Human Services Advisory Council (HSAC) Needs Assessments

SYNTHESIS REPORT FOR 21 COUNTIES (2019-2020)

PREPARED BY INSTITUTE FOR FAMILIES AT RUTGERS SCHOOL OF SOCIAL WORK

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NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

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Executive Summary

This synthesis report provides an overview of the results of a mixed-methodology, statewide needs assessment led by Human Services Advisory Councils (HSACs) within each of the 21 counties throughout the State of New Jersey. These HSAC needs assessments were conducted between November 2019 and January 2021 and utilized survey design, focus groups, and key informant interviews to gather information regarding basic needs and specialized service needs in each county. Data from all 21 County HSAC Needs Assessment Reports were analyzed and consolidated into this synthesis report by the Institute for Families at Rutgers School of Social Work.

Methods and Data Collection

County HSACs conducted a needs assessment that consisted of three components: a standardized survey of need areas provided by DCF, focus groups conducted with specific sub-populations, and key informant interviews conducted with need area experts. DCF provided each HSAC with a county data profile and needs assessment guidance and instruments (i.e., surveys, focus group and key informant interview protocols, etc., as well as technical assistance.

As a starting point, DCF and human services leadership defined **13 total need areas, which were felt to be the pressing needs at the time**. The **six basic need areas** identified were housing, food, health care, community safety, employment, and career services, child care. The **seven specialized service need areas** were 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 and prevention services, domestic violence services, parenting skills, legal and advocacy skills. From these, the County HSACs identified two priority basic need areas and two priority specialized need areas.

In addition, data profiles of each county were provided to the HSACs. These data profiles provide a range of public and administrative data related to the 13 need areas under examination. This preliminary data assisted the HSACs in identifying the priority need areas to be discussed in the needs assessment focus groups and interviews. These data profiles were developed by the Institute for Families, in the Rutgers School of Social Work.

Each HSAC then administered the DCF survey to members of the community. The survey assessed needs in all 13 areas, including availability, accessibility, knowledge, services, and barriers in the county. Surveys were administered via paper-pencil, as well as online. Following the survey, HSACs conducted focus groups with community and organization members and key informant interviews with professionals and leaders from fields related to the need areas to provide context to the survey results.

County HSACs summarized their needs assessment process and results in a report using a template from DCF. This report synthesizes these HSAC reports from all 21 counties, and reviews results for all need areas.

Basic Need Area Priorities

The basic need areas that counties reported as the highest priorities were housing, health care, employment, and career services.

Of the six basic need areas, housing was the only one named as a high priority by all 21 counties. The lack of affordable housing and need for additional services is apparent in every county with high percentages of households in every county suffering severe cost burden for housing, including counties with above average median incomes. The New Jersey housing and rental markets are relatively expensive, and these high costs can result in multiple generations residing in small units, and eviction. Barriers to accessing housing services and supports named in the assessment include wait lists, lack of awareness of services, and transportation. Concerns around navigating the application process and documents, eligibility requirements (i.e., income caps, poor credit, etc.), discriminatory and illegal practices by landlords (e.g., rejecting vouchers and rejecting people with poor credit, history of evictions, or criminal background) exacerbate challenges finding or maintaining housing. Challenges have increased due to COVID-19, including increased unemployment, resulting in increased housing insecurity and fear of eviction if the eviction moratorium is lifted. In addition, counties report that reductions in volunteers, staffing, and beds have reduced the capacity of shelters.

Health care was the next highest prioritized basic need area, selected as a priority in nine out of 21 counties. Barriers to health care included access and cost of transportation, lack of awareness of services leading to emergency room overuse, and wait lists, with many providers not accepting new patients. Other concerns include the high costs of co-payments, deductibles, and prescriptions for medical and dental care. Counties reported that many service providers do not accept public or private insurance and that language barriers, especially for specialists and mental health professionals, add to the difficulties in accessing healthcare services. Challenges have increased due to COVID-19 because of lack of information/guidance around preventative care, reduced availability of face-to-face appointments, issues utilizing telehealth, concerns over the virus and safety when attending in-person appointments, and loss of insurance coverage due to employee layoffs.

Employment and career services was selected by five counties as a priority need area. Counties reported that barriers to employment services included lack of awareness of service, transportation costs and access, limited availability of services outside of regular business hours, limited internet access, and difficulty navigating online applications. In addition, counties report substantial cultural barriers, including lack of bilingual job training and programs and inadequate options for learning English as a second language. Respondents highlighted a lack of career services to “upskill,” and that eligibility criteria limits the services available to jobseekers needing employment assistance. Challenges have increased due to COVID-19 as there has been a general loss of hours, wages, and jobs across the state.

The remaining three basic need areas include community safety (prioritized by four counties), food (three counties), and childcare (zero counties).

Specialized Service Need Area Priorities

Among the specialized service needs, behavioral/mental health services for both adults and children were the most prioritized by the counties (14 counties each), indicating a widespread need for mental health services across counties and ages. Counties reported that barriers to behavioral/mental health services for both children and adults included lack of awareness of service, lack of awareness of early risk or warning signs, lack of affordable care, lack of transportation, and lack of availability outside of regular business hours. In addition, counties highlighted the general lack of providers, especially child and adolescent psychiatrists, and those with bilingual/multi-cultural staff, as well as long wait lists. Telehealth services are

sometimes difficult to access or engage in. COVID-19 has exacerbated the need for services as school services have reduced, and life challenges and changes have increased.

Substance use disorder and prevention services for adults and adolescents were selected by 10 out of 21 counties as a priority need area. The counties that chose this area as a priority likely were concerned with the generally increasing rate of overdose deaths over the past 5 years. Similar to behavioral/mental health services, barriers to substance use disorder and prevention services include lack of awareness of services, difficulty locating affordable care, limited number of in-network providers, and transportation. An additional barrier is stigma. Other concerns include the lack of early intervention and substance use prevention education in schools and policy that allows minors to consent to treatment. Challenges have increased due to COVID-19 due to reduced access to residential services and methadone treatment.

The remaining four specialized service need areas include domestic violence services (prioritized by two counties), parenting skills services (one county), services for families caring for a child of a relative (zero counties), and legal and advocacy services (zero counties).

Barriers

Most of the barriers selected by survey participants were cross-cutting and widespread across need areas. The greatest barrier that emerged from the data was the lack of awareness of services, which was selected by an average of about 50% or more participants for every need area except childcare. Many participants were largely unaware of existing services that seek to address basic needs and specialized service needs. Another major barrier was transportation, as many residents who lack access to transportation are unable to access available services. An average of about 50% or more participants within every basic need area, except childcare and community safety, indicated travel as a barrier. For specialized services, participants indicated transportation as a barrier to accessing behavioral/mental health services for adults and children, as well as a barrier in accessing substance use disorder and prevention services. Transportation barriers included lack of proximity to public transportation, limited hours of transportation service, and cost. Wait lists were also a barrier to service, especially for housing and health care. Participants from focus groups and interviews noted wait lists could result in long periods of time before accessing services, which could ultimately deter residents from receiving assistance. Participants identified stigma as an additional barrier, particularly for accessing substance use services, behavioral/mental health services, and domestic violence services, and somewhat of a barrier for accessing food and housing.

Recommendations

Participants made several important recommendations to improve access to services across each need area and across each county. Recommendations included increasing community outreach, increasing awareness of local services, increasing collaboration among human service providers, and providing clear guidelines for eligibility requirements. Participants from focus groups and interviews repeatedly requested the development of a centralized process for accessing service information. Examples include building a more comprehensive and user-friendly web-based resource and hiring a staff navigator to support residents in every step of the process for obtaining services. In terms of expanding service delivery, participants suggested providing flexible evening and weekend hours, as well as offering telehealth or mobile response as alternate modes of delivery. Participants recommended increasing funding to expand services, building subsidies, and offering more financial assistance for those in need. Finally, participants recommended tailoring services to meet the needs of diverse populations, including expanding service delivery to underserved areas and increasing cultural competence and multilingual services.

Limitations

The COVID-19 pandemic statewide shutdown in March 2020 and the online formats required for the needs assessment activities (surveys, interviews, and focus groups) may have impacted recruitment. County HSACs utilized different strategies for recruitment and data collection, which likely impacted the subpopulations included, sample sizes, and their results. In addition, many respondents appeared to experience fatigue due to the length and structure of the survey and did not provide comments at the end of the survey. Finally, some county reports contained inaccurate data entries and/or calculations of percentages. Attempts were made to correct apparent data errors, but as original data sources were not available for further review, some may still exist and could impact the validity of findings.

Next Steps

DCF's primary goal is to collect the information needed to ensure the right mix of supports, quality services, and activities are available statewide so that DCF's vision – that every NJ resident is safe, healthy, and connected – is realized. Next steps include disseminating the findings and recommendations from the needs assessment, using that information to coordinate and improve services to the Departments' target populations, and incorporating the information into the planning, funding, coordination, and implementation of Department initiatives.

Introduction

Purpose

The New Jersey Department of Children and Families (DCF) partnered with human services organizations in each county to undertake an assessment of local strengths and needs between November 2019 and January 2021. This assessment aims to collect information to determine the extent to which an appropriate combination of services and activities is available to support families in their community. In a coordinated effort to understand the needs of families in each county, DCF funds county Human Services Advisory Councils (HSACs) to undertake an assessment of local needs every two years. HSACs are charged with gathering information related to local basic and service needs, social connections and community networks, the impact of those needs on subpopulations, trends in needs over time, key barriers to service delivery, and considerations for action.

For DCF, the primary purposes of the needs assessment are to:

- Collaborate with HSACs to gain county-specific qualitative information related to assets, needs and barriers and the context and considerations for action;
- Utilize information from the needs assessment process to support DCF's vision and continuous quality improvement efforts and to inform policy, strategic planning (e.g., service array development), and New Jersey's Federal Child and Family Service Plan;
- Deepen relationships with communities across New Jersey to lay a solid foundation for ongoing collaborative efforts to create the conditions for children and their families to thrive.

Background

In 2018, DCF approached the county human services leadership regarding the design of a new needs assessment process to attain county-specific qualitative information related to service needs and barriers to meeting those needs. The county human services leadership agreed to form a workgroup with DCF to help inform the assessment process, and the workgroup began meeting in October 2018. The workgroup developed a common needs assessment process for statewide implementation in alignment with DCF's biennial county-focused continuous quality improvement efforts. The workgroup focused on the development of an assessment tool that attains county-specific qualitative information beyond the mere identification of needs and barriers; and that provides a comprehensive understanding of the scope, nature, and local context related to addressing those needs, as well as ensures feasibility and usefulness and to avoid duplication of efforts. Throughout 2019, the workgroup continued to meet and vetted the new assessment process and tools with key stakeholders, including the HSACs. The county needs assessments commenced in 2019.

Methodology

This synthesis report provides an overview of the results of the mixed-methodology statewide needs assessments led by Human Services Advisory Councils (HSACs) in each of New Jersey's 21 counties. These HSAC needs assessments used quantitative and qualitative data to determine the priority need areas, including county data profiles, surveys, focus groups, and key informant interviews.

Need Areas

Needs assessment data was collected from various sources and stakeholders related to **six basic need areas** (housing, food, health care, community safety, employment, and career services, and child care), and **seven specialized need service 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 and prevention services, domestic violence services, parenting skills services and legal and advocacy services). DCF, human services leadership, and the HSACs identified these thirteen need areas as the most pressing needs of the time and, therefore, these became areas of focus for this 2019-2020 needs assessment. With future iterations of the needs assessment process, the identified need areas may vary based on current needs and priorities. (Need area descriptions listed in Appendix A.)

County Data Profiles

From November 2019 through February 2020, the Institute for Families (IFF) at Rutgers School of Social Work developed data profiles customized to each of the 21 counties. DCF provided these data profiles to each county's HSAC to support the HSAC in identifying key topics to explore more in-depth. These data profiles include the most recent county population and administrative data available. This data was pulled from numerous federal and state databases to highlight existing trends and areas of need in each county to inform the need areas discussed in county needs assessments. (See Appendix B for the location of data profiles.)

Surveys

Participants completed a standard community survey to gather data about the key topic areas outlined in the aforementioned data profiles. The survey was developed to identify areas of strength and areas in need of improvement related to county-based supports and service array. The survey consisted of demographic questions and six questions related to each of the thirteen basic and service needs. Six of the questions utilized a four-point Likert scale ranging from Strongly Disagree to Strongly Agree. Participants were expected to complete the survey in-person, and be part of a focus group session directly after, in the original survey design. However, the County HSACs modified this design as surveys were instead administered via online platforms in response to COVID-19 shutdown restrictions. Thus, the linkage to the focus group session was not maintained. Most HSACs managed their county web-based surveys in SurveyMonkey or Qualtrics. However, some HSACs conducted their surveys over the phone for community members who did not have access to technology. Some County HSACs also revised some survey items (i.e., Camden, Middlesex). Recruitment methods varied by county and included recruitment through social media, county websites, emails, county meetings, and personal and professional connections. Recruitment efforts included reaching out to a range of stakeholders, including public service organizations, business owners, and youth and adult residents, etc. For more information on recruitment methods by each County HSAC, see Appendix B for links to the individual county reports.

Focus Groups

The purpose of the focus groups was to collect qualitative information to better understand the scope, nature, and local context related to addressing community needs that influence families. Focus group sessions were intended to last approximately one and half hours, with the first thirty minutes for introductions and survey completion and the remaining hour for the focus group dialogue (see Appendix B for locations of survey and focus group instruments). After the COVID-19 shutdown in March 2020, the approach was adapted to include virtual methods. HSACs utilized virtual meetings (e.g., Microsoft Teams, WebEx, Zoom) and telephone. Recruitment efforts were designed to include a broad range of people and organizations to be representative of each county's stakeholders across its municipalities and demographics (e.g., community members, leaders, and influential persons, public service organizations, community-based organizations, local business owners, youth, etc.) For some counties, employees and residents shared the opportunity by word-of-mouth. A few County HSACs provided gift card incentives. HSACs conducted between 8 and 35 separate focus groups that consisted of 1 to 16 people per session. For specific county methods, see links to HSAC need assessment reports in Appendix B.

Key Informant Interviews

HSACs completed the key informant interviews after focus group sessions. HSACs conducted key informant interviews to gather additional feedback from County Human Services Directors and/or other identified professionals and leaders within the county. Key informants were recruited through direct communication, email, or letters. Some County HSACs offered gift card incentives. Interviews were originally conducted in-person; however, the public health crisis required flexibility, and interviews took place via email, telephone, or virtual meetings (e.g., Microsoft Teams, WebEx, Zoom). The number of key informant interviews varied by county, ranging from two to 48 (see links to County HSAC need assessment reports in Appendix B.)

Prioritization of Need Areas

Each County HSAC selected four top priority areas based on the results from the county data profiles, surveys, focus groups, and key informant interviews. HSACs were encouraged to prioritize needs based on the evidence of scope of the need (percent of the population affected by the need/issue; trends over time; importance of the need/issue to community members; prevalence of the need/issue for particular subgroups), nature of the need in relation to services (availability, physical accessibility, economic accessibility, discriminatory practices, accessibility/information accessibility; acceptability; quality; key barriers) and considerations for addressing the need (feasibility to address need at the county level; urgency of need; community access to organizations/programs; resources needed to address the need). This guide served only as a recommendation, and the HSACs could decide whether to focus on the areas that emerged from the county data profile prioritization guide, areas that aligned with local priorities, or any combination of the two approaches (see Appendix B for locations of county data profiles, guidance, and instruments). Most County HSACs identified the top two priorities for basic needs and top two priorities for specialized service needs based on results from the survey, focus groups, and key informant interviews.

Data Analysis

Each County HSAC completed a standardized summary report of the needs assessment using a DCF-provided template (see Appendix B for locations of county reports, template, guidance, and instruments). Reports were submitted to DCF and then analyzed and synthesized by Rutgers IFF. Quantitative analyses were conducted in Microsoft Excel and included frequencies, percentages, means, and standard deviations of participant responses. IFF did not have access to raw data collected by County HSACs and was unable to perform more advanced statistical analysis. Analysis of qualitative data consisted of thematic analysis of

general concerns, successes, and recommendations. Recommendations were categorized into education and training, service delivery, and policy.

Data Collection

The HSACs completed needs Assessments in each of New Jersey's 21 counties. The counties were grouped into two cohorts. Cohort 1 completed their needs assessments between November 1, 2019 – August 31, 2020; Cohort 2 completed their needs assessments between February 1, 2020 – January 15, 2021. Table 1 lists the counties included in each cohort.

Table 1. Counties Included in each Needs Assessment Cohort

Cohort 1	Cohort 2
Needs Assessments November 1, 2019 – August 31, 2020	Needs Assessments February 1, 2020 – January 15, 2021
1. Burlington	11. Atlantic
2. Essex	12. Bergen
3. Gloucester	13. Camden
4. Hunterdon	14. Cape May
5. Hudson	15. Cumberland
6. Monmouth	16. Mercer
7. Passaic	17. Middlesex
8. Salem	18. Morris
9. Sussex	19. Ocean
10. Union	20. Somerset
	21. Warren

A total of 6,015 participants (duplicated) responded to the needs assessment across all counties. This includes 4,001 survey participants, 1,691 focus group participants, and 323 key informants. The number of participants varied per county (Table 2).

The COVID-19 shutdown was implemented in mid-March 2020, which impacted the recruitment of participants, as well as the response rates for several counties. Appendix C includes an overall summary of participant demographics.

Table 2. Total Number of Participants per County*

County	Survey Participants	Focus Group Participants	Key Informants	TOTAL
Atlantic	57	54	4	**115**
Bergen	380	84	8	**472**
Burlington	280	29	12	**321**
Camden	133	51	12	**196**
Cape May	68	67	4	**139**
Cumberland	143	73	8	**224**
Essex	57	49	6	**112**
Gloucester	45	29	3	**77**
Hudson	104	108	14	**226**
Hunterdon	50	40	2	**92**
Mercer	76	71	4	**151**
Middlesex	102	35	4	**141**
Monmouth	98	13	80	**191**
Morris	72	80	6	**158**
Ocean	76	88	6	**170**
Passaic	1221	171	48	**1440**
Salem	96	65	137	**298**
Somerset	100	100	4	**204**
Sussex	78	84	12	**174**
Union	703	282	13	**998**
Warren	62	51	3	**116**
TOTAL	**4001**	**1691**	**323**	**6015**

** Number of survey participants is based on the maximum number of respondents to any survey item within the County (see Appendices K-L). Participants may participate in more than one needs assessment format (survey, focus group, and/or key informant interview) within their county, so the "Total" column may contain some duplicated participants.*

Results

Overall Priorities

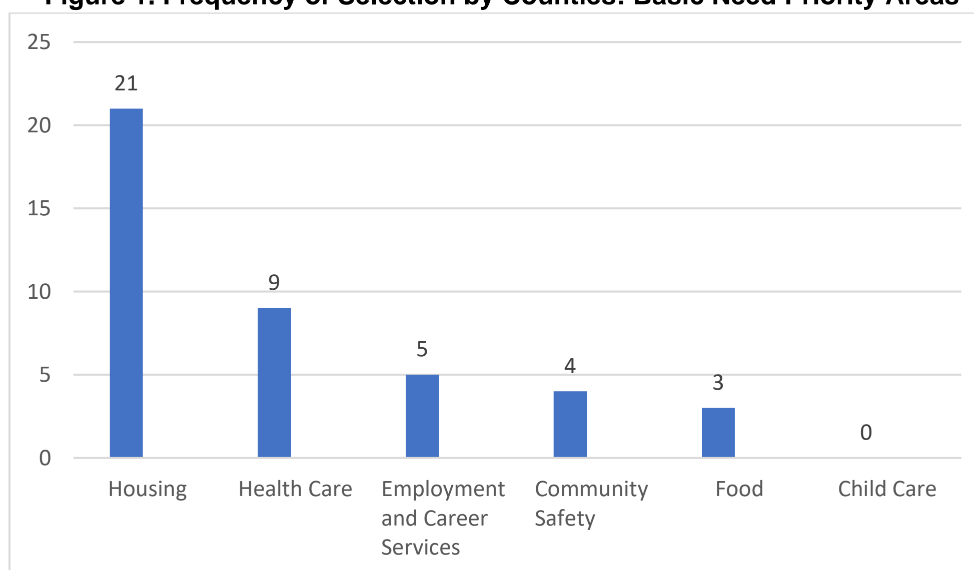
Top Priorities Selected by Counties

At the onset of their needs assessments, each County HSAC was instructed to select two priority basic need areas and two specialized need areas from a total of 13 DCF-defined areas. Most counties selected four priority needs areas from those listed; however, a few counties selected other areas as priorities, such as 'transportation' by Salem County, and 'Isolation' and 'Poverty' by Passaic County. See Appendix D for the top four priority areas selected by each county. Appendix E and Appendix F show the frequency of selection by county for each basic need and each specialized need, respectively. The following sections summarize the counties' prioritized need areas.

Priorities for Basic Need Areas

The basic need areas prioritized by the County HSACs include housing (21 counties), health care (9), employment and career services (5), community safety (4), and food (3). None of the County HSACs selected childcare as a priority need area (see Figure 1).

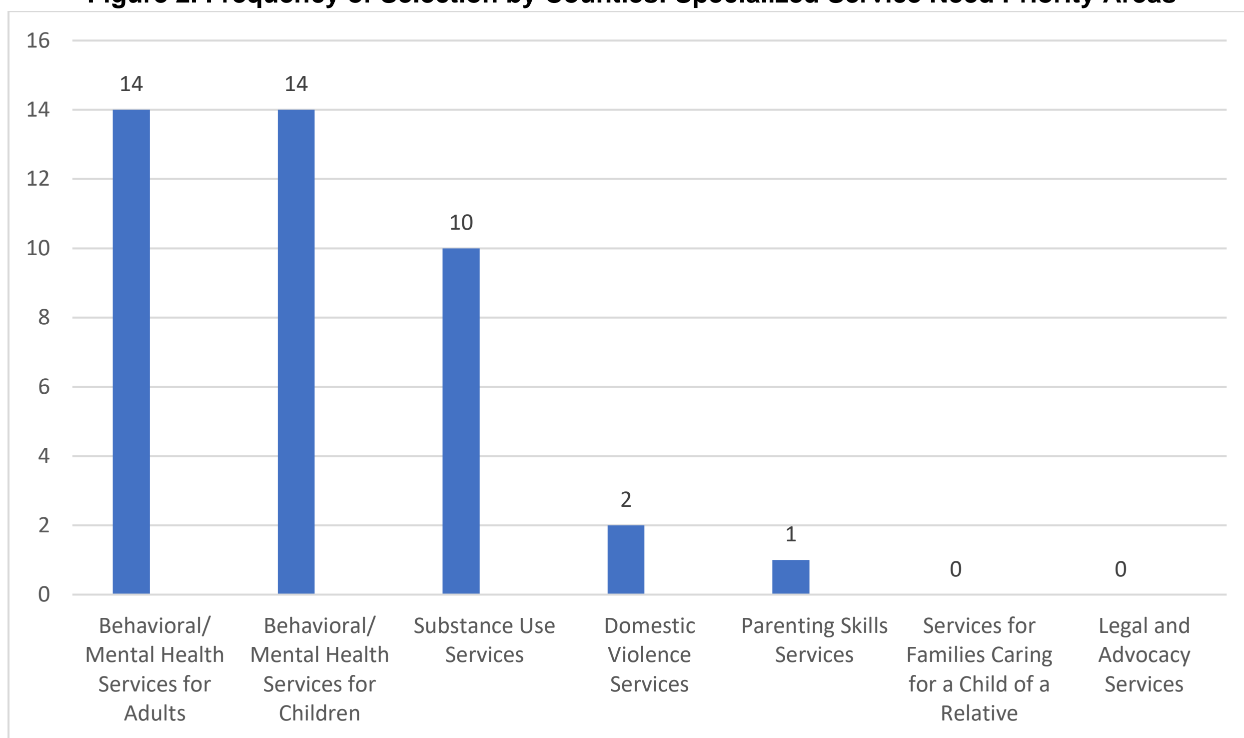
Figure 1. Frequency of Selection by Counties: Basic Need Priority Areas



Priorities for Specialized Service Needs

The specialized service needs prioritized by the County HSACs include behavioral/mental health services for adults (14 counties), behavioral/mental health services for children (14), substance use disorder and prevention services (10), domestic violence services (2), and parenting skills services (1). None of the County HSACs selected services for families caring for a child of a relative or legal and advocacy services as priority need areas (See Figure 2).

Figure 2. Frequency of Selection by Counties: Specialized Service Need Priority Areas



Overall Barriers

Survey respondents were asked to select key barriers that make it difficult to address each need in their county. **Eleven key barriers** were listed in the survey for each need area (wait lists, services do not exist, transportation, cannot contact the service provider, too expensive, lack of awareness of service, cultural barriers, services provided are one-size fits all and do not meet individual needs, stigma leads to avoidance, eligibility requirement, and other). These key barriers were identified by DCF, human services leadership, and the County HSACs as barriers of focus for this 2019-2020 needs assessment. With future iterations of the needs assessment process, the identified barriers may vary. The substance use disorder need area provided three additional need area-specific barriers for selection (substance use disorder, availability of substance use disorder services for adolescents, and availability of substance abuse prevention programs). Participants could select as many as applied to each need area.

This report presents data for the barriers in multiple formats. Percentages of participants reporting barriers for each need area are shown in charts and tables in the following sections, including tables with measures of central tendency (mean, min, max, and standard deviation). Additional statistics and raw data for barriers are included in the appendices. Appendix G (Barriers by Basic Need Areas-Average Percentage Across 21 Counties) and Appendix H (Barriers by Specialized Service Needs-Average Percentage Across 21 Counties) show state-level average percentages. Appendix I (Barriers to Basic Need Areas – Percentages by County) and Appendix J (Barriers to Specialized Service Needs– Percentages by County) show the County-level percentages, which were averaged to calculate the state-level results.

Barriers to Basic Need Areas

Figure 3a displays the average percentage of respondents across counties who selected each barrier for each of the six basic need areas. These percentages were calculated by averaging total county percentages for the 21 counties. On average, the top four barriers to accessing basic needs were: lack of awareness of service (52%), transportation (48%), wait lists (31%), and cultural barriers (28%) (see Appendix G).

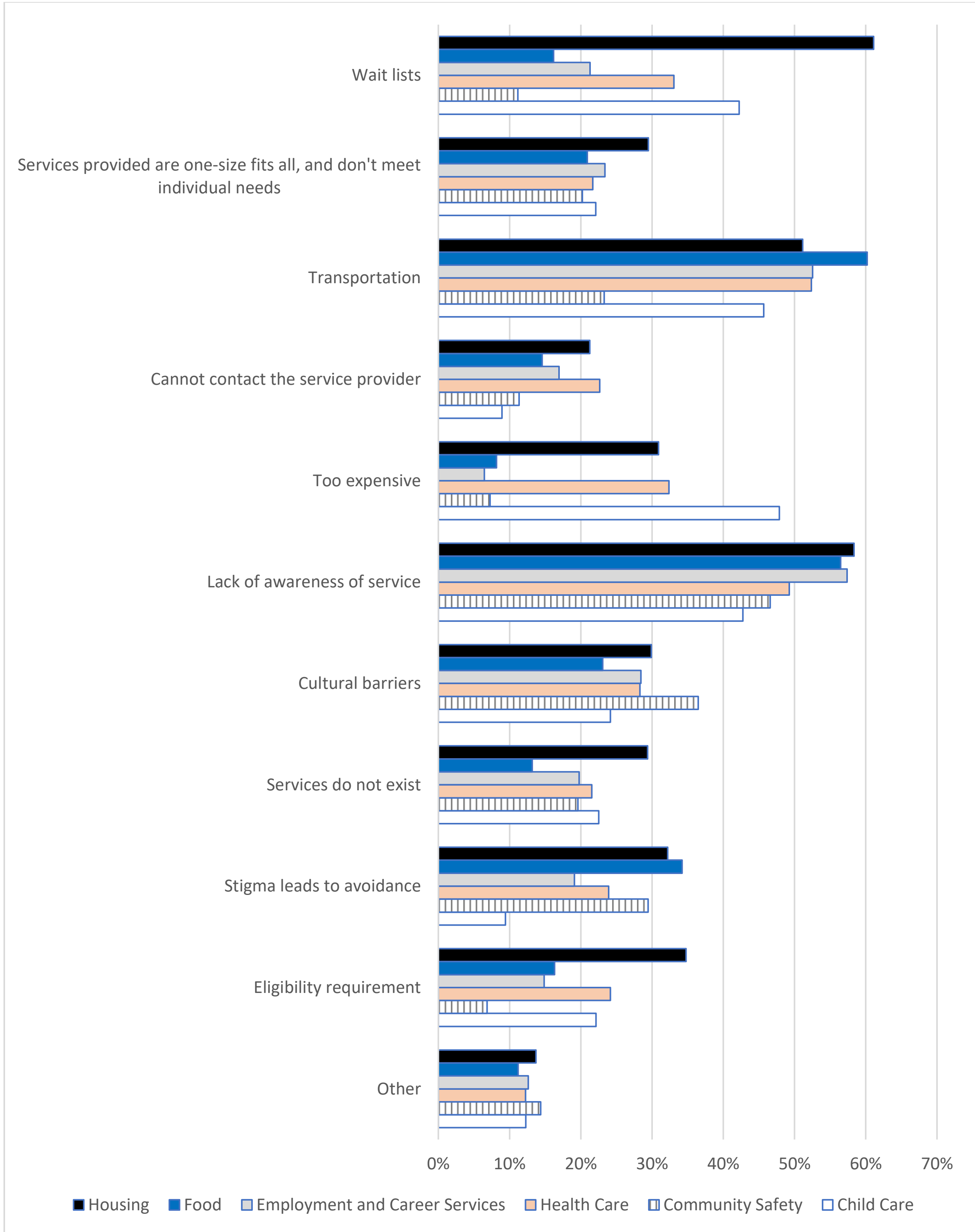
Out of the six basic need areas, housing emerged as having the most frequently selected barriers (i.e., on average, 36% of respondents selected each barrier). The most frequently selected barriers to housing include wait lists (61%), lack of awareness of service (58%), transportation (51%), eligibility requirement (35%), stigma leads to avoidance (32%), and too expensive (31%) (see Appendix I).

Barriers to Specialized Service Need Areas

Figure 3b displays the average percentage of respondents across counties who selected each barrier for each of the seven specialized service need areas. These percentages were calculated by averaging the total county percentages of the 21 counties. On average, the top four barriers to accessing specialized service needs were: lack of awareness of service (57%), transportation (38%), stigma leads to avoidance (32%), and wait lists (30%) (see Appendix H).

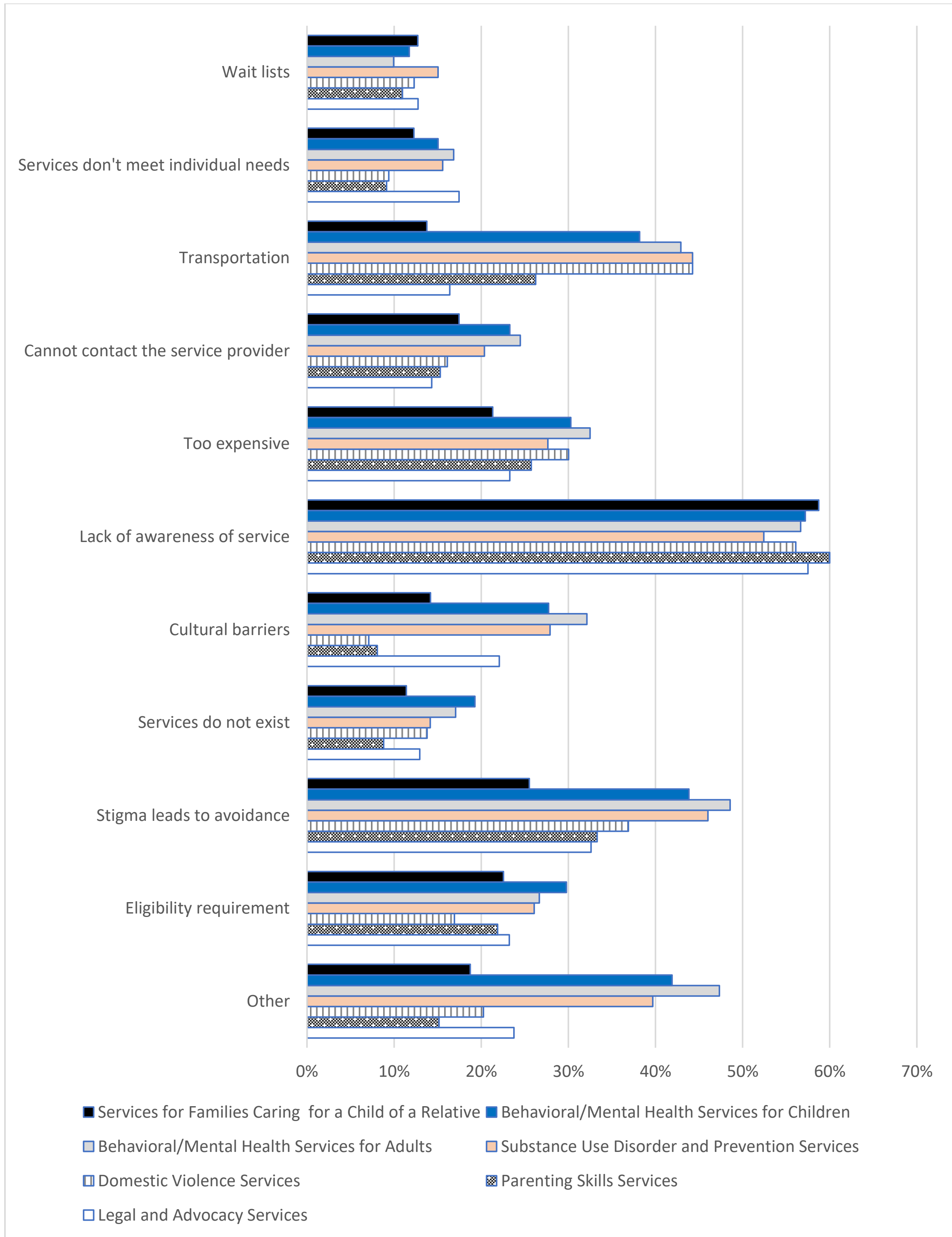
Out of the seven specialized service need areas, three emerged as having the most frequently selected barriers. These three need areas are behavioral/mental health services for children, behavioral/mental health services for adults, and substance use disorder and prevention services. Key barriers to accessing behavioral and mental health services for children and for adults included lack of awareness of services (57% children; 57% adults), transportation (44% children, 49% adults), wait lists (42% children, 47% adults), stigma leads to avoidance (38% children, 43% adults), cultural barriers (30% children, 32% adults), and too expensive (28% children, 32% adults). Key barriers for accessing substance use disorder and prevention services included lack of awareness of service (52%), transportation (46%), stigma leads to avoidance (44%), availability of substance use prevention programs (41%), and wait lists (40%) (see Appendix J).

Figure 3a. Basic Need Areas: Average Percentage of Respondents across 20* Counties who Selected each Barrier



**Data not provided by Union County.*

Figure 3b. Specialized Service Needs: Average Percentage of Respondents across 20* Counties who Selected each Barrier



**Data not provided by Union County.*

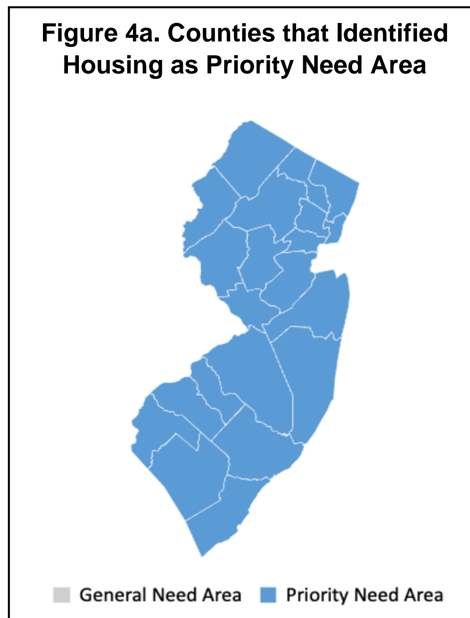
Summaries for Basic Need Areas

Housing

General Concerns

All 21 counties in New Jersey unanimously selected housing as a priority need area. (See Figure 4a.) Across these counties, participants were concerned about an overall lack of awareness of housing services and shelters. Participants believed there are limited resources available for homelessness, emergency housing, voucher-based rental services, or long-term housing solutions. Participants reported several notable challenges to meeting eligibility requirements, such as income caps or poor credit. Similarly, participants mentioned difficulty in utilizing vouchers, such as affording additional housing costs, identifying available properties, finding modern housing, or locating housing in a safe neighborhood. There are also challenges in navigating the system for housing assistance, including a lengthy and cumbersome application process and difficulty obtaining all required documents. Some participants raised discriminatory practices by landlords by which landlords reject vouchers, people with poor credit, people with a history of past evictions, or people with a criminal background. HSACs reported that - due to the rising costs of living in New Jersey and lack of affordable rental properties – both homeownership and sustainable rented housing are becoming difficult to obtain. Some residents are doubling up by living with multiple generations in small units, which could ultimately lead to eviction. Counties expressed concern that growing poverty rates created a need for more housing options and reported a lack of first-time homebuyer programs and availability of starter housing. The impact of COVID-19 has heightened housing insecurity fears with increased unemployment and fear that the housing crisis will rise if eviction moratorium is lifted.

Figure 4a. Counties that Identified Housing as Priority Need Area



Impacted Subpopulations

During county focus groups and interviews, participants identified a number of populations in greater need of housing services in New Jersey:

- The ALICE (Asset Limited, Income Constrained, Employed) population is often ineligible for housing programs yet do not have sufficient income for stable, good quality housing.
- Individuals with intellectual or developmental disabilities have limited options for supportive and/or accessible housing. Children and older adults who are dependent on aging parents are particularly vulnerable.
- Seniors have difficulty finding appropriate housing.
- Racial disparities continue to disproportionately impact Black and Latinx populations, with higher rates of homelessness and greater dissatisfaction with housing. Housing restrictions that deny access to anyone with a criminal background add additional burdens to POC.
- Undocumented immigrants often do not qualify for housing services. As undocumented persons cannot pass a credit check, they are likely to fall victim to predatory and illegal housing practices (including discrimination, paying more for a unit, lack of maintenance of housing, facing illegal evictions, loss of security deposit, threats to call ICE, etc.)

Other populations indicated as likely to experience homelessness and housing insecurity included aging out youth, LGBTQI youth, or veterans. In Essex and Hudson, participants mentioned that domestic violence victims have difficulty qualifying as homeless or in need of shelter because they do not fit the criteria of imminent risk. Focus groups with Somerset County's lead domestic violence agency, Safe+Sound Somerset, revealed the need for transitional housing and long-term housing for persons surviving domestic violence or intimate partner violence.

Barriers

Figure 4b displays the key barriers to housing as identified by needs assessment participants. Wait lists extending from months to years (61%) emerged as the top barrier to accessing housing services. For example, the wait list for Section 8 in Hunterdon was opened in 2018 and is expected to take five years to review and place applicants. In Camden, multiple participants noted that individuals seeking housing services find themselves waiting not only to be placed on a housing placement list but also to have an introductory appointment with housing services.

Lack of awareness of service (58%) also was identified as a top barrier to housing. Most housing services are not widely advertised or known by county residents. For example, participants believe residents are not aware of educational programs that provide financial advice, such as building and maintaining a credit score, obtaining a down payment, or qualifying for a mortgage. There is also a lack of access to services, such as lack of technology or internet access.

Snapshot of County Challenges

Salem: Housing Choice Voucher program, which operates on a lottery system, has a limited number of vouchers available, and it can take years to receive one.

Warren: Closures impacting housing: a) County's Family Promise - Interfaith Hospitality program, provided shelter to homeless families, closed due to the pandemic; b) County's rental assistance program closed its application process due to the long waiting list.

Camden*:* Hard to access services without a car or reliable transportation to Camden City, especially for residents in the lower portion of the County

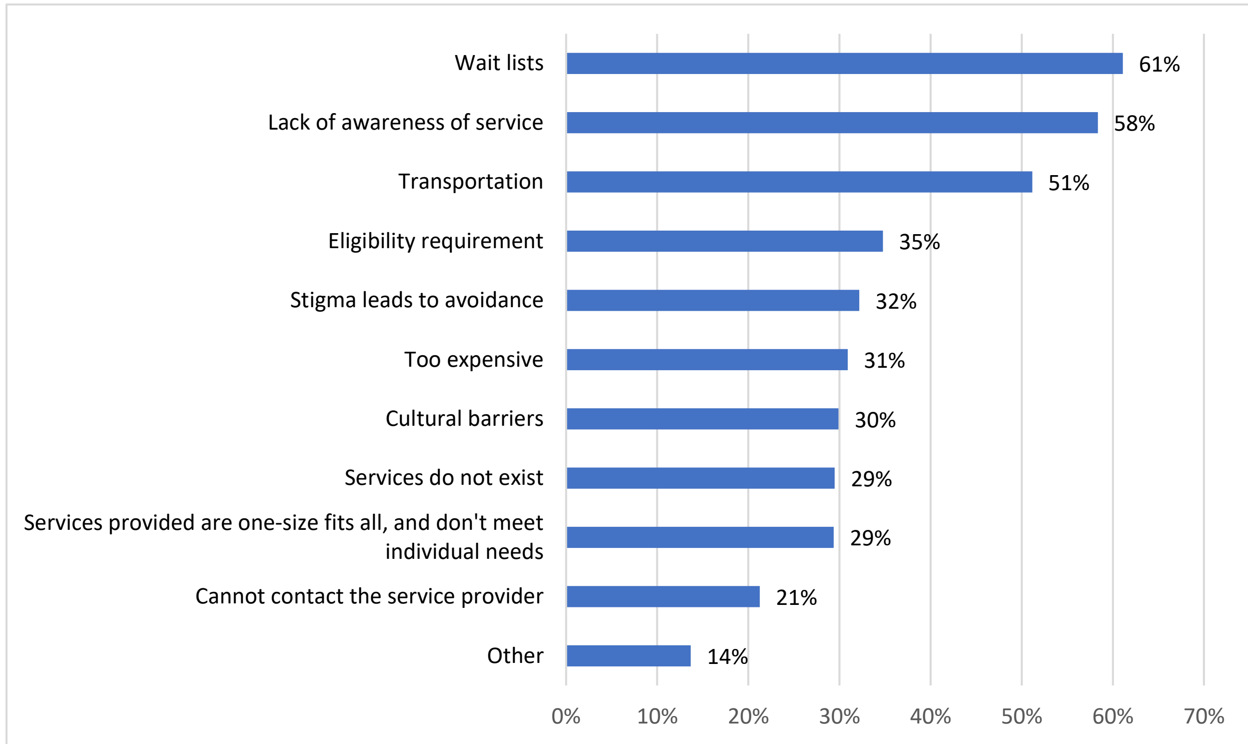
Cumberland County: Housing challenges include a lack of low-income housing, difficulty accessing housing assistance for the working poor, and lack of awareness about housing assistance options.

Burlington: Low-income residents have been priced out of homeownership for a number of years.

Transportation (51%) was the third major barrier, as affordable housing is often located near areas with limited access to public transportation. In addition, residents without transportation cannot access service providers to receive assistance. Eligibility requirements (35%) were the fourth barrier to housing. Eligibility criteria for applying are not always clear and difficult to apply for. In Camden, residents may be deterred from seeking and accessing housing services to avoid potentially separating one or more members of their family who may not meet all of the eligibility requirements. Similarly, participants expressed difficulty understanding, navigating, or complying with housing eligibility process due to language or cultural barriers.

Stigma (32%) around receiving housing subsidies, receiving temporary help with back rent or security deposit payments, or living in affordable housing, prevents individuals from seeking services. However, respondents indicated that housing is too expensive (31%) and that costs keep rising, which results in an increased need for these services. For those seeking housing services, cultural barriers (30%), especially language barriers, were identified as a challenge to receiving services.

