Requirement (explain below)	34	4	12
Other (explain below)	na	na	na

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, NJDCF's Children's System of Care, Family Support Organizations, etc.)

### Need Assessment Key Findings

#### *Scope of Behavioral/Mental Health Services for Children Need*

In a meta-analysis of prevalence estimates of serious emotional disturbance in children, researchers found as many as 1 in 10 children are affected and likely to need treatment services (<https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201700145>).

In a study in the Journal of Pediatrics, researchers analyzed nationally representative data from the 2016 National Survey of Children's Health to show prevalence estimates and treatment receipt for children's mental health conditions. They showed that depression (3.2%), anxiety (7.1%), and behavioral/conduct problems (7.4%) are prevalent among US children and adolescents ages 3-17. They also concluded that treatment gaps remain, particularly for anxiety and behavioral/conduct problems ([https://www.jpeds.com/article/S0022-3476\(18\)31292-7/fulltext](https://www.jpeds.com/article/S0022-3476(18)31292-7/fulltext)).

The NJDCF County Profile indicated that in 2017, there were 64,660 children and youth under the age of 18 (Table 1.10); 29% under 6, 35% between 6 and 11 and 36% between the ages of 12 and 17 in Gloucester County (Table 1.11). Certain groups of children may be at higher risk. There were 1803 children served by the NJ Department of Children and Families Division of Child Protection and Permanency (Table 1.13); 1498 or 83% were served in their own homes and 176 children served in non-kinship out of home placements (Table 1.14, 2018). Nineteen percent (19%) of county children were classified eligible for special education services (Table 15.2) and 8,997 children enrolled in special education programs in 2018 (Table 15.1). In 2018 there were 365 children who received early intervention services (Table 15.3). Behavioral/Mental Health Services for Children was chosen by 60% of community survey respondents as the second most frequently cited service need.

Based on data from the County Inter-Agency Coordinating Council (CIACC) Dashboard, in the last six months of 2019 there was an average of 323 total calls per month to the Children's System of Care (CSOC) with an average of 89 new youth registered per month. From March 2020 through July 2020 there were an average of 252 calls per month with an average of 77 new youth registered per month. The most frequent reason for calls were requests for in-home services ranging from 61.5% of service requests in April of 2020 to 77.5% of service requests in October 2019. Initial authorizations for mobile response ranged from 55 in July 2019 to 151 in October 2019. During the Pandemic months of March and April of 2020 initial authorizations for Mobile Response were at 86 and 61, respectively.

The Focus Groups and Key Informants noted that services are less available for children ages 0-5 and that there was a gap in services between the NJ Department of Health's Early Intervention Service and the Children's

---

System of Care. They also identified a need for more evaluation services for children with Autism and other Intellectual/Developmental Disabilities (I/DD) as well as a need for more diverse staff and bilingual services across all service types.

#### *Nature of Behavioral/Mental Health Services for Children Need*

Nearly three of five community survey respondents disagreed with the statement that there are enough behavioral/Mental health services for children in Gloucester County. Focus Group members reported that the Intellectual/Developmental Disabilities (I/DD) eligibility process was lengthy, difficult, and frustrating as there is no assistance to support families in completing the application. Also, behavioral/mental health services for children with I/DD are not tailored to meet their needs particularly for children who are non-verbal (e.g. Mobile Response family stabilization services). Community survey respondents agreed that facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied). Services take race, age, gender, ethnicity and more into account. Staff are well-trained, knowledgeable and provide good customer service. Lack of awareness (68%), Transportation (66%) Waiting lists (58%) and Stigma leading to avoidance (50%) were the most frequently cited barriers for families accessing behavioral/mental health services for children by community survey respondents. Other barriers included cost, as some services are not covered by insurance, and service availability that conflicts with families' work commitments.