Figure 4b. Housing: Average Percentage of Respondents across 20* Counties who Selected each Barrier



**Data not provided by Union County.*

Table 3. Housing - Measures of Central Tendency: Percentage of Respondents across 20* Counties who Selected each Barrier

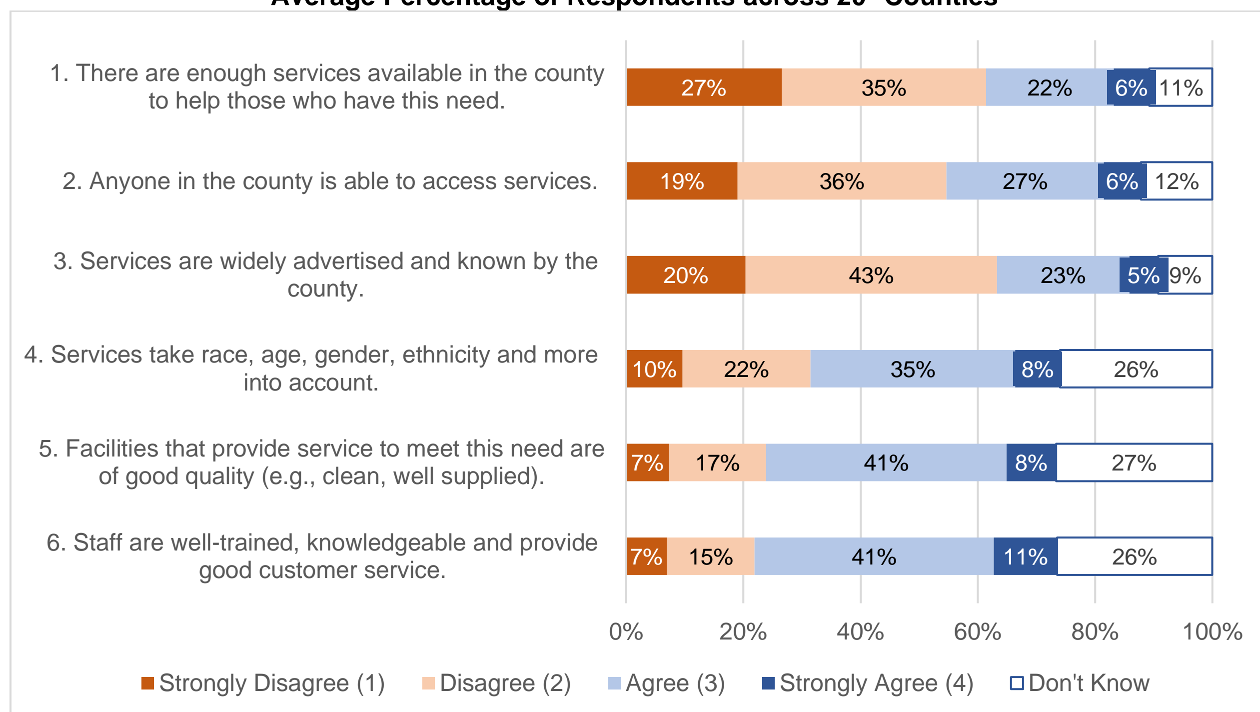
Barriers to Housing	Minimum	Mean	Maximum	Standard Deviation
Wait lists	45%	61%	73%	8%
Lack of awareness of service	33%	58%	72%	10%
Transportation	17%	51%	71%	15%
Eligibility requirement	18%	35%	58%	12%
Stigma leads to avoidance	15%	32%	52%	10%
Too expensive	0%	31%	60%	15%
Cultural barriers	11%	30%	44%	9%
Services provided are one-size fits all, and don't meet individual needs	0%	29%	44%	12%
Services do not exist	17%	29%	44%	8%
Cannot contact the service provider	8%	21%	37%	7%
Other	0%	14%	46%	12%

**Data not provided by Union County.*

Perception of Services

The majority of respondents believe there are not enough services in the county to meet housing needs (62%) and that there is insufficient access to (55%) and knowledge of (63%) housing services. Although over a quarter of participants indicated they do not know if these services take race, age, gender, ethnicity, etc., into account (26%), if service facilities are of good quality (27%), or if staff is well trained, knowledgeable, and provide good service (26%), nearly half did agree or strongly agree with these perceptions (43%, 49%, and 52% respectively). See Figure 4c.

Figure 4c. Housing Services Perceptions:
Average Percentage of Respondents across 20* Counties



**Data not provided by Union County.*

Successes

Participants recognized a number of strengths across counties. There has been increased coordination among services and growing partnerships with housing and community development offices. For example, various cities are meeting more frequently with township and housing authority officials to plan for construction of more units and matching those in need to new units. Most counties are building local coordinated efforts to address housing and homelessness, such as Atlantic County Improvement Authority and the Atlantic County Economic Alliance, Coordinated Entry Program of Hudson, Hudson County Homeless Hotline, Hudson County Alliance to End Homelessness, Mercer County Human Services, Continuum of Care Award for Union, Continuum of Care Committee of Somerset County, and Tri-Continuum of Care (Hunterdon, Somerset, & Warren). Staff at Social Services and the Division of Social Work Services work with the family to brainstorm possible options for housing which may include advocating with other family members to assist the homeless household temporarily until other arrangements can be made. Community-based organizations provide case management and other supportive services. As a result of increased coordination, there are more services to address emergency assistance. Moreover, applying for services has become less burdensome since telephone and virtual screening of applicants removes transportation as a barrier. Some of the agencies frequently mentioned as useful resources included: Board of Social Services, Center for Family Services, Christian Caring Center, Community

Options, Inc., County Housing Division, County Division of Welfare, Domestic Abuse Sexual Assault Crisis Center, Gloucester County Housing Authority, Housing Authority in Hunterdon County, Hudson County Department of Health and Human Services Office of Homeless Services and Office of Planning and Community Development, Safe + Sound Somerset (S+SS), Section 8, the Housing Hub, Providence House, local shelters, 2-1-1 Information and Referral Agency.

Highlights of County Successes: Housing

Essex: County is sensitive to racial disparities that exist in housing, and is involved in tax credit approval processes and advisement for rentals and mortgages, and works with vendors to analyze and conduct investigations to fair housing. Works with townships and housing authority officials to plan for construction of more units and developed a partnership with housing and community development offices to match consumers with housing opportunities.

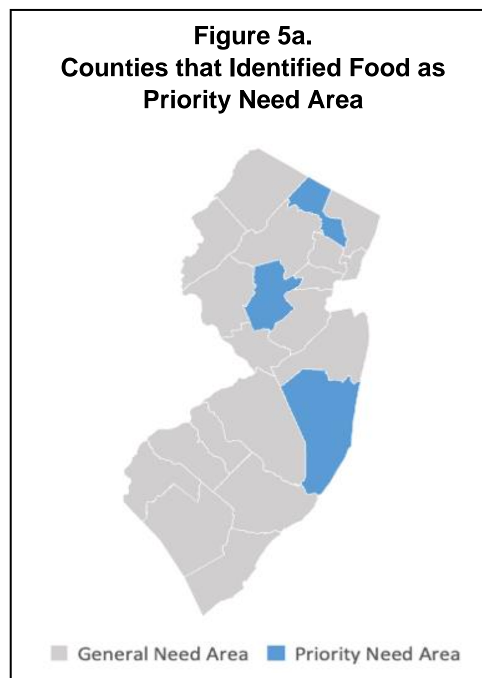
Monmouth: In collaboration of Monmouth ACTS, Monmouth County Homeless System Collaborative, and the Monmouth County Continuum of Care, the County developed a centralized intake process and Housing Navigation Program, organizes monthly case management meetings, launched Financial Recovery Initiative to address the financial impact of COVID-19, formed a task force to further develop affordable housing, and established a partnership between Monarch Housing Associates and the county's Homeless System Collaborative and Continuum of Care to address racial inequities in housing.

Food

General Concerns

Out of the 21 counties in New Jersey, three (Ocean, Passaic, and Somerset) identified food as a priority need area. (See Figure 5a.) Food insecurity indicates a lack of an adequate supply of food as well as a lack of access to quality food. In general, participants reported a lack of knowledge of resources and benefits for accessing food services, including a lack of access to healthy produce or specialized foods. While there are a number of food pantries available throughout the state, participants cited limited hours of operation as a barrier for working families. Participants also identified limited resources for food assistance as a challenge, including insufficient SNAP and WIC benefits to feed entire households, along with challenges understanding or meeting eligibility requirements to qualify for food services. Respondents reported growing unemployment and poverty, the impact of the COVID-19 shutdown, along with increasing costs, as contributors to food insecurity, particularly for low-income and working low-income families. These increased the need for food pantries and food services in New Jersey.

Figure 5a.
Counties that Identified Food as Priority Need Area



Impacted Subpopulations

During county focus groups and interviews, participants cited a number of populations at greater risk for food insecurity:

- Low-income families, including those working in retail or the service industry, as they may not qualify for unemployment or other benefits and have been disproportionately impacted by accessing basic needs, including food during the COVID-19 shutdown.
- Individuals with intellectual or developmental disabilities were recognized as having challenges accessing food services due to limited transportation. It was also pointed out that those with intellectual disabilities are twice as likely to be obese and may lack access to healthy foods or not understand food shelf life.
- Seniors had increased challenges accessing food during COVID-19 due to the safety challenges around transportation, entering stores, or maintaining a part-time job to supplement a fixed income. Senior citizens tended to be reluctant to seek assistance, such as via food pantry or SNAP benefits.
- Undocumented immigrants may experience more frequent rejection of food services due to inability to meet eligibility requirements.
- The homeless population's barriers to receiving food assistance include challenges finding out about resources and a lack of transportation to access existing services.
- Individuals with dietary restrictions due to health or religious reasons had more limited options.
- Individuals under 18 may experience food insecurity but are ineligible for State or Federal nutrition assistance.

Barriers

Figure 5b displays the key barriers to accessing food and food services, as identified by needs assessment participants. Transportation (60%) was the greatest barrier to accessing food services, especially for those living in rural areas that do not have supermarkets or food pantries in their municipality. Respondents indicated public transportation may be a challenge due to limited stores or food pantries on the route, limited schedules/hours, as well as limiting individuals' purchasing capacity to only as much as they can carry on and off a bus.

Participants identified a lack of awareness of service (56%) as another top barrier to food. County HSACs indicated that even when there are ample services, many individuals may not know where to go or how to access service information. For instance, a person without a home or internet access is less likely to be aware of a local church holding a food drive.

The third major barrier identified by participants was stigma leads to avoidance (34%). Respondents indicated individuals may be reluctant to reach out when they are in need due to stigma, especially if they are new to food insecurity and do not know where to go or what to expect when accessing these services.

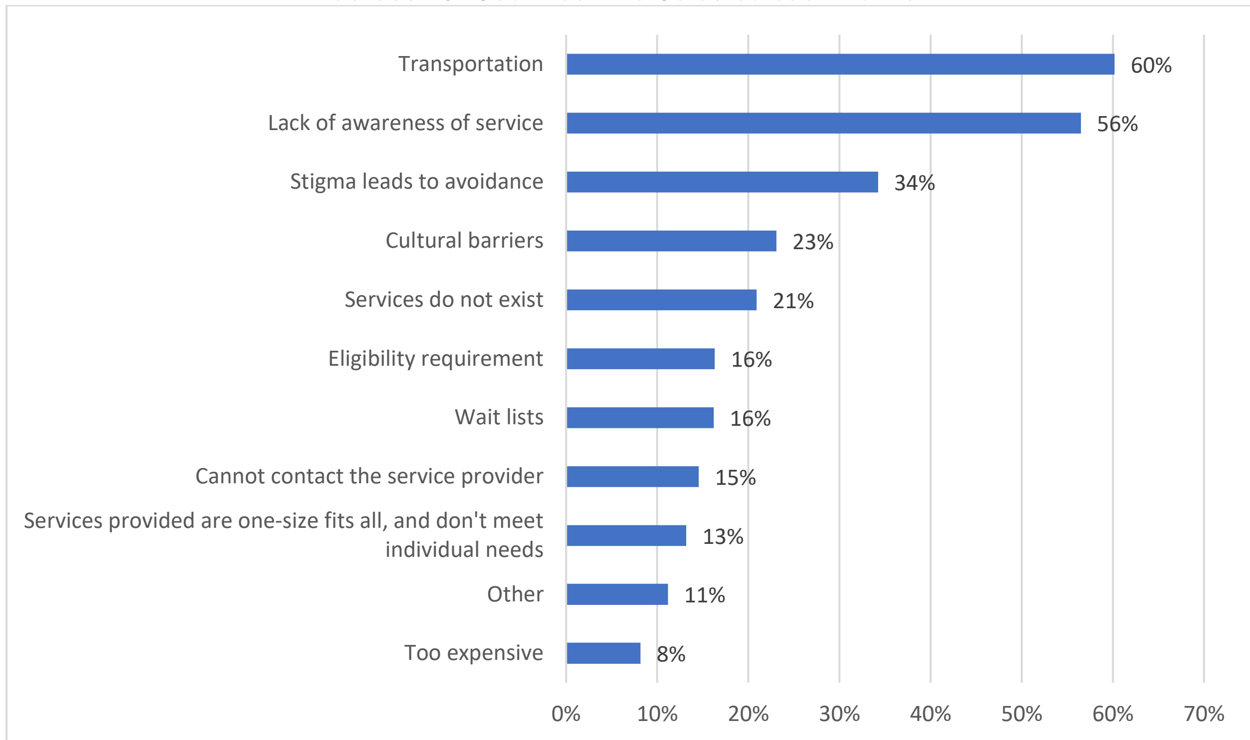
Snapshot of County Challenges

Ocean: The COVID-19 shutdown suspended normal business operations, and a significant amount of newly unemployed residents began to experience food insecurity for the first time as many jobs in the area, especially near the NJ shore, are part of the service industry. The income eligibility guidelines per household size for NJ SNAP are difficult to meet, and the application requires substantial verification. Limited transportation services in the southern and western areas of the county also made accessing services challenging.

Passaic: One focus group indicated that the WIC staff had the second-worst customer service. Individuals with dietary needs commented on the lack of nutritional food options that met their dietary requirements, such as gluten-free. Challenges utilizing food pantries included limited locations, hours, and selection.

Respondents identified cultural barriers as another challenge, with 23% of respondents citing a lack of cultural diversity and cultural competency at service locations, as well as language barriers for non-English speaking populations. There is also limited availability or predictability of food to satisfy dietary requirements or culturally specific foods. In addition, 16% of respondents indicated eligibility requirements as a barrier, such as the low income requirements and substantial verifications, which can be difficult or time-consuming to obtain. Other challenges cited by respondents included the lack of skills and knowledge for managing food, such as cooking meals and shopping on a budget.

Figure 5b. Food: Average Percentage of Respondents across 20* Counties who Selected each Barrier



Data not provided by Union County.

Table 4. Food - Measures of Central Tendency: Percentage of Respondents across 20* Counties who Selected each Barrier

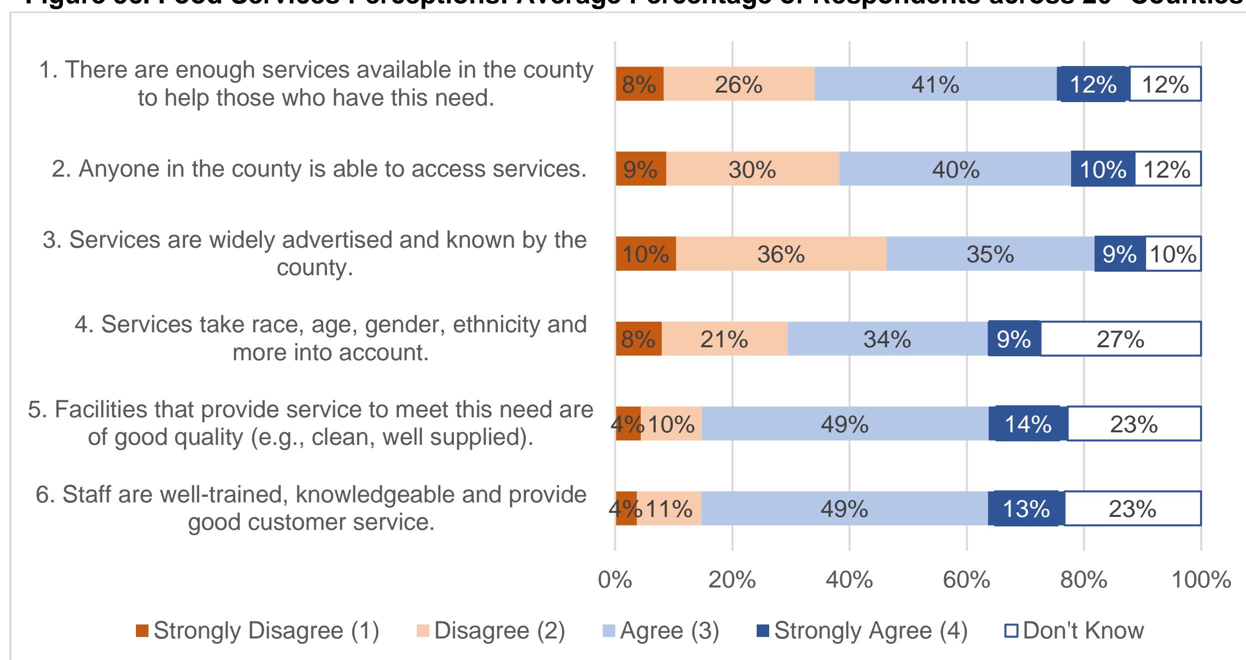
Barriers to Food	Minimum	Mean	Maximum	Standard Deviation
Transportation	20%	60%	89%	16%
Lack of awareness of service	34%	56%	69%	10%
Stigma leads to avoidance	17%	34%	53%	9%
Cultural barriers	11%	23%	39%	7%
Services provided are one-size fits all, and don't meet individual needs	7%	21%	36%	8%
Eligibility requirement	3%	16%	40%	8%
Wait lists	3%	16%	35%	8%
Cannot contact the service provider	4%	15%	31%	7%
Services do not exist	4%	13%	24%	5%
Other	0%	11%	32%	8%
Too expensive	0%	8%	26%	7%

Data not provided by Union County.

Perception of Services

Almost half of the respondents do not believe food services are widely advertised and known by the county (46%), but believe that service facilities are of good quality (63%) and that staff are well trained, knowledgeable, and provide good service (62%). Over a quarter of respondents (27%) indicated "don't know" when asked if services take race, age, gender, ethnicity, and more into account. See Figure 5c.

Figure 5c. Food Services Perceptions: Average Percentage of Respondents across 20* Counties



**Data not provided by Union County.*

Successes

There are a number of food services across the state, including food banks, farmers markets, local pantries, soup kitchens, etc. Food pantries are often operated by churches, nonprofit agencies, and local/county government entities that offer limited "after-hours," weekend, or holiday services. Residents can find information about local food pantries by utilizing the Resource Database located on the county's website. There is also a digital mapping program that allows residents to type in their address and view all of the pantries within a 50-mile radius of their location. Some of the most useful resources included school district's free/reduced lunch program, Catholic Christine Caring Center, Family Support Organization's Harvest Program, Burlington County Food Pantries operated by Oaks Integrated Care, Flemington Area Food Pantry, Free and Reduced Lunch (FRL), Hunterdon Helpline, Meals on Wheels, Mobile Grocery Store in Burlington County, Mount Holly Food Pantry, Supplemental Nutrition Assistance Program (SNAP), The Special Supplemental Nutrition Program for Women, Infants, Children (WIC), and Trenton Area Free Food Resource. In response to COVID-19, a number of food services organized relief measures through local schools, food pantries, and donations to local organizations. Creative solutions included a drive-thru for pickups, home deliveries, or special events for food distribution.

Highlights of County Successes: Food

Monmouth: The Monmouth ACTS' Financial Recovery Initiative coordinated with community-based service providers and streamlined access to information and food services, including an aggressive marketing campaign. During the pandemic, the county prioritized daily home deliveries for vulnerable populations (i.e., seniors and adults with disabilities).

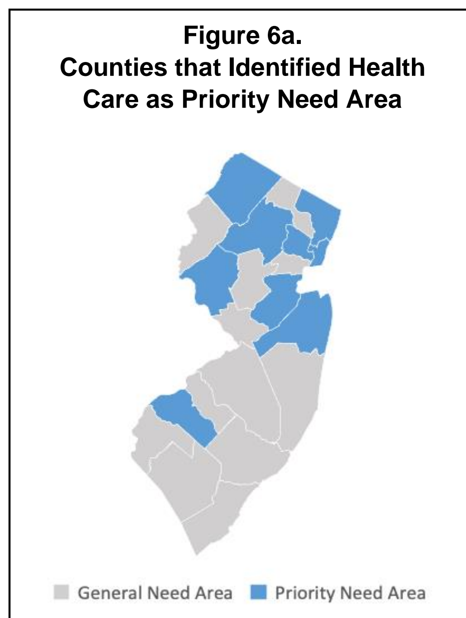
Ocean: An estimated 60 food pantries are scattered throughout Ocean County, the majority of which are operated by local faith-based and non-profit organizations. Fulfill, the foodbank serving Ocean and Monmouth Counties, reports allotting one million pounds of food each month for families in the two counties. Annually, Fulfill has served 136,000 people in Ocean and Monmouth Counties, 50,000 of which were children.

Health Care

General Concerns

Nine out of 21 counties (Bergen, Essex, Gloucester, Hudson, Hunterdon, Middlesex, Monmouth, Morris, and Sussex) in New Jersey selected health care as a priority need area. (See Figure 6a.) Respondents indicated a lack of awareness of available services or how to receive aid and that many residents visit the emergency room for general concerns due to a lack of readily available services or lack of awareness of local health care services. Respondents reported challenges, including many health care services operate during regular business hours, requiring parents to miss work and take children out of school for health care. Respondents also indicated there are challenges in understanding navigation of the complex health care system and a lack of funding for uninsured or underinsured to access medical or dental care. Participants expressed challenges with locating service providers that accept private insurance, Medicare, or Medicaid, and being forced to travel outside the county. Residents also struggle to find specialists who speak languages other than English, especially mental health professionals. Similarly, it is challenging to find community health workers (CHW) for undocumented immigrants and those from underserved communities. Participants' concerns increased as a result of the COVID-19 pandemic, including a lack of information regarding preventative care, reduced availability of face-to-face medical appointments, issues utilizing telehealth, fears regarding safety when attending in-person appointments, and loss of coverage due to employee layoffs.

Figure 6a.
Counties that Identified Health Care as Priority Need Area



Impacted Subpopulations

The county focus groups and interviews identified a number of vulnerable populations as having additional challenges to accessing health care in New Jersey:

- Undocumented immigrants may seek medical treatment only when it is an emergency and thus avoid preventative care. Due to the fear of being detained, there are greater cultural stigma and trust issues. Undocumented pregnant women are not covered under Medicaid until the birth of the child, which presents barriers to accessing prenatal care. In addition, undocumented children are not eligible for health care coverage through Medicaid.
- Women, in general, were identified as having a lack of information and access to prenatal care and abortions.
- LGBTQI residents, and residents with HIV, may avoid healthcare services due to stigma, lack of awareness among medical staff, and lack of services available to these populations, such as OBGYN services for transgender men. Office procedures and forms typically do not identify all genders.
- Youth with special needs, including those with intellectual and developmental disabilities, may have challenges to accessing health care, especially during COVID-19.
- Seniors' access to health care has worsened with the COVID-19 pandemic. Care has been delayed for those without technical capabilities for telehealth. There has also been increased social isolation as a result of restricted access to senior citizen centers and other social/recreational community programs or activities.

- Low-income families have greater challenges finding affordable health care. Similarly, impoverished or homeless individuals may sometimes disregard their overall health given the additional burdens and struggles in their life. Lower-income families who do not have access to reliable technology have a barrier to the increasing telehealth services.
- Veterans may have difficulty accessing VA services due to challenges with transportation.

Barriers

Figure 6b displays the key barriers to health care services, as identified by needs assessment participants. Transportation (52%) emerged as the greatest barrier to health care. Lack of transportation services creates an additional cost to accessing services. For example, in Sussex, services are spread out throughout the county and are often not accessible by public transportation, making it difficult for residents in rural areas to access.

Lack of awareness of service (49%) was also a top barrier to health care, as many residents resort to emergency room visits for general care. This may be related to the next highest barrier identified by 33% of respondents: wait lists, which can extend for weeks or months. Many medical providers will not take new patients until their wait list shortens.

Participants (32%) also noted health care as being too expensive. The costs of health care include high co-payments, high deductibles, and high prescription costs for medical and dental care, making it difficult to afford. Over a quarter of participants (28%) selected cultural barriers, noting language and cultural barriers are particularly challenging for undocumented immigrants and non-Spanish speaking families.

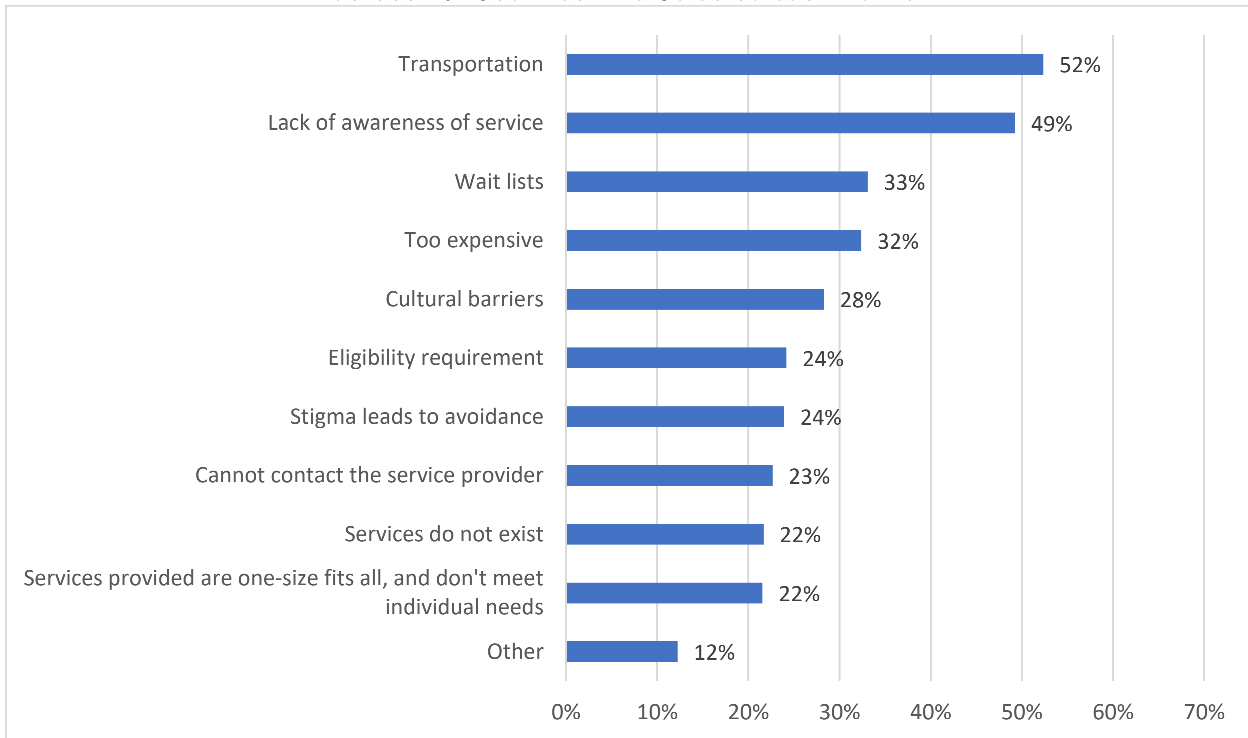
Snapshot of County Challenges

Sussex: Services are spread out across the county, making it difficult to access. As a result of long wait lists, many providers have stopped taking new patients. Appointments on nights or weekends are limited, causing individuals to miss work or parents to take children out of school to receive care.

Monmouth: Specialists have lengthy waits for an appointment, particularly in pediatrics. Community health centers are often inundated with phone calls, making it difficult for community members to get through. Due to the complicated process in navigating Medicaid billing protocols, preventative procedures and care often get put on the back burner.

Hunterdon: Some OBGYN's in the county decline to work with pregnant women who are on methadone maintenance or Suboxone for opiate withdrawals.

Figure 6b. Health Care: Average Percentage of Respondents across 20* Counties who Selected each Barrier



**Data not provided by Union County.*

Table 5. Health Care - Measures of Central Tendency
Percentage of Respondents across 20* Counties who Selected each Barrier

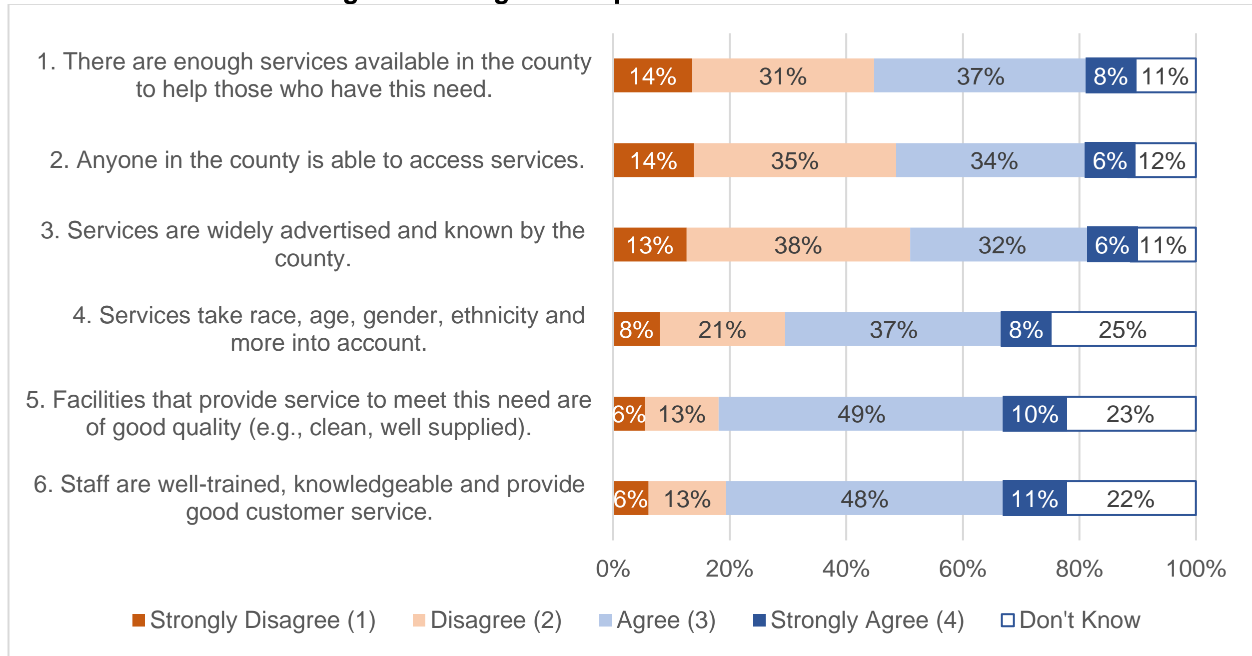
Barriers to Health Care	Minimum	Mean	Maximum	Standard Deviation
Transportation	18%	52%	78%	15%
Lack of awareness of service	33%	49%	61%	8%
Wait lists	18%	33%	48%	7%
Too expensive	0%	32%	52%	13%
Cultural barriers	13%	28%	43%	7%
Eligibility requirement	11%	24%	49%	9%
Stigma leads to avoidance	8%	24%	39%	8%
Cannot contact the service provider	11%	23%	34%	7%
Services provided are one-size fits all, and don't meet individual needs	3%	22%	38%	9%
Services do not exist	7%	22%	39%	8%
Other	0%	12%	39%	10%

**Data not provided by Union County.*

Perception of Services

Most respondents do not believe health care services are widely advertised and known by the county (51%), but believe that service facilities are of good quality (59%) and that staff are well trained, knowledgeable, and provide good service (59%). A quarter of respondents (25%) indicated "don't know" when asked if services take race, age, gender, ethnicity, and more into account. See Figure 6c.

Figure 6c. Health Care Services Perceptions: Average Percentage of Respondents across 20* Counties



**Data not provided by Union County.*

Successes

Most residents are able to seek support through their insurance company, school nurses, human resources department, the internet, etc. Useful resources included AtlantiCare, County Board of Social Services, Center for Family Services' Insurance Navigators, Center for Partnership for Health, Community Health Workers, Early Childhood Success Hub, Family Success Centers, Healthier Somerset, NJ Family Care (Medicaid and Medicare), New Jersey Integrated Care for Kids Partnership, Partnership for Health in Hunterdon County, Positive Youth Development Hub, Southern New Jersey Medical Centers, Southern Jersey Perinatal Cooperative. Moreover, participants reported that New Jersey's federally qualified healthcare centers (FQHCs) offer health care to all people regardless of their ability to pay for services. FQHCs have the capacity to take on patients who have insurance and those who are uninsured by allowing these individuals to pay based on income using a sliding fee scale. Using a coordinated network, patients and doctors are able to review the patient's information in one system. This was recognized as a huge success and a continued model of collaboration.

Highlights of County Successes: Health Care

Essex: Essex County's Division of Family Assistance and Benefits employs a Community Service Worker who performs outreach throughout the county when made aware of and invited to local community events. Prior to the pandemic, this employee traveled the county providing technical assistance to seniors, local families, and individuals seeking to fill out applications for welfare Emergency Assistance, General Assistance, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, and Medicaid.

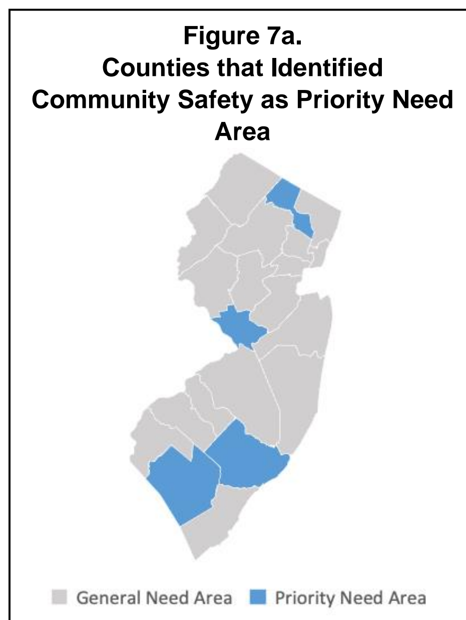
Hunterdon: The Hunterdon Medical Center is part of the Hunterdon Healthcare System, which has offices throughout Hunterdon, Somerset, and Warren counties. The Partnership for Health is a collaboration of over 70 organizations such as schools, government, non-profit, business, faith-based organizations, law enforcement, and healthcare to advocate for health care improvements in the county. Benefits of the connected system include data sharing, where doctors utilize one system to review all the patient's information.

Community Safety

General Concerns

Out of the 21 counties in New Jersey, four (Atlantic, Cumberland, Mercer, and Passaic) identified community safety as a priority need area. (See Figure 7a.) Some of the general concerns raised by participants included lack of accessibility and availability of community safety services. Community services are not widely advertised and largely unknown. Participants also reported a lack of transparency and community outreach to address community safety. Participants expressed distrust and fear of interactions with law enforcement, particularly among communities of color. For example, many participants discussed discriminatory practices by police. In addition, participants discussed a lack of cultural sensitivity from community safety service providers when working with residents, such as displaying empathy or recognizing cultural differences. Furthermore, participants identified a lack of capacity to respond to community incidents, including non-emergency calls.

Figure 7a.
Counties that Identified Community Safety as Priority Need Area



Impacted Subpopulations

During county focus groups and interviews, participants identified a few populations more at-risk in the community, as well as those less likely to receive appropriate community safety services:

- Black/African American residents are more likely to be affected by violent crime than their White counterparts across the counties.
- The LGBTQI population tends to be vulnerable with respect to community safety, particularly in Camden.
- Undocumented immigrants may not go to the police because of language barriers, or because of their current legal status and fear of Immigration and Customs Enforcement (ICE).
- Children with intellectual and developmental disabilities may not be appropriately served by local police officers due to a lack of training or expertise with this population.

Barriers

Figure 7b displays the key barriers to community safety as identified by needs assessment participants. The greatest barrier to community safety named by participants was lack of awareness of service (47%). Participants agreed that most residents are not familiar with existing services. The second greatest barrier to community safety was cultural barriers (36%). Language barriers and ethnic disparities in the workforce were cited as drastically reducing the capabilities of a provider. Participants also felt that there is a lack of training for police officers to appropriately respond to marginalized populations, such as culturally diverse populations, people with disabilities, or those suffering from mental health issues.

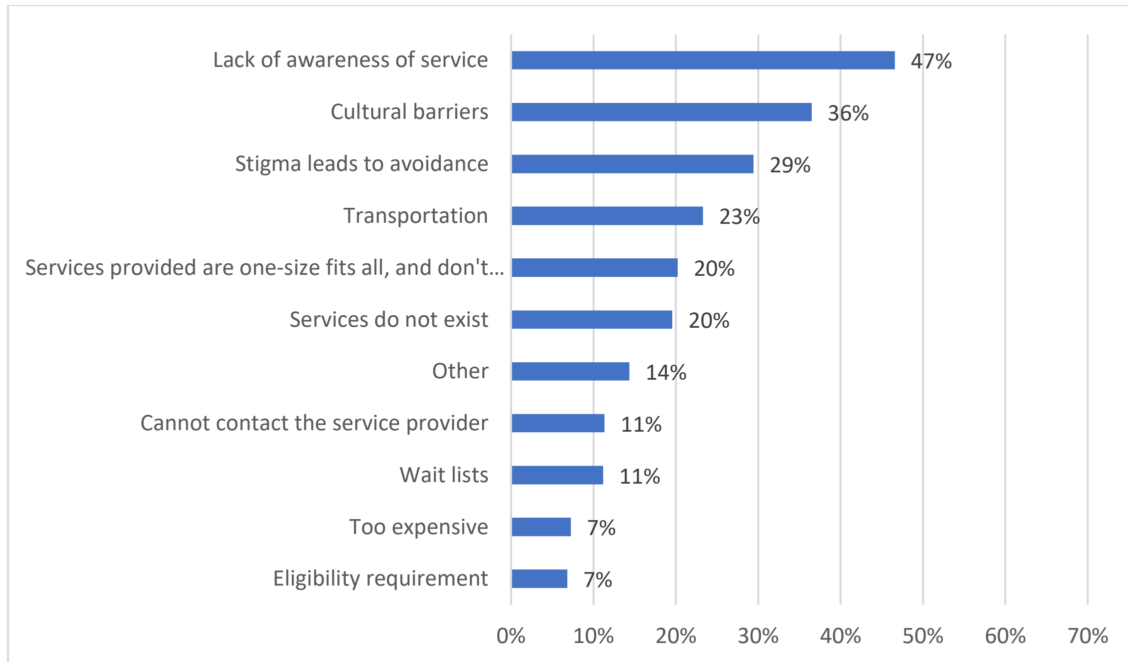
Stigma leading to avoidance (29%) was the third major barrier, particularly in relation to mistrust of service providers. Nearly a quarter (23%) of participants noted transportation as another barrier, as lack of transportation to police services creates a feeling of being disconnected. Service provided are one-size fits all, and don't meet individual needs was identified as a barrier by 20% of respondents. Participants noted that the one size fits all approach doesn't always support the needs of the community it serves.

Snapshot of County Challenges

Cumberland: Ongoing challenges in community safety were related to mistrust between police and the community members who would be likely to report crimes, whether fear of law enforcement or concerns that they would not be protected from retaliation. Regarding gang involvement, participants noted that the benefits outweighed the risks (e.g., economic benefits).

Mercer: Participants mentioned they felt threatened and unsafe due to gun violence in the community. A key informant noted crime is tied to a lack of services on all levels, quality daycare, failing schools, afterschool activities, unaddressed mental health issues, trauma, lack of living wage jobs, and poverty.

Figure 7b. Community Safety: Average Percentage of Respondents across 20* Counties who Selected each Barrier



**Data not provided by Union County.*

Table 6. Community Safety - Measures of Central Tendency: Percentage of Respondents across 20* Counties who Selected each Barrier

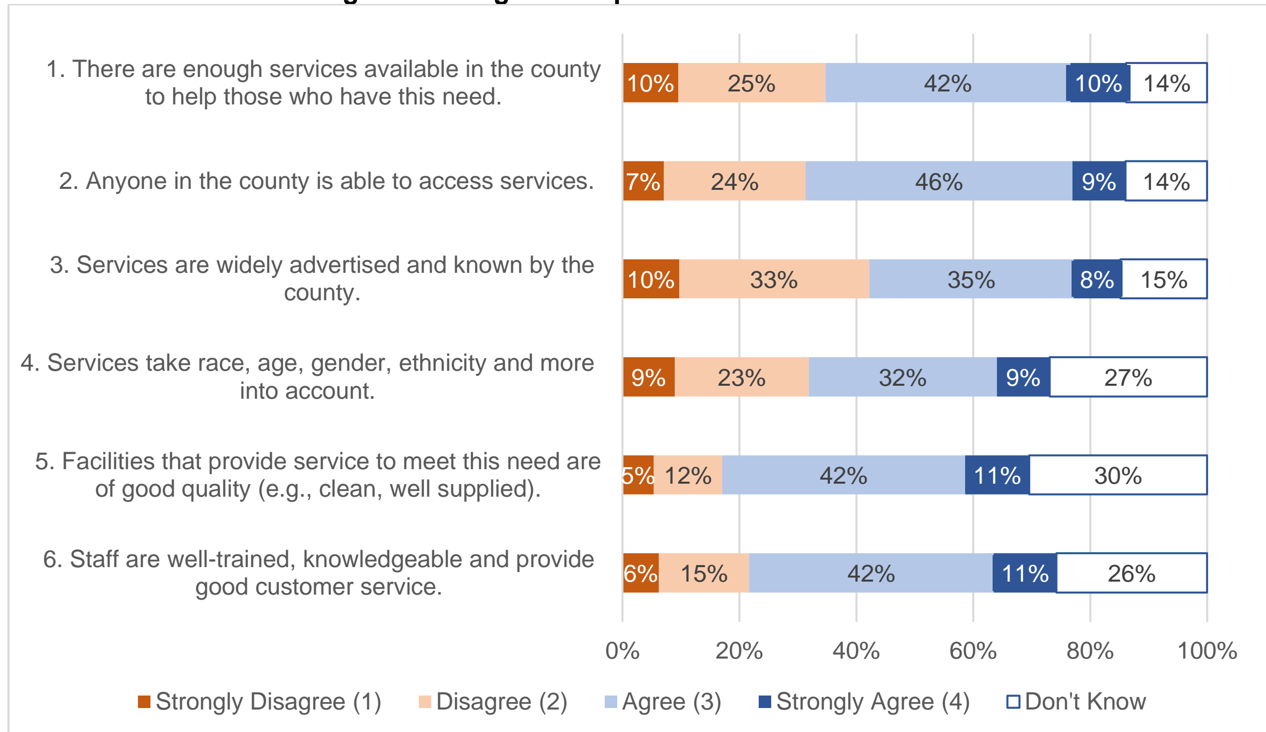
Barriers to Community Safety	Minimum	Mean	Maximum	Standard Deviation
Lack of awareness of service	24%	47%	68%	11%
Cultural barriers	21%	36%	52%	10%
Stigma leads to avoidance	17%	29%	41%	6%
Transportation	5%	23%	41%	10%
Services provided are one-size fits all, and don't meet individual needs	10%	20%	36%	7%
Services do not exist	6%	20%	39%	9%
Other	0%	14%	32%	9%
Cannot contact the service provider	2%	11%	27%	6%
Wait lists	2%	11%	23%	6%
Too expensive	0%	7%	21%	5%
Eligibility requirement	0%	7%	23%	5%

**Data not provided by Union County.*

Perception of Services

Half of the respondents do not believe community safety services are widely advertised and known by the county (43%), but believe that service facilities are of good quality (53%) and that staff are well trained, knowledgeable, and provide good service (53%). Almost a third of respondents (30%) indicated "don't know" when asked if facilities that provide services to meet this need are of good quality. See Figure 7c.

Figure 7c. Community Safety Services Perceptions: Average Percentage of Respondents across 20* Counties



**Data not provided by Union County.*

Successes

There are a number of programs throughout the state that provide legal support to victims of crime, prevention programs, mentoring programs (e.g., Guazabara Insights LLC, Frank Educational Gilmore, and Go Get My Kids have partnered with Hudson Partnership CMO to provide community-based intensive individual and group mentoring to youth involved with the justice system and living in Jersey City public housing), or advocacy groups such as Jersey City Anti-Violence Coalition Movement (JCACM).

Highlights of County Successes: Community Safety

Cumberland: The CCTHRIVE initiative led by the Cumberland County Prosecutor has been working to prevent juvenile gang and gun violence. Each major city engages in community policing efforts to build trust in law enforcement and increase pro-social activities for children and youth. There is an increased use of the Stationhouse Adjustment programs for youth charged with low-level or first-time offenses to divert youth away from corrections facilities and intervene to prevent further offenses.