#### *Local Considerations for Addressing Behavioral/Mental Health Services for Children, a County Prioritized Need*

The Community Survey Respondents, Focus Groups and Key Informants identified Behavioral/Mental Health Services for Children as the second most frequently identified service need that should be addressed now. The Focus Groups called for increasing service options for specific subpopulations, improving the awareness of services and providing support to reduce stigma so people could access children's behavioral/mental health services. Their suggestions included:

#### Increasing Service Options

- Increase the availability of evidence-based practices particularly trauma informed care
- Address the quality of in-home services
- Provide parenting programs for families with children who have behavioral/mental health issues
- Increase services for young children ages 0-5
- Improve children's environment in economically disadvantaged areas by providing play spaces where children can release stress through physical expression
- Provide more training and professional development opportunities for classroom aids
- Increase the availability of CSOC specialized behavioral/mental health services for children and youth with intellectual and developmental disabilities (I/DD)
- Provide a system like the Court Appointed Special Advocates (CASA) to help children and youth access behavioral/mental health care
- Incorporate mental health wellness checks for all children in schools and primary care offices
- Expand the capacity for integrated physical and behavioral/mental health care for children and youth with I/DD (e.g. the Rowan Integrated Special Needs Center at Rowan Medicine)

---

### Increasing Awareness and Reducing Stigma

Focus group participants suggested organizing a campaign to increase awareness of children's behavioral/mental health service needs through several avenues:

- Strategic use of social media
- Letters to pediatricians and family practitioners
- Presentations to school districts and education for teachers and other classroom personnel
- Information for parents to help them recognize the signs of behavioral/mental health issues and reduce stigma/parental embarrassment
- Bring the NJ Mental Health Association's Mental Health Players to community organizations
- Provide information matching resources to where people are experiencing needs
- Increase awareness of Performcare/NJ Children's System of Care
- Connecting with parents beyond when kids get in trouble through events such as Peer-to-Peer Parent Cafe's, locally organized fun festivals

The Key Informant Interviews also noted that NJDCF should get more involved with the schools to provide behavioral/mental health services in the school setting. Additionally, there is a need for ongoing exchange of information between schools and NJDCF's DCP&P and the CSOC to provide up-to-date, ongoing training and education on the services that are available and how schools can access and effectively coordinate with those services, which will help ensure that children receive the help that they need. They also recommended that NJDCF re-examine and revise the Intellectual/Developmental Disabled (I/DD) application process to make it more family friendly and provide assistance and support to families trying to complete applications.

There are numerous community-based organizations providing behavioral/mental health services for children. Key Informants recommended capacity building across the board. Some of these suggestions can be incorporated into existing operations, but to make substantial increases in service options or to hire new bilingual staff will require additional funding.

### Additional Notable Focus Group Trends for County Prioritized Need Area

The Focus Groups and Key Informants noted that the Pandemic has made the identification of child abuse and mental health issues more difficult as teachers are not with the children in the classroom and children are missing socializing with their peers. They also noted that telehealth can be helpful during this time but has privacy issues and is not effective for everyone.

Need Area: Survey Results

BEHAVIORAL/MENTAL HEALTH SERVICES FOR CHILDREN	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not Know	Total
1. There are enough services available in the county to help those who have this need.	46	17 %	41 %	22 %	4 %	15 %	100 %
2. Anyone in the county is able to access services.	46	13 %	37 %	26 %	4 %	20 %	100 %
3. Services are widely advertised and known by the county.	46	13 %	52 %	17 %	4 %	13 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	46	2 %	30 %	26 %	7 %	35 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied).	46	7 %	13 %	39 %	7 %	35 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	46	9 %	13 %	39 %	9 %	30 %	100 %

Key Barriers	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	38	22	58
Services do not exist	38	17	45
Transportation	38	25	66
Cannot contact the service provider	38	11	29
Too expensive	38	12	32
Lack of awareness of service	38	26	68
Cultural Barriers	38	13	34
Services provided are one-size fits all, and do not meet individual needs	38	10	26
Stigma Leads to Avoidance	38	19	50
Eligibility Requirement (explain below)	38	2	5
Other (explain below)	na	na	na

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

##### *Scope of Need for Behavioral/Mental Health Services for Adults*

Number and percent of the population affected: The community survey respondents, focus group participants and key informants identified behavioral health services for adults as an urgent service need. 42.5% of community survey respondents replied that there are not enough behavioral health services for adults in the county and access to services (63%) was indicated as an area of need within the community survey. A lack of awareness (60.9%), stigma (46%) and waitlists (53.6%) are barriers that restrict access. The need for additional mental health services is also cited in the 2019-2021 Community Health Needs Assessment report with 47% of county participants reporting “mental health services are missing from my community” and noted the lack of beds, counseling services, and treatment centers.

[https://newjersey.jeffersonhealth.org/sites/default/files/Concept\\_Jefferson\\_FINAL%20070719.pdf](https://newjersey.jeffersonhealth.org/sites/default/files/Concept_Jefferson_FINAL%20070719.pdf).

The county is served by 17 mental health programs, in addition to the Mental Health Board, including a short term care facility, primary screening services, co-occurring mental health/substance abuse treatment services, integrated case management services, intensive outpatient treatment and supports, outpatient services, partial care –Mental Illness and Chemical Addiction (MICA) services, residential services, Projects for Assistance in Transition from Homelessness (PATH) Program, intensive family supports, supported employment, Program for Assertive Community Treatment (PACT), partial care, involuntary outpatient commitment, a self-help center, and supported education programs.

[https://www.state.nj.us/humanservices/dmhas/home/hotlines/MH\\_Dir\\_COMPLETE.pdf](https://www.state.nj.us/humanservices/dmhas/home/hotlines/MH_Dir_COMPLETE.pdf).

##### NJDCF data indicates:

- An age adjusted frequency of mental health distress (2017) of 12.9% decreased from 17% in 2016 (Table 14.3). Of the 495 people affected, 9.6% were male and 13.6% were female (Table 14.5).
- Age adjusted prevalence of diagnosed depression in 2017 of 19% representing an increase from 12% in 2016 (Table 14.7)

The Commonwealth Fund reports the Pandemic has contributed to an increase in the number of people struggling with mental health issues since the outbreak of COVID-19. “Fears about the virus and concerns about the future, as well as job loss, economic insecurity, and social isolation, are contributing to depression, anxiety, and other mental health issues.” In a survey conducted in April of 2020, 13.4% of adults 18 and older reported symptoms of serious psychological distress, compared with 3.9% in April 2018. Deaths from suicide and alcohol or drug misuse are also projected to increase by an additional 75,000 before the economy recovers from COVID-19 ([https://www.commonwealthfund.org/blog/2020/how-states-can-meet-mental-health-needs-during-pandemic-and-beyond?utm\\_source=alert&utm\\_medium=email&utm\\_campaign=Health%20Coverage](https://www.commonwealthfund.org/blog/2020/how-states-can-meet-mental-health-needs-during-pandemic-and-beyond?utm_source=alert&utm_medium=email&utm_campaign=Health%20Coverage)).

The Center for Disease Control and Prevention in a Morbidity and Mortality Weekly Report indicated elevated levels of adverse mental health conditions, substance use and suicidal ideation were reported based on a survey

---

of 5,412 U.S. adults conducted the last week of June of 2020  
([https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s\\_cid=mm6932a1\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s_cid=mm6932a1_w)).

Findings included:

- The prevalence of symptoms of anxiety disorder was approximately three times those reported in the second quarter of 2019 (25.5% versus 8.1%)
- The prevalence of depressive disorder was approximately four times that reported in the second quarter of 2019 (24.3% versus 6.5%)
- Approximately twice as many respondents reported serious consideration of suicide in the previous 30 days than did adults in the U.S. in 2018, referring to the previous 12 months (10.7% versus 4.3%)

New Jersey has implemented several strategies to address the impact of the Pandemic on behavioral/mental health including tele-mental health and licensure, scope of practice and insurance changes. NJ has increased awareness through a variety of means to help citizens cope with the mental health effects of COVID-19 such as helplines/hotlines through NJ Mental Health Cares and NJ211 and a myriad of other supports and resources.

#### *Nature of Need for Behavioral/Mental Health Services for Adults*

Focus group participants cited stigma as a significant barrier to accessing treatment, with consumers seeking treatment during a crisis, life event or through a legal mandate. Consumer lack of awareness of existing mental health challenges, early risk or warning signs and lack of awareness of community resources were shared as contributing to increasing treatment entry through the crisis intervention system or the legal system. Consumers also may seek help through medical practitioners who may not be familiar with behavioral/mental health treatment providers, medications or be able to facilitate the linkage to treatment.

The Focus Groups identified the lack of diverse providers as a barrier to treatment and called for more agencies to hire staff reflective of the communities they serve. Diversity training, although a step in the right direction, was insufficient to address stigma and meet the language/cultural challenges in a treatment setting.