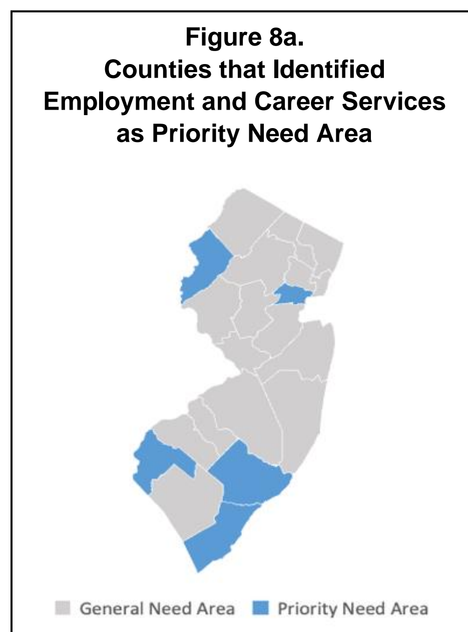
Ocean: Crime prevention and community policing in Ocean County falls under the collaborative-jurisdiction of the Ocean County Prosecutor's Office (OCPO), the Ocean County Sheriff's Office, local municipal police departments, and the New Jersey State Police (NJSP). OCPO recently hosted virtual town halls on law enforcement and the community to share information and answer questions pertaining to social justice, use of force, police accountability, training, internal affairs, and the services available.

Employment and Career Services

General Concerns

Out of the 21 counties, five (Atlantic, Cape May, Salem, Union, and Warren) identified employment and career services as a priority need area. (See Figure 8a.) Most participants discussed the overall lack of awareness of services and lack of available and accessible services. For example, there are gaps in career services, as programs are not advertised and/or accessible to those who may need to upskill their current abilities to obtain better-paying jobs. Online job postings and application processes create challenges for job-seekers without internet access or unfamiliarity in navigating online applications. In addition, participants noted that wages are not sufficient to meet the costs of living. These economic and employment factors lead to issues in other need areas, such as housing, food, education, and by extension - community safety. COVID-19 has made these issues more pronounced due to the loss of hours, wages, and jobs across the state. Eligibility criteria often limit the services available to job-seekers needing employment assistance. Additional barriers to accessing services included limited transportation and a lack of child care options.

Figure 8a.
Counties that Identified Employment and Career Services as Priority Need Area



Impacted Subpopulations

During county focus groups and interviews, participants noted several populations in need of employment and career services:

- Younger job seekers, especially those under 18, have a lack of employment opportunities, and many lack job skills after completing high school.
- Older job seekers, especially those over 65, have a lack of employment opportunities, and job training programs exclude support for the elderly.
- Individuals with intellectual and developmental disabilities have limited job opportunities and job resources, such as entry-level positions with low pay without opportunities or supports to be successful (particularly those who do not receive assistance from the New Jersey Department of Human Services Division of Developmental Disabilities). Transportation is also a barrier for these individuals who cannot drive.
- Undocumented residents have limited job options, and may be more easily exploited. Those with limited English face challenges in accessing services due to language barriers, and have difficulty articulating needs due to a lack of multilingual service providers.
- Parents with children, people with past or present mental health or substance use issues, and people with a criminal background, face significant barriers to participation in employment programs.

Barriers

Figure 8b displays the key barriers to employment and career services, as identified by needs assessment participants. Lack of awareness of service (57%) was identified the greatest barrier to accessing employment and career services. Most residents admit they do not know what kind of services are available, where they are located, or how to apply. Another leading barrier was transportation (53%). A lack of transportation options creates challenges for individuals to not only access workforce programs or job training but also finding and retaining employment opportunities. Participants noted added costs for transportation, limited options on nights, weekends, and holidays, and lack of access to public transportation, especially for those in rural areas, as other transportation challenges.

Cultural barriers (28%) was the third major barrier identified. There is a need for more English as a Second Language (ESL) education. While some ESL classes are offered at free or reduced costs, it may be difficult for those seeking these classes to access them virtually, as they shifted to an online platform during the COVID-19 shutdown. Job training programs are also needed in languages other than English. Similarly, 23% of participants believed services provided are one-sized fits all and don't meet individual needs. This may intersect with eligibility requirements, which while selected by only 15% of participants, they provided many examples of requirements and excluded groups. Examples include drug testing, background checks, literacy levels, language, and legal documentation. Some of the training and employment services offered in the state are limited to people receiving Work First New Jersey assistance, and job seekers earning over a certain income threshold may not qualify for employment or training assistance programs. Eligibility criterions may limit services available to veterans or people who are housing-insecure. Participants also spoke about challenges in identifying affordable childcare during work shifts.

Snapshot of County Challenges

Atlantic: There are significant employment issues in Atlantic County due to downsizing of the casino industry and the recent Covid-19 pandemic resulting in cutbacks and business shutdowns.

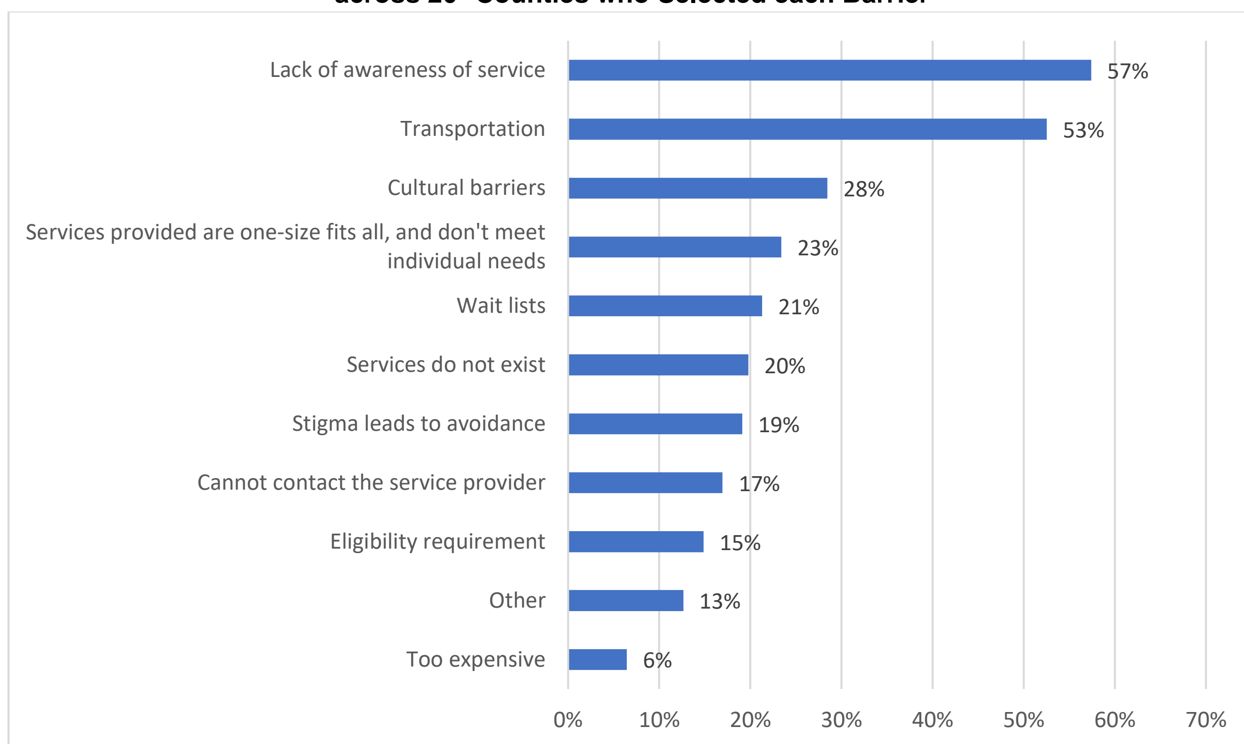
Cape May: There is limited public transit system availability and ride-sharing services as a costly option. The need was noted in Villas, Wildwood, northern portions of the county such as Woodbine, and extremely rural areas such as Belleplain.

Hudson: Students are not properly prepared to enter the job market after high school as their studies focus on college readiness and not employment skills or trades; Baby Boomers are working into their 80s because of increased living expenses in the area; and job training is needed for those with a criminal background.

Mercer: Options for young job seekers are limited.

Sussex: Agencies lack job training programs in languages other than English.

Figure 8b. Employment and Career Services: Average Percentage of Respondents across 20* Counties who Selected each Barrier



**Data not provided by Union County.*

Table 7. Employment and Career Services - Measures of Central Tendency: Percentage of Respondents across 20* Counties who Selected each Barrier

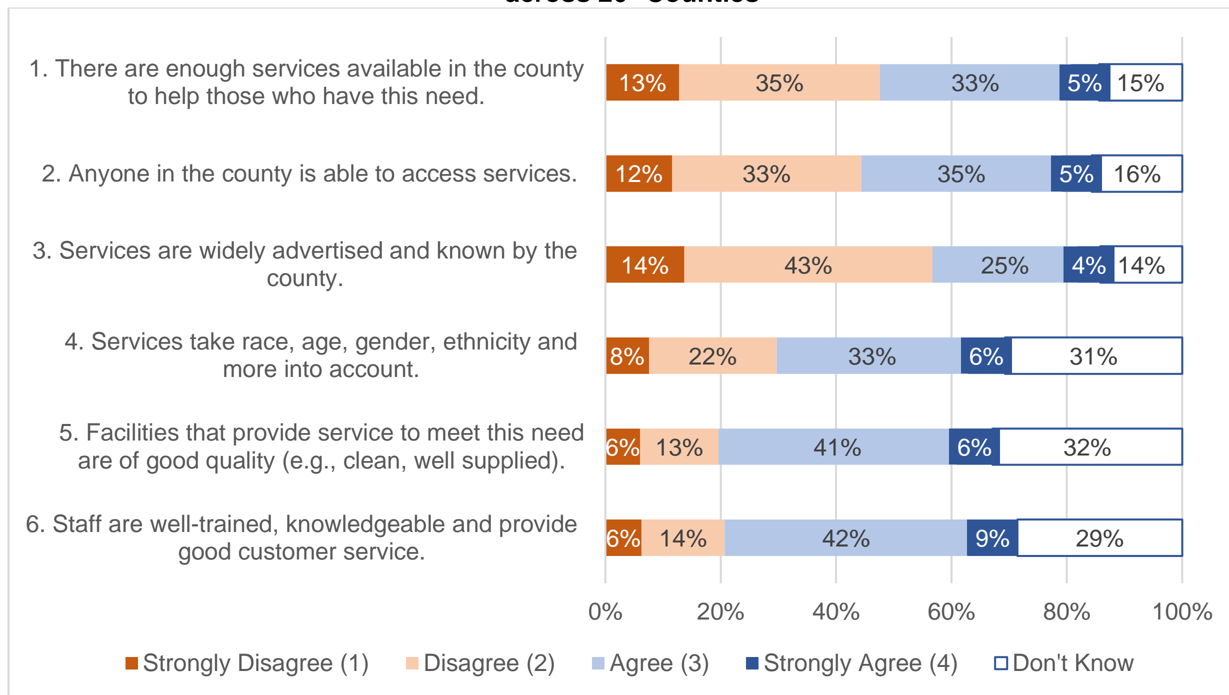
Barriers to Employment and Career Services	Minimum	Mean	Maximum	Standard Deviation
Lack of awareness of service	36%	57%	73%	11%
Transportation	22%	53%	78%	15%
Cultural barriers	18%	28%	44%	6%
Services provided are one-size fits all, and don't meet individual needs	14%	23%	35%	5%
Wait lists	8%	21%	39%	7%
Services do not exist	10%	20%	35%	6%
Stigma leads to avoidance	8%	19%	38%	6%
Cannot contact the service provider	6%	17%	26%	6%
Eligibility requirement	6%	15%	39%	7%
Other	0%	13%	38%	10%
Too expensive	0%	6%	17%	4%

**Data not provided by Union County.*

Perception of Services

More than half of the respondents do not believe employment and career services are widely advertised and known by the county (57%), but believe that staff are well trained, knowledgeable, and provide good service (51%). Almost a third of respondents (32%) indicated “don’t know” when asked if facilities that provide services to meet this need are of good quality. See Figure 8c.

Figure 8c. Employment and Career Services Perceptions: Average Percentage of Respondents across 20* Counties



**Data not provided by Union County.*

Successes

Participants identified important successes for accessing employment and career services. First, most county buildings that house employment and career services are accessible by public transportation. In addition, residents receiving public assistance through Temporary Assistance for Needy Families and Supplemental Nutrition Assistance Program are eligible for job assistance through WorkForce NJ. Lastly, there are a number of useful resources for job-seekers, including the One Stop Career Center, Entry Level Internships Training and Employment program (ELITE), Envision Center, Family Success Centers, Jewish Family Services’ Career Link Program, NJ Reentry Corporation, SkillUp Middlesex County, local libraries, or local colleges for education and training. For example, Greater Raritan Workforce Development Board (GRWDB) has been a successful program in Hunterdon that provides unemployment data, job listings, and online trainings and classes.

Highlights of County Successes: Employment and Career Services

Monmouth: Developed the MAAC Financial Recovery Initiative (FRI) in response to the tremendous financial impact of COVID-19 on Monmouth residents. The FRI model is a proactive organized system of information, community outreach, supports and services. Monmouth County Workforce Development Services has a proactive Workforce Development Board, which recognizes the importance of providing services to diverse populations.

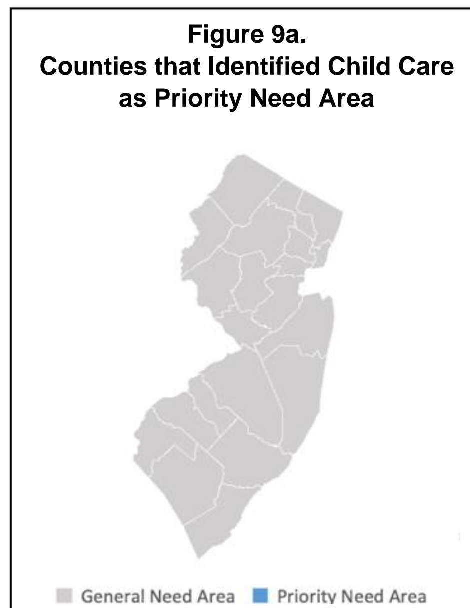
Salem: Salem County provides several job training resources and residents can access resources at the Salem Community College Career Center, such as computer labs and resume writing assistance.

Child Care

General Concerns

Out of all 21 counties in New Jersey, none of the County HSACs identified child care as a priority need area (See Figure 9a), although most participants agreed that there was a lack of affordable child care services across the state. There also seemed to be a lack of awareness of available child care services, particularly child care services that could offer flexible, non-traditional hours. The largest service gap identified by participants was for children with intellectual and developmental disabilities. Participants noted challenges meeting eligibility requirements, especially for those who cannot provide proof of employment. Similarly, there is limited income eligibility for subsidy programs. Furthermore, participants believed there was a lack of bilingual staff/programs. The impact of COVID-19 severely impacted the availability of child care services.

Figure 9a.
Counties that Identified Child Care as Priority Need Area



Impacted Subpopulations

During county focus groups and interviews, participants identified a number of subpopulations as being in need of child services:

- Jobseekers, those working part-time, or those earning low wages struggle to find child care with the flexibility needed, or are charged extra fees for late hours. It is also hard to find child care services with non-traditional hours.
- Those working hourly wage jobs struggle to pay the high costs of daycare, and also lose wages if they miss shifts to care for a sick child.
- Low-income and ALICE families may not meet subsidy eligibility requirements, which may limit their opportunities for child care.
- Undocumented immigrants often work for cash wages and are unable to provide employment verification when applying for child care assistance.
- Single working parents, especially working women, struggle to find child care and other support. There is also a lack of support services for young mothers.
- Specialized child care for children with intellectual or developmental disabilities is challenging to find, and if located, tends to be more expensive. Children who do not meet clinical criteria may still have special needs that go unmet.

Barriers

Figure 9b displays the key barriers to child care services, as identified by needs assessment participants. The greatest barrier to accessing child care was it being too expensive (48%). This was especially true for children with special needs. Transportation (46%) was the second leading barrier to child care. Participants indicated there was a lack of providers within close proximity to home or place of employment, and limited options for transporting their child.

Participants identified a lack of awareness of service (43%) as another top barrier. Services may be challenging to find, particularly services that could offer flexible, non-traditional hours. Wait lists (42%) were another barrier to service, which often result in disruptions in the continuity of care for children, especially low-income children. Twenty-four percent of participants selected cultural barriers, many indicating a lack of bilingual services. Additionally, participants discussed dealing with fragmented systems, such as before/after school programs that are outsourced and not able to follow children's Individualized Education Program (IEP) requirements.

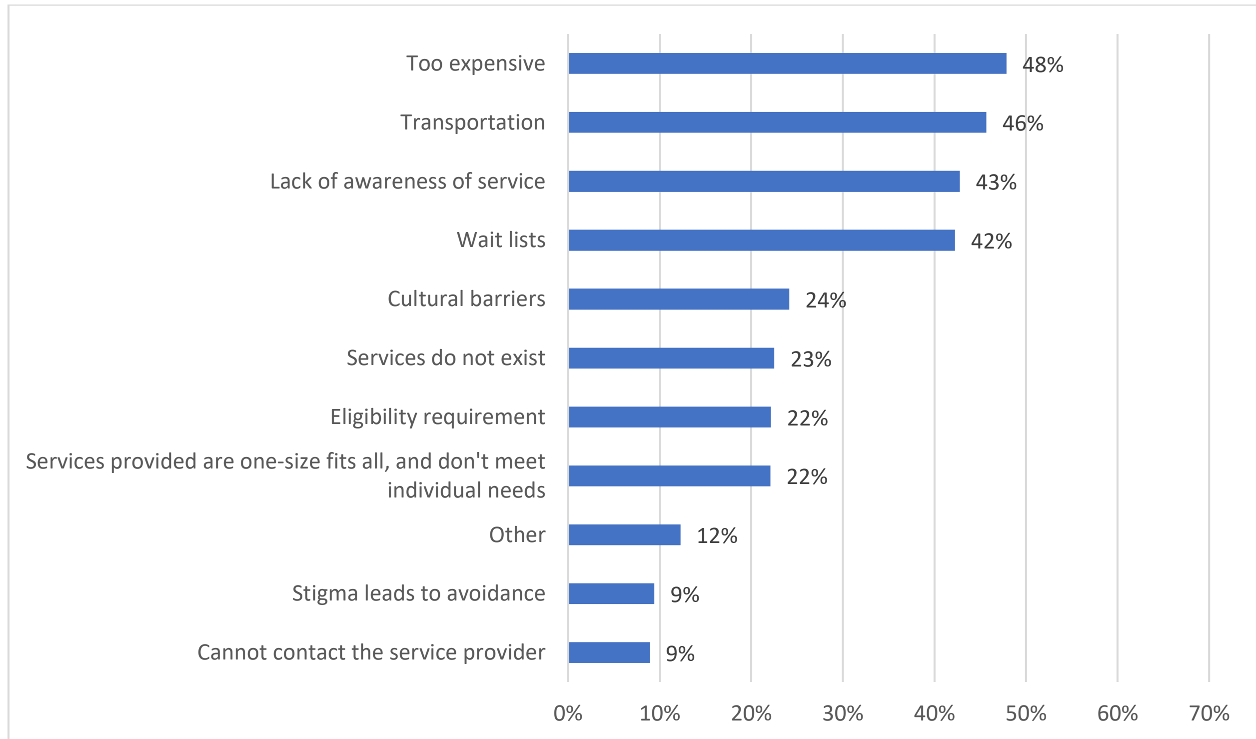
Snapshot of County Challenges

Burlington: Childcare needs impact access to services. For example, job training seminars or skills trainings are a challenge for many residents to attend without childcare. Mothers are especially impacted because of societal expectations to be caregivers for children.

Ocean: Participants expressed that childcare centers in Ocean County are expensive and do not have hours that can accommodate the work schedule of some consumers. Participants also cited that there is a lack of slots available for the childcare subsidy programs. Many residents in the southern and western areas of Ocean County are more likely to struggle with transportation access, making it harder to access child care services.

Hunterdon: Parents are penalized when they find a job as it reduces or eliminates subsidies for childcare, when the goal is for them to be successful and find employment.

Figure 9b. Child Care: Average Percentage of Respondents across 20* Counties who Selected each Barrier



**Data not provided by Union County.*

Table 8. Child Care - Measures of Central Tendency:

Percentage of Respondents across 20* Counties who Selected each Barrier

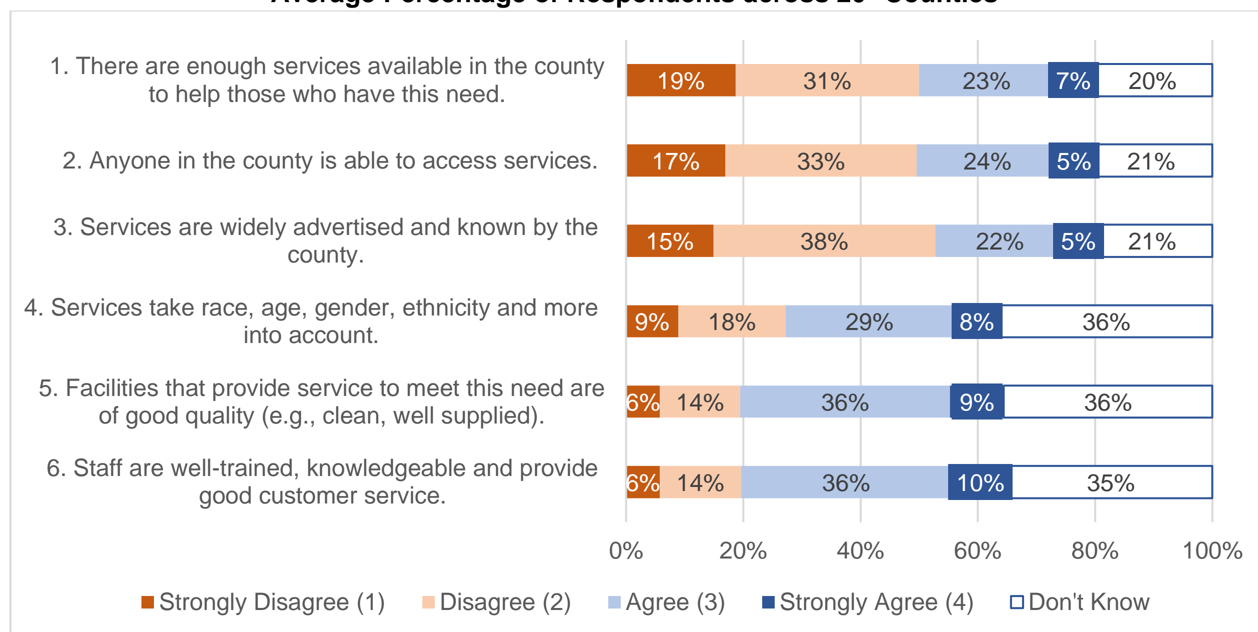
Barriers to Child Care	Minimum	Mean	Maximum	Standard Deviation
Too expensive	0%	48%	71%	15%
Transportation	23%	46%	76%	15%
Lack of awareness of service	29%	43%	56%	9%
Wait lists	25%	42%	64%	11%
Cultural barriers	8%	24%	38%	8%
Services do not exist	5%	23%	49%	9%
Eligibility requirement	6%	22%	43%	10%
Services provided are one-size fits all, and don't meet individual needs	15%	22%	40%	5%
Other	0%	12%	33%	10%
Stigma leads to avoidance	2%	9%	22%	5%
Cannot contact the service provider	2%	9%	24%	6%

**Data not provided by Union County.*

Perception of Services

More than half of the respondents do not believe child care services are widely advertised and known by the county (53%), and slightly less than half believe that staff are well trained, knowledgeable, and provide good service (46%). Over a third of respondents (36%) indicated “don’t know” when asked if services take race, age, gender, ethnicity, and more into account and if facilities that provide services to meet this need are of good quality. See Figure 9c.

Figure 9c. Child Care Services Perceptions:
Average Percentage of Respondents across 20* Counties



**Data not provided by Union County.*

Successes

There are a number of useful resources, including Child Care Resource & Referral Agency, Child Care Connection in Mercer County, Community Child Care Solutions funded by the Division of Family Development, Head Start, Norwescap, Programs for Parents, The Children's Home Society of New Jersey, New Jersey Cares for Kids program, and New Jersey's Child Care Subsidy Program, through the New Jersey Department of Human Services Division of Family Development. A number of resources were provided during COVID-19 to support child care through Dec 2020, including the Department of Human Services, Division of Family Development launched several initiatives to support families and child care providers (i.e., Emergency Child Care Assistance Program, School Age-Tuition Assistance Program, and COVID-19 Child Care Stabilization Grant).

Highlights of County Successes: Child Care

Mercer: Families that cannot afford childcare in Mercer County have options via free programs such as Early Head Start, subsidy programs from the state and county, and some scholarships. Mercer is currently the only New Jersey County to continue to fund a childcare subsidy for families who do not qualify for the state subsidy but still require financial assistance. State and Mercer subsidies are available through Child Care Connection.

Ocean*:* The Children's Home Society of New Jersey employs a Family Engagement Specialist to support families through outreach and consumer education. The specialist coordinates several "Books, Balls, & Blocks!" events throughout the year, which provides developmental screening for children 1 month to 5 years, interactive learning activities, and access to community resources.

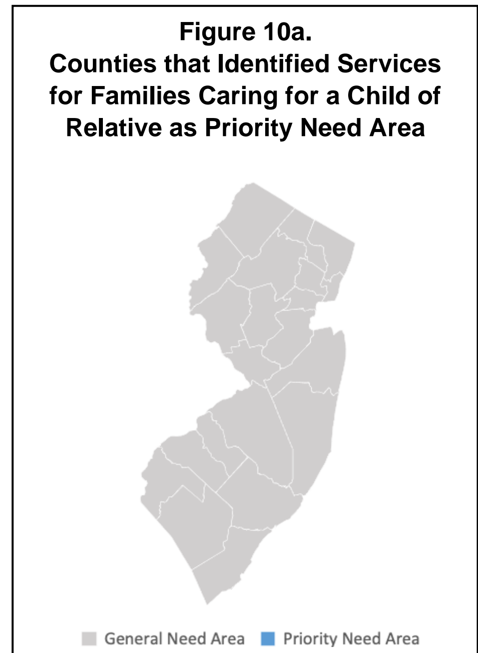
Summaries for Specialized Service Needs

Services for Families Caring for a Child of a Relative

General Concerns

None of the 21 counties identified services for families caring for a child of a relative as a priority need area (Figure 10a). Participants believed there was a lack of awareness and availability of existing services, as services are not widely advertised. Many participants discussed challenges applying for assistance, navigating the system, the lack of coordinated care between services, and the lack of programs for families with limited English proficiency. County reports noted that some families are struggling to make ends meet without additional support, and some families are reluctant to seek services in fear of DCP&P involvement.

Figure 10a.
Counties that Identified Services for Families Caring for a Child of Relative as Priority Need Area



Impacted Subpopulations

During county focus groups and interviews, participants identified several populations in need of services for families caring for a child of a relative:

- Adults with disabilities are a challenge to locate services for, especially when the primary caregiver or parent passes away or is no longer care for the person.
- Families caring for a kin's child with disabilities have limited service options.
- Grandparents assisting family members in raising children may need guidance and financial support.
- Siblings who are caring for younger siblings may be unable to bear the financial burden of providing adequate care, especially in the event that resources become unavailable.
- Single parents were mentioned as another vulnerable population when caring for a child of a relative.

Barriers

Figure 10b displays the key barriers to accessing services for families caring for a child of a relative, as identified by needs assessment participants. Lack of awareness of services (59%) was the top barrier to services for families caring for a child of a relative. Most residents are unaware of available services in the community. Transportation (26%) was the second greatest barrier to accessing these services. Participants

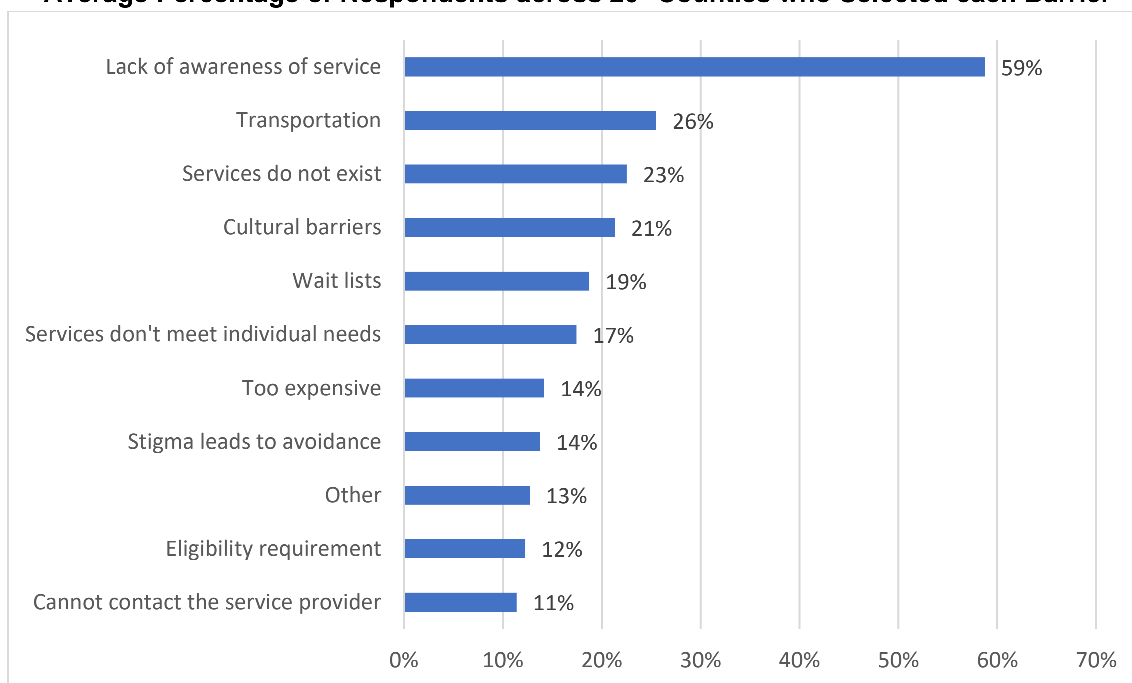
Snapshot of County Challenges

Sussex: Those caring for the child of a family member frequently struggle through inappropriate referrals, and families often do not meet the complicated programmatic/income guidelines for services. Lack of awareness also appears to contribute to the difficulty of accessing services.

Salem: Most service providers are tri-county agencies such as CASA of Cumberland, Gloucester, and Salem or Center for Family Services with Kinship offices in Egg Harbor Township, making it difficult for those with no transportation, limited computer skills or access, or low literacy levels to access services. Participants also noted racial disparities, such as Hispanic/Latino respondents having greater difficulties accessing services or information about services.

highlighted challenges getting to work, school, or various service providers across need areas. Services do not exist (23%) was another barrier to services. Twenty-one percent of participants listed cultural barriers (21%), including language barriers to accessing services. Participants also identified lengthy wait lists (19%), as the length of time from application to receiving services was long.

Figure 10b. Services for Families Caring for a Child of Relative: Average Percentage of Respondents across 20* Counties who Selected each Barrier



Data not provided by Union County.

Table 9. Families Caring for a Child of a Relative - Measures of Central Tendency: Percentage of Respondents across 20* Counties who Selected each Barrier

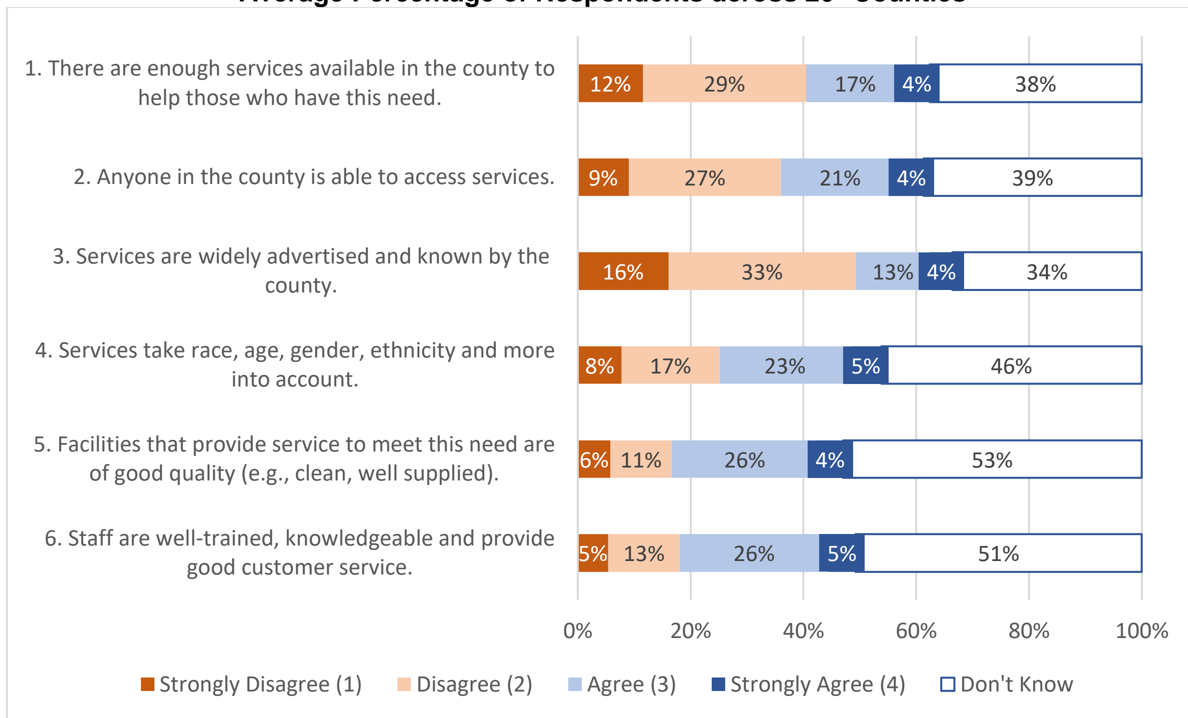
Barriers to Services for Families Caring for a Child of a Relative	Minimum	Mean	Maximum	Standard Deviation
Lack of awareness of service	37%	59%	76%	13%
Transportation	15%	26%	43%	9%
Services do not exist	7%	23%	47%	10%
Cultural barriers	9%	21%	38%	8%
Wait lists	4%	19%	41%	9%
Services provided are one-size fits all, and don't meet individual needs	3%	17%	35%	7%
Too expensive	0%	14%	32%	8%
Stigma leads to avoidance	5%	14%	30%	6%
Other	0%	13%	33%	11%
Eligibility requirement	2%	12%	36%	8%
Cannot contact the service provider	0%	11%	26%	7%

Data not provided by Union County.

Perception of Services

Almost half of the respondents do not believe services for families caring for a child of a relative are widely advertised and known by the county (46%). Most respondents indicated "don't know" when asked if facilities that provide services to meet this need are of good quality and if staff are well trained, knowledgeable, and provide good service (53% and 51%, respectively). See Figure 10c.

Figure 10c. Perceptions of Services for Families Caring for a Child of a Relative: Average Percentage of Respondents across 20* Counties



**Data not provided by Union County.*

Successes

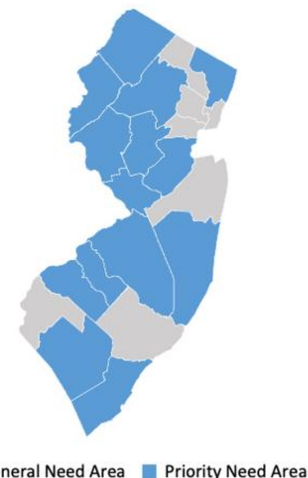
Participants highlighted several successes across counties in relation to services for families caring for a child of a relative. Participants believed that state advertisements of the kinship navigator are available in great detail on the DCF website, including both the NJ-2-1-1 and directory of contacts throughout the state. The most useful resources included adoption agencies, Children's Home Society of New Jersey, CP&P, Family Success Center, schools, and Kinship Navigator.

Highlight of County Successes: Families Caring for a Child of a Relative

Essex: Individuals seeking financial support are directed to the Salvation Army located in the city of Newark. The Salvation Army provides caregivers with resources and tools to navigate services available to them, help with immediate needs like clothing and furniture, as well as support in navigating legal guardianship through the Essex County Family Courts.

Behavioral/Mental Health Services for Children

**Figure 11a.
Counties that Identified Behavioral/Mental Health Services for Children as Priority Need Area**



General Concerns

Out of the 21 counties in New Jersey, 14 identified behavioral/mental health services for children as a priority need area (See Figure 11a.) Overall, participants cited a lack of available services and challenges navigating a complex system. For example, there are limited services that specialize in treating co-occurring disorders and a lack of sustainable programs or long-term care. There are limited hours of operation for service providers, as most operate during regular business hours forcing children to miss school for an appointment. There is a lack of service providers who accept Medicaid or private insurance. The high costs of services deter residents from seeking support, especially for those uninsured. There are also a lack of specialists to address a range of issues, such as a shortage of child and adolescent psychiatrists (CAPs) and a lack of bilingual or multi-cultural staff. Participants believed this may be due to low pay and inadequate training for new workers in the field (e.g., Children's System of Care). Additionally, there is a lack of knowledge, training, and services in schools. For example, there is a lack of a coordinated system for those in need of services, especially with school districts. Strict eligibility requirements and assessments make it difficult for residents to qualify for assistance. Participants currently seeking services raised challenges with telehealth, such as difficulty engaging clients, limited access to internet or computer, or lack of privacy. Participants believed that the COVID-19 pandemic increased the need for behavioral/mental health services due to social isolation and also due to families being disconnected from formal and informal supports.

Impacted Subpopulations

During county focus groups and interviews, participants identified several populations in need of greater access to behavioral/mental health services for children:

- Black boys are less likely to get an accurate diagnosis or proper support and more likely to be restrained or suspended or placed in out-of-district programs.
- Hispanic/Latino respondents expressed dissatisfaction in services compared to non-Hispanic/Latino respondents. This may be related to the lack of bilingual/Spanish service providers indicated by participants from across the state.
- Undocumented families are less likely to seek assistance and support due to fear, cost, and stigma. There is also a lack of bi-lingual and multicultural staff.
- Children with intellectual and development disabilities may not receive behavioral/mental health services tailored to meet their needs, particularly for children who are non-verbal (e.g. Mobile Response family stabilization services).
- Children ages 0-5 have fewer services available. There seems to be a gap in services between the New Jersey Early Intervention System (NJEIS) and Children's System of Care.
- Youth transitioning into adulthood often have service gaps.
- LGBTQI youth have a lack of services, and there is a need for more training on LGBTQI issues for school personnel and CSOC providers, especially concerning the high suicide rate of LGBTQI youth in general.
- Disparity between families that can afford to pay for treatment out of pocket compared to families who do not.

Barriers

Figure 11b displays the key barriers to behavioral/mental health services for children. The greatest barrier to behavioral/mental health services for children was lack of awareness of services (57%), such as limited awareness of specialty providers in the community. Another leading barrier was transportation (44%). Residents without transportation are at a disadvantage if they have health insurance coverage but the psychiatrist's office is not nearby.

Participants identified wait lists (42%) as another top challenge to accessing services, as long wait lists delay treatment. Stigma leads to avoidance (38%) was another major barrier. Participants explained that due to stigma, and belief that these services are not needed in their family, parents can be a potential barrier to children's behavioral or mental health care. Similarly, cultural barriers (30%) exist for some families who wish to keep the issue private. While those who seek services may find that some behavioral/mental health services lack cultural competence. Services do not exist was also selected by 30% of participants, including services for co-occurring needs.

Participants selected too expensive (28%) as another barrier to access services. Health care plans commonly require high deductibles or copays which many consumers simply cannot afford, or limit the number of sessions. Those that do not accept any form of insurance coverage charge hundreds of dollars per session, which is unaffordable for many. The need for access to services is more prevalent for those who cannot afford the expensive costs of paying for out-of-pocket mental health care.

Although eligibility requirement was only selected by 15% of participants, examples came up often in focus groups and interviews. Participants indicated that residents seeking services are frequently denied due to not meeting strict eligibility criteria, which may require a formal "diagnosis." Furthermore, parents who are not familiar with keywords and phrases are unlikely to get the help they need for their child. Documentation that is typically required to receive benefits or program services can be confusing and very daunting for parents to navigate.

Snapshot of County Challenges

Burlington*:* Black/African American families disproportionately lack access to services for behavioral or mental health than White families. There also seems to be a lack of knowledge on addressing behavioral or mental health issues in the school system. If a child goes into a crisis while at school, the most common reaction is to call Mobile Response, which leads to the child being restrained and taken from school.

Cape May: Participants identified several challenges to support children's behavioral or mental health needs including stigma, disengaged parents, inability to access telehealth services, lack of providers, and lack of services tailored to meet the needs of children with intellectual and developmental disabilities

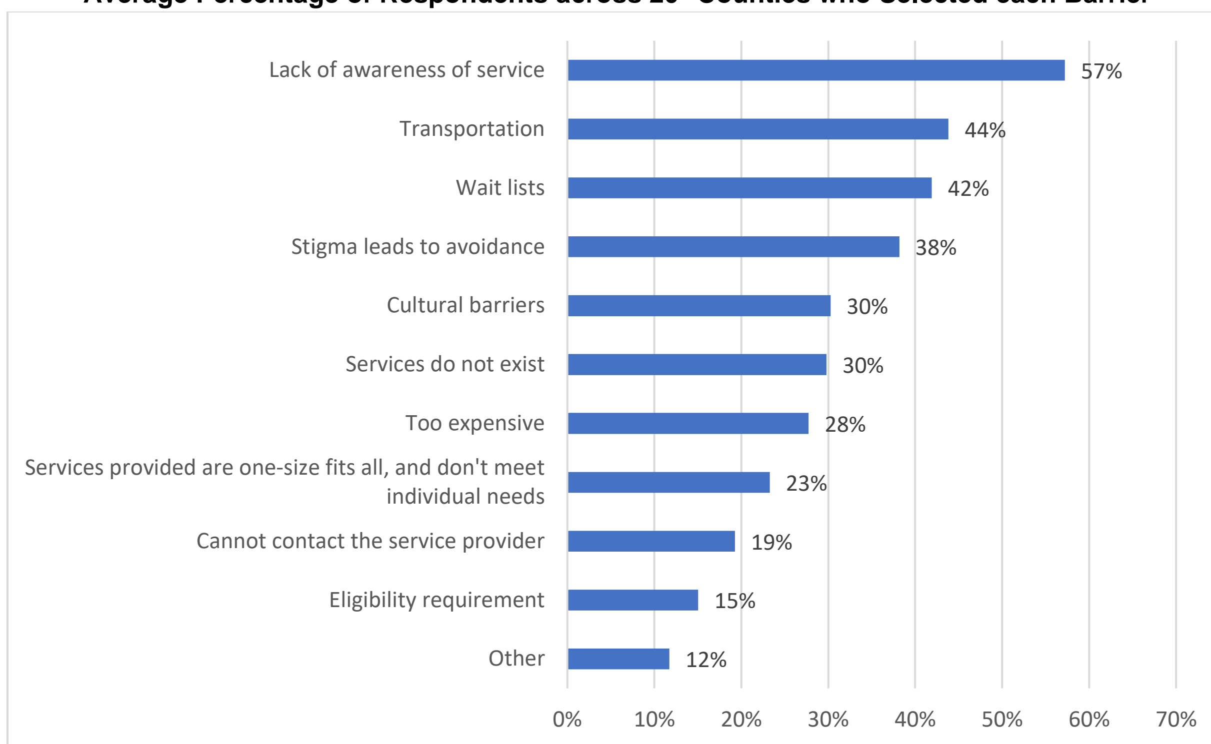
Gloucester: The Intellectual/Developmental Disabilities (I/DD) eligibility process is lengthy, difficult, and frustrating, with no assistance provided to support families in completing the application.

Union: Mental health services through the schools are inconsistent, and not enough wrap-around services for children with intellectual or developmental disabilities.

Hudson: Many families of children and youth with I/DD feel abandoned and unsupported by CSOC during the Pandemic. They are unable to access respite care or assistance with their children.

Ocean: Lack of education on emergency response methods for first responders and law enforcement that may encounter children with cognitive and physical disabilities.