People are reluctant to seek information from family, friends, or community members because of stigma. A need to normalize treatment was often cited. Undocumented residents were noted as an underserved subgroup noting fear, eligibility, and stigma as concerns.

When reaching out to medical or behavioral/mental health treatment providers, access is affected by waiting lists, eligibility/insurance, transportation challenges, cost, appointment availability and employment/caretaker responsibilities. The introduction of telehealth has introduced the challenge of serving people without access to or the availability of the necessary technology or equipment to access treatment including phones, computers or internet connectivity and privacy. This was noted as particularly problematic with multiple people living in households.

Accessing behavioral/mental health services for individuals with intellectual/developmental disabilities (I/DD) was viewed as problematic by the Focus Groups. They identified a lack of services tailored to the needs of people with I/DD. They also noted that in their experience, the Division of Developmental Disabilities (DDD) Support Coordinators were unaware of the types of services available and how mental health disorders impact the people they serve as significant barriers to service. They cited the Rowan Integrated Special Needs Center where physical and behavioral/mental health needs are coordinated as a promising model program.

---

Regarding quality, community survey respondents reported that:

- Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied): 39%
- Staff are well-trained, knowledgeable and provide good customer service: 43.5%
- Mixed results were reported regarding services taking race, age, gender, ethnicity and more into account with 39% agreeing but 41.3% did not know.

*Local Considerations for Addressing the Need for Behavioral/Mental Health Services for Adults, a County Prioritized Need*

Capacity was noted as a concern with limited options as well as a central point of information and referral. Attempts to seek information or access treatment result in being “bounced from one person to another or across multiple agencies”.

The use of interns was cited as a continuity of treatment concern that affected engagement and outcomes. Participants shared there was a need for advocates to support consumers, especially in the absence of a support network.

Transportation challenges arose again as a theme. Participants voiced a need to provide services in local communities to facilitate awareness, access, and continuity of care.

Respondents shared the following suggestions to address access and awareness:

*Access*

- Increase capacity in communities to support “connectivity” and inclusiveness
- Increase the availability of Medicaid enrolled practitioners and treatment providers
- Develop additional capacity in local communities, multiple provider options and flexible appointments
- Strengthen advocacy and other supports and facilitate transportation services to promote access and engagement in treatment
- Increase diversity of staff reflective of communities
- Continue to provide a hybrid provider model that includes telehealth as well as in person services
- Engage crisis system in following up post discharge to support aftercare

*Awareness*

- Increase and promote more behavioral/mental health awareness and increase educational efforts using ambassadors and community leaders to normalize treatment and reduce stigma
- Provide meet and greet and cross educational opportunities for medical and behavioral/mental health providers to increase awareness of resources, treatment, and coordination of care

Need Area: Survey Results

BEHAVIORAL/MENTAL HEALTH SERVICES FOR ADULTS	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not Know	Total
1. There are enough services available in the county to help those who have this need.	47	11 %	32 %	36 %	2 %	19 %	100 %
2. Anyone in the county is able to access services.	47	9 %	34 %	38 %	2 %	17 %	100
3. Services are widely advertised and known by the county.	47	13 %	51 %	21 %	4 %	11 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	47	6 %	26 %	26 %	4 %	38 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	46	4 %	7 %	46 %	7 %	37 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	47	4 %	9 %	47 %	11 %	30 %	100 %

Key Barriers	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	41	22	54
Services do not exist	41	14	34
Transportation	41	25	61
Cannot contact the service provider	41	6	15
Too expensive	41	13	32
Lack of awareness of service	41	25	61
Cultural Barriers	41	12	29
Services provided are one-size fits all, and do not meet individual needs	41	10	24
Stigma Leads to Avoidance	41	19	46
Eligibility Requirement (explain below)	41	4	10
Other (explain below)	na	na	na

---

Need Area: Substance Use Disorder & Prevention Services (Adults&Adolescents)    Status: General Need Area

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

Need Assessment Key Findings

*Scope of the Need for Substance Use Disorder & Prevention Services*

The county has 11 addiction treatment providers providing:

- Co-occurring treatment
- Medication-Assisted Treatment (MAT)
- Inpatient Services
- Outpatient Services
- Withdrawal Management

(<https://njsams.rutgers.edu/TreatmentDirectory/License>)

There were 123 suspected opioid overdose deaths in 2017 and 145 in 2018 representing an 18% increase during the two-year period (Table 13.1). From 2014-2018 there were 472 suspected opioid overdose deaths in the five-year period (<https://www.njcares.gov/#atla> and NJDCF County Data Profile Table 13.2).

In 2018, 3940 county residents were admitted to treatment facilities in comparison to 3,658 in 2017 or a 7.7% increase. Substance abuse treatment center admissions data indicated heroin and other opiates were the predominant substance used by Gloucester County residents in 2017:

- Alcohol: 21%
- Heroin: 50%
- Other Opiates: 11%
- Cocaine: 6%
- Marijuana: 9%
- Other Drugs: 4%

(<https://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2017/Glo.pdf>.)

In 2018, the number of treatment admissions by substance use type remained relatively the same:

- Alcohol: 24%
- Heroin: 50%
- Other Opiates: 9%
- Cocaine: 6%
- Marijuana: 7%
- Other Drugs: 4%

(<https://www.state.nj.us/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2018/Glo.pdf>)

---

*Nature of the Need for Substance Use Disorder & Prevention Services*

Only 53% of community survey respondents ranked substance disorder services as one of the top three service needs, therefore these services were not included in the top two priority service needs for focus group discussion.

Forty-two percent (42%) of community survey respondents disagreed (13% strongly disagreed and 29% disagreed) that there are enough substance abuse services available in the county. Thirty six percent (36%) of community survey respondents agreed (27% strongly agreed and 9% agreed) that there are enough substance abuse services with 22% reporting they do not know. Lack of awareness (66%) and stigma (60%) and transportation (54%) were cited as the predominant barriers.

Need Area: Survey Results

SUBSTANCE USE DISORDER AND PREVENTION SERVICES	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not Know	Total
1. There are enough services available in the county to help those who have this need.	45	13 %	29 %	27 %	9 %	22%	100%
2. Anyone in the county is able to access services.	46	9 %	24 %	33 %	9 %	26%	100%
3. Services are widely advertised and known by the county.	46	9 %	39 %	24 %	9 %	20%	100%
4. Services take race, age, gender, ethnicity and more into account.	46	7 %	13 %	28 %	11 %	41%	100%
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied).	46	9 %	7 %	30 %	9 %	46%	100%
6. Staff are well-trained, knowledgeable and provide good customer service.	46	7 %	7 %	33 %	11 %	43%	100%

Key Barriers	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	35	16	46
Services do not exist	35	12	34
Transportation	35	19	54
Cannot contact the service provider	35	2	6
Too expensive	35	13	37
Lack of awareness of service	35	23	66
Cultural Barriers	35	9	26
Services provided are one-size fits all, and do not meet individual needs	35	10	29
Stigma Leads to Avoidance	35	21	60
Eligibility Requirement (explain below)	35	4	11
Availability of Substance Use Disorder Services	n/a	n/a	n/a
Availability of Substance Abuse Prevention Programs	n/a	n/a	n/a
Other (explain below)	n/a	n/a	n/a



---

## 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, NJDCF's Office of Domestic Violence Services, domestic violence liaisons, domestic violence hotline, Family Success Centers, etc.)

### Need Assessment Key Findings

#### *Scope of the Need for Domestic Violence Services*

Thirty-six percent (36%) of community survey respondents ranked domestic violence services as a top three service need, therefore these services were not included in the priority service needs.

The NJDCF County Data Profile indicated over the last five years, incidents of domestic violence have decreased, with a slight uptick from 2015 to 2016:

- 2012: 2,923
- 2013: 2,714
- 2014: 2,213
- 2015: 1,887
- 2016: 1,986

(<https://www.njsp.org/ucr/domestic-violence-reports.shtml> and NJDCF County Data Profile Table 12.2)

The municipalities of Monroe (472), Glassboro (290) and Woodbury (191) had the highest number of incidents in 2016 Annual domestic violence reports. <https://www.njsp.org/ucr/domestic-violence-reports.shtml> and NJDCF County Data Profile (Table 12.3)

#### *Nature of the Need for Domestic Violence Services*

Fifteen percent (15%) of community survey respondents strongly agreed and 7% agreed there are enough services available in the county to help those who need domestic violence services while 9% strongly disagreed and 28% disagreed and 41% responded they did not know.