Figure 11b. Behavioral/Mental Health Services for Children: Average Percentage of Respondents across 20* Counties who Selected each Barrier



**Data not provided by Union County.*

Table 10. Behavioral/Mental Health Services for Children - Measures of Central Tendency: Percentage of Respondents across 20* Counties who Selected each Barrier

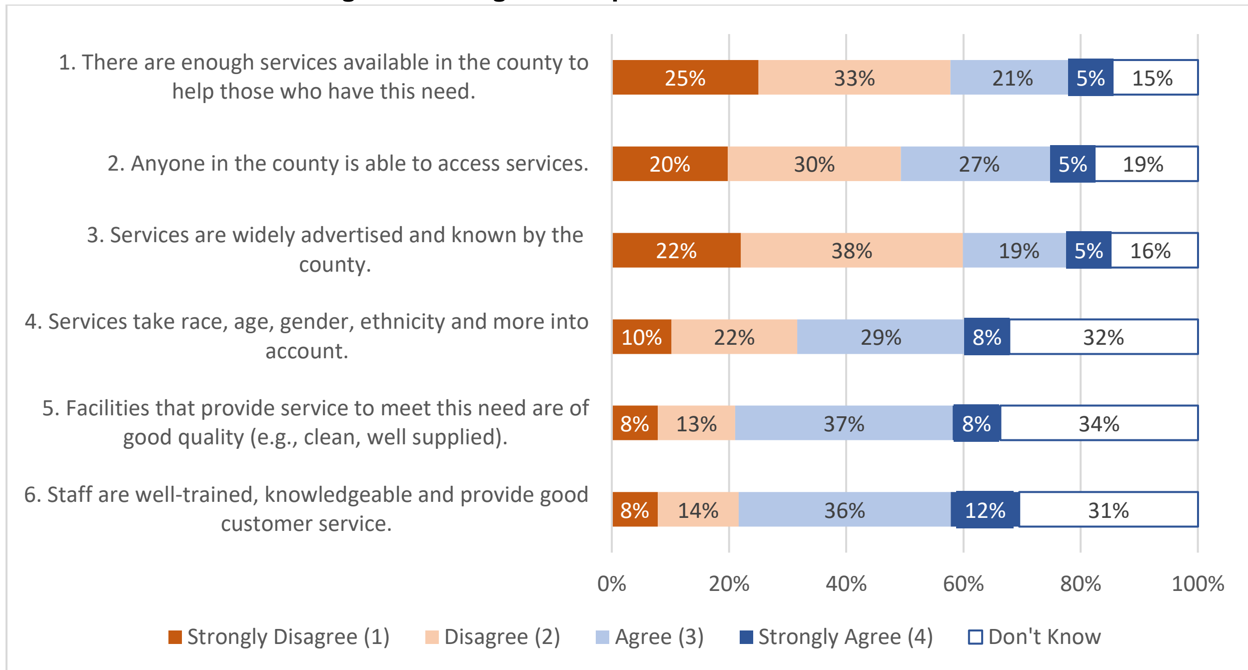
Barriers to Behavioral/Mental Health Services for Children	Minimum	Mean	Maximum	Standard Deviation
Lack of awareness of service	32%	57%	70%	12%
Transportation	18%	44%	69%	13%
Wait lists	18%	42%	64%	13%
Stigma leads to avoidance	20%	38%	60%	11%
Cultural barriers	16%	30%	46%	8%
Services do not exist	14%	30%	52%	10%
Too expensive	4%	28%	49%	11%
Services provided are one-size fits all, and don't meet individual needs	13%	23%	33%	6%
Cannot contact the service provider	7%	19%	29%	6%
Eligibility requirement	5%	15%	35%	7%
Other	0%	12%	33%	10%

**Data not provided by Union County.*

Perception of Services

Half or more of the respondents do not believe there are enough services for children's behavioral/mental health in the county (58%), that anyone in the county is able to access services (50%) or that services are widely advertised and known by the county (60%). Under half of participants believe that service staff are well trained, knowledgeable, and provide good service (48%). About one third of respondents (34%) indicated "don't know" when asked if service facilities are of good quality. See Figure 11c.

Figure 11c. Perceptions of Behavioral/Mental Health Services for Children: Average Percentage of Respondents across 20* Counties



**Data not provided by Union County.*

Successes

Most parents who need guidance on behavioral health services for their children ask their child's pediatrician, school-based programs, friends and family, the emergency room physicians, as well as local prevention services or nonprofits for assistance. Schools are listed as the primary source to recognize behavioral and mental health issues in children and help caregivers identify available services and resources. Coordinated efforts to address the mental health of children through the Children's Interagency Coordinating Council (CIACC) were raised as an important community resource. Specific services identified as useful resources included DCF Children's System of Care, Family Crisis Intervention, Emergency Services Peer Support Advocates Program in Mercer County, Family Success Centers, Family Support Organizations, Hudson County Catholic Charities Mobile Response and Stabilization, Mobile HealthCare, Monmouth Cares, Moving Forward Community Wellness Center, The Pediatric Collaborative, PerformCare, and Wellness Respite Services. In addition, technology has increased access to services. For example, the ability to provide virtual therapy sessions, or telehealth, has enabled more access and flexible scheduling for families. Internet access has also helped empower young people struggling with mental health to search for answers about how they are feeling.

Highlights of County Successes: Behavioral/Mental Health Services for Children

Middlesex: There are 21 licensed DHMAS agencies that provide therapy for various needs, including family, individual, and co-occurring mental health and substance use disorders for the under 21 population. Services are also provided through the Moving Forward Community Wellness Center, a peer-run facility focused on wellness and recovery. Peer-run programs include The Moving Forward Community Wellness Center, Wellness Respite Services, and Emergency Services Peer Support Advocates Program.

Warren*:* The CIACC Educational Partnership Subcommittee provides community outreach and virtual presentations to Warren County Schools. All schools were provided a digital page to share on their website and a Desk Reference Guide with local/state resources for youth experiencing a behavioral or mental health crisis. The Pediatric Collaborative and Family Guidance Center work with Warren County pediatricians to offer education and resources on youth mental health services.

Behavioral/Mental Health Services for Adults

General Concerns

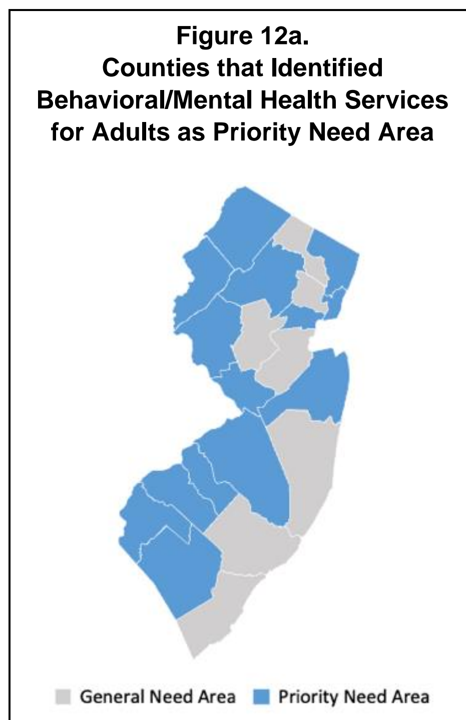


Figure 12a. Counties that Identified Behavioral/Mental Health Services for Adults as Priority Need Area

Fourteen counties (Bergen, Burlington, Camden, Cumberland, Gloucester, Hudson, Hunterdon, Mercer, Monmouth, Morris, Salem, Sussex, Union, and Warren) out of the 21 in New Jersey, identified behavioral/mental health services for adults as a priority need area. (See Figure 12a.) In general, there is a lack of available or accessible services for behavioral/mental health needs for adults, including a lack of access to outpatient care; lack of continuity of care or long-term services, especially for those with chronic conditions; lack of service providers who support co-occurring disorders; and lack of non-traditional hours of operation, as most services are open during regular business hours. While telehealth may be able to increase access and flexibility, it simultaneously introduced the challenge of serving people without the necessary technology or equipment to access treatment such as phones, computers, internet connectivity, as well as privacy. There is also a lack of affordable service providers, as many participants expressed challenges locating service providers that accept insurance (i.e., Medicaid, Medicare, or private insurance). Participants believed there is a lack of incentives for professionals to enter the field or pursue professional development. Participants discussed challenges navigating a fragmented system and meeting eligibility requirements, making it difficult to access necessary help. COVID-19 has also exacerbated behavioral/mental health issues for residents such as isolation, anxiety, financial pressures and demonstrates the need for expanded services.

Impacted Subpopulations

Participants from focus groups and interviews identified certain populations across counties that require increased access to behavioral/mental health services for adults:

- Black families are disadvantaged by the system, which may result in increased need for mental and behavioral health services.
- Immigrant populations are underserved, as they may be unaware of services or have difficulty accessing and navigating available resources. Fear, eligibility, lack of insurance, and stigma are also concerns. If they do seek services, there may be a lack of culturally and linguistically accessible mental health services for immigrant and Spanish-speaking populations.
- Individuals with intellectual and developmental disabilities were identified across two counties. Participants in Hudson mentioned there were no clinical services in the county for these individuals. Mercer noted that the Mental Health System and the Intellectual/Developmental disabilities systems do not work in conjunction with each other, leading to a large gap in services.
- Members of the LGBTQI community, especially transgender individuals, who face real stigma when it comes to expressing their identity, which can have negative impacts on mental health. There are a limited number of LGBTQI providers known about in Hudson County. Of these services, most do not accept insurance or only take a specific/limited kind of insurance. Thus, few of these providers

have availability or openings. Other clinicians may not have adequate training to appropriately assist the community, particularly transgender individuals.
- Senior Citizens have a lack of care specific to their population, especially during the COVID-19 pandemic when people, especially seniors, have become even more isolated than usual.

Other populations briefly mentioned by participants as in-need of increased access to behavioral/mental health services for adults include the homeless, Veterans, and young people transitioning into adulthood (18-24 years old).

Barriers

Figure 12b displays the key barriers to accessing behavioral/mental health services for adults, as identified by needs assessment participants. The largest barrier identified was a lack of awareness of services (57%). Residents are largely unaware of existing mental health challenges, early risk or warning signs, and/or options for treatment. The second greatest barrier to accessing services was transportation (49%). For example, there is a lack of available transportation at night, which may prevent some people from accessing intensive outpatient programs in the evening and creates additional barriers to coordinating treatment plans. Transportation also creates challenges for lower-income families and families living in rural areas. In Monmouth, medical transportation is not always reliable and requires ample advance notice.

Wait lists (47%) were another major barrier. Long wait lists prevent residents from accessing services unless patients visit the Emergency Room for an immediate need. Participants believed that long wait for mental health evaluations could cause people to become despondent and possibly end their pursuit of treatment. Another barrier to access services was stigma leads to avoidance (43%). Some residents may self-medicate or choose to ignore their issues until they experience a crisis. Participants identified cultural barriers (32%) as a barrier. There seems to be a lack of culturally and linguistically accessible mental health services for immigrant and Spanish-speaking populations. Participants also listed services as being too expensive (32%). Even with insurance, copays for mental health treatment are expensive. Health care plans commonly require high deductibles or copays which many consumers simply cannot afford. Services do not exist was selected by 27% of participants. Due to a lack of services, it is difficult for residents to find behavioral and mental health services that will take patients that are not experiencing an emergency or crisis.

Snapshot of County Challenges

Camden*:* There are not enough programs and services to meet the needs of Camden County residents. The absence or shortage of accessible services, compounded with the stigma surrounding them and the long wait lists prevents adults from receiving mental and behavioral health services until they face an emergency. A key issue noted by participants was transportation, especially for those not living in Camden City.

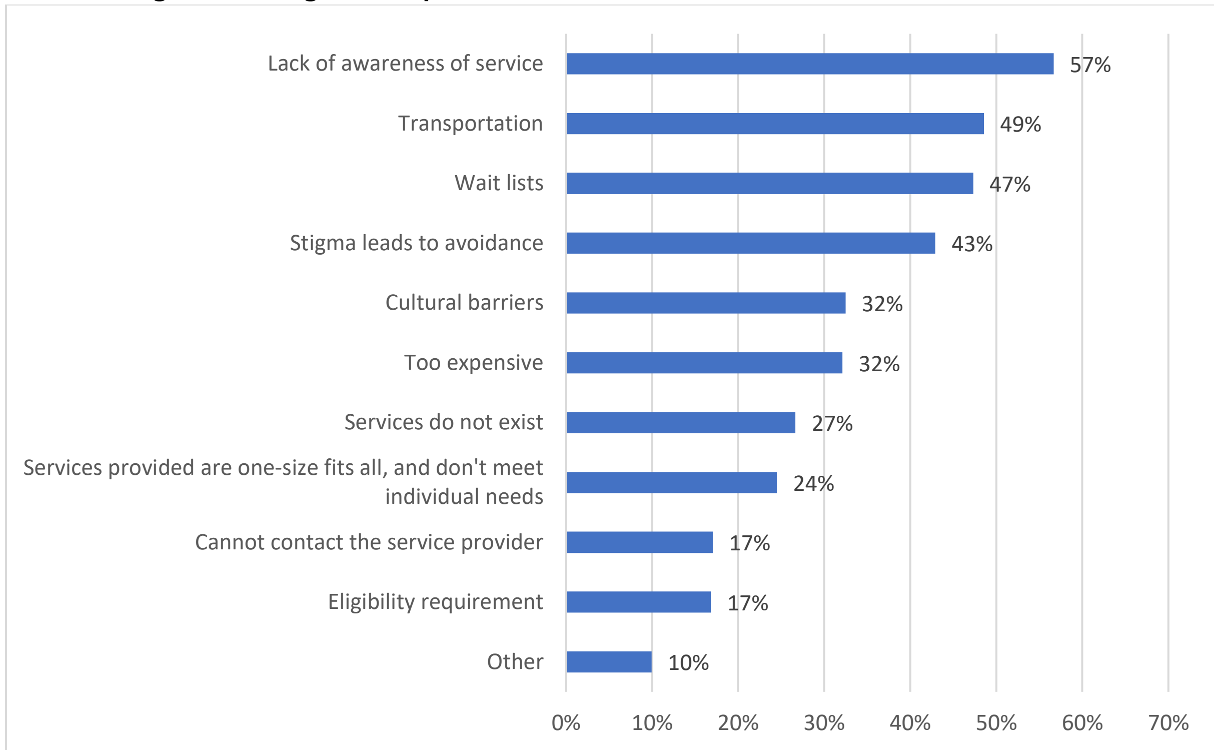
Cumberland*:* It can take up to one month for a client to receive a psychiatric evaluation.

Gloucester*:* There is a lack of diverse service providers. Agencies need to hire staff reflective of the communities they serve to address stigma and language/cultural barriers.

Salem*:* Black/African American respondents indicated more difficulties accessing mental health services than White respondents, and believed services were not advertised well enough. Undocumented population are less likely to ask for help because of the fear of deportation.

Gloucester*:* 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***.***

Figure 12b. Behavioral/Mental Health Services for Adults: Average Percentage of Respondents across 20* Counties who Selected each Barrier



**Data not provided by Union County.*

Table 11. Behavioral/Mental Health Services for Adults - Measures of Central Tendency: Average Percentage of Respondents across 20* Counties who Selected each Barrier

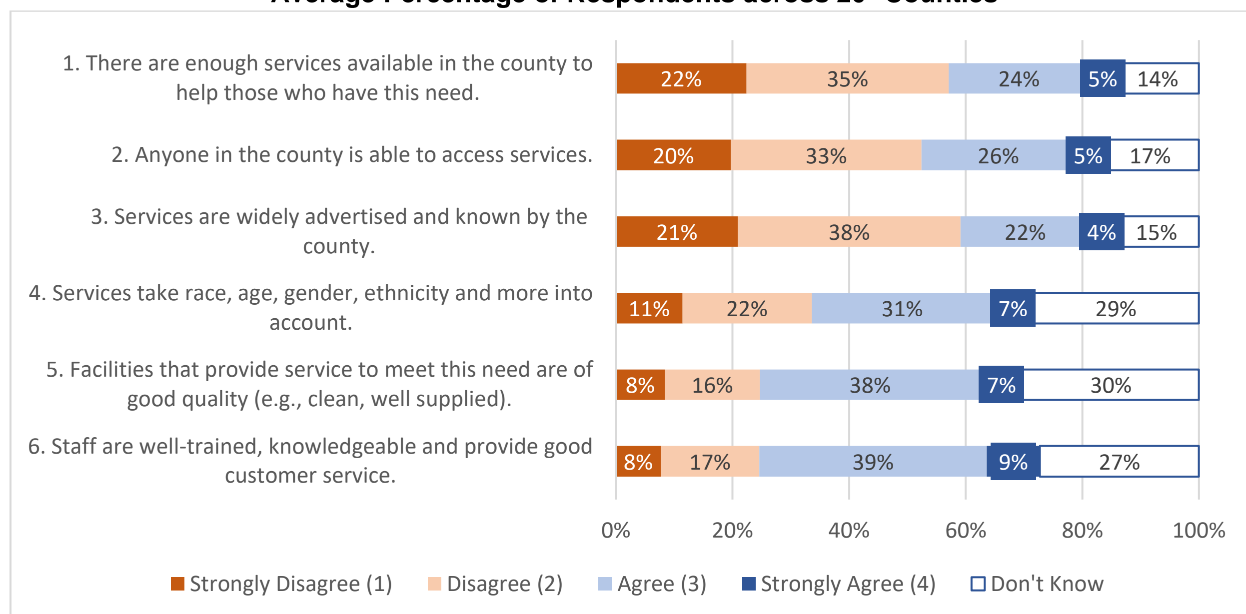
Barriers to Behavioral/Mental Health Services for Adults	Minimum	Mean	Maximum	Standard Deviation
Lack of awareness of service	40%	57%	70%	9%
Transportation	22%	49%	67%	13%
Wait lists	30%	47%	62%	11%
Stigma leads to avoidance	23%	43%	62%	10%
Cultural barriers	15%	32%	58%	12%
Too expensive	8%	32%	50%	11%
Services do not exist	9%	27%	48%	9%
Services provided are one-size fits all, and don't meet individual needs	15%	24%	45%	7%
Cannot contact the service provider	6%	17%	28%	6%
Eligibility requirement	7%	17%	37%	8%
Other	0%	10%	24%	8%

**Data not provided by Union County.*

Perception of Services

Most respondents did not believe there are enough available behavioral/mental health services for adults in the county (57%), that anyone in the county is able to access services (53%) or that these services are widely advertised and known by the county (59%). Less than half of all participants thought that service staff are well trained, knowledgeable, and provide good service (48%). Almost one third of respondents (30%) indicated "don't know" when asked if service facilities are of good quality. See Figure 12c.

Figure 12c. Perception of Behavioral/Mental Health Services for Adults: Average Percentage of Respondents across 20* Counties



**Data not provided by Union County.*

Successes

Participants indicated several successes in regard to behavioral/mental health services for adults. Most residents rely on community relationships to seek services. Participants indicated friends and family, religious leaders, primary care doctors, community organizations, federally qualified health centers, hospital emergency rooms, court and police help identify local resources. Services identified as useful resources included 2-1-1 State Hotline, Catholic Charities, the County Human Services Hudson Price Center, Emergency Room, Mental Health Association of Monmouth County, Monmouth ACTS, One Stop Shops, local clergy, Oaks Integrated Care, and Traumatic Loss Coalition (TLC). Community conversations about mental health and ending stigma are starting to shift the culture of accessing services, specifically in Monmouth and Union. Offering telehealth has also increased accessibility, flexible scheduling, and reduced transportation and childcare barriers.

Highlights of County Successes: Behavioral/Mental Health Services for Adults

Gloucester: Participants believed that the Rowan Integrated Special Needs Center provided a promising model for a coordinated approach that addresses physical, behavioral, and mental health.

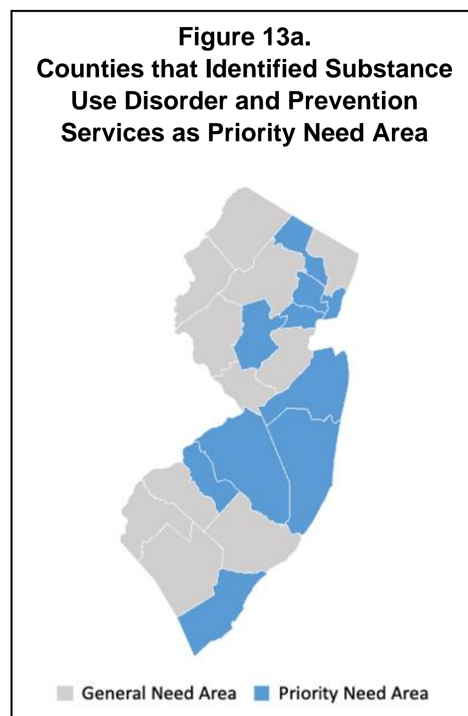
Sussex: Sussex County invested roughly one million dollars in programs that support behavioral/ mental health services, adults with/without health insurance, victims of domestic violence, in-home services for children, and to provide transportation to local area mental health service providers.

Substance Use Disorder and Prevention Services (Adults and Adolescents)

General Concerns

Ten counties (Burlington, Camden, Cape May, Essex, Hudson, Monmouth, Ocean, Passaic, Somerset, and Union) out of 21 in New Jersey, identified substance use disorder and prevention services as a priority need area. (See Figure 13a.) There is a general lack of awareness of services and lack of accessible treatment that offers a range of services. For example, there is a lack of early intervention and prevention education on substance use, specifically in schools; lack of information available about local service providers or resources; lack of continuity of care; lack of available services, such as in-patient services or detox centers; and lack of services to address co-occurring issues. There is also a lack of certified clinicians, leading to longer wait times for residents in need of services. Additional challenges include locating affordable services and identifying service providers that accept insurance coverage. Participants described challenges meeting all eligibility requirements and lack of support navigating the system. Furthermore, participants expressed concerns about an existing policy that allows minors to consent to treatment (NJ Rev Stat § 9:17A-4, 2015). Meanwhile, the impact of COVID-19 is limiting access to residential services and methadone treatment.

Figure 13a.
Counties that Identified Substance Use Disorder and Prevention Services as Priority Need Area



Impacted Subpopulations

During county focus groups and interviews, participants identified several important populations in need of substance use disorder and prevention services:

- Children of parents with addiction may experience trauma and may not receive adequate support.
- Youth may struggle with addiction to performance enhancement drugs due to their fear of an inability to pursue athletic goals.
- Individuals who are homeless are more likely to encounter situations that can lead to increased substance abuse. For example, participants from Ocean felt that people experiencing homelessness concurrently with substance use disorders are at a greater risk for relapse after treatment.

Other vulnerable populations briefly discussed by participants included LGBTQI and low-income individuals.

Barriers

Figure 13b displays the key barriers to accessing substance use disorder and prevention services, as identified by needs assessment participants. The top barrier was a lack of awareness of services (52%), as residents are largely unaware of services. The second leading barrier was transportation (46%). Limited public transportation or vehicle transport hinders residents' ability to access services. Stigma leads to

avoidance (44%) was another major barrier. Participants explained that residents may be viewed as a personal failure or denial of having a problem or chronic disease. Stigma was a significant barrier in accessing resources, which may be associated with other issues such as HIV/AIDs, cancer, and mental illness.

Another barrier cited as an important barrier was availability of substance use disorder services (41%) since many residents are unaware of services. Participants added that there may be a lack of self-awareness, especially for youth, who may be in denial that they need help or think they can do it all by themselves.

Forty percent of participants selected wait lists as a barrier. Participants discussed experiencing longer wait times as a result of few service providers. Longer wait lists also deter residents from pursuing treatment. Availability of substance abuse prevention programs (35%) was another barrier to services, as most residents are not aware of prevention programs in the community.

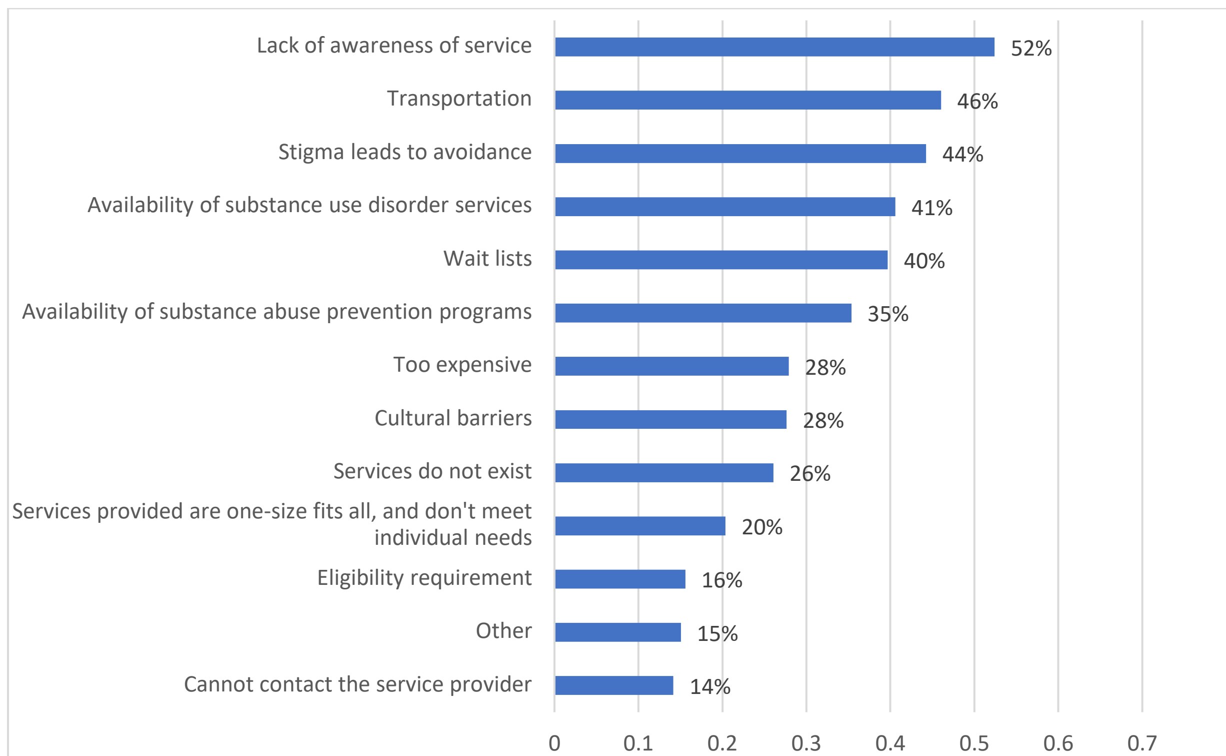
Snapshot of County Challenges

Essex: Information about local rehabilitation centers is scarce, and there is a lack of in-patient programs, outpatient programs, or residential treatment beds in the county.

Hudson: The closure of detox facilities, and the privatization of others, has translated to a limited number of beds and longer waiting periods for treatment across the state. Transportation and child care were also significant obstacles to accessing services.

Camden: Youth may be scared that their parents will find out that they are using drugs or are afraid to be judged by their peers.

Figure 13b. Substance Use Disorder and Prevention Services (Adults and Adolescents): Average Percentage of Respondents across 20* Counties who Selected each Barrier



**Data not provided by Union County.*

Table 12. Substance Use Disorder and Prevention Services (Adults and Adolescents) - Measures of Central Tendency: Percentage of Respondents across 20* Counties who Selected each Barrier

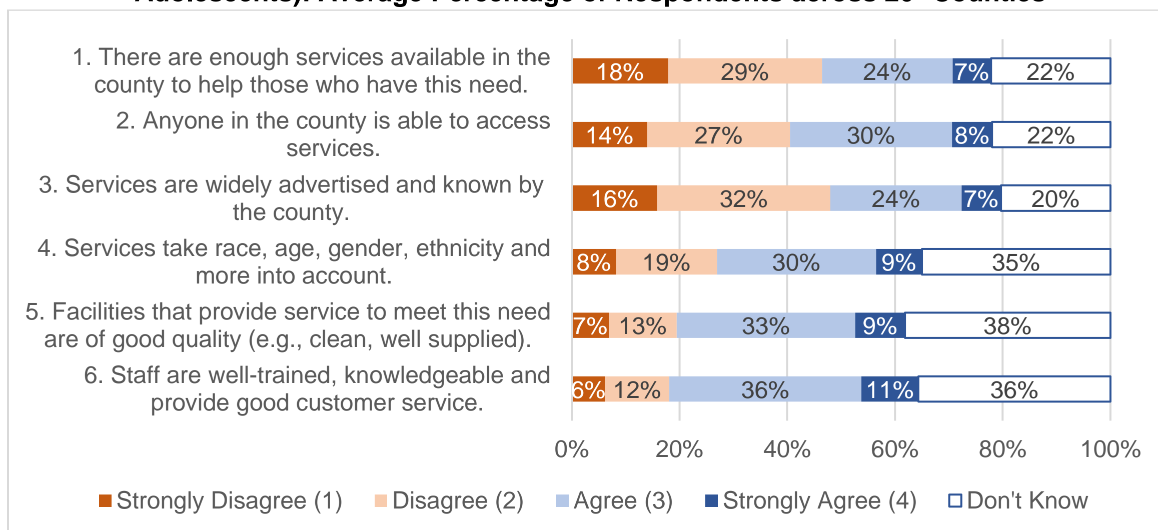
Barriers to Substance Use Disorder and Prevention Services	Minimum	Mean	Maximum	Standard Deviation
Lack of awareness of service	31%	52%	69%	12%
Transportation	21%	46%	75%	13%
Stigma leads to avoidance	28%	44%	60%	10%
Availability of substance use disorder services	16%	41%	56%	13%
Wait lists	25%	40%	55%	9%
Availability of substance abuse prevention programs	20%	35%	70%	18%
Too expensive	2%	28%	41%	9%
Cultural barriers	15%	28%	45%	8%
Services do not exist	9%	26%	50%	10%
Services provided are one-size fits all, and don't meet individual needs	13%	20%	29%	6%
Eligibility requirement	3%	16%	34%	8%
Other	0%	15%	15%	18%
Cannot contact the service provider	5%	14%	14%	7%

**Data not provided by Union County.*

Perception of Services

Almost half of the respondents do not believe there are enough services available in the county to help those with substance use (47%) or that services are widely advertised and known by the county (48%). However, just under half of all participants believe that service staff are well trained, knowledgeable, and provide good service (47%). Over one third of respondents indicated “don’t know” when asked if services take race, age, gender, ethnicity, and more into account if service facilities are of good quality, and if staff are well trained, knowledgeable, and provide good service (35%, 38%, and 36% respectively). See Figure 13c.

Figure 13c. Perception of Substance Use Disorder and Prevention Services (Adults and Adolescents): Average Percentage of Respondents across 20* Counties



**Data not provided by Union County.*

Successes

Trusted adults, specifically those working in schools, were mentioned multiple times as an important resource to support and connect youth to services. Many said residents can access services through the court system, medical providers (including hospital emergency room), internet searches, local service providers, local and state police, community-based programs, social media, and faith-based organizations. Specific services identified as useful resources include: 2-1-1 hotline, Medication Assisted Treatment (MAT) in Hunterdon County through Freedom House, Hunterdon Drug Awareness Program, High Point, Opioid Overdose Recovery Program (OORP) offered through Hunterdon Medical Center, Prevention Links, Rancocas Valley Clergy Association, Services to Overcome Drug Abuse Among Teenagers (SODAT), My Father's House, Oaks Integrated Care, Living Proof Recovery Center, Ocean County Health Department, and Workforce Advantage. Healthcare providers also offer various medications, treatments, and residential/ non-residential rehabilitation options for opioid and alcohol abuse disorders that could prevent many deaths if used. Some gains have been made in the reduction of stigma surrounding medical conditions like depression through public education and the widespread use of medications that reduce symptoms.

Highlights of County Successes: Substance Use Disorder and Prevention Services

Monmouth: Monmouth has an Overdose Fatality Review Board to better serve those struggling with substance use and launched a Stigma-Free Movement to reduce the stigma around help-seeking. The Children's Inter-Agency Coordinating Council established a youth substance use committee in collaboration with the Prevention Coalition to serve youth and families impacted by substance use. The Red Bank Police Department is working on a program for a counselor to contact individuals that are ready to seek treatment. Robert Wood Johnson Institute for Prevention and Recovery was awarded an Innovative Funds Grant for a Mobile Recovery Unit to provide recovery-centered outreach and support. Currently, the County funds approximately $1.6 million in programming for the prevention, early intervention, treatment, and recovery of individuals with substance use disorders.

Union: Community strengths related to substance use disorders include: $10,000 in county funding for transportation to inpatient facilities as well as funding from the Department of Labor to provide peer recovery support services through Workforce Advantage and Prevention Links.

Domestic Violence Services

General Concerns

Out of the 21 counties in New Jersey, two (Essex and Middlesex) identified domestic violence services as a priority need area (See Figure 14a). Participants believed there was a lack of awareness and access to available services. For example, there is a lack of access to shelters and services, as well as batterers' intervention programs. Most participants cited challenges navigating the system and connecting survivors to benefits or assistance. More specifically, participants identified issues in communicating with service staff. Not only is there is a lack of bilingual staff to serve diverse populations, but there is a fear that police do not properly respond to domestic violence cases. Participants also recognized the potential impact of COVID-19 on victims of domestic violence. In particular, there may be an increase in domestic violence as a result of stay-at-home orders with their batterers and greater isolation from their friends or family during the global pandemic.

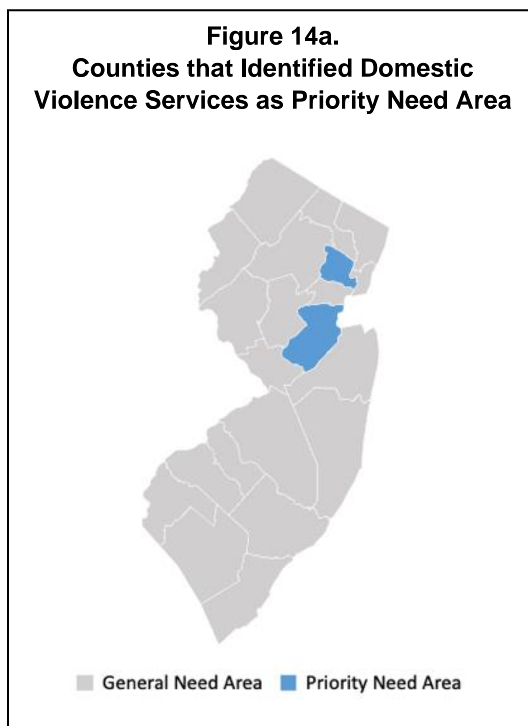


Figure 14a.
Counties that Identified Domestic Violence Services as Priority Need Area

Impacted Subpopulations

During county focus groups and interviews, two populations were identified as needing domestic violence services by needs assessment participants:

- Immigrant women have greater challenges in talking about domestic violence or getting assistance, as they may experience shame and fear of being rejected from their communities if they come forward.
- Male victims of domestic violence have a lack of services and shelters that serve them.

Barriers

Figure 14b displays the key barriers to accessing domestic violence services, as identified by needs assessment participants. The greatest barrier to domestic violence services was a lack of awareness of services (56%). Participants believe residents lack of knowledge on where to go for services or how to seek assistance. Stigma leads to avoidance (44%) was identified as another major barrier to services. Stigma often prevents victims from accessing services, primarily due to a lack of trust in service providers.

Snapshot of County Challenges

Hunterdon: Safe in Hunterdon, the local domestic violence agency, closed in February 2020. As a result, all domestic violence calls are being answered by Domestic Abuse & Sexual Assault Crisis Center (DASACC) in Warren County. Residents are being referred to domestic violence agencies in neighboring counties of Mercer and Somerset.

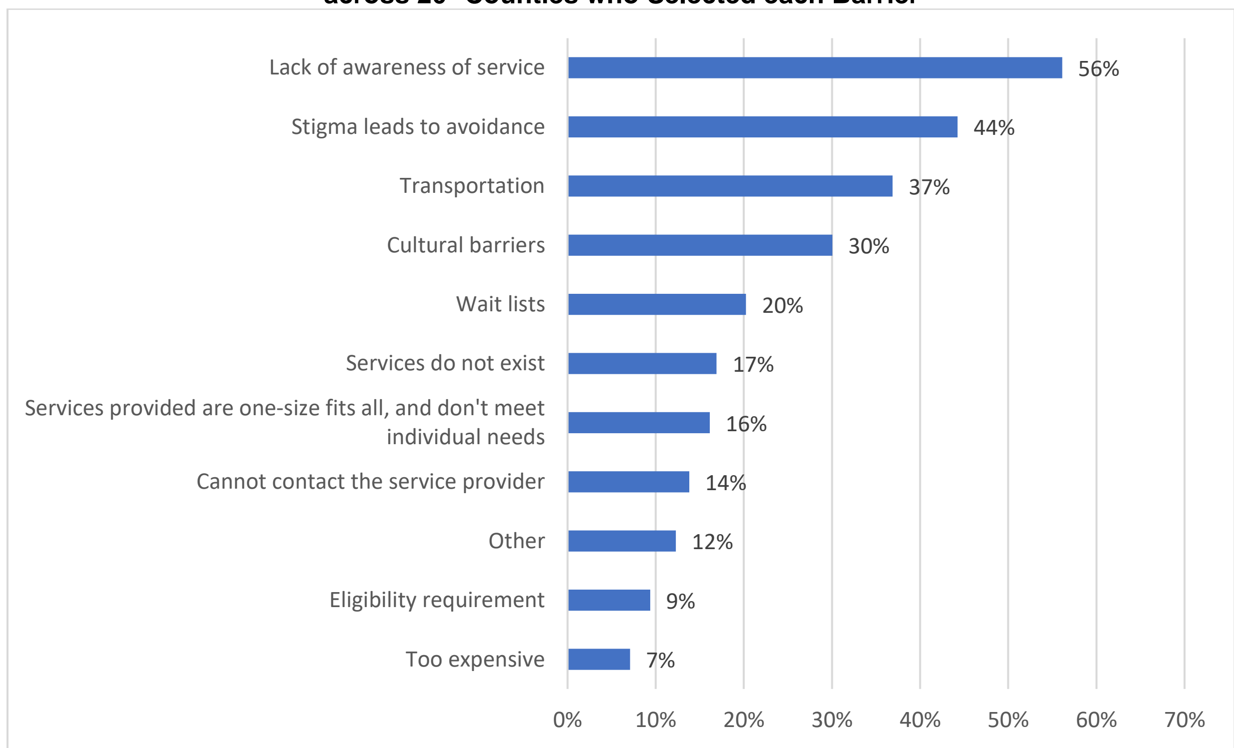
Middlesex: Participants believed that many female victims might refrain from reporting a domestic violence incident to local police departments, as they are predominantly male.

Hudson: Women from Egyptian communities may experience negative consequences from their community if they come forward about domestic violence.

Thirty-seven percent of participants selected transportation. Without access to transportation, victims of domestic violence are unable to access services, such as shelters, counseling centers, or legal services. Participants identified cultural barriers 30% as another top barrier to accessing domestic violence services. Cultural and language barriers make it difficult for some victims to seek assistance. For instance, women may feel a lot of shame and fear of being rejected from their communities if they came forward.

Although only 9% selected eligibility requirement, focus group participants cited challenges to meeting eligibility requirements for domestic violence services. For example, Hudson participants believed that the definition of imminent danger to stay in a shelter was too rigid and inadvertently left out victims in need. It is also difficult for victims to present documents to meet eligibility criteria because they leave home quickly and may not have the necessary paperwork. They also believed there was a lack of funding to expand services.

Figure 14b. Domestic Violence Services: Average Percentage of Respondents across 20* Counties who Selected each Barrier



**Data not provided by Union County.*

Table 13. Domestic Violence Services - Measures of Central Tendency: Percentage of Respondents across 20* Counties who Selected each Barrier

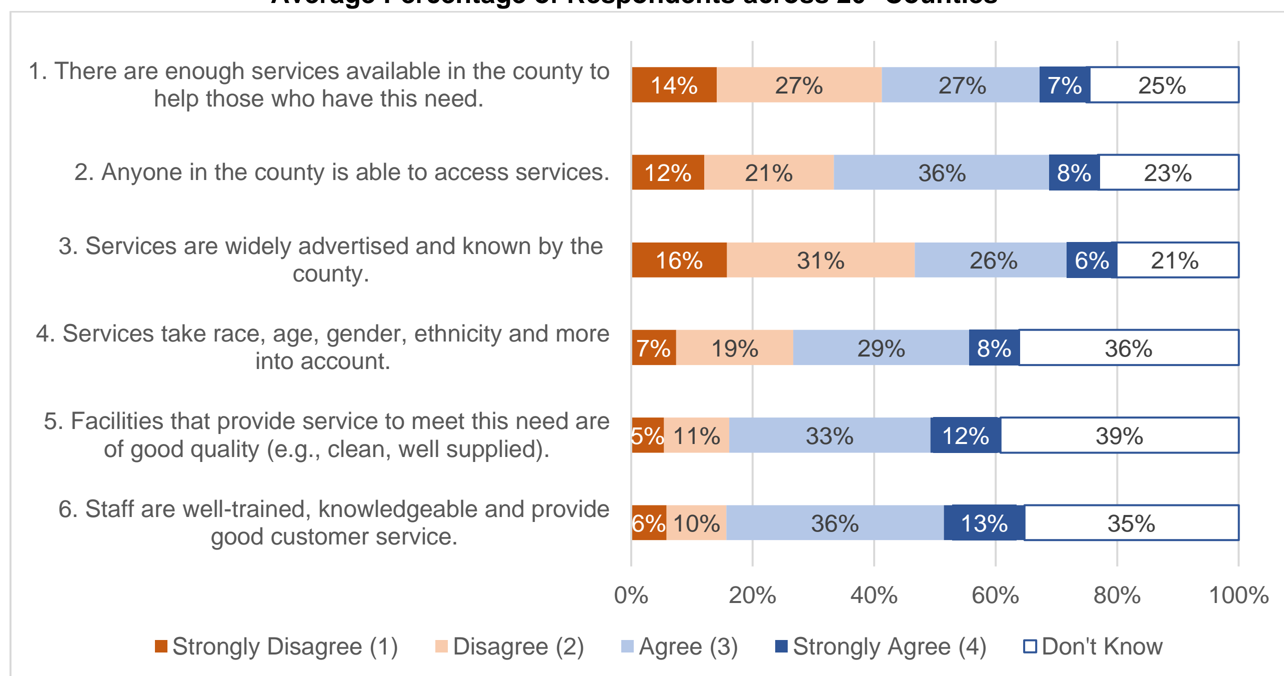
Barriers to Domestic Violence Services	Minimum	Mean	Maximum	Standard Deviation
Lack of awareness of service	22%	56%	73%	13%
Stigma leads to avoidance	22%	44%	62%	11%
Transportation	15%	37%	56%	13%
Cultural barriers	16%	30%	47%	8%
Wait lists	7%	20%	47%	9%
Services do not exist	5%	17%	34%	8%
Services provided are one-size fits all, and don't meet individual needs	6%	16%	29%	7%
Cannot contact the service provider	3%	14%	33%	7%
Other	0%	12%	34%	8%
Eligibility requirement	2%	9%	29%	6%
Too expensive	0%	7%	29%	8%

Data not provided by Union County.

Perception of Services

Almost half of the respondents do not believe domestic violence services are widely advertised and known by the county (47%). However, just under half believe that service staff are well trained, knowledgeable, and provide good customer service (49%). Over a third of respondents indicated “don’t know” when asked if services take race, age, gender, ethnicity, and more into account if service facilities are of good quality, and if staff are well trained, knowledgeable, and provide good customer service (36%, 39%, and 35% respectively). See Figure 14c.

Figure 14c. Perception of Domestic Violence Services: Average Percentage of Respondents across 20* Counties



Data not provided by Union County.

Successes

Participants discussed several notable successes. A key resource mentioned throughout the state were Domestic Violence Liaisons and local police. Useful programs included Address Confidentially Program (ACP), Catholic Charities' Providence House, Displaced Homemaker Program, Domestic Violence Response Team, Harvest Family Success Center, Women's Center, Volunteers of America's Batterers Program, New Jersey Domestic Violence Hotline, Services Empowering Rights of Victims through the Center for Family Services, Womanspace, Women Aware

Highlights of County Successes: Domestic Violence Services

Mercer: Womanspace provides an array of comprehensive services for individuals and families impacted by domestic and sexual violence and offers crisis intervention, emergency shelter, counseling, court advocacy, housing services, and a 24-hour helpline. Womanspace is comprised of a Domestic Violence Victim Response Team and Sexual Assault Support Advocates who are trained volunteers that provide 24/7 support to victims. The Safe House provides safe, short-term emergency housing for victims and is in a confidential location. Barbara's House provides a two–year program for transitional housing services.

Somerset: Safe+Sound Somerset (S+SS) provides comprehensive services to survivors of domestic abuse and their families. S+SS has experienced a sharp rise in calls for help related to domestic violence since the COVID-19 pandemic began in March 2020. During 2020, S+SS has added three programs, emergency safe house services, telecounseling, virtual legal services, and virtual classes to learn about the warning signs of domestic violence.

Parenting Skills Services

General Concerns

Out of all 21 counties in New Jersey, only Atlantic County selected Parenting skills services as a priority need area (Figure 15a). In general, there was a lack of awareness of available services. More specifically, there is a lack of programs that are available in languages other than English, a lack of educational services for basic parenting skills, and a lack of services open after regular business hours. Participants believed there is not enough funding to expand services and outreach. Some of the challenges noted by participants are fear of DCP&P involvement, challenges with telehealth, as it creates a "digital divide" for parents who may not have the internet or a device to connect to online meetings, and challenges accessing child care or transportation to attend parenting skills services.

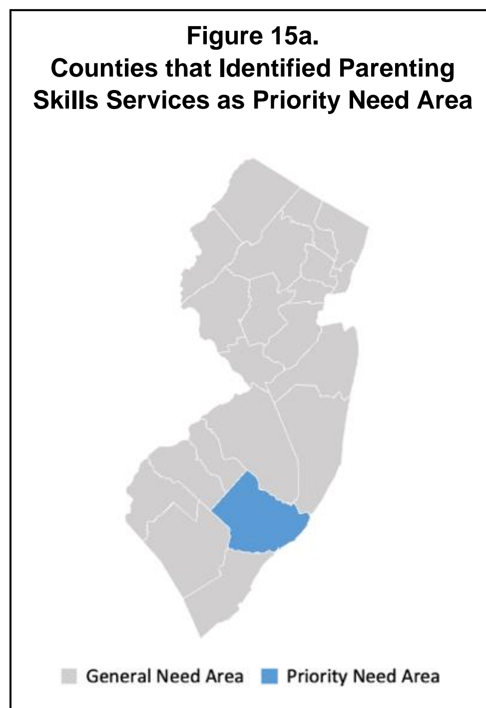


Figure 15a.
Counties that Identified Parenting Skills Services as Priority Need Area

Impacted Subpopulations

During county focus groups and interviews, participants identified certain populations that are in need of parenting skills services:

- Undocumented families involved in parenting skills programs, who may fear being involved with local agencies as a means to track their legal status. Additional challenges include cultural assimilation, lack of access to public benefits and services, discrimination, and language barriers.
- Participants also believed there was a lack of parenting skill programs specifically tailored towards the parents of children with intellectual or developmental disabilities or children with other special needs.
- There is also a lack of programs targeted toward single mothers or single fathers. Furthermore, single parents may not always be eligible based on income or other factors.

Barriers

Figure 15b displays the key barriers to accessing parenting skills services, as identified by needs assessment participants. The greatest barriers to parenting skills services were lack of awareness of services (60%) and transportation (33%). Most participants indicated there may be difficulty accessing services due to work schedules and lack of child care.

Stigma leads to avoidance was selected by 26% of participants. There is often a stigma attached to seeking services, such as being perceived as a bad parent. Similarly, residents may resist contacting an agency for services due to the fear that DCP&P will be contacted or that they will face some other type of legal disciplinary action. Labels of parenting education or skills classes may also have a negative connotation.

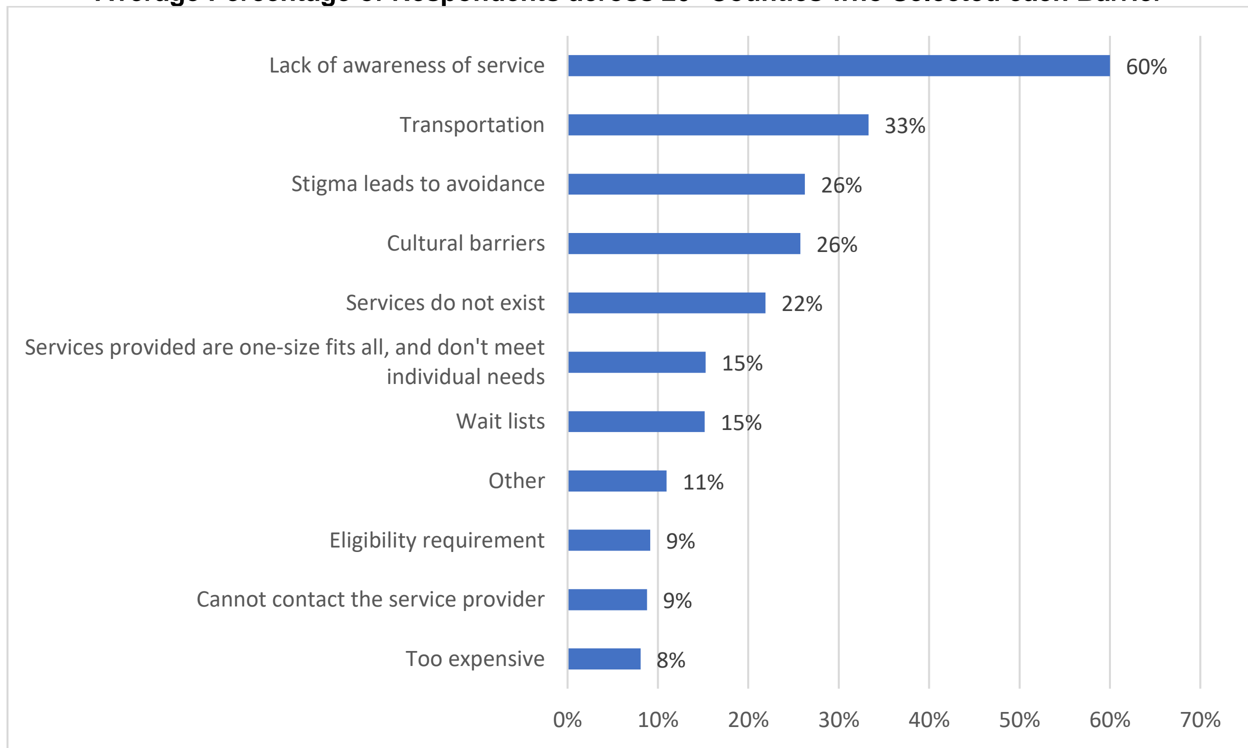
Cultural barriers (26%) were another significant barrier selected, as cultural differences make it challenging to provide feedback on parenting skills. Moreover, participants noted that there are few services offered in Spanish. Although eligibility requirements was selected by 9% of participants, participants in focus groups often discussed challenges for residents to meet the strict eligibility requirements and qualify for existing services.

Snapshot of County Challenges

Atlantic: When implementing parenting skills programs upon DCF's request, there seemed to be a low turnout even with incentives and supports; however, including children in the program itself seemed to help with attendance. For example, non-English speaking families were able to access support when it came to helping youth with homework or translating information for adults.

Warren: Participants stated that parenting classes were expensive and occurred over multiple sessions. It's challenging to schedule around work and child care. Residents may not know about parenting skills education unless they are mandated to attend, and there is a lack of resources in the northern part of the county.

Figure 15b. Parenting Skills Services:
Average Percentage of Respondents across 20* Counties who Selected each Barrier



**Data not provided by Union County.*

Table 14. Parenting Skills Services - Measures of Central Tendency: Percentage of Respondents across 20* Counties who Selected each Barrier

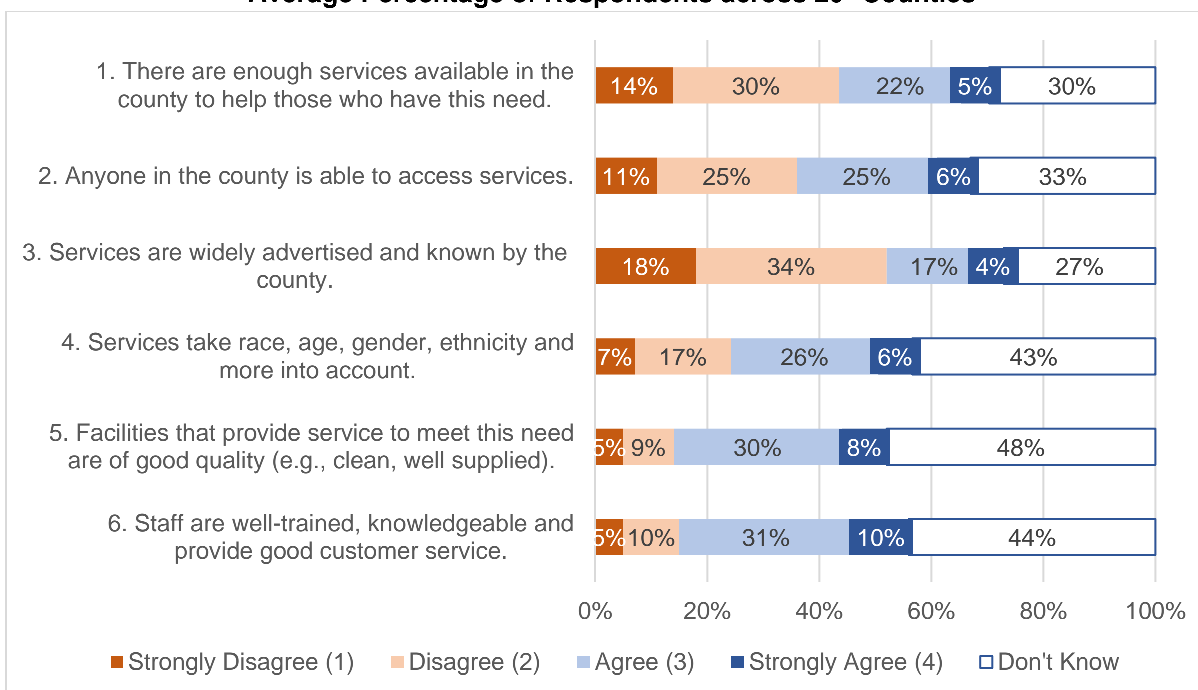
Barriers to Parenting Skills	Minimum	Mean	Maximum	Standard Deviation
Lack of awareness of service	19%	60%	81%	16%
Transportation	11%	33%	56%	11%
Stigma leads to avoidance	12%	26%	36%	7%
Cultural barriers	12%	26%	42%	7%
Services do not exist	8%	22%	36%	8%
Services provided are one-size fits all, and don't meet individual needs	6%	15%	24%	5%
Wait lists	4%	15%	30%	7%
Other	0%	11%	31%	9%
Eligibility requirement	2%	9%	27%	6%
Cannot contact the service provider	0%	9%	24%	5%
Too expensive	0%	8%	20%	5%

**Data not provided by Union County.*

Perception of Services

The majority of the respondents do not believe parenting skills services are widely advertised and known (52%). Nearly half of respondents indicated "don't know" when asked if services take race, age, gender, ethnicity, and more into account, if service facilities are of good quality, and if staff are well trained, knowledgeable, and provide good customer service (43%, 48%, and 44% respectively). See Figure 15c.

Figure 15c. Perception of Parenting Skills Services: Average Percentage of Respondents across 20* Counties



**Data not provided by Union County*

Successes

Some of the services mentioned by participants as useful resources included: Central Jersey Family Health Consortium, Children's Inter-Agency Coordinating Council (CIACC), Community Child Care Solutions and Empower Somerset, Family Support Organization, Family Success Centers, Harvest Family Success Center, Healthy Families Program provided by Preferred Behavioral Health Group Children's Services, Norwescap, Ocean Mental Health Services, PFLAG, St. Francis Community Center, United Advocacy Group, Urban League of Hudson County Grandmother's Program, and United Way. Another strength raised by participants was Strengthening Families (SF). Through a partnership with the New Jersey Department of Human Services' (DHS) Division of Family Development (DFD), SF works closely with Child Care Resource and Referral (CCR&R) Agencies to conduct trainings that build on the SF approach in child care centers and family child care providers throughout the State.

Highlights of County Successes: Parenting Skills Services

Essex*:* The Healthy Families (HF)-TANF Initiative for Parents (TIP) Program in Essex is a referral-based program that can initiate from the county Department of Family Assistance and Benefits to the Partnership for Child and Maternal Health for Northern New Jersey or VNA Health Group, or individually by the client as a self-referral. Most referrals are sent to the Essex Pregnancy and Parenting Connection. Program for Parents, a local comprehensive service organization, provides local events, webinars, and in-person trainings for both community members and local childcare practitioners and providers.

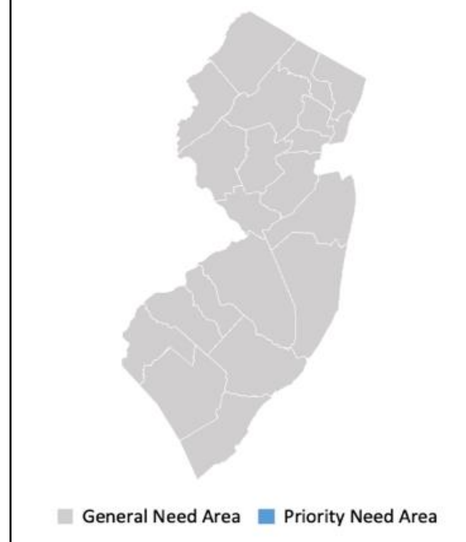
Warren*:* Traditions is the county's Family Success Center program under the umbrella of Norwescap and funded by the Division of Family and Community Partnership. The program provides a "one-stop" shop that provides wrap-around resources and supports for families before they find themselves in crisis. The County's Family Support Organization, shared between three counties (Hunterdon, Somerset, and Warren), provides peer support groups, advocacy/ support/education to families with children who are experiencing emotional and behavioral issues.

Legal and Advocacy Services

General Concerns

None of the counties in New Jersey identified legal and advocacy services as a priority need area (Figure 16a). In general, there is a lack of awareness of available services and a lack of existing legal services. For example, there is a lack of support to help residents complete the application process for assistance, locate individualized services, and navigate the court system. Moreover, legal assistance is expensive, and many working individuals do not qualify for services.

Figure 16a.
Counties that Identified Legal and Advocacy Services as Priority Need Area



Impacted Subpopulations
During county focus groups and interviews, there were a number of populations identified by participants in need of legal and advocacy services:

- Undocumented immigrants face additional legal challenges regarding their status. Fear is a major factor when seeking out services, as this population often falls victim to exploitation. Legal immigrants also face problems with the "public charge" rule that is essentially a wealth test when green card holders apply for citizenship.
- For low-income individuals, narrow financial eligibility requirements for public services often hinder populations with an income above the federal poverty level. Even though individuals cannot afford to pay a lawyer, they still earn too much to be eligible for services. The need for free or reduced fee legal services is more prevalent for people who live in poverty and people who are just above the poverty lines as they typically experience higher rates of eviction.
- Individuals with disabilities (e.g., physical, mental, and developmental) may need legal and advocacy services, such as guardianships established before the age of 18 for young adults with a disability.
- Seniors were also indicated as needing more support around legal and advocacy services.

Barriers

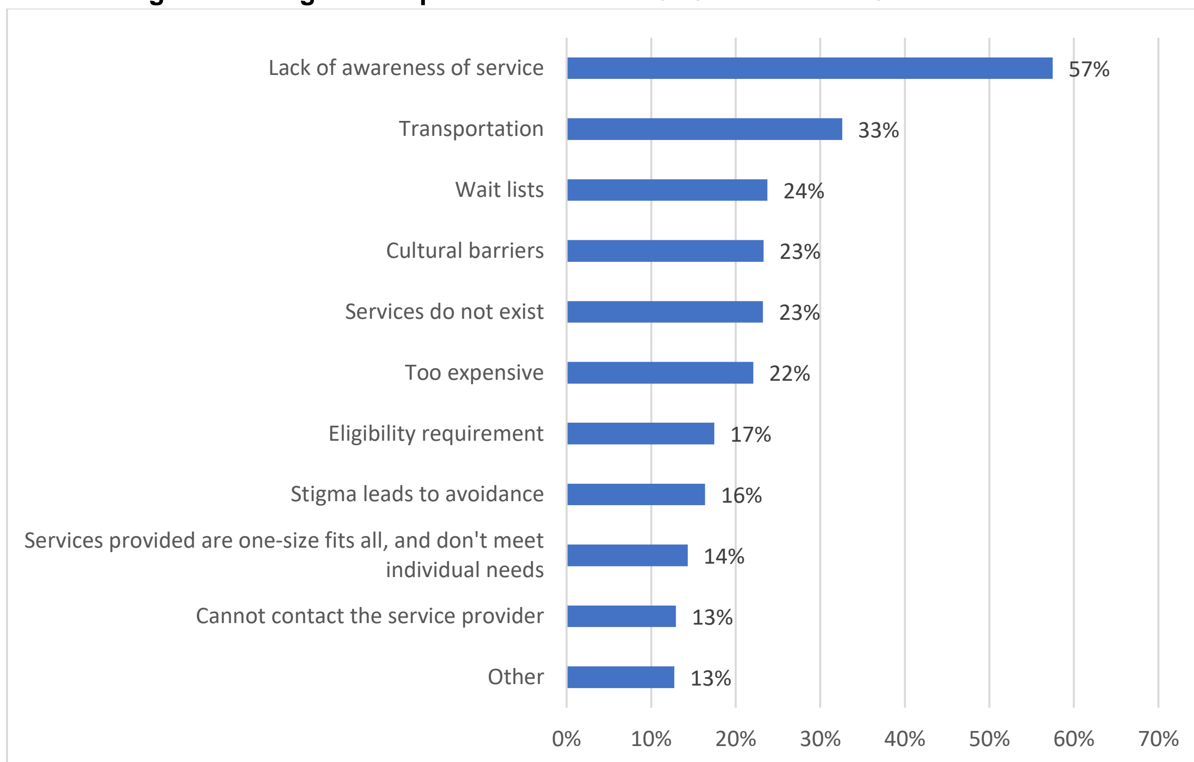
Figure 16b displays the key barriers to accessing legal and advocacy services, as identified by needs assessment participants. Lack of awareness of services (57%) was the greatest barrier to services. Many community members are unsure how to identify services and locate one that best fits their needs. Participants believe there is an absence of formal support when seeking legal services and completing legal forms or paperwork. Transportation (33%) was the second leading barrier to accessing legal and advocacy services. Participants believed most services are located in areas with the least access to public transportation.

Snapshot of County Challenges

Monmouth: Survey respondents indicated that there is a need for more pro-bono or sliding scale legal services for low-income families to help in family issues as well as civil litigation. Families with special needs often expend large amounts of money to obtain legal assistance to navigate the complicated application process for Supplemental Security Income (SSI) when their child turns 18. There is also a growing need for legal assistance in immigration matters.

Union: There is a lack of information about available services offered in multiple languages, limitations to accessing services, and limited resources for undocumented households.

Figure 16b. Legal and Advocacy Services:
Average Percentage of Respondents across 20* Counties who Selected each Barrier



Data not provided by Union County

Table 15. Legal and Advocacy Services - Measures of Central Tendency:
Percentage of Respondents across 20* Counties who Selected each Barrier

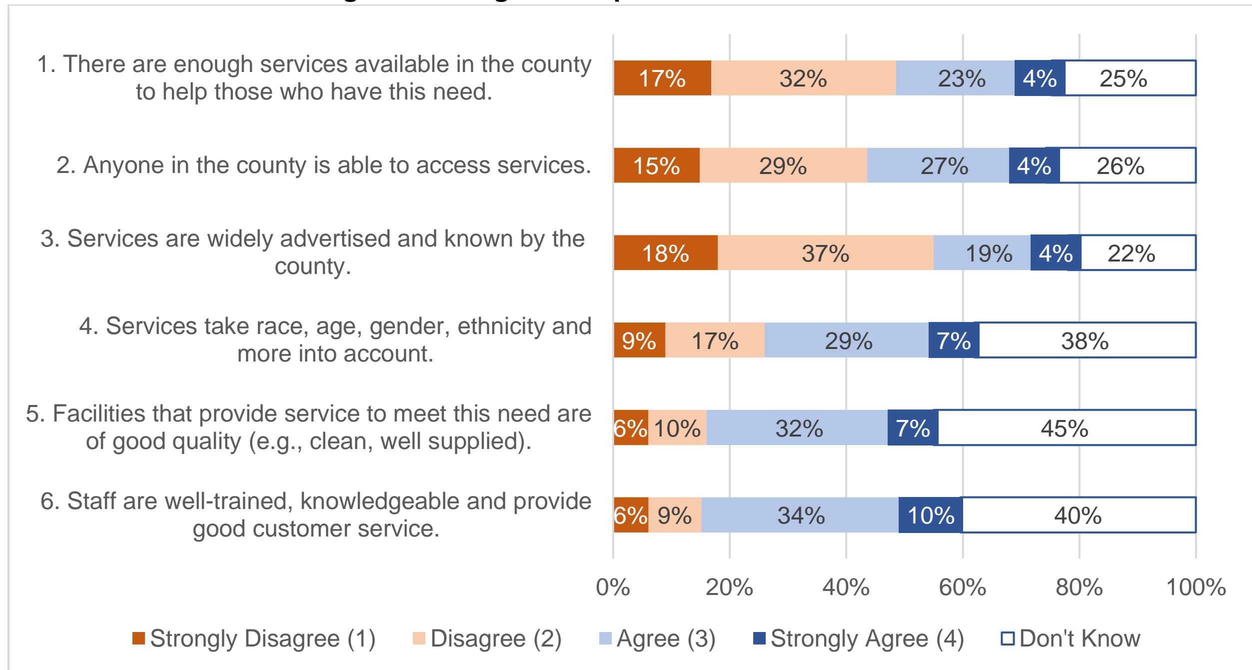
Barriers to Legal and Advocacy Services	Minimum	Mean	Maximum	Standard Deviation
Lack of awareness of service	30%	57%	76%	12%
Transportation	15%	33%	58%	11%
Wait lists	8%	24%	39%	9%
Cultural barriers	10%	23%	38%	6%
Services do not exist	6%	23%	60%	12%
Too expensive	0%	22%	41%	9%
Eligibility requirement	3%	17%	32%	9%
Stigma leads to avoidance	6%	16%	24%	6%
Services provided are one-size fits all, and don't meet individual needs	2%	14%	26%	6%
Cannot contact the service provider	0%	13%	28%	7%
Other	0%	13%	29%	9%

Data not provided by Union County

Perception of Services

Most respondents do not feel there are enough legal and advocacy services available (49%). Over half of the respondents do not believe legal and advocacy services are widely advertised and known by the county (55%). Nearly half of respondents (45%) indicated “don’t know” when asked if service facilities are of good quality. See Figure 16c.

Figure 16c. Perception of Legal and Advocacy Services: Average Percentage of Respondents across 20* Counties



**Data not provided by Union County.*

Successes

Participants highlighted useful resources as the Avanzar, Catholic Charities, Community Health Law Project (CHLP), Community Mediation Services, Court Appointed Special Advocate (CASA), Disability Rights NJ, Family Success Centers, Legal Services of New Jersey (i.e., Legal Services Office of Northwest Jersey and South Jersey Legal Services), New Jersey Office of the Public Defender (NJOPD), New Jersey Judiciary Ombudsman Program, and SPAN Parent Advocacy Network. Since the pandemic, Legal Services has been assisting its clients remotely, so the transportation barrier should be reduced with its ability to serve clients without needing to travel.

Highlights of County Successes: Legal and Advocacy Services

Essex: As a result of the pandemic, the Courts can perform virtual hearings and resolve or close out matters dealing with consumers without requiring them to take time off of work to travel. This mode of interacting with the courts also allows more people with disabilities to be able to interact with the courts, as these interactions can be done through audio or video. This results in fewer accommodations needed for residents with physical disabilities, and accommodations can still be made for consumers with other forms of disabilities.

Union: There is a lack of information about available services offered in multiple languages, limitations to accessing services, and limited resources for undocumented households.

Recommendations

County HSACs provided recommendations for prioritized need areas based on feedback from focus groups and key informant interviews. Common themes for improvement across need areas include: improving the navigation of the system, improving access to and availability of services, and ensuring services are provided with marginalized populations in mind.

To improve **navigation of the system** and make it more effective and efficient:

- create a centralized process to accessing local services
- create a centralized platform with easy access to routinely updated service information
- create clear guidelines and eligibility requirements
- reduce length and simplify forms
- increase responsiveness and coordination of all services needed, such as increasing information sharing and coordination among providers
- provide a mechanism to solicit client feedback on services and perform continuous quality improvement to ensure clients' needs are being heard and addressed

To improve **access to and availability of services**:

- offer non-traditional hours of operation
- increase transportation options
- provide alternative modes of service delivery, such as virtual delivery or mobile units
- increase predictability and reliability of services
- advocate for more federal and state funding, and/or other incentives to increase service availability and delivery

To better address **the needs of marginalized populations**:

- advocate for more federal and state funding to provide financial resources and assistance for community residents, particularly marginalized populations
- reduce gatekeepers to services by expanding eligibility and reducing requirements for documentation (e.g., expanding income thresholds; waiving proof of legal documents)
- increase culturally competent and multilingual staff to better accommodate persons with limited-English proficiency

Recommendations for Basic Need Areas

Housing

Housing was the only need area selected as a priority by all 21 counties. Recommendations for housing included providing community outreach and education to increase awareness of available services for people in need. Participants suggested increasing service delivery by creating a centralized location for information and resources, increasing affordable housing options, expanding existing services for vulnerable populations, and hiring bilingual staff to support non-English speaking residents. Policy recommendations included building collaborations between stakeholders to increase housing options and municipality incentives, such as more subsidized housing and affordable housing.

Education and Training

Communities can increase the visibility of housing services through community outreach and advertisement in print, internet, social media, radio, and television. These resources should be offered in multiple languages. Community service providers should also be notified of available housing options to inform their clients in need of housing services. In addition, participants recommended increasing community education on financial literacy and homeowner education. High schools could incorporate information regarding housing services into life skills education. Landlords should be educated and incentivized to accept vouchers and credit and receive information on mental health/substance use services to support tenants who may be at risk of losing housing.

Service Delivery

Participants recommended creating a centralized, up-to-date website with a comprehensive list of programs, referral information, and eligibility criteria to improve access to resources and services. Expanding staff, including case managers, translators, and bilingual staff, would be vital to supporting residents. Similarly, hiring navigators with knowledge of available services and relationships with providers could direct residents to local resources, assist with the application process, and advocate for their specific needs. Participants also proposed establishing an ongoing sheltering program and/or transitional housing center and offering a sliding scale rental program. Encouraging interagency collaboration to provide transportation and comprehensive care for homeless families was also suggested. Another recommendation included equipping buildings and homes to meet the needs of people with disabilities (ramps, doorways with wheelchair access, and braille writing).

Policy

Participants suggested building community partnerships to drive policy change. One recommendation is to engage federal and state officials, municipal officials, housing developers, landlords, and other community partners in a local task force to confront and resolve issues related to affordable housing and income disparities. Participants believed the county can collaborate with the DCF Office of Adolescent Services to identify opportunities in order to provide needed housing options and supports for homeless youth. Providing additional funding and financial resources could also increase access to such as increasing affordable housing inventory, increasing Section 8 vouchers, providing additional tax incentives, and expanding emergency housing options for vulnerable populations will improve housing availability. Participants also recommended expanding financial eligibility limits on applicable assistance programs, simplifying the voucher process, and instituting a rental cap to restrain rental pricing and affordability.

Food

Food was selected as a priority need area by only three counties. To increase access to food, participants recommended increasing community outreach and advertising of services, streamlining access to resources, extending hours of operation, offering mobile food pantries, and increasing transportation options. Participants also recommended increasing funding, providing emergency food assistance, and building sustainable employment opportunities.

Education and Training

Participants proposed building community outreach and advertising efforts through local food pantries, food distribution events, and schools in order to increase awareness of food services to community members. Participants emphasized advertising events and resources in multiple languages to raise awareness of services for diverse populations.

Service Delivery

To increase service delivery, participants recommended streamlining access to information and resources. For example, creating a system or network where services and resources are listed and updated in real time. Increasing transportation to food banks, pantries, and local food resources can increase accessibility to food services. Scheduling additional pick-up and drop-off times during high-peak transportation times and including more time schedules that the mobile soup kitchens are open can be more accommodating to community members. Another idea raised by participants was to create mobile food pantries and offering food box distributions on a regular basis in areas of high need. Offering healthier, ready-to-eat options and providing gift cards for people to purchase fresh food can increase healthy food options for individuals and families. Service providers should also partner with local community-based organizations such as schools, healthcare centers, small businesses, and other organizations to organize and promote food distribution events.

Policy

At the policy level, participants recommended establishing business sponsorships and emergency food assistance to local food pantries, grocery stores, and restaurants to support businesses and individuals year-round. Building sustainable employment opportunities for community members can assist individuals and families with avoiding food insecurity.

Health Care

Health care was selected as a priority need area by nine counties. Recommendations for health care involved increasing community outreach, providing education on health care service providers, and targeting specific populations to increase knowledge of available resources. Many participants suggested building support to help consumers navigate services by creating a central point-of-contact and more inter-collaboration across service providers and/or agencies to ease case management. Participants also recommended advocating for more funding to expand services delivered and increase access for diverse populations.

Education and Training

Participants recommended providing community outreach in public settings. Marketing campaigns in various formats (i.e., print, mailings, television, and social media) can be used to reduce stigma and increase awareness of early warning signs for medical issues in the community. In conjunction with marketing campaigns, local communities can provide education regarding the benefits of Medicaid, and other state offered health care services. Establishing a health care subcommittee that includes local providers can address outreach across the county to individuals and families and target areas that have a high percentage of residents without health care. Educating school nurses, health care professionals, and agency staff members on health care options, cultural competency, and access support for transitioning care needs can improve the quality of care and build rapport with community members. Participants also proposed offering a life skills program for community members where a local physician can attend to offer screenings, answer questions, and take appointments.

Service Delivery

Participants offered several recommendations to increase access to health care. First, creating navigator services and case management to help residents navigate their health care options and identify services. Increasing accessibility to health care services can be achieved by expanding health and wellness services into underserved geographic areas, establishing mobile services or satellite locations, increasing transportation to and from services, and utilizing technology and access to the internet to enable virtual contact with providers. Another important suggestion was to tailor health and wellness services to meet the needs of the community, specifically for LGBTQI populations. Increasing staff capacity was recommended by most needs assessment participants. Increasing the number of Nurse Case Managers and Community Health Workers as well as collaborating with local providers to support existing case management services can assist families and individuals with navigating the health care system. Broadening the diversity of staff and bilingual speakers was another important suggestion.

Policy

Participants believed funding was essential to increase access to affordable and accessible health care. Providing funding to support community outreach programs, independent health care navigators, and, most importantly, to help those uninsured/underinsured receive basic health care. Participants recommended advocating to expand the financial eligibility limits on applicable assistance programs and/or lowering associated consumer costs to amend the billing structure under Medicaid and NJ Family Care to promote more preventative care and to increase telehealth services that charge the same rate as in-person services. Other participants advocated for free health care for all residents.

Community Safety

Community Safety was selected as a priority need area by four counties. To address community safety, participants recommended implementing more education for law enforcement to better serve community residents as well as prevention programs for school-aged children and parents to reduce community violence. Additionally, participants proposed expanding services to engage community residents through programming and prevention, recruiting more residents for neighborhood watch groups, and delivering community news in real time. In terms of policy recommendations, participants suggested collaborating with law enforcement to increase transparency regarding safety concerns in the community and redistribute funds to support service providers.

Education and Training

Needs assessment participants collectively agreed on providing more training for law enforcement. Implementing training about local services, crisis intervention, and cultural competency to law enforcement can better serve community residents. Community education is also imperative to increase community safety. For example, educating parents on the risks of violence in the community and facilitating access to resources. Participants also recommended training school-aged students about mental health and substance use, as well as diversity to reduce cultural and racial bias. Offering community events would be useful for educating community members about available services and building relationships with service providers.

Service Delivery

Expanding and advertising community-based public safety resources was recommended by participants. For example, delivering community news in real time and advertising community-based public safety resources can increase awareness of safety matters to community residents. Another suggestion was to offer evening hours for youth programs and providing substance abuse services to address generational addiction. Participants also proposed increasing neighborhood watch participation. Finally, increasing opportunities for law enforcement to engage with the community would build trust and rapport among residents.

Policy

Incorporating a community policing approach can assist with integrating police into the community and increasing transparency from local police departments. Redirecting funds to support social workers and youth prevention programs can help address the community's safety concerns. Creating more police substations throughout the community would also increase accessibility to services.

Employment and Career Services

Employment and career services was selected as a priority need area by five counties. Recommendations for employment and career services included providing more education and programming around job-training for young adults and adults. Other recommendations were to increase collaboration between agencies, increase access to One Stop Career Centers, and creating a central website for job listings and resources. Lastly, participants suggested increasing funding to reduce transportation barriers and offer subsidies to access available employment services and educational opportunities.

Education and Training

Participants recommended creating more educational programs about employment opportunities, such as job training opportunities for the trade and technology industries. Communities should also advertise information about higher education, including post-graduate opportunities and financial aid. Providing school-age students with life skills, job-readiness skills, financial literacy, and social and emotional learning opportunities can better equip them for the job search process.

Service Delivery

Participants recommended increasing coordinated efforts to support workforce development. For example, designing a central website with local job listings and resources for job seekers. Establishing One Stop Career Centers to provide community outreach and case management can support residents with employment and career services. Continuing collaborative efforts among County DHS, the One Stop Career Center, and the Workforce Development Board can assist with addressing unemployment on a county level. Participants proposed offering employment training at various times and utilizing different modalities (in-person and virtual) to increase access to services. Programs should also provide internet access and devices to complete online applications. Specific programs for adults and young adults included employment re-training opportunities for full-time work, job coaching, and on-the-job training. Participants recommended increasing employment training, apprenticeship opportunities, tutoring services, mentoring programs, and volunteer opportunities for youth.

Policy

Participants proposed advocating for increased opportunities to support employment and career services. Opportunities could include creating public-private partnerships to support job-seekers, providing subsidies for people enrolled in training programs, broadening eligibility requirements, providing financial assistance for licensing or certification, providing financial assistance for child care, incentivizing work through gradual decreases in assistance benefits, and removing personal references for prospective employments. Participants suggested granting work identification cards as an alternative to social security numbers as a potential pathway to legal status for undocumented immigrants. Participants also recommended increasing transportation options to work, school, and recreation. Using flex funds to prevent the need for ongoing services can assist with reducing transportation barriers for job seekers. Participants stressed the importance of increasing employment and career services as a result of the economic crisis caused by COVID-19.

Child Care

Although child care was not selected by any counties as a priority need area, participants offered several recommendations such as providing parents with more education on early childhood needs, building collaboration between service providers, expanding child care programming, and increasing financial assistance to access services.

Education and Training

Participants recommended implementing more education on early childhood needs and services for parents in order to provide families with resources and support during early childhood.

Service Delivery

To increase child care services, participants recommended building collaborative efforts between service providers. For example, participants proposed enabling information sharing between agencies to reduce the time for residents to complete lengthy applications. Collaborative efforts to support teens' transition into adulthood are imperative, such as improving school performance. Participants also proposed increasing child care options for parents who work outside the regular business hours by offering more flexible hours for child care as well as more before and after school programs. Providing access to vouchers was another suggestion to increase access to child care services.

Policy

Participants proposed building collaboration between community agencies, such as DCF, Department of Education, and Department of Human Services. Similarly, the Child Care Resource and Referral Agency and the County Council for Young Children could develop strategies to increase the number and quality of Registered Family Day Care Providers, licensed childcare centers, and ensure the safety of child care services. A broad-based stakeholder task force should also be created to review the supply and demand of child care services. Task forces should also review options for shared services to promote cost-effective delivery and strategies to support current family child care providers. Advocating for more funding to build services and provide financial assistance for families was echoed across focus groups and interviews. Funding is needed to create more child care programs to accommodate children with special needs, infant care, and respite care. Participants suggested increasing subsidies for child care to support vulnerable populations, such as people in poverty, people who fall into ALICE, and working poor parents who do not qualify for traditional government subsidies. Financial support is also needed for parents to access programs designed to address the needs of children with intellectual and developmental disabilities. Providing incentives to child care employers and home-based child care entrepreneurs can assist them with delivering child care services during and after the COVID-19 pandemic.

Recommendations for Specialized Services Needs

Services for Families Caring for a Child of a Relative

Participants provided a few recommendations for services for families caring for a child of a relative, even though services for families caring for a child of a relative were not selected by any counties as a priority need area. These include increasing access to services through greater awareness of available resources, providing a streamlined process to build access to resources, and expanding eligibility requirements. Limited information is presented since no counties selected this as a priority area.

Education and Training

Educating local agency staff and the community at large through community outreach was recommended by participants to increase awareness of available resources and services for families caring for a child of a relative. One example was utilizing social media to advertise local services. Participants also suggested providing resources and materials at back-to-school nights.

Service Delivery

Participants recommended creating a central hub, such as a hotline, where residents access supportive services. Another proposal was to create and/or expand phone or virtual support groups for families caring for a child of a relative.

Policy

As a whole, participants recommended expanding financial eligibility requirements to increase access for families caring for a child of a relative. Participants also believed increasing transportation options would help reduce barriers to accessing services.

Behavioral/Mental Health Services for Children

Behavioral/mental health services for children was selected as a priority need area by 14 counties. Participant recommendations for improving behavioral/mental health services for children include offering community education to raise awareness of behavioral and mental health issues in children as well as available services to address a range of needs. In terms of service delivery, participants proposed increasing capacity to connect residents to appropriate services. Participants also recommended advocating for increased funding to support additional services and resources for diverse populations and building collaboration at the federal, state, and local levels.

Education and Training

Participants recommended increasing awareness of available programs for residents and service providers. For parents and caregivers, education should focus on normative childhood development, the importance of early intervention in behavioral and mental health, and addressing the stigma for seeking assistance to promote wellness and prevention. Through community outreach efforts, residents can also learn about state offered health care services, such as Medicaid, and resources such as PerformCare and NJ Children's System of Care. Service providers should also provide up-to-date information to school staff, teachers, and guidance counselors to better assist students with behavioral or mental health concerns.

Service Delivery

Participants recommended facilitating community collaboration, such as collaborating with local providers to streamline services to support navigating the behavioral/mental health system, strengthening linkages between agencies and 211, creating a pool of resources between agencies to hire psychologists/psychiatrists, increasing referrals between public and private agencies, and encouraging schools to provide links to services on parent portals and on-site services for students. Participants also recommended improving capacity by increasing the number of bilingual therapists and staff, increasing cultural sensitivity, creating a professional navigator position to support and advocate for clients, and increasing trauma-informed care. To increase access to services, participants proposed building accessible crisis counselors for youth, expanding medical transportation options, and establishing mobile services or pop-up satellite locations, increase telehealth options. Expanding programming would also be essential, including parenting programs, parent support groups and peer-to-peer navigation services, mentorship programs, recreational and after-school programs for children with special needs, programs for youth who identify as LGBTQI or youth involved in domestic violence, and treatment to address co-occurring disorders.

Policy

Participants suggested advocating for more services, such as in-home services, telehealth, and other mobile opportunities, intensive outpatient services, services for children with intellectual and developmental disabilities, and services for children in underserved geographic areas. Similarly, participants advocated for local hospitals to provide more services in order to fill in service gaps, establish a pediatric hub where families can receive case management services; and additional pediatrician training to identify disabilities and mental health issues in young children. Participants also recommended increasing the number of providers that accept Medicaid, Medicare, or other private insurance. Increasing funding was imperative to expand the provider network, assist with the cost of services/copays, support existing services, expand school-based services, provide mental health training in schools and within the medical community, and address transportation barriers. Participants discussed expanding financial eligibility limits on applicable assistance programs and/or lowering associated consumer costs, and simplifying the application process. Lastly, participants advised collaborating with other state departments, for-profits, and non-profits to address local issues.

Behavioral/Mental Health Services for Adults

Behavioral/mental health services for adults was selected as a priority need area by 14 counties. Most of the recommendations for adults' behavioral/mental health services mirrored recommendations for behavioral/mental health services for children. More specifically, participants suggested providing more community education to raise awareness of local services to increase access and reduce stigma, expanding service delivery to meet the needs of residents, increase funding to support the expansion of services, and develop a more comprehensive and supportive continuum of care, and expand eligibility requirements.

Education and Training

Participants recommended promoting awareness of behavioral/mental health services for adults and normalizing help-seeking to reduce stigma among residents. For example, providing meet-and-greets with medical and behavioral/mental health providers to learn more about existing resources, treatment, and coordination of care. Advertising up-to-date information across a wide spectrum of media outlets was another important recommendation to ensure residents have access to local service information. Providing more community education regarding the benefits of Medicaid and other state offered health care programs would also be beneficial. For service providers, participants proposed providing trainings on trauma-informed care and how to address the needs of diverse populations, specifically LGBTQI residents.

Service Delivery

Participants recommended expanding the availability of Medicaid enrolled practitioners and treatment providers, reaching underserved geographic areas through telehealth, mobile service, or satellite locations, creating an affordable, long-term inpatient mental health facility, creating an all-inclusive mental health center that houses all available mental health services, and building a crisis response system post-discharge to support aftercare. Another suggestion was to develop capacity in local communities by offering multiple provider options, flexible appointments, and medical transportation. Increasing bilingual staff and diversity of staff to be reflective of communities they serve was also raised by participants. Additionally, participants recommended increasing collaboration between service providers to create a pool of psychologists/psychiatrists; create more comprehensive discharge planning, more assertive community treatment, more supportive housing; develop a case management collaborative to serve as a point of entry into services and streamline referrals. Moreover, agency partners should solicit client feedback to evaluate their services in order to ensure clients are well served, and their needs are properly addressed.

Policy

Participants believed increasing funding was imperative. More funding is critical to expanding the provider network, assisting with the cost of services/copays, bringing in new service providers, and sustaining existing service providers. Communities should work with local elected officials to advocate for increased reimbursement rates for providers, develop additional incentives for behavioral/mental health providers, increase telehealth and other mobile opportunities with the ability for agencies to bill these services at the same rate as in-person services, advocate for local hospitals to provide more services in order to fill in service gaps, increase the number of providers that accept Medicaid/Medicare/Private Insurance, advocate for faster reimbursement to vendors for services rendered from state-controlled funding streams, alter service model, so that general practitioners are able to provide mental health services under the supervision of an off-site psychiatrist, advocate for expanding the programmatic, financial eligibility limits on applicable assistance programs and/or lowering associated consumer costs, introduce low cost or free resources, and provide a more comprehensive continuum of care.

Substance Use Disorder and Prevention Services (Adults and Adolescents)

Substance use disorder and prevention services was selected as a priority need area by 10 counties. Participants recommended increasing education about services and treatment options, as well as increased prevention through school-based programming for youth. Participants would like to see a streamlined process for receiving services, increased services and support for marginalized populations, more prevention programs for youth. At a policy level, participants suggest advocating for state and federal funding to support the creation of in-patient and outpatient facilities, building local and state partnerships, and additional funding to improve service delivery with vulnerable populations, especially youth.

Education and Training

Participants recommended increasing community education about available services and treatment options for residents. Some suggestions included maintaining an up-to-date and easily accessible repository of information, greater advertising of recovery centers and support groups, developing "quick reference cards" on service options with contact information, and building social media campaigns. Building community partnerships with local organizations are essential for raising awareness. For example, when emergency medical services are called to respond to an overdose, they could provide brochures and information for the patient and family to follow up with service providers. Counties could also partner with schools to incorporate long-term prevention programs into the curriculum and also supply ongoing educational materials related to substance use. Education could also reduce the stigma of seeking assistance.

Service Delivery

Most need assessment participants agreed there should be more services and prevention for community members, particularly youth. Service providers should offer more telehealth options, provide therapeutic groups, offer reactive and preventative programs, add more recreational and social activities for young people to keep them engaged and aware of substance abuse, increase transitional programs, and create a safe space for youth to speak with trusted adults. In addition, service providers should create more support groups to assist vulnerable populations, including people with disabilities, LEP individuals, teenagers, LGBTQI youth. To improve service delivery, participants recommended streamlining the process of receiving services, collaborating with faith leaders as a point of contact and support, increasing telehealth options, and offering flexible appointment times with evening and weekend appointments. To reduce transportation barriers, service providers could increase the number of mobile response units, increase out-of-county transportation options, and expand hours of operation. Another idea was to provide on-demand transportation to immediately link a consumer to treatment as soon as they agree to participate.

Policy

Policy recommendations included advocating for additional programming and funding. Participants believed it was important to advocate for state and federal funding to support in-patient and outpatient facilities, create county-owned detox centers, residential services, and Medicaid available beds statewide, multiple treatment services, peer-to-peer services, drug courts, adolescent services, transitional services, and drop-in treatment centers. Some participants advocated for substance assistance counselors in all middle and high schools. Financial assistance should be provided, particularly for low-income individuals, including payment plans or paycheck deductions. Participants also recommended developing a comprehensive, organized continuum of services and support, including clear and concrete strategies for prevention, early intervention, treatment, and recovery for youth and adults. Moreover, certifying all provider points of access to the system of care are capable of determining Presumptive Eligibility for Medicaid. Increasing collaboration between DCF and Department of Mental Health and Addiction Services was also believed to be essential to address community needs.

Domestic Violence Services

Two counties selected domestic violence services as a priority need area. Recommendations for domestic violence services included providing training and education to community residents and service providers to increase awareness of domestic violence and referral resources. In addition to community outreach, participants suggested developing a comprehensive system, hiring more bilingual staff, and increasing accommodations for victims of domestic violence. Participants also wanted to see increased funding to serve the various needs of victims of domestic violence, increased collaboration between human service providers, and additional batterer intervention programs.