Twenty eight percent (28%) agreed and 4% strongly agreed that anyone in the county is able to access these services; 6.5 % strongly disagreed and 19.57% disagreed while 41% did not know.

Key barriers were lack of awareness of the service cited by 68% of community survey respondents followed by transportation at 53%.

Need Area: Survey Results

DOMESTIC VIOLENCE SERVICES	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not Know	Total
1. There are enough services available in the county to help those who have this need.	46	9 %	28 %	15 %	7 %	41 %	100 %
2. Anyone in the county is able to access services.	46	7 %	20 %	28 %	4 %	41 %	100 %
3. Services are widely advertised and known by the county.	46	13 %	28 %	24 %	7 %	28 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	46	4 %	11 %	26 %	7 %	52 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied).	45	4 %	7 %	24 %	13 %	51 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	44	2 %	5 %	34 %	16 %	43 %	100 %

Key Barriers	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	38	10	26
Services do not exist	38	9	24
Transportation	38	20	53
Cannot contact the service provider	38	5	13
Too expensive	38	4	11
Lack of awareness of service	38	26	68
Cultural Barriers	38	9	24
Services provided are one-size fits all, and do not meet individual needs	38	11	29
Stigma Leads to Avoidance	38	16	42
Eligibility Requirement (explain below)	38	3	8
Other (explain below)	na	na	na



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

##### *Scope of the Need for Parenting Skills Services*

Only 24% of community survey respondents ranked parenting skills services as a top three service need, therefore these services were not included in the priority service needs.

##### *Nature of the Need for Parenting Skills Services*

Twenty four percent (24%) agreed and 2% strongly agreed that anyone in the county is able to access these services; 6.5% strongly disagreed and 33% disagreed while 35% did not know.

Lack of awareness was cited as the predominant barrier (76%).

Need Area: Survey Results

PARENTING SKILLS SERVICES	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not Know	Total
1. There are enough services available in the county to help those who have this need.	46	7 %	33 %	24 %	2 %	35 %	100 %
2. Anyone in the county is able to access services.	46	4 %	30 %	26 %	2 %	37 %	100 %
3. Services are widely advertised and known by the county.	46	9 %	46 %	15 %	2 %	28 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	46	4 %	15 %	28 %	2 %	50 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied).	46	4 %	9 %	30 %	7 %	50 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	45	4 %	7 %	29 %	13 %	47 %	100 %

Key Barriers	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	37	4	11
Services do not exist	37	8	22
Transportation	37	14	38
Cannot contact the service provider	37	3	8
Too expensive	37	3	8
Lack of awareness of service	37	28	76
Cultural Barriers	37	10	27
Services provided are one-size fits all, and do not meet individual needs	37	6	16
Stigma Leads to Avoidance	37	13	35
Eligibility Requirement (explain below)	37	2	5
Other (explain below)	na	na	na



---

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

*Scope of the Need for Legal and Advocacy Services*

Only 29% of community survey respondents ranked legal and advocacy services as a top three service need, therefore these services were not included in the priority needs.

*Nature of the Need for Legal and Advocacy Services*

Twenty one percent (21%) agreed and 2% strongly agreed that anyone in the county is able to access these services; 8.5% strongly disagreed and 28% disagreed while 40% did not know.

Lack of awareness (71%) was the predominant barrier cited followed by transportation at 41%.

Need Area: Survey Results

LEGAL AND ADVOCACY SERVICES	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not Know	Total
1. There are enough services available in the county to help those who have this need.	47	9 %	28 %	21%	2 %	40 %	100 %
2. Anyone in the county is able to access services.	47	6 %	23 %	32%	2 %	36 %	100 %
3. Services are widely advertised and known by the county.	46	11 %	43 %	15%	2 %	28 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	46	4 %	9 %	39%	4 %	43 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well-supplied).	47	4 %	9 %	34%	9 %	45 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	47	4 %	4 %	36%	13 %	43 %	100 %

Key Barriers	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	34	7	21
Services do not exist	34	11	32
Transportation	34	14	41
Cannot contact the service provider	34	8	24
Too expensive	34	11	32
Lack of awareness of service	34	24	71
Cultural Barriers	34	8	24
Services provided are one-size fits all, and do not meet individual needs	34	9	26
Stigma Leads to Avoidance	34	7	21
Eligibility Requirement (explain below)	34	4	12
Other (explain below)	na	na	na