Education and Training

Participants recommended providing community education on domestic violence services for residents, including education about resources, laws, and anonymity for accessing domestic violence services. There should be a comprehensive system for cataloging and promoting resources. Education on domestic violence should be prioritized for teens and individuals with special needs. Existing domestic violence service providers could lead community outreach. For example, service providers could increase visibility in the community by attending town council meetings to educate the community or accessing houses of worship to help spread awareness of services. Some participants advocated for developing more one-stop centers similar to the Empowerment Center and by utilizing the Family Success Centers (and Mobile unit) to disseminate more domestic violence-related information and resources. Awareness training should also be provided to professionals regarding identification, sensitivity, and referral processes. Front line workers would also benefit from training on how to identify and support victims of domestic violence.

Service Delivery

In order to improve service delivery, participants recommended county-wide information sharing for domestic violence services. Service providers should seek more translators and/or bilingual employees to provide assistance and better connect with victims. There should also be more accommodations for victims of domestic violence with mental health and substance use issues.

Policy

Participants recommended increasing funding for training, education, and safety planning, and relocation efforts. Participants also suggested advocating for expanded service delivery, including increasing short-term living arrangements, increasing the number of batter intervention programs throughout the state. Counties need more services to support victims of domestic violence who have children, including supportive housing and transportation. Participants proposed increasing benefits for victims of domestic violence to gain self-sufficiency. For example, creating domestic violence agencies that directly provide counseling, legal assistance, and employment resources. Participants also raised building partnerships between service providers to support victims of domestic violence, such as partnering with boards of social services, housing agencies, healthcare providers, and law enforcement and courts. Establishing a joint committee to research and disseminate best practices in risk assessment and safety planning was another important recommendation.

Parenting Skills Services

Only one county selected parenting skills services as a priority need area. For parenting skills services, participants recommended providing more resources and course offerings to parents throughout the community. Service providers should expand programming and support to be tailored to the needs of individual parents, provide incentives for families to engage in programming, and increase bilingual staff. Recommendations at the policy level included building community collaborations, increasing funding to offset costs for participation and child care.

Education and Training

Needs assessment participants recommended providing more education for parents in the community about existing services. For example, counties could advertise service information in local libraries. Community outreach on available parenting skills services should target young parents, new parents, and LEP families.

Service Delivery

Participants believed counties could improve service delivery by building more programming for parents. For example, providing education to early parental parenting for parents or soon-to-be parents, providing resources and courses for LEP families, offering "Parenting 101" type of services, and coordinating programming that could be tailored to a parent's individual situation. There is also a need to create classes for single fathers and men. In addition, provide peer-led groups to engage participants by making them feel supported and better connected to those with lived experiences. Another example was to engage pregnant women in the community. Providing incentives to attend parenting classes was another suggestion. Participants recommended offering virtual classes with food deliveries to promote greater participation from families. Increasing the number of translators for in-class support may also incentivize LEP families to participate.

Policy

Recommendations for policy included increasing access to parenting skills services by collaborating with Family Success Centers, providing funding for parenting classes and costs for child care, and providing financial incentives to attend parenting skills classes. Participants also recommended creating a "pipeline for success" by using a community-by-community approach to coordination and the development of an integrated system. Similarly, participants advised using a strength-based approach to re-frame service names and using provision methods to reduce stigma for accessing services.

Legal and Advocacy Services

Participants provided a few recommendations for legal and advocacy services, although legal and advocacy services were not selected by any counties as a priority need area. These included providing information and support to help consumers better understand laws, policies, and legal processes. Counties could improve service delivery through increased pro bono services and resources in multiple languages. Participants also advocated increasing financial support for residents in need of legal and advocacy services.

Education and Training

To increase awareness of legal and advocacy services, participants recommended organizing awareness campaigns about local programs. Resources should also be made available in multiple languages for LEP individuals. Participants also recommended developing a list of pro bono attorneys available to help people who do not meet eligibility requirements for legal services. Communities could coordinate local forums where attorneys could provide guidance on evictions, bankruptcy issues, and other legal actions. Counties could also provide local service providers to learn about legal and advocacy services available in the community to assist their clients.

Service Delivery

Participants recommended building service capacity to ensure more timely responses from legal and advocacy services. Legal and advocacy service providers could also build support to guide residents in completing legal paperwork and accessing services.

Policy

Participants believed advocating for more funding was integral to improving access to legal and advocacy services. More funding would enable New Jersey residents to consult with lawyers free of cost and increase legal support services to low-income residents. Participants also recommended revising the sliding fee and pro bono income scales to build access for residents in need of legal and advocacy services.

Limitations

Despite the rich data provided in this study, there are several limitations to the interpretation of the results and conclusions. Some limitations are related to the series of unique challenges in implementing the needs assessment due to the COVID-19 pandemic. Activities were impacted by the COVID-19 pandemic starting in March 2020, when Governor Murphy declared a state of emergency and implemented social distancing guidelines as proposed by the Centers for Disease Control and Prevention to contain the spread of the virus. This public health crisis largely impacted recruitment, administration, and data collection. Implementation of the needs assessments also varied by county.

The COVID-19 shutdown impacted the HSAC needs assessments in multiple areas, from sampling and recruitment to survey and focus group design and implementations. Sampling and recruitment challenges occurred as some community members did not have access to technology and were inadvertently left out. Thus, the sampled populations may not be representative of the target populations of each county. This impacts the generalizability from the sample to the general population of the state. Survey implementation varied as County HSACs inputted the survey questionnaire into their own web-based survey using SurveyMonkey or Qualtrics, some modified survey questions (e.g., adding or removing question items). For example, Union County did not administer many of the items (as seen in the appendices, data is missing for this county across multiple areas); thus, the results and conclusions may be less relevant to this county. Focus groups were also unable to be implemented as planned. Focus groups were planned to follow directly after survey administration to inform discussions, but surveys were often administered separately from the focus groups. Focus groups and key informant interviews were also moved from an in-person to a virtual design as a result of the COVID-19 pandemic. County HSACs conducted their focus group session via Microsoft Teams, WebEx, Zoom, or telephone. Some community members were not able to participate due to a lack of access to technology devices or internet service. Despite using a structured question guide, the conversations during focus groups could have also shifted as a result of pressing issues resulting from the public health crisis.

Sampling methods varied greatly by county, which may introduce bias in the samples and reduce generalizability to the target populations. For example, Essex was the only county that attempted to randomly select participants for each focus group from across the county. Across all counties, 79% of the needs assessment participants were female, and 59% of participants had a college or graduate degree. These are both much higher percentages than the demographics for New Jersey, indicating that the sampled participants are generally not representative of the county communities or the state as a large.

Recruiting methods also varied by County HSAC. For example, Bergen County recruited participants from county departments and boards while Essex County used a mass social media campaign, and responses from these different communities might not be directly comparable to each other (although results did find consensus across counties on several barriers and problems). Convenience and snowball sampling were common, with many counties recruiting participants by posting on social media platforms, advertising in local email distributions, publicizing on local websites, or sharing by word of mouth. Some counties used professional and personal connections, which substantially increased their percentage of respondents with postgraduate degrees.

Some County HSACs recruited more participants than others. Overall, 11% of all survey takers and 30% of focus group participants were from Union County, and 61% of all survey takers and 18% of focus group participants were from Passaic County. Thus, around 70% of surveys and 50% of focus groups were completed by respondents from only two of the 21 counties. Averages were taken across each county's

total results to avoid results that favored these two counties (i.e., each county was treated as one unit). However, this approach also limits generalizability as each county's population size is not taken into account.

The survey questions and structure may also impact results and interpretation. One question asked participants to mark all the barriers they thought made it difficult to address a specific need. However, we cannot not know if all participants who left all barriers blank meant that the participant did not think there were any relevant barriers listed, if they did not know, or if they just did not answer the question. The barriers section did not have "no barriers" nor "don't know" options. It also appears there was considerable survey fatigue as many questions were left blank toward the end of the survey, which may have impacted results for domestic violence services, parenting skills services, and legal and advocacy services, as well as to barriers to services. It is unclear if this survey fatigue is related to the approaches used during the COVID-19 shutdown or if the length/structure of the survey may be a general concern and should be re-examined for future administrations.

The County HSAC reports were first submitted to DCF, who then shared the reports with IFF. IFF did not receive the raw transcripts or datasets from each county, which limited the ability to perform advanced analysis or quality assurance checks. IFF was able to perform limited quality assurance checks on each county's needs assessment report, and from this process, several calculation errors and key errors were identified in a number of county reports. It is possible other inaccuracies in the county reports' data may have gone undetected, impacting the accuracy of the synthesized results.

Conclusions

Through a coordinated community approach, the multiple components of the HSAC Needs Assessment identified the strengths and gaps of services throughout the State of New Jersey. This report reviews current services and resources across the 21 counties to advance knowledge, practice, and policy. Findings from this report will inform DCF efforts to better support children and families.

The information synthesized in this report represents input from survey respondents, focus group participants, and key informants across the state. This work has been informed by DCF staff and HSAC and human services staff, as well as Rutgers IFF staff who helped develop and implement the needs assessment measures, instructions, and data profiles. This effort underscores DCF's commitment to examining opportunities for service improvements to assist and empower families to be safe, healthy, and connected and provides a model to other states.

Appendices

Appendix A. Need Area Descriptions

Need Area: Housing

- **Description:** Housing includes the availability of affordable, stable, permanent and acceptable housing. This need area looks at the amount of housing in the county, homeless and eviction rates, and available community supports and services, such as Section 8, subsidy and vouchers, to help individuals and families in need.

Need Area: Food

- **Description:** Food security is the availability of and ability to get nutritional and safe foods This need area looks at whether residents throughout the county have enough food and available community supports to help with food, such as food banks, soup kitchens, food stamps, and WIC.

Need Area: Health Care

- **Description:** Health care service providers give medical care to children and adults. This need area looks at the level of residents in the county with health care needs and the availability of insurance coverage and health care providers to address medical needs.

Need Area: Community Safety

- **Description:** Community safety is being and feeling safe from crime or violence in one's community and public spaces. This need area looks at whether residents throughout the county are safe from crime or violence and the existence of community services to assist with safety, such as police and neighborhood watch.

Need Area: Employment and Career Services

- **Description:** Employment includes having paid work or another way to earn a living. This need area looks at the employment status of county residents, employment opportunities in the county, and the existence of community supports for employment, such as unemployment services and One Stop Centers.

Need Area: Child Care

- **Description:** Childcare services include agencies that provide care and supervision to children and before and after school care programs. This need area looks at whether residents throughout the county need child care and/or before and after school care and the existence of community supports for child care, such as licensed daycare providers and subsidized child care.

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

- **Description:** Kinship services support caregivers who have taken on the responsibility of caring for kin/child of a relative. This need area looks at whether residents require kinship services and the existence of community supports for kin caregivers, such as financial assistance and support groups.

Need Area: Behavioral/Mental Health Services for Children

- **Description:** Child mental health services are services that assess, address, and support the emotional, psychological, and social well-being of children. This need area looks at whether children throughout the county have behavioral/mental health disorders and the existence of community supports to address those needs, such as counseling, therapy and medication management.

Need Area: Behavioral/Mental Health Services for Adults

- **Description:** Adult mental health services include services designed to assess, address and support the emotional, psychological and social well-being of adults. This need area looks at whether adult residents throughout the county have behavioral/mental health disorders, their ability to function, and the existence of community supports to address adult mental health needs, such as counseling, therapy, and medication management.

Need Area: Substance Use Disorder Services

- **Description:** Substance use treatment services include services that provide assessment and supportive treatment for substance use disorders. This need area aims to measure the substance use needs and the existence of community supports to address substance use needs in the county, such as detoxification, medication management, and inpatient and outpatient treatment services.

Need Area: Domestic Violence (DV) Services

- **Description:** 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 looks at how domestic violence impacts residents throughout the county and the existence of community supports that will keep families safe from domestic violence, such as shelters, victim services, and hotlines.

Need Area: Parenting Skills Services

- **Description:** Parenting skills services are programs that aim to improve parenting practices and behaviors and teach age-appropriate child development skills and milestones to parents. This need area looks at whether residents require parenting skills services and the existence of community supports which address parenting, such as parent mentors, support groups, and home visiting programs.

Need Area: Legal and Advisory Services

- **Description:** Legal and advisory services include legal assistance, advocacy, and support in various types of legal matters, including child support and custody, immigration, housing, and eviction, criminal, etc. This need area looks at whether residents throughout the county have unresolved legal issues and the existence of legal and advisory services to assist with those issues, such as Legal Aid, pro bono attorneys, and legal clinics.

Appendix B. Locations of County Need Assessment Source Information

1. 2019-2020 County Data Profile Reports
   a. Location: https://dcfdata.ssw.rutgers.edu/

2. 2019-2020 County HSAC Needs Assessment Reports
   a. Location: https://www.nj.gov/dcf/about/divisions/opma/hsac_needs_assessment.html

3. Guidance and Instruments
   a. Location: https://www.nj.gov/dcf/about/divisions/opma/hsac_needs_assessment.html
   b. DCF Guidance to County HSACs
   c. 2019-2020 Needs Assessment Summary Report Template
   d. Needs Assessment Instruments
      i. Focus Group Protocol
      ii. Interview Protocol
      iii. Survey

Appendix C. Participant Demographics across All 21 Counties

Table C-2. Number of Participants

Participants	Total
Survey Participants Total (number completing each section varied)	4001
Focus Group Participants	1691
Key Informant Interviews	323

Table C-3. Participant's Role in Community

Role in Community	Total
County Resident	4049
Staff or Volunteer with a Community-Based Organization (e.g., Health and Human Services providers, Planning Board Participants)	1168
Staff or Volunteer with a Public Service Organization (e.g., paramedics, fire fighter, police officers, air force, judges)	186
Local Business Owner in the County	174
Community leader and advocate in the county (e.g., hold a volunteer office, clergy, activist)	292
Other	172

Table C-4. Participant's Age

Age	Total
Under 18	139
18-24	179
25-34	487
35-44	1396
45-54	1309
55-64	632
65 and over	289

Table C-5. Participant's Race

Race	Total
American Indian or Alaska Native	36
Asian	234
Black or African American	724
Native Hawaiian or Other Pacific Islander	4
White or Caucasian	2478
Multi-Race (2 or More of the Previous)	272
Other	1053

Table C-6. Participant's Ethnicity

Ethnicity	Total
Hispanic, Latino or Spanish Origins	1726
No Hispanic Latino or Spanish Origins	2842

Table C-7. Participant's Gender

Gender	Total
Female	3873
Male	901
Non-binary, third gender/transgender	13
Prefer Not to Say	67
Other	60

Table C-8. Participant's Education Level

Education Level	Total
Grades Preschool-8	43
Grades 9-12-Non-Graduate	233
High School Graduate or GED	620
High School/GED and Some College/Trade	1050
2 or 4-Year College/Trade School Graduate	1901
Graduate or Other Post-Secondary School	922

Table C-9. Participant's Employment Status

Employment Status	Total
Employed: Full-Time	2612
Employed: Part-Time	468
Unemployed Looking for Work	544
Unemployed-Not Looking for Work	49
Retired	176
Student	50
Self Employed	198
Unable to Work	175

Table C-10. Participant's Number of Years in the Community

Years of Community Membership	Range	Total
How many years have you been a member of this community?	<1-81 years	2068

Table C-11. Participant's Access to Services in the last 2 years

Services Accessed by a Household Member within the last 2 years	Total
Yes	1185
No	3140

Table C-12. Participant's History of Involvement with NJ CP&P

Household Member History of Involvement with NJ Division of Child Protection and Permanency	Total
Yes	285
No	4544

Table C-13. Number of Municipalities Represented

Participants represented the following municipalities	Total
Number of municipalities	399

Appendix D. Top Four Priority Needs by County

Table D-1. Top Four Priority Needs in the Order Selected by County HSACs

County	Priority Need 1	Priority Need 2	Priority Need 3	Priority Need 4
Atlantic	Housing	Employment and Career Services	Crime and Community Safety	Parenting Skills Services
Bergen	Behavioral/Mental Health Services for Children	Behavioral/Mental Health Services for Adults	Housing	Health Care
Burlington	Housing	Behavioral/Mental Health Services for Adults	Behavioral/Mental Health Services for Children	Substance Use Disorder and Prevention Services
Camden	Housing	Behavioral/Mental Health Services for Adults	Behavioral/Mental Health Services for Children	Substance Use Disorder Services
Cape May	Housing	Employment and Career Services	Substance Use Disorder Services	Behavioral/Mental Health Services for Children
Cumberland	Housing	Crime and Community Safety	Behavioral/Mental Health Services for Children	Behavioral/Mental Health Services for Adults
Essex	Housing	Health Care	Substance Use Disorder Services	Domestic Violence
Gloucester	Housing	Health Care	Behavioral/Mental Health Services for Adults	Behavioral/Mental Health Services for Children
Hudson	Housing	Health Care	Behavioral/Mental Health Services for Adults	Substance Use Disorder Services
Hunterdon	Housing	Health Care	Behavioral/Mental Health Services for Children	Behavioral/Mental Health Services for Adults
Mercer	Housing	Behavioral/Mental Health Services for Children	Behavioral/Mental Health Services for Adults	Crime and Community Safety
Middlesex	Housing	Health Care	Behavioral/Mental Health Services for Children	Domestic Violence
Monmouth	Housing	Health Care	Behavioral/Mental Health Services for Adults	Substance Use Disorder and Prevention Services
Morris	Housing	Health Care	Behavioral/Mental Health Services for Adults	Behavioral/Mental Health Services for Children
Ocean	Food	Housing	Substance Use Disorder Services	Behavioral/Mental Health Services for Children
Passaic	Housing and Poverty	Substance Use Disorder and	Crime and Community Safety	Isolation*

		Prevention Services		
Salem	Employment and Career Services	Housing	Behavioral/Mental Health Services for Adults	Transportation*
Somerset	Food	Housing	Behavioral/Mental Health Services for Children	Substance Use Disorder Services
Sussex	Housing	Health Care	Behavioral/Mental Health Services for Adults	Behavioral/Mental Health Services for Children
Union	Housing	Employment and Career Services	Substance Use Disorder Services	Behavioral/Mental Health Services for Adults
Warren	Housing	Employment and Career Services	Behavioral/Mental Health Services for Adults	Behavioral/Mental Health Services for Children

**Categories other than recommended need areas*

Appendix E. Priorities for Basic Needs by County: Frequencies

Table E-1. Frequency of Priorities for Basic Needs Selected by 21 County HSACs

County	Housing	Food	Health Care	Community Safety	Employment and Career Services	Child Care
Atlantic	✓			✓	✓	
Bergen	✓		✓			
Burlington	✓					
Camden	✓					
Cape May	✓				✓	
Cumberland	✓			✓		
Essex	✓		✓			
Gloucester	✓		✓			
Hudson	✓		✓			
Hunterdon	✓		✓			
Mercer	✓			✓		
Middlesex	✓		✓			
Monmouth	✓		✓			
Morris	✓		✓			
Ocean	✓	✓				
Passaic	✓	✓		✓		
Salem	✓				✓	
Somerset	✓	✓				
Sussex	✓		✓			
Union	✓				✓	
Warren	✓				✓	
Total	**21**	**3**	**9**	**4**	**5**	**0**

Appendix F. Priorities for Specialized Service Needs by County: Frequencies

Table F-1. Frequency of Priorities for Specialized Service Needs Selected by 21 County HSACs

County	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 and Prevention Services	Domestic Violence Services	Parenting Skills Services	Legal and Advocacy Services
Atlantic						✓	
Bergen		✓	✓				
Burlington		✓	✓	✓			
Camden		✓	✓	✓			
Cape May		✓		✓			
Cumberland		✓	✓				
Essex				✓	✓		
Gloucester		✓	✓				
Hudson			✓	✓			
Hunterdon		✓	✓				
Mercer		✓	✓				
Middlesex		✓			✓		
Monmouth			✓	✓			
Morris		✓	✓				
Ocean		✓		✓			
Passaic				✓			
Salem			✓				
Somerset		✓		✓			
Sussex		✓	✓				
Union			✓	✓			
Warren		✓	✓				
Total	**0**	**14**	**14**	**10**	**2**	**1**	**0**

Appendix G. Barriers by Basic Need Areas – Percentages by County

Table G-1. Average Percentage of Participants who Selected ‘Lack of Awareness of Service’ as a Barrier

Barrier: Lack of Awareness of Service	
Need Area	**Average Percentage**
Housing	58%
Food	56%
Employment and Career Services	57%
Health Care	49%
Community Safety	47%
Child Care	43%
Average ‘Lack of Awareness of Service’	**52%**

Table G-2. Average Percentage of Participants who Selected ‘Transportation’ as a Barrier

Barrier: Transportation	
Need Area	**Average Percentage**
Housing	51%
Food	60%
Employment and Career Services	53%
Health Care	52%
Community Safety	23%
Child Care	46%
Average ‘Transportation’	**48%**

Table G-3. Average Percentage of Participants who Selected ‘Wait Lists’ as a Barrier

Barrier: Wait Lists	
Need Area	**Average Percentage**
Housing	61%
Food	16%
Employment and Career Services	21%
Health Care	33%
Community Safety	11%
Child Care	42%
Average ‘Wait Lists’	**31%**

Table G-4. Average Percentage of Participants who Selected ‘Cultural Barriers’ as a Barrier

Barrier: Cultural Barriers	
Need Area	**Average Percentage**
Housing	30%
Food	23%
Employment and Career Services	28%
Health Care	28%
Community Safety	36%
Child Care	24%
Average ‘Cultural Barriers’	**28%**

Table G-5. Average Percentage of Participants who Selected 'Stigma Leads to Avoidance' as a Barrier

Barrier: Stigma Leads to Avoidance	
Need Area	**Average Percentage**
Housing	32%
Food	34%
Employment and Career Services	19%
Health Care	24%
Community Safety	29%
Child Care	9%
Average 'Stigma Leads to Avoidance'	**25%**

Table G-6. Average Percentage of Participants who Selected 'Services Provided are One-Size Fits All, and Don't Meet Individual Needs' as a Barrier

Barrier: Services Provided are One-Size Fits All, and Don't Meet Individual Needs	
Need Area	**Average Percentage**
Housing	29%
Food	21%
Employment and Career Services	23%
Health Care	22%
Community Safety	20%
Child Care	22%
Average 'Services Provided are One-Size Fits All, and Don't Meet Individual Needs'	**23%**

Table G-7. Average Percentage of Participants who Selected 'Too Expensive' as a Barrier

Barrier: Too Expensive	
Need Area	**Average Percentage**
Housing	31%
Food	8%
Employment and Career Services	6%
Health Care	32%
Community Safety	7%
Child Care	48%
Average 'Too Expensive'	**22%**

Table G-8. Average Percentage of Participants who Selected 'Services Do Not Exist' as a Barrier

Barrier: Services Do Not Exist	
Need Area	**Average Percentage**
Housing	29%
Food	13%
Employment and Career Services	20%
Health Care	22%
Community Safety	20%
Child Care	23%
Average 'Services Do Not Exist'	**21%**

Table G-9. Average Percentage of Participants who Selected 'Eligibility Requirement' as a Barrier

Barrier: Eligibility Requirement	
Need Area	**Average Percentage**
Housing	35%
Food	16%
Employment and Career Services	15%
Health Care	24%
Community Safety	7%
Child Care	22%
Average 'Eligibility Requirement'	**20%**

Table G-10. Average Percentage of Participants who Selected 'Cannot Contact the Service Provider' as a Barrier

Barrier: Cannot Contact the Service Provider	
Need Area	**Average Percentage**
Housing	21%
Food	15%
Employment and Career Services	17%
Health Care	23%
Community Safety	11%
Child Care	9%
Average 'Cannot Contact the Service Provider'	**16%**

Table G-11. Average Percentage of Participants who Selected 'Other' as a Barrier

Barrier: Other	
Need Area	**Average Percentage**
Housing	14%
Food	11%
Employment and Career Services	13%
Health Care	12%
Community Safety	14%
Child Care	12%
Average 'Other'	**13%**

Appendix H. Barriers by Specialized Service Needs – Percentages by County

Table H-1. Average Percentage of Participants who Selected 'Lack of Awareness of Service' as a Barrier

Barrier: Lack of Awareness of Service	
Need Area	**Average Percentage**
Services for Families Caring for a Child of a Relative	59%
Behavioral/Mental Health Services for Children	57%
Behavioral/Mental Health Services for Adults	57%
Substance Use Disorder and Prevention Services	52%
Domestic Violence Services	56%
Parenting Skills Services	60%
Legal and Advocacy Services	57%
Average 'Lack of Awareness of Service'	**57%**

Table H-2. Average Percentage of Participants who Selected 'Transportation' as a Barrier

Barrier: Transportation	
Need Area	**Average Percentage**
Services for Families Caring for a Child of a Relative	26%
Behavioral/Mental Health Services for Children	44%
Behavioral/Mental Health Services for Adults	49%
Substance Use Disorder and Prevention Services	46%
Domestic Violence Services	37%
Parenting Skills Services	33%
Legal and Advocacy Services	33%
Average 'Transportation'	**38%**

Table H-3. Average Percentage of Participants who Selected 'Stigma Leads to Avoidance' as a Barrier

Barrier: Stigma Leads to Avoidance	
Need Area	**Average Percentage**
Services for Families Caring for a Child of a Relative	14%
Behavioral/Mental Health Services for Children	38%
Behavioral/Mental Health Services for Adults	43%
Substance Use Disorder and Prevention Services	44%
Domestic Violence Services	44%
Parenting Skills Services	26%
Legal and Advocacy Services	16%
Average 'Stigma Leads to Avoidance'	**32%**

Table H-4. Average Percentage of Participants who Selected 'Wait Lists' as a Barrier

Barrier: Wait Lists	
Need Area	**Average Percentage**
Services for Families Caring for a Child of a Relative	19%
Behavioral/Mental Health Services for Children	42%
Behavioral/Mental Health Services for Adults	47%
Substance Use Disorder and Prevention Services	40%
Domestic Violence Services	20%
Parenting Skills Services	15%
Legal and Advocacy Services	24%
Average 'Wait Lists'	**30%**

Table H-5. Average Percentage of Participants who Selected 'Cultural Barriers' as a Barrier

Barrier: Cultural Barriers	
Need Area	**Average Percentage**
Services for Families Caring for a Child of a Relative	21%
Behavioral/Mental Health Services for Children	30%
Behavioral/Mental Health Services for Adults	32%
Substance Use Disorder and Prevention Services	28%
Domestic Violence Services	30%
Parenting Skills Services	26%
Legal and Advocacy Services	23%
Average 'Cultural Barriers'	**27%**

Table H-6. Average Percentage of Participants who Selected 'Services Do Not Exist' as a Barrier

Barrier: Services Do Not Exist	
Need Area	**Average Percentage**
Services for Families Caring for a Child of a Relative	23%
Behavioral/Mental Health Services for Children	30%
Behavioral/Mental Health Services for Adults	27%
Substance Use Disorder and Prevention Services	26%
Domestic Violence Services	17%
Parenting Skills Services	22%
Legal and Advocacy Services	23%
Average 'Services Do Not Exist'	**24%**

Table H-7. Average Percentage of Participants who Selected 'Too Expensive' as a Barrier

Barrier: Too Expensive	
Need Area	**Average Percentage**
Services for Families Caring for a Child of a Relative	14%
Behavioral/Mental Health Services for Children	28%
Behavioral/Mental Health Services for Adults	32%
Substance Use Disorder and Prevention Services	28%
Domestic Violence Services	7%
Parenting Skills Services	8%
Legal and Advocacy Services	22%
Average 'Too Expensive'	**20%**

Table H-8. Average Percentage of Participants who Selected 'Services Provided are One-Size Fits All, and Don't Meet Individuals Needs' as a Barrier

Barrier: Services Provided are One-Size Fits All, and Don't Meet Individual Needs	
Need Area	**Average Percentage**
Services for Families Caring for a Child of a Relative	17%
Behavioral/Mental Health Services for Children	23%
Behavioral/Mental Health Services for Adults	24%
Substance Use Disorder and Prevention Services	20%
Domestic Violence Services	16%
Parenting Skills Services	15%
Legal and Advocacy Services	14%
Average 'Services Provided are One-Size Fits All, and Don't Meet Individuals Needs'	**19%**

Table H-9. Average Percentage of Participants who Selected 'Cannot Contact the Service Provider' as a Barrier

Barrier: Cannot Contact the Service Provider	
Need Area	**Average Percentage**
Services for Families Caring for a Child of a Relative	11%
Behavioral/Mental Health Services for Children	19%
Behavioral/Mental Health Services for Adults	17%
Substance Use Disorder and Prevention Services	14%
Domestic Violence Services	14%
Parenting Skills Services	9%
Legal and Advocacy Services	13%
Average 'Cannot Contact the Service Provider'	**14%**

Table H-10. Average Percentage of Participants who Selected 'Eligibility Requirement' as a Barrier

Barrier: Eligibility Requirement	
Need Area	**Average Percentage**
Services for Families Caring for a Child of a Relative	12%
Behavioral/Mental Health Services for Children	15%
Behavioral/Mental Health Services for Adults	17%
Substance Use Disorder and Prevention Services	16%
Domestic Violence Services	9%
Parenting Skills Services	9%
Legal and Advocacy Services	17%
Average 'Eligibility Requirement'	**14%**

Table H-11. Average Percentage of Participants who Selected 'Other' as a Barrier

Barrier: Other	
Need Area	**Average Percentage**
Services for Families Caring for a Child of a Relative	13%
Behavioral/Mental Health Services for Children	12%
Behavioral/Mental Health Services for Adults	10%
Substance Use Disorder and Prevention Services	15%
Domestic Violence Services	12%
Parenting Skills Services	11%
Legal and Advocacy Services	13%
Average 'Other'	**12%**

Appendix I. Barriers to Basic Need Areas – Percentages by County

Table I-1. Housing: Percentage of Respondents across 21 Counties who Selected each Barrier (Overall Average Percentage = 36%, Standard Deviation = 11%)

County	Total N	Wait lists	Services do not exist	Transportation	Cannot contact the service provider	Too expensive	Lack of awareness of service	Cultural barriers	Services provided are one-size fits all, and don't meet individual needs	Stigma leads to avoidance	Eligibility requirement	Other
Atlantic	57	54%	21%	39%	11%	19%	40%	26%	23%	33%	23%	25%
Bergen	311	54%	17%	42%	20%	28%	65%	30%	28%	34%	31%	14%
Burlington	280	63%	34%	54%	26%	28%	66%	25%	40%	35%	19%	8%
Camden	133	48%	29%	29%	24%	23%	45%	31%	26%	26%	29%	5%
Cape May	68	68%	38%	60%	19%	50%	57%	25%	38%	28%	18%	15%
Cumberland	143	54%	26%	55%	22%	23%	66%	35%	39%	34%	34%	19%
Essex	57	67%	28%	39%	37%	28%	72%	42%	42%	49%	58%	25%
Gloucester	45	69%	31%	69%	18%	22%	69%	33%	27%	27%	24%	N/A
Hudson	104	64%	25%	34%	29%	38%	59%	38%	30%	24%	35%	46%
Hunterdon	50	64%	44%	68%	28%	54%	66%	42%	38%	52%	54%	8%
Mercer	76	57%	18%	58%	30%	13%	61%	42%	9%	32%	50%	1%
Middlesex	102	73%	32%	71%	25%	34%	62%	44%	29%	46%	35%	9%
Monmouth	98	66%	31%	52%	24%	38%	60%	33%	33%	32%	42%	13%
Morris	72	65%	22%	64%	10%	25%	64%	25%	31%	29%	44%	0%
Ocean	76	72%	34%	63%	28%	39%	70%	36%	42%	45%	46%	12%
Passaic	1221	48%	23%	17%	16%	37%	33%	15%	12%	15%	43%	N/A
Salem	96	64%	39%	56%	20%	60%	48%	23%	44%	26%	28%	4%
Somerset	100	45%	20%	41%	17%	0%	56%	20%	0%	20%	23%	0%
Sussex	78	62%	41%	69%	14%	45%	54%	22%	29%	33%	28%	32%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	62	66%	34%	45%	8%	15%	55%	11%	31%	24%	31%	11%
Average	**N/A**	**61%**	**29%**	**51%**	**21%**	**31%**	**58%**	**30%**	**29%**	**32%**	**35%**	**14%**
Standard Deviation	**N/A**	**8%**	**8%**	**15%**	**7%**	**15%**	**10%**	**8%**	**12%**	**10%**	**12%**	**12%**

Table I-2. Food: Percentage of Respondents across 21 Counties who Selected each Barrier (Overall Average Percentage = 25%, Standard Deviation = 8%)

County	Total N	Wait lists	Services do not exist	Transportation	Cannot contact the service provider	Too expensive	Lack of awareness of service	Cultural barriers	Services provided are one-size fits all, and don't meet individual needs	Stigma leads to avoidance	Eligibility requirement	Other
Atlantic	57	21%	11%	44%	11%	9%	46%	19%	14%	32%	18%	32%
Bergen	276	20%	10%	42%	13%	5%	65%	22%	17%	37%	16%	15%
Burlington	222	22%	18%	63%	16%	9%	60%	17%	32%	36%	13%	5%
Camden	133	14%	16%	41%	16%	9%	45%	20%	20%	20%	20%	3%
Cape May	64	8%	14%	77%	9%	5%	69%	25%	30%	33%	14%	2%
Cumberland	137	17%	10%	64%	16%	9%	58%	25%	24%	26%	16%	12%
Essex	50	16%	12%	68%	18%	8%	66%	22%	32%	34%	26%	14%
Gloucester	44	20%	16%	75%	18%	0%	64%	23%	16%	32%	7%	N/A
Hudson	93	35%	24%	54%	31%	19%	66%	37%	27%	29%	16%	29%
Hunterdon	43	12%	14%	70%	9%	5%	49%	23%	26%	49%	19%	12%
Mercer	76	3%	4%	46%	7%	4%	66%	21%	7%	38%	3%	9%
Middlesex	100	21%	16%	76%	19%	9%	60%	39%	21%	50%	16%	8%
Monmouth	93	19%	10%	56%	9%	5%	47%	27%	17%	28%	15%	12%
Morris	69	7%	7%	62%	7%	4%	52%	17%	12%	38%	13%	4%
Ocean	76	9%	11%	64%	18%	4%	66%	32%	18%	53%	14%	12%
Passaic	1024	22%	12%	20%	12%	26%	34%	15%	14%	17%	40%	N/A
Salem	87	26%	22%	71%	18%	21%	62%	24%	36%	40%	14%	8%
Somerset	100	9%	19%	57%	29%	0%	57%	30%	29%	30%	29%	0%
Sussex	73	15%	12%	89%	11%	11%	55%	14%	18%	38%	7%	12%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	57	7%	7%	65%	4%	2%	44%	11%	11%	25%	12%	12%
Average	**N/A**	**16%**	**13%**	**60%**	**15%**	**8%**	**56%**	**23%**	**21%**	**34%**	**16%**	**11%**
Standard Deviation	**N/A**	**8%**	**5%**	**16%**	**7%**	**7%**	**9%**	**7%**	**8%**	**9%**	**8%**	**9%**

Table I-3. Health Care: Percentage of Respondents across 21 Counties who Selected each Barrier (Overall Average Percentage = 29%, Standard Deviation = 9%)

County	Total N	Wait lists	Services do not exist	Transportation	Cannot contact the service provider	Too expensive	Lack of awareness of service	Cultural barriers	Services provided are one-size fits all, and don't meet individual needs	Stigma leads to avoidance	Eligibility requirement	Other
Atlantic	57	33%	11%	42%	18%	23%	46%	18%	16%	28%	19%	25%
Bergen	259	27%	20%	39%	20%	32%	61%	29%	22%	29%	22%	17%
Burlington	216	41%	29%	53%	28%	37%	56%	29%	38%	30%	11%	5%
Camden	133	25%	16%	39%	17%	30%	38%	27%	19%	19%	18%	3%
Cape May	64	41%	39%	70%	22%	52%	56%	27%	23%	23%	17%	0%
Cumberland	126	29%	21%	52%	21%	30%	47%	34%	28%	21%	27%	12%
Essex	46	35%	26%	46%	33%	46%	57%	43%	37%	35%	33%	13%
Gloucester	42	33%	24%	67%	24%	24%	48%	29%	29%	17%	12%	N/A
Hudson	96	38%	23%	44%	34%	42%	49%	36%	27%	22%	33%	39%
Hunterdon	46	33%	30%	63%	11%	46%	48%	39%	22%	35%	37%	17%
Mercer	71	30%	15%	52%	15%	21%	59%	25%	3%	8%	20%	3%
Middlesex	100	38%	22%	66%	28%	37%	49%	35%	27%	30%	31%	9%
Monmouth	92	37%	16%	41%	33%	16%	49%	29%	18%	17%	22%	17%
Morris	67	24%	16%	48%	12%	21%	58%	25%	10%	27%	22%	7%
Ocean	75	44%	20%	68%	28%	44%	57%	27%	20%	39%	32%	9%
Passaic	993	30%	15%	18%	17%	42%	33%	16%	16%	13%	49%	N/A
Salem	76	34%	32%	68%	33%	38%	49%	30%	29%	28%	17%	4%
Somerset	100	26%	7%	37%	26%	0%	44%	29%	3%	21%	26%	1%
Sussex	73	48%	36%	78%	19%	47%	44%	25%	30%	22%	16%	19%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	55	18%	13%	55%	15%	22%	38%	13%	16%	16%	18%	20%
Average	**N/A**	**33%**	**22%**	**52%**	**23%**	**32%**	**49%**	**28%**	**22%**	**24%**	**24%**	**12%**
Standard Deviation	**N/A**	**7%**	**8%**	**15%**	**7%**	**13%**	**8%**	**7%**	**10%**	**8%**	**10%**	**10%**

Table I-4. Community Safety: Percentage of Respondents across 21 Counties who Selected each Barrier (Overall Average Percentage = 21%, Standard Deviation = 8%)

County	Total N	Wait lists	Services do not exist	Transportation	Cannot contact the service provider	Too expensive	Lack of awareness of service	Cultural barriers	Services provided are one-size fits all, and don't meet individual needs	Stigma leads to avoidance	Eligibility requirement	Other
Atlantic	56	14%	13%	9%	9%	4%	39%	34%	13%	34%	9%	32%
Bergen	250	11%	9%	12%	10%	4%	49%	37%	22%	30%	6%	16%
Burlington	155	15%	26%	32%	14%	14%	63%	30%	28%	32%	6%	3%
Camden	133	14%	17%	23%	11%	11%	36%	28%	25%	25%	10%	5%
Cape May	55	2%	22%	35%	7%	9%	60%	38%	16%	24%	2%	7%
Cumberland	124	9%	21%	21%	15%	11%	46%	44%	24%	34%	8%	22%
Essex	44	2%	23%	5%	16%	2%	41%	52%	18%	41%	2%	20%
Gloucester	34	12%	18%	41%	6%	6%	68%	44%	26%	26%	9%	N/A
Hudson	87	23%	32%	29%	23%	21%	53%	49%	24%	30%	14%	24%
Hunterdon	32	9%	13%	22%	6%	6%	34%	47%	16%	22%	6%	13%
Mercer	75	3%	32%	15%	3%	4%	33%	21%	28%	21%	0%	3%
Middlesex	89	22%	19%	36%	13%	12%	54%	46%	24%	33%	7%	13%
Monmouth	89	13%	13%	26%	7%	8%	39%	43%	19%	26%	7%	18%
Morris	67	9%	12%	21%	4%	3%	42%	28%	15%	39%	6%	21%
Ocean	74	5%	15%	20%	12%	4%	47%	47%	14%	35%	5%	19%
Passaic	884	17%	23%	13%	15%	14%	44%	24%	18%	17%	23%	N/A
Salem	64	17%	39%	36%	27%	N/A	52%	33%	36%	34%	8%	9%
Somerset	100	4%	6%	12%	2%	0%	24%	32%	10%	26%	4%	0%
Sussex	53	17%	28%	34%	17%	6%	60%	26%	19%	32%	4%	15%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	49	4%	12%	24%	10%	0%	47%	24%	10%	29%	2%	18%
Average	**N/A**	**11%**	**20%**	**23%**	**11%**	**7%**	**47%**	**36%**	**20%**	**29%**	**7%**	**14%**
Standard Deviation	**N/A**	**6%**	**9%**	**11%**	**7%**	**5%**	**11%**	**9%**	**6%**	**6%**	**5%**	**9%**

Table I-5. Employment and Career Services: Percentage of Respondents across 21 Counties who Selected each Barrier (Overall Average Percentage = 25%, Standard Deviation = 8%)

County	Total N	Wait lists	Services do not exist	Transportation	Cannot contact the service provider	Too expensive	Lack of awareness of service	Cultural barriers	Services provided are one-size fits all, and don't meet individual needs	Stigma leads to avoidance	Eligibility requirement	Other
Atlantic	56	21%	11%	34%	13%	2%	48%	21%	16%	23%	20%	38%
Bergen	240	20%	15%	34%	15%	6%	66%	27%	25%	21%	13%	18%
Burlington	168	29%	27%	57%	17%	7%	68%	24%	27%	20%	8%	2%
Camden	133	21%	14%	46%	17%	11%	37%	25%	23%	23%	12%	4%
Cape May	65	17%	28%	78%	15%	5%	69%	34%	20%	12%	9%	5%
Cumberland	122	18%	25%	56%	18%	9%	60%	25%	27%	14%	20%	21%
Essex	41	24%	20%	41%	24%	0%	73%	44%	24%	20%	20%	22%
Gloucester	38	21%	21%	58%	8%	5%	66%	29%	18%	18%	8%	N/A
Hudson	92	39%	24%	42%	26%	17%	55%	33%	27%	14%	18%	28%
Hunterdon	36	14%	17%	72%	19%	11%	64%	33%	28%	22%	8%	6%
Mercer	76	18%	17%	45%	17%	5%	54%	30%	21%	38%	11%	1%
Middlesex	85	24%	20%	68%	15%	7%	53%	38%	22%	19%	15%	11%
Monmouth	88	15%	10%	49%	14%	9%	51%	25%	17%	11%	14%	16%
Morris	67	19%	18%	54%	18%	4%	63%	33%	21%	25%	18%	6%
Ocean	73	22%	18%	71%	21%	5%	67%	29%	30%	25%	22%	12%
Passaic	821	31%	22%	22%	18%	10%	45%	22%	19%	14%	39%	N/A
Salem	62	21%	35%	66%	23%	11%	55%	29%	35%	18%	6%	5%
Somerset	100	8%	12%	38%	6%	0%	36%	24%	14%	16%	14%	0%
Sussex	66	32%	26%	70%	26%	2%	67%	26%	29%	20%	11%	15%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	49	12%	16%	49%	8%	2%	51%	18%	22%	8%	12%	18%
Average	**N/A**	**21%**	**20%**	**53%**	**17%**	**6%**	**57%**	**28%**	**23%**	**19%**	**15%**	**13%**
Standard Deviation	**N/A**	**7%**	**6%**	**16%**	**5%**	**4%**	**11%**	**6%**	**5%**	**6%**	**8%**	**11%**

Table I-6. Child Care: Percentage of Respondents across 21 Counties who Selected each Barrier (Overall Average Percentage = 27%, Standard Deviation = 9%)

County	Total N	Wait lists	Services do not exist	Transportation	Cannot contact the service provider	Too expensive	Lack of awareness of service	Cultural barriers	Services provided are one-size fits all, and don't meet individual needs	Stigma leads to avoidance	Eligibility requirement	Other
Atlantic	55	29%	5%	24%	7%	35%	29%	15%	20%	22%	9%	33%
Bergen	230	33%	18%	31%	6%	37%	56%	20%	18%	10%	22%	19%
Burlington	143	46%	25%	49%	13%	53%	50%	24%	22%	14%	13%	4%
Camden	133	31%	18%	37%	9%	43%	29%	25%	15%	15%	23%	6%
Cape May	63	63%	49%	73%	6%	71%	49%	29%	30%	3%	6%	3%
Cumberland	117	38%	22%	42%	11%	39%	35%	25%	22%	9%	24%	15%
Essex	39	31%	21%	38%	13%	56%	46%	38%	21%	10%	28%	23%
Gloucester	39	64%	21%	54%	3%	49%	49%	23%	23%	5%	21%	N/A
Hudson	93	53%	27%	45%	24%	54%	51%	38%	24%	15%	33%	29%
Hunterdon	39	49%	18%	64%	8%	59%	44%	26%	23%	5%	38%	10%
Mercer	67	57%	25%	28%	4%	48%	55%	25%	40%	3%	27%	0%
Middlesex	85	48%	31%	61%	20%	59%	51%	36%	22%	13%	27%	8%
Monmouth	84	35%	14%	39%	10%	45%	37%	27%	20%	6%	25%	13%
Morris	67	42%	16%	36%	4%	49%	37%	22%	21%	16%	22%	16%
Ocean	73	45%	19%	53%	5%	45%	45%	25%	23%	10%	23%	15%
Passaic	783	40%	16%	23%	12%	47%	33%	15%	17%	10%	43%	N/A
Salem	61	41%	34%	59%	8%	52%	44%	18%	20%	3%	10%	2%
Somerset	100	30%	22%	34%	2%	0%	30%	24%	20%	4%	18%	0%
Sussex	63	44%	25%	76%	11%	67%	46%	19%	21%	13%	11%	8%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	48	25%	23%	46%	2%	48%	40%	8%	19%	2%	19%	17%
Average	**N/A**	**42%**	**23%**	**46%**	**9%**	**48%**	**43%**	**24%**	**22%**	**9%**	**22%**	**12%**
Standard Deviation	**N/A**	**11%**	**9%**	**16%**	**5%**	**15%**	**9%**	**7%**	**5%**	**5%**	**10%**	**10%**

Appendix J. Barriers to Specialized Service Needs – Percentages by County

Table J-1. Families Caring for a Child of a Relative: Percentage of Respondents across 21 Counties who Selected each Barrier (Overall Average Percentage = 21%, Standard Deviation = 9%)

County	Total N	Wait lists	Services do not exist	Transportation	Cannot contact the service provider	Too expensive	Lack of awareness of service	Cultural barriers	Services provided are one-size fits all, and don't meet individual needs	Stigma leads to avoidance	Eligibility requirement	Other
Atlantic	54	20%	11%	19%	15%	13%	37%	17%	17%	17%	17%	33%
Bergen	223	13%	16%	15%	11%	9%	67%	16%	13%	13%	11%	20%
Burlington	117	29%	32%	33%	21%	19%	74%	27%	21%	18%	6%	3%
Camden	133	16%	19%	21%	17%	8%	44%	20%	16%	16%	12%	2%
Cape May	58	10%	47%	43%	9%	16%	72%	29%	19%	12%	5%	3%
Cumberland	114	14%	28%	20%	11%	12%	59%	21%	20%	14%	11%	18%
Essex	38	16%	29%	16%	3%	13%	63%	26%	18%	13%	11%	24%
Gloucester	34	24%	18%	24%	12%	21%	71%	26%	21%	9%	12%	N/A
Hudson	76	41%	34%	39%	26%	32%	70%	38%	22%	22%	20%	13%
Hunterdon	25	16%	28%	32%	12%	20%	76%	32%	24%	12%	16%	4%
Mercer	69	19%	20%	20%	16%	10%	48%	26%	35%	30%	3%	0%
Middlesex	83	14%	20%	22%	10%	16%	46%	23%	13%	16%	8%	0%
Monmouth	83	17%	12%	20%	8%	13%	54%	17%	14%	8%	11%	12%
Morris	65	11%	11%	15%	0%	8%	57%	9%	3%	5%	2%	29%
Ocean	73	16%	19%	26%	11%	14%	67%	22%	15%	18%	16%	16%
Passaic	667	27%	24%	19%	13%	28%	40%	17%	19%	12%	36%	N/A
Salem	57	26%	35%	42%	12%	0%	61%	21%	19%	9%	21%	5%
Somerset	100	4%	7%	19%	0%	0%	38%	11%	7%	7%	7%	0%
Sussex	57	32%	32%	39%	16%	26%	63%	18%	25%	14%	14%	18%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	43	9%	9%	26%	5%	7%	67%	9%	7%	12%	7%	28%
Average	**N/A**	**19%**	**23%**	**26%**	**11%**	**14%**	**59%**	**21%**	**17%**	**14%**	**12%**	**13%**
Standard Deviation	**N/A**	**9%**	**10%**	**9%**	**7%**	**8%**	**13%**	**7%**	**7%**	**6%**	**8%**	**11%**

Table J-2. Behavioral/Mental Health Services for Children: Percentage of Respondents across 21 Counties who Selected each Barrier (Overall Average Percentage = 31%, Standard Deviation = 10%)

County	Total N	Wait lists	Services do not exist	Transportation	Cannot contact the service provider	Too expensive	Lack of awareness of service	Cultural barriers	Services provided are one-size fits all, and don't meet individual needs	Stigma leads to avoidance	Eligibility requirement	Other
Atlantic	54	28%	15%	24%	7%	22%	33%	20%	13%	31%	9%	33%
Bergen	218	31%	21%	35%	17%	25%	65%	30%	25%	39%	17%	17%
Burlington	126	52%	33%	45%	25%	30%	68%	31%	33%	47%	10%	2%
Camden	133	32%	21%	35%	18%	18%	44%	29%	21%	21%	10%	5%
Cape May	65	52%	48%	49%	22%	40%	69%	34%	29%	38%	8%	3%
Cumberland	110	43%	35%	44%	15%	27%	65%	29%	24%	37%	19%	11%
Essex	37	32%	14%	32%	16%	24%	62%	41%	32%	49%	22%	24%
Gloucester	38	58%	45%	66%	29%	32%	68%	34%	26%	50%	5%	N/A
Hudson	99	54%	29%	39%	28%	33%	58%	40%	19%	34%	18%	26%
Hunterdon	37	59%	35%	49%	19%	49%	62%	46%	27%	51%	22%	11%
Mercer	61	36%	21%	48%	28%	10%	43%	28%	20%	20%	11%	5%
Middlesex	80	46%	34%	46%	20%	28%	60%	44%	21%	50%	16%	8%
Monmouth	82	33%	27%	35%	13%	28%	48%	27%	18%	29%	10%	17%
Morris	65	35%	31%	45%	11%	28%	66%	22%	14%	45%	12%	0%
Ocean	73	48%	37%	49%	19%	32%	66%	38%	25%	60%	23%	12%
Passaic	673	33%	23%	18%	16%	28%	47%	21%	21%	24%	35%	N/A
Salem	59	53%	32%	64%	24%	27%	53%	31%	32%	31%	15%	3%
Somerset	100	18%	22%	32%	16%	4%	32%	26%	16%	36%	10%	0%
Sussex	67	64%	52%	69%	27%	49%	70%	16%	22%	37%	15%	12%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	42	31%	21%	52%	14%	21%	64%	19%	26%	33%	14%	21%
Average	**N/A**	**42%**	**30%**	**44%**	**19%**	**28%**	**57%**	**30%**	**23%**	**38%**	**15%**	**12%**
Standard Deviation	**N/A**	**13%**	**11%**	**13%**	**6%**	**11%**	**12%**	**8%**	**6%**	**11%**	**7%**	**10%**

Table J-3. Behavioral/Mental Health Services for Adults: Percentage of Respondents across 21 Counties who Selected each Barrier (Overall Average Percentage = 32%, Standard Deviation = 9%)

County	Total N	Wait lists	Services do not exist	Transportation	Cannot contact the service provider	Too expensive	Lack of awareness of service	Cultural barriers	Services provided are one-size fits all, and don't meet individual needs	Stigma leads to avoidance	Eligibility requirement	Other
Atlantic	54	35%	9%	30%	6%	33%	44%	15%	15%	33%	11%	24%
Bergen	214	30%	18%	31%	16%	30%	66%	29%	21%	42%	13%	16%
Burlington	173	50%	35%	50%	24%	35%	68%	28%	31%	55%	13%	3%
Camden	133	38%	23%	40%	19%	23%	42%	28%	23%	23%	17%	3%
Cape May	66	61%	39%	64%	23%	44%	70%	33%	32%	48%	8%	6%
Cumberland	109	42%	24%	46%	17%	25%	63%	26%	23%	36%	15%	11%
Essex	36	36%	31%	42%	22%	39%	67%	58%	22%	44%	14%	17%
Gloucester	41	54%	34%	61%	15%	32%	61%	29%	24%	46%	10%	N/A
Hudson	87	62%	30%	46%	28%	41%	64%	55%	24%	45%	16%	20%
Hunterdon	40	55%	20%	63%	15%	50%	55%	38%	23%	50%	23%	13%
Mercer	74	54%	23%	46%	11%	9%	42%	38%	45%	42%	31%	0%
Middlesex	78	49%	24%	64%	26%	37%	60%	47%	19%	58%	15%	0%
Monmouth	82	48%	18%	40%	17%	35%	55%	29%	21%	39%	16%	13%
Morris	64	39%	22%	38%	13%	30%	56%	28%	25%	53%	17%	6%
Ocean	73	59%	25%	55%	15%	42%	64%	38%	32%	62%	27%	10%
Passaic	632	36%	23%	22%	17%	31%	50%	24%	20%	26%	37%	N/A
Salem	58	62%	48%	67%	24%	31%	47%	29%	33%	36%	7%	3%
Somerset	100	34%	20%	42%	10%	8%	40%	44%	20%	42%	14%	0%
Sussex	68	62%	43%	66%	18%	41%	57%	18%	24%	38%	19%	15%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	41	41%	24%	61%	7%	24%	61%	15%	15%	39%	15%	20%
Average	**N/A**	**47%**	**27%**	**49%**	**17%**	**32%**	**57%**	**32%**	**24%**	**43%**	**17%**	**10%**
Standard Deviation	**N/A**	**11%**	**10%**	**14%**	**6%**	**11%**	**10%**	**11%**	**7%**	**10%**	**8%**	**7%**

Table J-4. Substance Use Disorder and Prevention Services: Percentage of Respondents across 21 Counties who Selected each Barrier (Overall Average Percentage = 30% with standard barriers, Standard Deviation = 11%; and 38% for need area-specific* barriers only, Standard Deviation = 15%) (Overall Average Percentage = 31%, Standard Deviation = 11%)

County	Total N	Wait lists	Services do not exist	Transport-ation	Cannot contact the service provider	Too expensive	Lack of awareness of service	Cultural barriers	Services provided are one-size fits all, and don't meet individual needs	Stigma leads to avoidance	Eligibility requirement	Other	Availability of substance abuse prevention programs	Availability of substance use disorder services
Atlantic	53	25%	9%	30%	6%	19%	40%	21%	15%	38%	11%	32%	N/A	N/A
Bergen	212	30%	17%	33%	15%	25%	60%	26%	23%	39%	15%	17%	N/A	N/A
Burlington	140	49%	32%	49%	21%	34%	69%	22%	26%	50%	6%	0%	26%	30%
Camden	133	35%	23%	36%	20%	26%	41%	28%	29%	29%	22%	6%	N/A	N/A
Cape May	63	51%	41%	68%	16%	40%	68%	29%	22%	49%	3%	3%	N/A	N/A
Cumberland	104	27%	19%	45%	12%	21%	64%	22%	19%	40%	13%	15%	N/A	N/A
Essex	36	39%	28%	47%	22%	33%	50%	44%	25%	56%	22%	22%	N/A	N/A
Gloucester	35	46%	34%	54%	6%	37%	66%	26%	29%	60%	11%	N/A	N/A	N/A
Hudson	77	55%	34%	47%	31%	40%	57%	45%	26%	39%	25%	26%	42%	38%
Hunterdon	32	38%	34%	53%	19%	41%	66%	44%	13%	56%	22%	3%	N/A	N/A
Mercer	75	49%	16%	39%	12%	20%	31%	23%	13%	40%	15%	0%	20%	16%
Middlesex	78	46%	32%	55%	19%	28%	59%	32%	22%	51%	14%	0%	N/A	N/A
Monmouth	81	40%	17%	33%	12%	25%	43%	23%	14%	31%	9%	16%	N/A	N/A
Morris	63	44%	19%	38%	6%	24%	49%	24%	14%	44%	16%	13%	N/A	N/A
Ocean	73	51%	26%	56%	12%	30%	36%	29%	27%	58%	30%	10%	36%	41%
Passaic	551	32%	23%	21%	16%	27%	53%	22%	20%	28%	34%	N/A	N/A	N/A
Salem	50	40%	50%	54%	6%	26%	60%	28%	24%	34%	8%	76%	50%	56%
Somerset	100	28%	16%	42%	6%	2%	34%	28%	18%	44%	12%	0%	70%	40%
Sussex	56	43%	29%	75%	21%	38%	54%	21%	16%	59%	14%	9%	N/A	27%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	39	28%	21%	44%	5%	23%	49%	15%	13%	41%	10%	23%	N/A	N/A
Average	**N/A**	**40%**	**26%**	**46%**	**14%**	**28%**	**52%**	**28%**	**20%**	**44%**	**16%**	**15%**	**41%**	**35%**
Standard Deviation	**N/A**	**9%**	**10%**	**13%**	**7%**	**9%**	**12%**	**8%**	**5%**	**10%**	**8%**	**19%**	**18%**	**13%**

Table J-5. Domestic Violence Services: Percentage of Respondents across 21 Counties who Selected each Barrier (Overall Average Percentage = 24%, Standard Deviation = 9%)

County	Total N	Wait lists	Services do not exist	Transportation	Cannot contact the service provider	Too expensive	Lack of awareness of service	Cultural barriers	Services provided are one-size fits all, and don't meet individual needs	Stigma leads to avoidance	Eligibility requirement	Other
Atlantic	53	9%	11%	15%	13%	8%	43%	26%	13%	34%	8%	34%
Bergen	211	18%	10%	23%	9%	7%	64%	36%	14%	49%	6%	16%
Burlington	119	18%	25%	46%	11%	5%	73%	33%	20%	53%	3%	4%
Camden	133	22%	17%	28%	14%	6%	47%	30%	27%	27%	11%	11%
Cape May	58	17%	14%	47%	16%	3%	71%	21%	12%	48%	2%	7%
Cumberland	103	19%	17%	38%	14%	11%	66%	31%	17%	42%	6%	16%
Essex	36	19%	14%	33%	19%	3%	58%	47%	11%	58%	6%	19%
Gloucester	38	26%	24%	53%	13%	11%	68%	24%	29%	42%	8%	N/A
Hudson	79	38%	27%	38%	33%	24%	70%	47%	25%	46%	16%	15%
Hunterdon	32	16%	34%	38%	13%	0%	47%	16%	6%	44%	9%	9%
Mercer	68	7%	6%	16%	24%	1%	22%	37%	24%	22%	7%	1%
Middlesex	77	47%	32%	56%	19%	29%	60%	32%	22%	52%	14%	0%
Monmouth	80	23%	13%	35%	13%	5%	51%	34%	20%	40%	11%	13%
Morris	62	23%	11%	40%	5%	5%	48%	26%	8%	48%	6%	13%
Ocean	73	16%	19%	30%	12%	5%	66%	40%	15%	60%	8%	12%
Passaic	519	20%	23%	15%	17%	14%	58%	27%	22%	27%	29%	N/A
Salem	53	17%	17%	49%	15%	0%	66%	28%	15%	51%	11%	4%
Somerset	100	10%	6%	34%	6%	0%	36%	24%	6%	42%	8%	14%
Sussex	55	18%	13%	53%	9%	5%	58%	25%	7%	62%	7%	9%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	39	21%	5%	51%	3%	0%	49%	18%	8%	38%	10%	23%
Average	**N/A**	**20%**	**17%**	**37%**	**14%**	**7%**	**56%**	**30%**	**16%**	**44%**	**9%**	**12%**
Standard Deviation	**N/A**	**9%**	**8%**	**13%**	**6%**	**8%**	**13%**	**8%**	**7%**	**11%**	**6%**	**8%**

Table J-6. Parenting Skills Services: Percentage of Respondents across 21 Counties who Selected each Barrier (Overall Average Percentage = 21%, Standard Deviation = 8%)

County	Total N	Wait lists	Services do not exist	Transportation	Cannot contact the service provider	Too expensive	Lack of awareness of service	Cultural barriers	Services provided are one-size fits all, and don't meet individual needs	Stigma leads to avoidance	Eligibility requirement	Other
Atlantic	52	27%	15%	15%	6%	10%	37%	17%	13%	35%	12%	31%
Bergen	210	13%	16%	25%	9%	8%	72%	29%	16%	30%	8%	16%
Burlington	110	18%	36%	40%	13%	12%	81%	29%	14%	33%	5%	2%
Camden	133	23%	20%	35%	14%	11%	44%	26%	20%	20%	9%	2%
Cape May	58	5%	29%	48%	5%	3%	78%	31%	19%	26%	2%	3%
Cumberland	103	8%	18%	29%	7%	8%	72%	24%	17%	30%	3%	14%
Essex	35	20%	11%	29%	11%	3%	63%	34%	11%	29%	11%	26%
Gloucester	37	11%	22%	38%	8%	8%	76%	27%	16%	35%	5%	0%
Hudson	76	30%	36%	41%	24%	20%	68%	42%	22%	36%	17%	17%
Hunterdon	26	4%	8%	46%	0%	4%	73%	35%	19%	27%	4%	4%
Mercer	67	13%	31%	33%	3%	3%	45%	13%	6%	24%	21%	9%
Middlesex	77	14%	19%	38%	13%	10%	44%	29%	18%	27%	8%	9%
Monmouth	79	8%	23%	28%	5%	9%	63%	22%	10%	15%	8%	15%
Morris	62	19%	21%	29%	2%	10%	60%	23%	11%	23%	5%	19%
Ocean	72	17%	19%	33%	11%	8%	65%	32%	24%	35%	10%	15%
Passaic	525	22%	27%	16%	12%	15%	55%	23%	21%	17%	27%	0%
Salem	51	16%	33%	45%	10%	N/A	73%	24%	14%	27%	10%	6%
Somerset	100	6%	8%	11%	2%	1%	19%	12%	8%	12%	5%	6%
Sussex	63	19%	17%	56%	11%	11%	56%	22%	16%	32%	8%	6%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	38	11%	26%	32%	11%	0%	58%	21%	11%	13%	5%	18%
Average	**N/A**	**15%**	**22%**	**33%**	**9%**	**8%**	**60%**	**26%**	**15%**	**26%**	**9%**	**11%**
Standard Deviation	**N/A**	**7%**	**9%**	**12%**	**6%**	**5%**	**16%**	**7%**	**5%**	**7%**	**6%**	**9%**

Table J-7. Legal and Advocacy Services: Percentage of Respondents across 21 Counties who Selected each Barrier (Overall Average Percentage = 23%, Standard Deviation = 9%)

County	Total N	Wait lists	Services do not exist	Transportation	Cannot contact the service provider	Too expensive	Lack of awareness of service	Cultural barriers	Services provided are one-size fits all, and don't meet individual needs	Stigma leads to avoidance	Eligibility requirement	Other
Atlantic	52	25%	6%	27%	6%	25%	46%	19%	13%	21%	10%	29%
Bergen	208	16%	16%	21%	11%	16%	71%	22%	13%	18%	12%	16%
Burlington	118	29%	27%	35%	14%	31%	72%	20%	14%	14%	3%	2%
Camden	133	26%	20%	29%	19%	26%	47%	25%	22%	22%	17%	5%
Cape May	58	26%	33%	47%	10%	21%	76%	24%	9%	10%	5%	3%
Cumberland	98	13%	16%	29%	8%	19%	62%	24%	14%	18%	11%	14%
Essex	35	37%	11%	17%	20%	14%	60%	26%	11%	20%	23%	29%
Gloucester	34	21%	32%	41%	24%	32%	71%	24%	26%	21%	12%	N/A
Hudson	75	39%	24%	33%	28%	41%	67%	37%	17%	24%	21%	23%
Hunterdon	31	32%	26%	32%	10%	23%	58%	23%	10%	6%	23%	6%
Mercer	66	8%	30%	26%	12%	14%	30%	18%	11%	23%	24%	0%
Middlesex	77	26%	17%	32%	14%	22%	48%	38%	14%	22%	21%	6%
Monmouth	78	19%	19%	32%	13%	14%	54%	23%	12%	6%	19%	17%
Morris	62	21%	8%	27%	10%	16%	65%	10%	2%	18%	10%	13%
Ocean	72	26%	28%	29%	11%	31%	69%	28%	14%	22%	29%	13%
Passaic	517	27%	23%	15%	16%	30%	54%	21%	16%	15%	32%	N/A
Salem	48	15%	60%	54%	13%	23%	38%	25%	23%	10%	6%	6%
Somerset	100	18%	20%	34%	3%	0%	48%	22%	14%	6%	32%	14%
Sussex	55	38%	29%	58%	18%	33%	65%	24%	24%	22%	20%	9%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	37	14%	19%	32%	0%	11%	49%	14%	8%	8%	19%	24%
Average	**N/A**	**24%**	**23%**	**33%**	**13%**	**22%**	**57%**	**23%**	**14%**	**16%**	**17%**	**13%**
Standard Deviation	**N/A**	**9%**	**12%**	**11%**	**6%**	**9%**	**13%**	**6%**	**6%**	**6%**	**9%**	**9%**

Appendix K. Perceptions of Basic Need Areas – Number and Percentage of Survey Respondents per Question per County

Survey Questions

Q1: There are enough services available in the county to help those who have this need
Q2: Anyone in the county is able to access services
Q3: Services are widely advertised and known by the county
Q4: Services take care, age, gender, ethnicity, and more into account
Q5: Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied)
Q6: Staff are well-trained, knowledgeable and provide good customer service

Likert Scale for Survey Questions

SD: Strongly Disagree
D: Disagree
A: Agree
SA: Strongly Agree
DK: Don't Know

Table K-1. Perceptions of Housing Services – Total Respondents per Survey Question Per County

	Q1	Q2	Q3	Q4	Q5	Q6
Atlantic	57	57	57	57	57	57
Bergen	311	311	311	311	311	311
Burlington	305	301	302	303	303	302
Camden	91	91	91	91	91	89
Cape May	69	69	69	69	69	69
Cumberland	143	143	143	143	143	143
Essex	57	57	57	57	57	57
Gloucester	47	46	46	46	45	45
Hudson	97	98	99	97	96	97
Hunterdon	53	53	53	53	53	10
Mercer	76	76	76	76	76	76
Middlesex	102	102	102	102	102	102
Monmouth	98	98	98	98	98	98
Morris	72	72	72	72	72	72
Ocean	76	76	75	76	76	75
Passaic	1147	1147	1147	1147	1147	1147
Salem	122	122	122	120	122	122
Somerset	100	100	100	100	100	100
Sussex	78	78	78	78	78	78
Union	N/A	N/A	N/A	N/A	N/A	N/A
Warren	62	62	62	62	62	62

Table K-2. Perceptions of Food Services – Total Respondents per Survey Question per County

	Q1	Q2	Q3	Q4	Q5	Q6
Atlantic	57	57	57	57	57	57
Bergen	276	276	276	276	276	276
Burlington	270	270	270	267	269	266
Camden	92	92	92	92	92	92
Cape May	69	69	69	69	69	69
Cumberland	137	137	137	137	137	137
Essex	50	50	50	50	50	50
Gloucester	47	47	47	47	46	47
Hudson	96	95	95	94	94	94
Hunterdon	52	52	52	52	52	52
Mercer	76	76	76	76	76	76
Middlesex	100	100	100	100	100	100
Monmouth	93	93	93	93	93	93
Morris	69	69	69	69	69	69
Ocean	76	76	76	76	76	76
Passaic	1066	1066	1066	1066	1066	1066
Salem	102	102	102	102	102	102
Somerset	100	100	100	100	100	100
Sussex	77	77	76	76	77	77
Union	N/A	N/A	N/A	N/A	N/A	N/A
Warren	57	57	57	57	57	57

Table K-3. Perceptions of Health Care Services – Total Respondents per Survey Question per County

	Q1	Q2	Q3	Q4	Q5	Q6
Atlantic	57	57	57	57	57	57
Bergen	259	259	259	259	259	259
Burlington	256	255	254	255	257	253
Camden	93	93	92	92	93	93
Cape May	68	68	68	68	68	68
Cumberland	126	126	126	126	126	126
Essex	46	46	46	46	46	46
Gloucester	46	46	46	46	46	46
Hudson	94	94	94	93	94	94
Hunterdon	51	51	51	51	51	51
Mercer	71	71	71	71	71	71
Middlesex	100	100	100	100	100	100
Monmouth	92	92	92	92	92	92
Morris	67	67	67	67	67	67
Ocean	75	75	74	75	75	75
Passaic	919	919	919	919	919	919
Salem	89	89	89	89	89	89
Somerset	100	100	100	100	100	100
Sussex	76	75	76	75	76	76
Union	N/A	N/A	N/A	N/A	N/A	N/A
Warren	55	55	55	55	55	55

Table K-4. Perceptions of Community Safety Services – Total Respondents per Survey Question per County

	Q1	Q2	Q3	Q4	Q5	Q6
Atlantic	56	56	56	56	56	56
Bergen	250	250	250	250	250	250
Burlington	247	244	247	243	246	246
Camden	90	90	90	90	90	90
Cape May	68	68	68	68	67	67
Cumberland	124	124	124	124	124	124
Essex	44	44	44	44	44	44
Gloucester	46	46	44	46	46	45
Hudson	94	93	94	94	94	93
Hunterdon	49	49	49	49	49	49
Mercer	75	75	75	75	75	75
Middlesex	89	89	89	89	89	89
Monmouth	89	89	89	89	89	89
Morris	67	67	67	66	67	66
Ocean	74	74	74	74	74	74
Passaic	812	812	812	812	812	812
Salem	78	78	78	78	78	78
Somerset	100	100	100	100	100	100
Sussex	76	76	75	76	76	76
Union	N/A	N/A	N/A	N/A	N/A	N/A
Warren	49	49	49	49	49	49

Table K-5. Perceptions of Employment and Career Services – Total Respondents per Survey Question per County

	Q1	Q2	Q3	Q4	Q5	Q6
Atlantic	56	56	56	56	56	56
Bergen	240	240	240	240	240	240
Burlington	243	241	242	242	241	240
Camden	87	87	86	87	87	87
Cape May	68	68	68	68	68	68
Cumberland	122	122	122	122	122	122
Essex	41	41	41	41	41	41
Gloucester	46	46	46	46	46	46
Hudson	92	92	92	91	92	92
Hunterdon	46	46	46	46	46	46
Mercer	76	76	76	76	76	76
Middlesex	85	85	85	85	85	85
Monmouth	88	88	88	88	88	88
Morris	67	67	67	67	67	66
Ocean	73	73	73	73	73	73
Passaic	746	746	746	746	746	746
Salem	76	76	76	76	76	76
Somerset	100	100	100	100	100	100
Sussex	74	74	74	74	73	74
Union	N/A	N/A	N/A	N/A	N/A	N/A
Warren	49	49	49	49	49	49

Table K-6. Perceptions of Employment and Career Services – Total Respondents per Survey Question per County

	Q1	Q2	Q3	Q4	Q5	Q6
Atlantic	55	55	55	55	55	55
Bergen	230	230	230	230	230	230
Burlington	238	237	237	238	236	235
Camden	92	92	92	92	91	92
Cape May	66	67	67	67	67	67
Cumberland	117	117	117	117	117	117
Essex	39	39	39	39	39	39
Gloucester	47	47	47	47	47	47
Hudson	92	92	91	92	92	91
Hunterdon	46	46	46	46	46	46
Mercer	67	67	67	67	67	67
Middlesex	85	85	85	85	85	85
Monmouth	84	84	84	84	84	84
Morris	67	67	67	67	67	67
Ocean	73	73	73	73	73	72
Passaic	689	689	689	689	689	689
Salem	70	70	70	70	70	70
Somerset	100	100	100	100	100	100
Sussex	74	74	74	74	74	74
Union	N/A	N/A	N/A	N/A	N/A	N/A
Warren	48	48	48	48	48	48

Table K-7. Perceptions of Housing – Percentage of Responses across Likert Scale for each Survey Question by County

County	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK
			Q1					Q2					Q3					Q4					Q5					Q6		
Atlantic	23%	33%	35%	0%	9%	11%	30%	39%	5%	16%	19%	33%	30%	7%	11%	4%	32%	42%	4%	19%	0%	5%	46%	11%	39%	11%	11%	44%	7%	28%
Bergen	20%	33%	23%	7%	16%	18%	30%	33%	6%	13%	20%	40%	23%	4%	13%	5%	18%	36%	9%	32%	4%	11%	41%	10%	34%	5%	13%	42%	10%	30%
Burlington	23%	36%	22%	4%	16%	16%	34%	31%	3%	16%	24%	47%	20%	3%	6%	7%	20%	38%	6%	30%	7%	22%	36%	6%	29%	7%	17%	37%	11%	27%
Camden	42%	40%	11%	0%	8%	34%	46%	14%	0%	6%	31%	47%	12%	1%	9%	15%	28%	26%	4%	26%	14%	25%	26%	2%	32%	11%	23%	34%	2%	30%
Cape May	48%	39%	7%	1%	4%	28%	49%	14%	0%	9%	25%	57%	14%	0%	4%	3%	14%	35%	3%	45%	9%	32%	26%	0%	33%	3%	19%	26%	1%	51%
Cumberland	27%	31%	21%	6%	15%	20%	33 %	26%	8 %	13%	26%	38%	21%	6%	10%	12%	12%	31%	10%	36%	7%	18%	38%	7%	30 %	8 %	17%	36%	9.%	29%
Essex	35%	42%	5%	7%	11%	14%	40%	19%	14%	12%	21%	49%	16%	7%	7%	7%	28%	32%	14%	19%	9%	21%	47%	4%	19%	11%	25%	42%	5%	18%
Gloucester	17%	38%	28%	6%	11%	9%	37%	35%	7%	13%	11%	59%	17%	4%	9%	7%	13%	48%	7%	26%	2%	9%	44%	16%	29%	2%	4%	47%	16%	31%
Hudson	28%	39%	9%	7%	15%	12%	38%	18%	8%	22%	22%	39%	20%	7%	11%	8%	16%	30%	10%	35%	6%	17%	40%	8%	29%	2%	29%	30%	12%	26%
Hunterdon	26%	38%	21%	2%	13%	23%	43%	25%	0%	9%	30%	38%	26%	2%	4%	9%	21%	38%	6%	26%	9%	11%	38%	9%	32%	10%	20%	40%	0%	30%
Mercer	24%	28%	36%	6%	5%	14%	42%	39%	1%	3%	5%	56%	34%	9%	4%	16%	33%	39%	1%	11%	3%	7%	78%	1%	12%	0%	5%	58%	14%	22%
Middlesex	28%	40%	15%	4%	13%	16%	42%	25%	5%	12%	23%	40%	25%	5%	8%	5%	22%	37%	6%	30%	6%	15%	43%	9%	27%	5%	8%	43 %	15%	29%
Monmouth	28%	36%	20%	5%	11%	21%	41%	20%	4%	14%	24%	46%	20%	0%	10%	9%	27%	30%	5%	29%	6%	19%	43%	6%	26%	2%	19%	50%	9%	20%
Morris	24%	39%	29%	1 %	7%	18%	32%	31%	7%	13%	14%	51%	28%	1%	6%	7%	19%	33%	11%	29%	6%	8 %	46%	15%	25%	4%	13%	47%	17%	19%
Ocean	33%	42%	20%	1%	4%	21%	41%	26%	4%	8%	20%	53%	19%	1%	7%	7%	28%	38 %	7%	21%	7%	21%	33%	3%	37%	3%	19%	40%	7%	32%
Passaic	31%	31%	19%	18%	1%	36%	35%	17%	10%	2%	34%	34%	10%	10%	10%	35%	36%	15%	15%	6%	31%	37%	17%	11%	6%	37%	27%	20%	7%	10%
Salem	30%	26%	18%	14%	12%	26%	30%	20%	11%	14%	18%	34%	21%	6%	22%	10%	23%	39%	11%	18%	14%	27%	32%	5%	23%	11%	19%	33%	8%	29%
Somerset	0%	5%	55%	25%	15%	10%	5%	45%	20%	20%	0%	25%	40%	15%	20%	10%	25%	45%	10%	10%	0%	5%	60%	15%	20%	0%	0%	60%	25%	15%
Sussex	19%	42%	21%	%	17%	17%	36%	28%	3%	17%	19%	38%	33%	3%	6%	1 %	9%	40%	9%	41%	1%	13%	46%	14%	26%	3%	10%	44%	17%	27%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	24 %	37%	21%	5%	13%	18%	27%	32%	10%	13%	23%	35%	26%	6%	10%	16%	16%	29%	6%	32 %	6%	8 %	44%	16%	26%	6 %	3%	42%	23%	26%
AVERAGES	**27%**	**35%**	**22%**	**6%**	**11%**	**19%**	**36%**	**27%**	**6%**	**12%**	**20%**	**43%**	**23%**	**5%**	**9%**	**10%**	**22%**	**35%**	**8%**	**26%**	**7%**	**17%**	**41%**	**8%**	**27%**	**7%**	**15%**	**41%**	**11%**	**26%**
STANDARD DEVIATION	**10%**	**8%**	**11%**	**6%**	**5%**	**7%**	**9%**	**9%**	**5%**	**5%**	**8%**	**9%**	**8%**	**4%**	**5%**	**7%**	**7%**	**7%**	**4%**	**10%**	**7%**	**9%**	**13%**	**5%**	**8%**	**8%**	**8%**	**10%**	**7%**	**8%**

Table K-8. Perceptions of Food – Percentage of Responses across Likert Scale for each Survey Question by County

County	Q1					Q2					Q3					Q4					Q5					Q6				
	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK
Atlantic	7%	26%	51%	11%	5%	4%	33%	49%	9%	5%	5%	30%	42%	12%	11%	4%	25%	44%	9%	19%	0%	4%	68%	12%	16%	0%	9%	65%	9%	18%
Bergen	9%	28%	35%	9%	19%	8%	25%	38%	11%	19%	11%	38%	28%	7%	16%	4%	18%	39%	6%	32%	3%	8%	43%	11%	36%	3%	9%	42%	11%	35%
Burlington	8%	27%	39%	9%	18%	9%	23%	47%	6%	15%	14%	42%	28%	4%	11%	5%	17%	46%	5%	27%	3%	13%	46%	6%	32%	4%	12%	47%	9%	28%
Camden	13%	27%	41%	13%	5%	9%	38%	37%	12%	4%	13%	33%	39%	10%	4%	10%	23%	32%	11%	25%	8%	10%	54%	10%	19%	5%	16%	51%	10%	17%
Cape May	6%	38%	42%	1%	13%	7%	33%	46%	1%	12%	4%	51%	36%	0%	9%	7%	22%	30%	3%	38%	0%	13%	54%	4%	29%	0%	9%	48%	6%	38%
Cumberland	11%	21%	42%	13%	13%	14%	18%	41%	11%	16%	14%	35%	31%	8%	12%	12%	10%	30%	9%	39%	6%	7%	47%	10%	30%	4%	9%	52%	7%	28%
Essex	8%	26%	38%	18%	10%	6%	32%	40%	12%	10%	14%	36%	40%	8%	2%	10%	28%	36%	8%	18%	8%	12%	54%	8%	18%	8%	10%	52%	10%	20%
Gloucester	4%	21%	51%	13%	11%	2%	21%	53%	13%	11%	4%	40%	34%	13%	9%	6%	17%	30%	13%	34%	0%	7%	57%	13%	24%	0%	4%	55%	13%	28%
Hudson	13%	38%	26%	10%	14%	8%	36%	35%	7%	14%	13%	41%	26%	9%	11%	4%	23%	30%	11%	32%	2%	18%	44%	6%	30%	3%	27%	37%	9%	24%
Hunterdon	2%	23%	44%	15%	15%	4%	35%	39%	12%	10%	10%	37%	40%	8%	6%	4%	21%	35%	6%	35%	2%	6%	46%	23%	23%	4%	2%	58%	15%	21%
Mercer	4%	18%	49%	5%	24%	4%	41%	36%	1%	18%	4%	41%	34%	4%	17%	5%	39%	28%	1%	26%	5%	12%	36%	25%	22%	0%	8%	49%	20%	24%
Middlesex	9%	37%	33%	10%	11%	5%	30%	43%	9%	13%	10%	31%	43%	7%	9%	4%	22%	41%	5%	28%	1%	12%	55%	13%	19%	2%	7%	52%	15%	24%
Monmouth	6%	17%	55%	8%	14%	4%	24%	46%	9%	17%	9%	34%	41%	4%	12%	9%	22%	35%	5%	29%	0%	9%	53%	10%	28%	1%	7%	58%	9%	25%
Morris	1%	19%	55%	19%	6%	3%	28%	46%	14%	9%	1%	34%	44%	10%	10%	6%	17%	35%	9%	33%	3%	4%	55%	23%	14%	1%	1%	59%	22%	16%
Ocean	1%	30%	39%	17%	12%	3%	36%	39%	17%	5%	8%	42%	29%	16%	5%	5%	24%	32%	17%	23%	3%	5%	47%	21%	24%	4%	12%	42%	20%	22%
Passaic	28%	30%	20%	16%	5%	40%	42%	5%	6%	7%	40%	38%	9%	10%	2%	31%	35%	10%	10%	8%	31%	40%	11%	15%	4%	21%	50%	11%	11%	8%
Salem	20%	32%	25%	10%	14%	22%	30%	27%	10%	12%	10%	38%	27%	12%	14%	10%	17%	38%	16%	20%	5%	17%	46%	6%	26%	4%	16%	44%	10%	27%
Somerset	0%	15%	65%	10%	10%	5%	20%	55%	5%	15%	10%	12%	58%	10%	10%	4%	16%	55%	10%	15%	4%	6%	70%	8%	12%	5%	7%	63%	10%	15%
Sussex	6%	21%	36%	22%	14%	5%	25%	36%	21%	13%	7%	32%	41%	12%	9%	7%	11%	29%	14%	39%	0%	5%	44%	21%	30%	1%	4%	48%	21%	26%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	9%	21%	40%	19%	11%	12%	21%	42%	16%	9%	7%	33%	39%	9%	12%	12%	21%	28%	11%	28%	4%	0%	51%	25%	21%	4%	2%	47%	25%	23%
AVERAGES	**8%**	**26%**	**41%**	**12%**	**12%**	**9%**	**30%**	**40%**	**10%**	**12%**	**10%**	**36%**	**35%**	**9%**	**10%**	**8%**	**21%**	**34%**	**9%**	**27%**	**4%**	**10%**	**49%**	**14%**	**23%**	**4%**	**11%**	**49%**	**13%**	**23%**
STANDARD DEVIATION	**7%**	**7%**	**11%**	**5%**	**5%**	**9%**	**7%**	**11%**	**5%**	**4%**	**8%**	**7%**	**10%**	**4%**	**4%**	**6%**	**7%**	**9%**	**4%**	**8%**	**7%**	**8%**	**12%**	**7%**	**8%**	**5%**	**11%**	**11%**	**6%**	**7%**

Table K-9. Perception of Health Care – Percentage of Responses across Likert Scale for each Survey Question by County

County	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK
			Q1					Q2					Q3					Q4					Q5					Q6		
Atlantic	11%	28%	47%	7%	7%	5%	37%	44%	4%	11%	5%	37%	46%	5%	7%	2%	21%	42%	9%	26%	0%	4%	67%	9%	21%	2%	1%	56%	9%	23%
Bergen	14%	32%	32%	5%	17%	12%	32%	34%	7%	15%	14%	39%	26%	6%	16%	7%	19%	35%	8%	32%	4%	9%	46%	8%	33%	4%	11%	42%	8%	35%
Burlington	15%	33%	34%	7%	12%	14%	29%	37%	7%	13%	15%	43%	28%	6%	9%	7%	19%	42%	4%	28%	4%	18%	44%	7%	28%	7%	15%	45%	9%	25%
Camden	16%	33%	38%	8%	5%	13%	42%	33%	5%	6%	14%	43%	27%	7%	9%	9%	24%	39%	9%	20%	3%	26%	43%	9%	19%	9%	15%	49%	10%	17%
Cape May	15%	38%	43%	1%	4%	15%	49%	32%	1%	4%	12%	47%	31%	1%	9%	3%	22%	30%	3%	43%	4%	9%	60%	4%	22%	6%	12%	51%	3%	28%
Cumberland	16%	29%	35%	9%	12%	17%	29%	30%	9%	14%	18%	24%	41%	5%	12%	13%	8%	37%	8%	34%	7%	8%	46%	10%	29%	7%	9%	48%	8%	28%
Essex	15%	30%	28%	9%	17%	9%	39%	33%	9%	11%	13%	43%	30%	7%	6%	9%	28%	41%	7%	15%	9%	20%	41%	7%	24%	11%	24%	39%	7%	20%
Gloucester	2%	30%	43%	9%	15%	9%	39%	28%	9%	15%	9%	43%	24%	11%	13%	2%	26%	28%	9%	35%	0%	13%	41%	11%	35%	0%	17%	41%	11%	30%
Hudson	12%	36%	37%	5%	10%	10%	37%	34%	5%	14%	12%	37%	30%	7%	14%	6%	25%	31%	6%	31%	2%	21%	49%	6%	21%	1%	30%	39%	9%	21%
Hunterdon	10%	33%	43%	6%	8%	14%	40%	34%	4%	8%	10%	30%	38%	12%	10%	6%	33%	27%	4%	29%	4%	4%	59%	12%	22%	8%	12%	49%	14%	18%
Mercer	15%	25%	34%	3%	23%	25%	41%	15%	1%	17%	15%	51%	10%	0%	24%	11%	37%	28%	3%	21%	7%	6%	54%	4%	30%	7%	10%	48%	7%	28%
Middlesex	11%	35%	33%	3%	18%	14%	36%	31%	3%	15%	12%	35%	27%	4%	22%	6%	20%	32%	10%	32%	4%	9%	42%	15%	29%	2%	10%	46%	12%	29%
Monmouth	11%	29%	40%	8%	12%	12%	27%	37%	9%	15%	12%	41%	37%	0%	10%	8%	26%	34%	5%	27%	4%	9%	49%	8%	30%	4%	9%	55%	7%	25%
Morris	12%	27%	43%	4%	13%	7%	28%	46%	4%	13%	7%	40%	33%	4%	15%	4%	19%	36%	6%	34%	3%	4%	49%	16%	27%	3%	6%	51%	15%	25%
Ocean	15%	33%	33%	5%	13%	15%	33%	39%	5%	8%	16%	35%	32%	5%	11%	9%	16%	40%	7%	28%	3%	9%	48%	16%	24%	3%	9%	47%	19%	23%
Passaic	30%	33%	19%	18%	0%	27%	44%	15%	11%	4%	22%	45%	24%	10%	0%	31%	40%	14%	14%	1%	37%	37%	13%	14%	1%	35%	35%	11%	15%	5%
Salem	19%	36%	31%	8%	7%	20%	30%	34%	9%	8%	17%	38%	29%	8%	9%	10%	14%	52%	9%	14%	7%	24%	44%	7%	19%	5%	22%	43%	10%	20%
Somerset	0%	17%	55%	25%	3%	7%	15%	58%	5%	15%	5%	25%	55%	10%	5%	5%	10%	70%	10%	5%	0%	7%	85%	8%	0%	0%	3%	90%	5%	2%
Sussex	18%	41%	28%	5%	8%	16%	40%	24%	5%	15%	13%	34%	34%	7%	12%	8%	11%	44%	9%	28%	3%	5%	59%	14%	18%	3%	4%	55%	18%	20%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	15%	25%	38%	13%	9%	16%	27%	35%	9%	13%	11%	38%	31%	7%	13%	5%	11%	44%	22%	18%	5%	11%	44%	22%	18%	4%	11%	45%	16%	24%
AVERAGES	**14%**	**31%**	**37%**	**8%**	**11%**	**14%**	**35%**	**34%**	**6%**	**12%**	**13%**	**38%**	**32%**	**6%**	**11%**	**8%**	**21%**	**37%**	**8%**	**25%**	**6%**	**13%**	**49%**	**10%**	**23%**	**6%**	**13%**	**48%**	**11%**	**22%**
STANDARD DEVIATIONS	**6%**	**5%**	**8%**	**5%**	**6%**	**6%**	**8%**	**10%**	**3%**	**4%**	**4%**	**7%**	**9%**	**3%**	**5%**	**6%**	**9%**	**11%**	**4%**	**10%**	**8%**	**9%**	**14%**	**5%**	**9%**	**7%**	**9%**	**14%**	**4%**	**8%**

Table K-10. Perceptions of Community Safety – Percentage of Responses across Likert Scale for each Survey Question by County

County	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK
			Q1					Q2					Q3					Q4					Q5					Q6		
Atlantic	5%	32%	36%	7%	20%	2%	30%	43%	4%	21%	5%	38%	32%	5%	20%	4%	29%	36%	9%	23%	2%	7%	50%	4%	38%	2%	13%	52%	2%	32%
Bergen	4%	16%	52%	9%	19%	5%	14%	54%	8%	18%	6%	27%	38%	7%	22%	4%	16%	40%	8%	33%	2%	5%	46%	10%	37%	4%	10%	47%	8%	32%
Burlington	9%	19%	45%	9%	18%	7%	23%	47%	8%	16%	13%	30%	39%	6%	12%	5%	21%	42%	6%	25%	4%	11%	48%	8%	30%	5%	11%	46%	11%	26%
Camden	8%	46%	33%	6%	8%	6%	43%	39%	4%	8%	14%	49%	28%	2%	7%	9%	33%	34%	4%	19%	4%	21%	39%	2%	33%	8%	21%	43%	2%	26%
Cape May	3%	26%	40%	10%	22%	3%	16%	51%	6%	24%	6%	43%	28%	4%	19%	4%	13%	43%	3%	37%	1%	7%	37%	4%	49%	3%	4%	46%	4%	42%
Cumberland	22%	29%	34%	6%	10%	15%	24%	40%	7%	14%	21%	31%	29%	6%	13%	10%	17%	35%	10%	28%	8%	9%	42%	6%	35%	9%	23%	35%	6%	27%
Essex	16%	48%	30%	0%	7%	11%	36%	41%	5%	7%	11%	43%	36%	0%	9%	18%	25%	32%	2%	23%	14%	23%	34%	2%	27%	14%	27%	34%	5%	20%
Gloucester	0%	20%	57%	11%	13%	0%	17%	57%	9%	17%	0%	30%	45%	9%	16%	4%	22%	33%	7%	35%	0%	7%	52%	11%	30%	0%	11%	53%	11%	24%
Hudson	17%	35%	30%	4%	14%	10%	32%	33%	5%	19%	13%	40%	27%	3%	17%	7%	27%	23%	9%	34%	6%	23%	29%	5%	36%	5%	25%	25%	6%	39%
Hunterdon	4%	4%	43%	22%	27%	4%	10%	43%	18%	24%	6%	14%	39%	14%	27%	10%	12%	22%	10%	45%	4%	0%	39%	14%	43%	6%	6%	31%	18%	39%
Mercer	20%	4%	48%	4%	24%	4%	41%	37%	0%	17%	4%	41%	35%	4%	16%	7%	43%	20%	3%	28%	5%	13%	35%	27%	20%	0%	9%	40%	24%	27%
Middlesex	10%	28%	36%	6%	20%	7%	26%	43%	8%	17%	9%	35%	36%	2%	18%	8%	25%	30%	6%	31%	4%	9%	40%	6%	40%	4%	17%	35%	11%	33%
Monmouth	3%	31%	45%	4%	17%	1%	18%	52%	7%	22%	4%	31%	40%	2%	23%	10%	30%	26%	4%	30%	1%	12%	43%	6%	38%	3%	17%	46%	4%	30%
Morris	1%	9%	62%	16%	12%	3%	12%	61%	13%	10%	1%	16%	51%	10%	21%	5%	18%	38%	6%	33%	1%	4%	55%	13%	25%	2%	8%	59%	11%	21%
Ocean	4%	16%	57%	15%	8%	4%	15%	61%	12%	8%	3%	26%	43%	18%	11%	5%	18%	36%	12%	28%	3%	8%	46%	18%	26%	3%	14%	50%	18%	16%
Passaic	30%	33%	23%	11%	3%	38%	38%	13%	12%	0%	41%	37%	11%	13%	2%	35%	37%	14%	13%	1%	35%	35%	14%	14%	3%	39%	39%	10%	12%	0%
Salem	18%	32%	42%	5%	4%	6%	24%	57%	6%	6%	14%	40%	31%	4%	11%	10%	16%	49%	9%	16%	4%	11%	54%	6%	25%	6%	13%	53%	8%	21%
Somerset	6%	31%	31%	23%	9%	9%	26%	31%	26%	9%	14%	20%	26%	31%	9%	14%	17%	20%	40%	9%	6%	20%	31%	37%	9%	9%	24%	32%	29%	9%
Sussex	7%	17%	54%	9%	13%	3%	21%	51%	11%	14%	7%	29%	44%	8%	12%	4%	16%	37%	12%	32%	1%	7%	50%	14%	28%	1%	13%	49%	13%	24%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	4%	29%	43%	14%	10%	4%	18%	57%	12%	8%	2%	31%	43%	12%	12%	6%	24%	33%	8%	29%	2%	2%	47%	12%	37%	2%	4%	53%	12%	29%
AVERAGES	**10%**	**25%**	**42%**	**10%**	**14%**	**7%**	**24%**	**46%**	**9%**	**14%**	**10%**	**33%**	**35%**	**8%**	**15%**	**9%**	**23%**	**32%**	**9%**	**27%**	**5%**	**12%**	**42%**	**11%**	**30%**	**6%**	**15%**	**42%**	**11%**	**26%**
STANDARD DEVIATIONS	**8%**	**12%**	**11%**	**6%**	**7%**	**8%**	**10%**	**12%**	**6%**	**7%**	**9%**	**9%**	**9%**	**7%**	**6%**	**7%**	**8%**	**9%**	**8%**	**10%**	**8%**	**9%**	**10%**	**9%**	**11%**	**8%**	**9%**	**12%**	**7%**	**10%**

Table K-11. Perceptions of Employment and Career Services – Percentage of Responses across Likert Scale for each Survey Question by County

County	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK
	Q1					Q2					Q3					Q4					Q5					Q6				
Atlantic	7%	25%	52%	5%	11%	5%	30%	46%	5%	13%	13%	27%	38%	5%	18%	5%	23%	45%	5%	21%	2%	9%	50%	4%	36%	2%	13%	50%	7%	29%
Bergen	9%	34%	31%	3%	22%	7%	26%	40%	3%	24%	10%	41%	27%	3%	19%	5%	16%	35%	5%	39%	3%	12%	42%	4%	39%	5%	14%	40%	5%	36%
Burlington	9%	33%	29%	4%	25%	8%	29%	36%	3%	24%	10%	44%	23%	1%	22%	5%	19%	41%	2%	33%	2%	17%	41%	4%	37%	3%	18%	38%	6%	35%
Camden	13%	43%	26%	2%	16%	10%	39%	30%	5%	16%	13%	44%	28%	2%	13%	10%	24%	33%	5%	28%	8%	20%	39%	5%	29%	8%	15%	41%	6%	30%
Cape May	21%	53%	19%	1%	9%	9%	46%	31%	3%	12%	10%	60%	16%	0%	13%	3%	13%	44%	0%	40%	4%	12%	44%	0%	40%	3%	12%	50%	3%	32%
Cumberland	27%	30%	29%	4%	11%	21%	32%	30%	6%	11%	25%	43%	20%	2%	10%	14%	16%	34%	6%	30%	13%	6%	38%	7%	36%	15%	10%	39%	5%	31%
Essex	12%	39%	32%	5%	12%	12%	34%	34%	5%	15%	15%	41%	32%	5%	7%	17%	32%	24%	2%	24%	7%	17%	32%	2%	41%	7%	17%	44%	2%	29%
Gloucester	0%	37%	43%	11%	9%	0%	33%	43%	7%	17%	2%	46%	30%	7%	15%	0%	20%	33%	9%	39%	0%	9%	59%	11%	22%	0%	7%	54%	15%	24%
Hudson	18%	38%	26%	1%	16%	16%	29%	26%	5%	23%	15%	38%	22%	2%	23%	4%	22%	30%	5%	38%	7%	12%	41%	3%	37%	3%	23%	34%	4%	36%
Hunterdon	7%	35%	28%	2%	28%	7%	30%	30%	2%	30%	13%	48%	20%	0%	20%	2%	20%	20%	4%	54%	4%	9%	28%	4%	54%	2%	11%	37%	4%	46%
Mercer	3%	28%	45%	0%	25%	5%	55%	18%	0%	21%	3%	63%	16%	0%	18%	0%	41%	33%	0%	26%	5%	18%	55%	0%	21%	5%	12%	58%	4%	21%
Middlesex	12%	24%	40%	6%	19%	12%	32%	33%	6%	18%	13%	35%	25%	4%	24%	2%	21%	42%	0%	34%	1%	8%	42%	8%	40%	2%	11%	36%	11%	40%
Monmouth	10%	30%	39%	4%	17%	7%	26%	42%	5%	20%	7%	45%	32%	1%	15%	8%	18%	28%	6%	40%	2%	6%	42%	8%	42%	2%	7%	51%	6%	34%
Morris	6%	33%	42%	4%	15%	6%	24%	54%	3%	13%	4%	45%	34%	1%	15%	6%	16%	37%	3%	37%	1%	9%	51%	9%	30%	2%	12%	47%	11%	29%
Ocean	7%	40%	38%	4%	11%	7%	33%	42%	4%	14%	8%	51%	26%	4%	11%	8%	23%	37%	8%	23%	1%	15%	41%	8%	34%	3%	11%	41%	14%	32%
Passaic	38%	38%	17%	16%	1%	39%	39%	11%	12%	0%	35%	35%	14%	13%	4%	35%	33%	16%	16%	0%	38%	39%	12%	10%	1%	39%	39%	11%	11%	0%
Salem	20%	38%	28%	4%	11%	18%	33%	32%	7%	11%	24%	46%	17%	3%	11%	8%	17%	38%	7%	30%	4%	21%	45%	4%	26%	8%	21%	38%	7%	26%
Somerset	16%	30%	24%	16%	14%	24%	21%	29%	18%	8%	32%	22%	22%	19%	5%	11%	31%	17%	31%	9%	13%	13%	13%	13%	13%	11%	17%	39%	31%	3%
Sussex	15%	34%	38%	4%	9%	8%	36%	41%	1%	14%	14%	35%	34%	3%	15%	1%	12%	46%	7%	34%	1%	7%	47%	8%	37%	3%	7%	51%	11%	28%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	8%	39%	41%	2%	10%	10%	29%	47%	4%	10%	8%	53%	29%	4%	6%	6%	22%	25%	6%	31%	2%	8%	49%	10%	31%	2%	12%	45%	10%	31%
AVERAGES	**13%**	**35%**	**33%**	**5%**	**15%**	**12%**	**33%**	**35%**	**5%**	**16%**	**14%**	**43%**	**25%**	**4%**	**14%**	**8%**	**22%**	**33%**	**6%**	**31%**	**6%**	**13%**	**41%**	**6%**	**32%**	**6%**	**14%**	**42%**	**9%**	**29%**
STANDARD DEVIATIONS	**9%**	**7%**	**9%**	**4%**	**7%**	**9%**	**8%**	**10%**	**4%**	**7%**	**9%**	**10%**	**7%**	**5%**	**6%**	**8%**	**7%**	**9%**	**7%**	**12%**	**8%**	**8%**	**12%**	**4%**	**12%**	**9%**	**7%**	**10%**	**6%**	**11%**

Table K-12. Perceptions of Child Care – Percentage of Responses across Likert Scale for each Survey Question by County

County	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK
			Q1					Q2					Q3					Q4					Q5					Q6		
Atlantic	5%	22%	36%	2%	35%	4%	24%	40%	2%	31%	2%	33%	33%	2%	31%	4%	16%	35%	5%	40%	2%	7%	44%	5%	42%	2%	11%	42%	4%	42%
Berge	13%	32%	27%	4%	24%	13%	33%	26%	3%	24%	13%	35%	23%	2%	27%	7%	16%	34%	3%	40%	3%	9%	39%	6%	43%	3%	9%	38%	6%	43%
Burlington	13%	26%	21%	3%	38%	13%	23%	22%	3%	38%	12%	32%	19%	2%	34%	7%	14%	29%	3%	48%	5%	14%	26%	3%	52%	6%	14%	25%	4%	51%
Camden	18%	36%	27%	3%	15%	15%	41%	32%	1%	11%	11%	42%	29%	2%	15%	7%	18%	45%	4%	26%	4%	24%	41%	4%	26%	7%	20%	42%	5%	26%
Cape May	31%	37%	12%	2%	18%	28%	43%	9%	1%	18%	21%	46%	12%	1%	19%	9%	10%	24%	0%	57%	3%	13%	27%	4%	53%	1%	12%	28%	3%	56%
Cumberland	21%	23%	27%	9%	20%	18%	26%	28%	10%	18%	20%	27%	28%	6%	19%	12%	11%	30%	5%	42%	11%	6%	41%	7%	35%	12%	9%	36%	9%	34%
Essex	13%	41%	15%	8%	23%	13%	38%	23%	3%	23%	15%	41%	21%	0%	23%	8%	33%	23%	3%	33%	8%	18%	31%	3%	41%	8%	21%	33%	3%	36%
Gloucester	11%	30%	30%	4%	26%	11%	32%	30%	2%	26%	9%	49%	15%	4%	23%	2%	19%	30%	6%	43%	0%	15%	40%	6%	38%	0%	13%	47%	9%	32%
Hudson	16%	32%	35%	2%	15%	12%	32%	34%	3%	20%	11%	35%	32%	4%	18%	3%	21%	30%	10%	36%	3%	23%	40%	3%	30%	4%	25%	41%	5%	24%
Hunterdon	26%	35%	11%	4%	24%	22%	37%	17%	4%	20%	20%	40%	18%	2%	20%	9%	22%	17%	2%	50%	4%	7%	35%	9%	46%	4%	7%	35%	7%	48%
Mercer	30%	28%	24%	0%	18%	18%	42%	22%	0%	18%	9%	58%	15%	0%	18%	1%	24%	25%	6%	43%	3%	3%	37%	9%	48%	3%	4%	58%	6%	28%
Middlesex	26%	29%	22%	4%	19%	21%	39%	19%	2%	19%	21%	32%	22%	4%	21%	9%	19%	29%	6%	36%	2%	16%	34%	7%	40%	1%	14%	36%	8%	40%
Monmouth	15%	40%	27%	4%	14%	12%	42%	25%	4%	17%	11%	43%	27%	0%	19%	5%	24%	27%	6%	38%	2%	13%	40%	5%	40%	4%	11%	38%	7%	40%
Morris	13%	22%	33%	10%	21%	18%	22%	33%	4%	22%	7%	30%	36%	4%	22%	6%	10%	36%	3%	45%	0%	6%	48%	12%	34%	0%	6%	42%	16%	36%
Ocean	4%	37%	21%	7%	32%	7%	29%	25%	8%	32%	10%	30%	27%	5%	27%	7%	15%	36%	4%	38%	1%	10%	42%	8%	38%	1%	13%	38%	10%	39%
Passaic	31%	31%	20%	20%	0%	35%	35%	14%	13%	3%	33%	39%	13%	12%	3%	35%	35%	11%	16%	4%	35%	35%	15%	15%	0%	36%	36%	15%	15%	0%
Salem	26%	34%	18%	4%	18%	21%	27%	23%	7%	22%	19%	41%	12%	4%	23%	4%	18%	32%	14%	31%	6%	22%	28%	6%	39%	6%	14%	31%	8%	42%
Somerset	27%	19%	5%	35%	14%	35%	14%	5%	32%	14%	30%	22%	5%	32%	11%	30%	14%	5%	49%	3%	14%	24%	14%	46%	3%	8%	24%	16%	48%	3%
Sussex	20%	35%	27%	5%	12%	15%	38%	28%	3%	16%	18%	26%	35%	4%	18%	7%	12%	36%	9%	35%	7%	1%	51%	12%	28%	7%	3%	47%	14%	30%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	15%	38%	23%	2%	23%	8%	35%	27%	4%	25%	6%	54%	19%	3%	19%	6%	15%	38%	6%	35%	2%	8%	42%	13%	35%	2%	12%	31%	12%	44%
AVERAGES	**19%**	**31%**	**23%**	**7%**	**20%**	**17%**	**33%**	**24%**	**5%**	**21%**	**15%**	**38%**	**22%**	**5%**	**21%**	**9%**	**18%**	**29%**	**8%**	**36%**	**6%**	**14%**	**36%**	**9%**	**36%**	**6%**	**14%**	**36%**	**10%**	**35%**
STANDARD DEVIATIONS	**8%**	**6%**	**8%**	**8%**	**9%**	**8%**	**8%**	**8%**	**7%**	**8%**	**8%**	**9%**	**9%**	**7%**	**7%**	**9%**	**7%**	**9%**	**10%**	**13%**	**8%**	**9%**	**10%**	**9%**	**14%**	**8%**	**8%**	**10%**	**10%**	**14%**

Appendix L. Perceptions of Specialized Service Needs – Number and Percentage of Survey Respondents per Question per County

Survey Questions

Q1: There are enough services available in the county to help those who have this need
Q2: Anyone in the county is able to access services
Q3: Services are widely advertised and known by the county
Q4: Services take care, age, gender, ethnicity, and more into account
Q5: Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied)
Q6: Staff are well-trained, knowledgeable and provide good customer service

Likert Scale for Survey Questions

SD: Strongly Disagree
D: Disagree
A: Agree
SA: Strongly Agree
DK: Don't Know

Table L-1. Perceptions of Services for Families Caring for a Child of a Relative – Total Respondents per Survey Question per County

	Q1	Q2	Q3	Q4	Q5	Q6
Atlantic	54	54	54	54	54	54
Bergen	223	223	223	223	223	223
Burlington	230	230	229	228	229	228
Camden	90	90	90	90	90	90
Cape May	67	67	67	66	67	67
Cumberland	114	114	114	114	114	114
Essex	38	38	38	38	38	38
Gloucester	47	47	46	46	46	46
Hudson	93	93	93	91	92	92
Hunterdon	42	41	41	40	40	41
Mercer	69	69	69	69	69	69
Middlesex	83	83	83	83	83	83
Monmouth	83	83	83	83	83	83
Morris	65	65	65	64	65	65
Ocean	73	73	73	72	72	71
Passaic	580	580	580	580	580	580
Salem	65	65	65	65	65	65
Somerset	100	100	100	100	100	100
Sussex	74	74	74	74	74	73
Union	N/A	N/A	N/A	N/A	N/A	N/A
Warren	43	43	43	43	43	43

Table L-2. Perceptions of Behavioral/Mental Health Services for Children – Total Respondents per Question per County

	Q1	Q2	Q3	Q4	Q5	Q6
Atlantic	54	54	54	54	54	54
Bergen	218	218	218	218	218	218
Burlington	230	227	228	226	227	227
Camden	91	91	91	90	91	91
Cape May	67	67	66	67	66	67
Cumberland	110	110	110	110	110	110
Essex	37	37	37	37	37	37
Gloucester	46	46	46	46	46	46
Hudson	93	93	94	93	92	93
Hunterdon	43	43	43	43	42	42
Mercer	61	61	61	61	61	61
Middlesex	80	80	80	80	80	80
Monmouth	82	82	82	82	82	82
Morris	65	65	65	65	65	65
Ocean	73	73	73	73	73	73
Passaic	554	554	554	554	554	554
Salem	66	66	66	66	66	66
Somerset	100	100	100	100	100	100
Sussex	73	72	73	72	73	72
Union	N/A	N/A	N/A	N/A	N/A	N/A
Warren	42	42	42	42	42	42

Table L-3. Perceptions of Behavioral/Mental Health Services for Adults – Total Respondents per Question per County

	Q1	Q2	Q3	Q4	Q5	Q6
Atlantic	54	54	54	54	54	54
Bergen	214	214	214	214	214	214
Burlington	227	226	226	226	225	226
Camden	90	90	90	89	88	90
Cape May	67	66	67	67	67	67
Cumberland	109	109	109	109	109	109
Essex	36	36	36	36	36	36
Gloucester	47	47	47	47	46	47
Hudson	93	91	92	92	92	92
Hunterdon	42	42	42	42	42	42
Mercer	74	74	74	74	74	74
Middlesex	78	78	78	78	78	78
Monmouth	82	82	82	82	82	82
Morris	64	64	64	63	64	64
Ocean	73	73	73	73	73	73
Passaic	521	521	521	521	521	521
Salem	61	61	61	61	61	61
Somerset	100	100	100	100	100	100
Sussex	73	73	73	73	73	73
Union	N/A	N/A	N/A	N/A	N/A	N/A
Warren	41	41	41	41	41	41

Table L-4. Perceptions of Substance Use Disorder & Prevention Services– Total Respondents per Question per County

	Q1	Q2	Q3	Q4	Q5	Q6
Atlantic	53	53	53	53	53	53
Bergen	212	212	212	212	212	212
Burlington	222	222	221	219	222	222
Camden	90	90	89	90	90	90
Cape May	67	67	67	67	67	67
Cumberland	104	104	104	104	104	104
Essex	36	36	36	36	36	36
Gloucester	45	46	46	46	46	46
Hudson	90	90	90	89	89	89
Hunterdon	40	40	40	40	40	40
Mercer	75	75	75	75	75	75
Middlesex	78	78	78	78	78	78
Monmouth	81	81	81	81	81	81
Morris	63	63	63	63	63	63
Ocean	73	73	73	73	73	73
Passaic	469	469	469	469	469	469
Salem	60	60	60	60	60	60
Somerset	100	100	100	100	100	100
Sussex	72	71	72	72	72	72
Union	N/A	N/A	N/A	N/A	N/A	N/A
Warren	39	39	39	39	39	39

Table L-5. Perceptions of Domestic Violence Services – Total Respondents per Question per County

	Q1	Q2	Q3	Q4	Q5	Q6
Atlantic	53	53	53	53	53	53
Bergen	211	211	211	211	211	211
Burlington	214	215	215	215	214	215
Camden	93	93	93	92	92	92
Cape May	67	67	67	67	67	67
Cumberland	103	103	103	103	103	103
Essex	36	36	36	36	36	36
Gloucester	46	46	46	46	45	44
Hudson	90	90	90	90	90	90
Hunterdon	41	41	41	41	40	40
Mercer	68	68	68	68	68	68
Middlesex	77	77	77	77	77	77
Monmouth	80	80	80	80	80	80
Morris	62	61	62	61	62	61
Ocean	73	73	73	73	73	73
Passaic	458	458	458	458	458	458
Salem	57	57	57	57	57	57
Somerset	100	100	100	100	100	100
Sussex	72	72	71	71	71	71
Union	N/A	N/A	N/A	N/A	N/A	N/A
Warren	39	39	39	39	39	39

Table L-6. Perceptions of Parenting Skills Services – Total Respondents per Question per County

	Q1	Q2	Q3	Q4	Q5	Q6
Atlantic	52	52	52	52	52	52
Bergen	210	210	210	210	210	210
Burlington	213	214	211	213	213	212
Camden	92	92	91	91	90	91
Cape May	67	67	67	67	67	67
Cumberland	103	103	103	103	103	103
Essex	35	35	35	35	35	35
Gloucester	46	46	46	46	46	45
Hudson	89	89	89	89	89	88
Hunterdon	40	40	40	40	40	40
Mercer	67	67	67	67	67	67
Middlesex	77	77	77	77	77	77
Monmouth	79	79	79	79	79	79
Morris	62	62	62	62	62	60
Ocean	72	72	72	72	72	72
Passaic	440	440	440	440	440	440
Salem	53	53	53	53	53	53
Somerset	100	100	100	100	100	100
Sussex	72	72	72	72	72	72
Union	N/A	N/A	N/A	N/A	N/A	N/A
Warren	38	38	38	38	38	38

Table L-7. Perceptions of Legal & Advocacy Services – Total Respondents per Question per County

	Q1	Q2	Q3	Q4	Q5	Q6
Atlantic	52	52	52	52	52	52
Bergen	208	208	208	208	208	208
Burlington	208	208	208	208	207	208
Camden	90	90	90	90	90	90
Cape May	67	66	67	67	66	66
Cumberland	98	98	98	98	98	98
Essex	35	35	35	35	35	35
Gloucester	47	47	46	46	47	47
Hudson	89	89	90	89	89	88
Hunterdon	41	41	41	41	41	41
Mercer	66	66	66	66	66	66
Middlesex	77	77	77	77	77	77
Monmouth	78	78	78	78	78	78
Morris	62	61	62	62	62	62
Ocean	72	72	72	72	72	71
Passaic	426	426	426	426	426	426
Salem	50	50	50	50	50	50
Somerset	100	100	100	100	100	100
Sussex	72	72	72	71	72	72
Union	N/A	N/A	N/A	N/A	N/A	N/A
Warren	37	37	37	37	37	37

Table L-8. Perceptions of Services for Families Caring for a Child of a Relative – Percentage of Responses across Likert Scale for each Survey Question by County

County	SD	D	A Q1	SA	DK	SD	D	A Q2	SA	DK	SD	D	A Q3	SA	DK	SD	D	A Q4	SA	DK	SD	D	A Q5	SA	DK	SD	D	A Q6	SA	DK
Atlantic	4%	31%	24%	6%	35%	6%	21%	30%	6%	39%	2%	37%	26%	4%	31%	6%	11%	43%	2%	39%	2%	9%	41%	4%	44%	2%	11%	37%	4%	46%
Bergen	8%	26%	19%	2%	45%	6%	21%	27%	2%	44%	11%	31%	15%	2%	41%	4%	11%	26%	3%	56%	3%	6%	26%	4%	62%	3%	9%	25%	4%	60%
Burlington	9%	23%	15%	2%	51%	7%	21%	20%	2%	50%	11%	30%	10%	2%	47%	4%	18%	19%	2%	57%	4%	12%	20%	3%	61%	4%	14%	20%	3%	59%
Camden	14%	40%	28%	2%	16%	13%	36%	30%	2%	19%	17%	46%	18%	3%	17%	10%	20%	36%	4%	30%	7%	13%	38%	4%	38%	9%	12%	43%	3%	32%
Cape May	10%	45%	16%	1%	28%	10%	39%	16%	1%	33%	16%	54%	7%	1%	21%	6%	14%	20%	3%	58%	4%	7%	21%	3%	64%	3%	10%	22%	3%	61%
Cumberland	19%	24%	12%	4%	41%	17%	18%	19%	4%	42%	24%	26%	10%	4%	36%	11%	11%	19%	6%	54%	10%	4%	22%	4%	60%	10%	6%	24%	4%	57%
Essex	8%	32%	11%	5%	44%	5%	29%	18%	3%	44%	24%	21%	24%	0%	32%	11%	21%	24%	0%	45%	11%	11%	26%	0%	53%	8%	16%	32%	0%	45%
Gloucester	2%	19%	32%	2%	45%	0%	21%	30%	4%	45%	4%	43%	15%	7%	30%	0%	13%	30%	4%	52%	0%	9%	37%	9%	46%	0%	11%	39%	9%	41%
Hudson	12%	39%	19%	3%	27%	5%	34%	25%	3%	32%	9%	46%	20%	3%	22%	2%	24%	21%	8%	45%	1%	24%	21%	7%	48%	2%	23%	24%	8%	43%
Hunterdon	7%	19%	17%	0%	57%	7%	17%	24%	2%	49%	12%	27%	7%	0%	54%	3%	10%	18%	3%	68%	5%	3%	18%	3%	73%	5%	0%	24%	2%	68%
Mercer	6%	48%	17%	0%	28%	7%	43%	14%	0%	35%	29%	32%	12%	0%	28%	4%	35%	36%	0%	25%	0%	20%	30%	1%	48%	0%	12%	32%	6%	51%
Middlesex	8%	19%	18%	5%	49%	7%	19%	20%	5%	48%	13%	26%	13%	5%	42%	4%	19%	20%	4%	53%	2%	8%	20%	6%	63%	1%	7%	23%	7%	61%
Monmouth	8%	20%	16%	0%	56%	2%	28%	14%	1%	55%	12%	28%	13%	0%	47%	5%	12%	14%	2%	67%	1%	5%	24%	0%	70%	1%	7%	20%	2%	70%
Morris	5%	17%	20%	2%	57%	3%	12%	22%	2%	62%	8%	25%	14%	2%	52%	2%	5%	23%	2%	69%	0%	5%	23%	3%	69%	0%	6%	23%	3%	68%
Ocean	12%	29%	10%	3%	47%	10%	27%	15%	1%	47%	15%	33%	8%	1%	42%	8%	18%	22%	1%	50%	6%	7%	21%	3%	64%	4%	7%	24%	4%	61%
Passaic	33%	33%	17%	17%	0%	37%	37%	13%	13%	0%	35%	35%	10%	10%	5%	37%	37%	14%	13%	0%	37%	36%	14%	14%	1%	35%	40%	12%	11%	2%
Salem	18%	34%	15%	3%	31%	12%	32%	21%	3%	32%	25%	34%	9%	3%	28%	5%	19%	25%	5%	46%	5%	15%	31%	3%	46%	3%	17%	27%	5%	49%
Somerset	25%	25%	6%	31%	13%	13%	25%	19%	31%	13%	29%	14%	14%	29%	14%	24%	29%	6%	35%	6%	12%	12%	29%	6%	41%	12%	35%	12%	6%	35%
Sussex	11%	35%	16%	1%	36%	7%	32%	24%	1%	35%	16%	34%	15%	1%	34%	5%	14%	27%	7%	47%	4%	7%	30%	7%	53%	4%	4%	38%	5%	48%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	12%	21%	21%	0%	47%	7%	26%	19%	0%	49%	9%	40%	5%	0%	47%	5%	7%	23%	5%	60%	2%	5%	28%	5%	60%	2%	7%	26%	7%	58%
AVERAGES	**12%**	**29%**	**17%**	**4%**	**38%**	**9%**	**27%**	**21%**	**4%**	**39%**	**16%**	**33%**	**13%**	**4%**	**34%**	**8%**	**17%**	**23%**	**5%**	**46%**	**6%**	**11%**	**26%**	**4%**	**53%**	**5%**	**13%**	**26%**	**5%**	**51%**
STANDARD DEVIATIONS	**7%**	**9%**	**6%**	**7%**	**16%**	**8%**	**8%**	**5%**	**7%**	**15%**	**9%**	**9%**	**6%**	**6%**	**13%**	**9%**	**9%**	**8%**	**8%**	**19%**	**8%**	**8%**	**7%**	**3%**	**16%**	**8%**	**10%**	**8%**	**3%**	**16%**

Table L-9. Perceptions of Behavioral/Mental Health Services for Children – Percentage of Responses across Likert Scale for each Survey Question by County

County	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK
			Q1					Q2					Q3					Q4					Q5					Q6		
Atlantic	7%	24%	41%	4%	24%	7%	17%	50%	4%	22%	9%	31%	33%	4%	22%	4%	17%	52%	4%	24%	2%	7%	44%	6%	41%	2%	13%	39%	11%	35%
Bergen	14%	28%	27%	8%	23%	14%	22%	35%	7%	22%	18%	36%	22%	5%	20%	9%	11%	37%	6%	38%	6%	6%	41%	7%	40%	7%	8%	40%	9%	36%
Burlington	25%	28%	14%	5%	27%	19%	22%	28%	4%	28%	23%	32%	20%	2%	22%	9%	17%	28%	6%	39%	8%	14%	29%	4%	45%	10%	11%	30%	9%	40%
Camden	19%	41%	30%	1%	10%	12%	35%	36%	5%	11%	20%	42%	25%	2%	11%	9%	24%	37%	6%	24%	7%	12%	41%	8%	33%	5%	11%	44%	10%	30%
Cape May	43%	37%	12%	0%	7%	31%	39%	16%	0%	13%	32%	45%	15%	0%	8%	6%	24%	25%	1%	43%	6%	9%	38%	3%	44%	4%	12%	34%	12%	37%
Cumberland	35%	26%	18%	2%	18%	26%	23%	26%	2%	23%	33%	30%	20%	4%	14%	12%	12%	26%	5%	45%	9%	12%	31%	5%	44%	10%	11%	34%	5%	41%
Essex	19%	46%	8%	5%	22%	16%	32%	27%	3%	22%	16%	38%	16%	3%	27%	11%	30%	22%	3%	35%	14%	22%	22%	5%	38%	14%	24%	27%	5%	30%
Gloucester	17%	41%	22%	4%	15%	13%	37%	26%	4%	20%	13%	52%	17%	4%	13%	2%	30%	26%	7%	35%	7%	13%	39%	7%	35%	9%	13%	39%	9%	30%
Hudson	19%	38%	24%	4%	15%	13%	35%	28%	6%	17%	15%	43%	20%	7%	15%	4%	31%	24%	9%	32%	5%	21%	36%	5%	33%	4%	25%	32%	10%	29%
Hunterdon	37%	28%	7%	5%	23%	30%	16%	21%	7%	26%	33%	33%	14%	2%	19%	9%	21%	16%	7%	47%	5%	10%	33%	5%	48%	5%	10%	36%	10%	40%
Mercer	7%	51%	20%	3%	20%	7%	46%	25%	2%	21%	8%	39%	33%	0%	15%	2%	23%	43%	10%	23%	0%	3%	59%	8%	30%	0%	7%	46%	20%	28%
Middlesex	19%	40%	15%	9%	18%	18%	30%	23%	8%	23%	24%	38%	14%	5%	20%	10%	25%	20%	8%	38%	6%	13%	35%	9%	38%	6%	11%	29%	16%	38%
Monmouth	14%	31%	35%	3%	17%	11%	27%	38%	2%	22%	15%	38%	30%	1%	16%	10%	22%	24%	5%	40%	4%	9%	43%	9%	37%	5%	9%	44%	8%	34%
Morris	20%	31%	32%	5%	2%	17%	32%	25%	8%	18%	15%	43%	22%	3%	17%	8%	14%	38%	2%	38%	6%	3%	57%	5%	29%	6%	3%	57%	6%	28%
Ocean	25%	29%	26%	5%	15%	18%	33%	32%	5%	12%	19%	47%	16%	4%	14%	12%	22%	34%	7%	25%	10%	7%	47%	8%	29%	8%	11%	45%	12%	23%
Passaic	32%	32%	18%	18%	0%	33%	38%	12%	12%	5%	37%	37%	14%	13%	0%	35%	35%	16%	15%	0%	34%	35%	15%	16%	1%	35%	33%	15%	16%	3%
Salem	42%	24%	18%	0%	16%	27%	28%	24%	2%	19%	30%	37%	10%	2%	21%	8%	18%	36%	9%	30%	6%	24%	30%	5%	35%	6%	20%	35%	5%	35%
Somerset	49%	6%	17%	22%	6%	44%	11%	17%	17%	11%	40%	12%	12%	24%	12%	23%	24%	12%	29%	12%	12%	29%	18%	29%	12%	12%	24%	18%	35%	12%
Sussex	41%	30%	18%	4%	7%	26%	42%	21%	3%	8%	30%	33%	19%	5%	12%	14%	14%	32%	6%	35%	5%	5%	49%	12%	27%	4%	11%	49%	14%	22%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	14%	40%	19%	2%	24%	14%	26%	24%	5%	31%	10%	50%	10%	5%	26%	7%	17%	26%	7%	43%	5%	12%	38%	7%	38%	5%	10%	33%	12%	40%
AVERAGES	**25%**	**33%**	**21%**	**5%**	**15%**	**20%**	**30%**	**27%**	**5%**	**19%**	**22%**	**38%**	**19%**	**5%**	**16%**	**10%**	**22%**	**29%**	**8%**	**32%**	**8%**	**13%**	**37%**	**8%**	**34%**	**8%**	**14%**	**36%**	**12%**	**31%**
STANDARD DEVIATIONS	**13%**	**10%**	**9%**	**6%**	**8%**	**10%**	**9%**	**9%**	**4%**	**7%**	**10%**	**9%**	**7%**	**5%**	**6%**	**7%**	**7%**	**10%**	**6%**	**12%**	**7%**	**9%**	**11%**	**6%**	**11%**	**7%**	**7%**	**10%**	**7%**	**10%**

Table L-10. Perceptions of Behavioral/Mental Health Services for Adults – Percentage of Responses across Likert Scale for each Survey Question by County

County	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK
			Q1					Q2					Q3					Q4					Q5					Q6		
Atlantic	7%	28%	43%	4%	19%	6%	30%	41%	4%	20%	15%	35%	30%	4%	17%	7%	20%	50%	6%	17%	2%	11%	44%	9%	33%	2%	15%	43%	7%	33%
Bergen	11%	29%	34%	5%	22%	9%	28%	35%	6%	22%	14%	35%	25%	5%	22%	5%	12%	36%	7%	40%	3%	10%	40%	6%	41%	4%	9%	40%	9%	37%
Burlington	23%	30%	23%	7%	17%	21%	23%	36%	7%	14%	19%	37%	26%	5%	12%	10%	19%	38%	8%	27%	9%	16%	35%	8%	32%	9%	15%	38%	9%	29%
Camden	21%	38%	24%	6%	11%	19%	39%	27%	3%	12%	19%	46%	20%	4%	11%	11%	28%	34%	6%	21%	5%	23%	38%	6%	30%	6%	16%	43%	7%	29%
Cape May	34%	37%	22%	0%	6%	30%	39%	15%	2%	14%	28%	43%	19%	0%	9%	9%	16%	30%	0%	45%	3%	15%	40%	1%	40%	3%	16%	46%	3%	31%
Cumberland	35%	27%	22%	2%	15%	25%	28%	27%	2%	18%	28%	34%	21%	2%	15%	16%	13%	25%	4%	43%	12%	12%	35%	5%	37%	12%	10%	38%	5%	36%
Essex	28%	36%	14%	3%	19%	31%	25%	22%	0%	22%	31%	25%	25%	0%	19%	19%	25%	31%	0%	25%	19%	19%	28%	3%	31%	17%	19%	33%	3%	28%
Gloucester	11%	32%	36%	2%	19%	11%	32%	36%	2%	19%	11%	32%	36%	2%	19%	11%	32%	36%	2%	19%	11%	32%	36%	2%	19%	11%	32%	36%	2%	19%
Hudson	20%	41%	19%	3%	16%	18%	32%	26%	3%	21%	20%	41%	22%	2%	15%	9%	30%	22%	4%	35%	8%	18%	30%	3%	40%	3%	25%	34%	9%	29%
Hunterdon	29%	33%	19%	5%	14%	24%	31%	24%	5%	17%	24%	38%	19%	7%	12%	7%	17%	29%	7%	40%	2%	7%	48%	7%	36%	2%	10%	45%	12%	31%
Mercer	11%	54%	14%	3%	19%	9%	49%	18%	3%	20%	11%	39%	30%	1%	19%	9%	28%	42%	3%	18%	11%	3%	58%	1%	27%	9%	9%	50%	5%	26%
Middlesex	17%	37%	28%	6%	11%	15%	37%	29%	5%	13%	18%	40%	19%	4%	19%	6%	26%	24%	8%	36%	6%	12%	37%	9%	36%	5%	12%	40%	14%	29%
Monmouth	13%	35%	35%	4%	13%	10%	40%	29%	5%	16%	13%	47%	26%	1%	13%	11%	23%	27%	4%	35%	4%	16%	41%	6%	33%	4%	15%	44%	7%	30%
Morris	14%	33%	41%	3%	9%	13%	30%	39%	5%	14%	9%	42%	28%	5%	17%	8%	14%	46%	0%	32%	3%	11%	50%	9%	27%	3%	13%	58%	9%	17%
Ocean	21%	40%	22%	7%	11%	18%	32%	36%	4%	11%	19%	40%	21%	8%	12%	8%	23%	32%	11%	26%	5%	14%	38%	12%	30%	3%	15%	38%	14%	30%
Passaic	32%	32%	19%	18%	0%	36%	38%	13%	11%	3%	36%	35%	14%	12%	2%	32%	35%	16%	16%	2%	35%	36%	14%	14%	1%	30%	32%	17%	18%	3%
Salem	34%	39%	13%	0%	14%	27%	37%	13%	0%	24%	29%	41%	11%	2%	18%	8%	27%	27%	5%	32%	6%	24%	35%	0%	35%	8%	26%	29%	0%	37%
Somerset	42%	22%	14%	5%	17%	35%	22%	14%	15%	14%	43%	17%	17%	14%	9%	19%	25%	12%	36%	8%	11%	33%	20%	28%	8%	8%	31%	25%	28%	8%
Sussex	34%	32%	23%	3%	8%	29%	34%	19%	3%	15%	22%	44%	18%	4%	12%	14%	14%	34%	5%	33%	8%	4%	44%	10%	34%	10%	8%	42%	11%	29%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	12%	39%	17%	7%	24%	10%	29%	29%	5%	27%	10%	54%	15%	2%	20%	10%	17%	32%	5%	37%	5%	10%	44%	7%	34%	5%	10%	41%	10%	34%
AVERAGES	**22%**	**35%**	**24%**	**5%**	**14%**	**20%**	**33%**	**26%**	**5%**	**17%**	**21%**	**38%**	**22%**	**4%**	**15%**	**11%**	**22%**	**31%**	**7%**	**29%**	**8%**	**16%**	**38%**	**7%**	**30%**	**8%**	**17%**	**39%**	**9%**	**27%**
STANDARD DEVIATIONS	**10%**	**7%**	**9%**	**4%**	**6%**	**9%**	**7%**	**9%**	**3%**	**5%**	**9%**	**8%**	**6%**	**4%**	**5%**	**6%**	**7%**	**9%**	**8%**	**12%**	**8%**	**9%**	**10%**	**6%**	**10%**	**7%**	**8%**	**9%**	**6%**	**9%**

Table L-11. Perceptions of Substance Use Disorder & Prevention Services – Percentage of Responses across Likert Scale for each Survey Question by County

County	Q1					Q2					Q3					Q4					Q5					Q6				
	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK
Atlantic	9%	19%	43%	6%	23%	4%	23%	45%	8%	21%	11%	25%	38%	9%	17%	2%	19%	47%	8%	25%	2%	4%	47%	9%	38%	2%	6%	45%	11%	36%
Bergen	15%	24%	27%	3%	32%	11%	24%	31%	4%	30%	16%	26%	26%	3%	28%	5%	9%	33%	6%	46%	3%	12%	36%	4%	45%	4%	10%	37%	6%	42%
Burlington	16%	23%	23%	5%	32%	14%	19%	31%	5%	31%	13%	30%	26%	5%	26%	7%	13%	33%	5%	42%	8%	14%	26%	5%	48%	6%	13%	29%	6%	46%
Camden	21%	43%	23%	4%	8%	14%	41%	37%	2%	6%	13%	44%	34%	6%	3%	12%	29%	34%	1%	23%	9%	18%	37%	2%	34%	10%	9%	47%	3%	31%
Cape May	28%	31%	19%	4%	16%	18%	31%	25%	6%	19%	18%	33%	28%	7%	13%	10%	12%	21%	5%	52%	3%	4%	33%	7%	52%	3%	6%	39%	7%	45%
Cumberland	21%	25%	21%	13%	20%	15%	18%	32%	13%	21%	19%	26%	26%	12%	17%	9%	8%	29%	16%	38%	7%	7%	29%	16%	41%	7%	6%	33%	17%	38%
Essex	25%	19%	28%	6%	22%	22%	17%	33%	6%	22%	22%	14%	33%	6%	25%	17%	22%	28%	3%	31%	17%	17%	25%	3%	39%	14%	14%	33%	3%	36%
Gloucester	13%	29%	27%	9%	22%	9%	24%	33%	9%	26%	9%	39%	24%	9%	20%	7%	13%	28%	11%	41%	9%	7%	30%	9%	46%	7%	7%	33%	11%	43%
Hudson	17%	39%	20%	3%	21%	12%	36%	30%	0%	22%	11%	39%	26%	2%	22%	3%	24%	26%	4%	43%	6%	16%	30%	2%	46%	3%	20%	28%	7%	42%
Hunterdon	13%	30%	15%	3%	40%	8%	25%	23%	5%	40%	13%	33%	18%	3%	35%	3%	13%	33%	3%	50%	3%	10%	33%	5%	50%	3%	8%	35%	8%	48%
Mercer	5%	28%	35%	3%	29%	5%	31%	31%	4%	29%	9%	35%	20%	3%	33%	0%	23%	43%	1%	33%	0%	12%	45%	1%	41%	0%	9%	44%	7%	40%
Middlesex	21%	28%	27%	8%	17%	13%	31%	38%	8%	21%	15%	41%	17%	8%	19%	4%	22%	21%	9%	45%	3%	15%	28%	14%	40%	4%	10%	37%	13%	36%
Monmouth	5%	37%	24%	7%	27%	6%	28%	33%	6%	27%	6%	36%	27%	6%	25%	5%	22%	27%	7%	39%	1%	15%	35%	4%	45%	1%	11%	37%	7%	44%
Morris	10%	29%	32%	5%	25%	11%	16%	46%	5%	22%	8%	29%	37%	6%	21%	8%	11%	43%	2%	37%	3%	6%	48%	8%	34%	3%	6%	51%	8%	32%
Ocean	18%	29%	26%	10%	18%	15%	29%	30%	11%	15%	15%	34%	23%	10%	18%	7%	18%	33%	11%	32%	5%	12%	36%	12%	34%	4%	12%	37%	12%	34%
Passaic	31%	29%	20%	20%	2%	36%	40%	13%	12%	0%	35%	35%	14%	15%	2%	35%	35%	13%	14%	5%	37%	35%	14%	14%	1%	35%	35%	14%	15%	1%
Salem	33%	28%	15%	2%	23%	25%	31%	15%	0%	30%	25%	38%	10%	2%	26%	7%	20%	28%	5%	40%	7%	15%	28%	0%	51%	7%	18%	25%	0%	51%
Somerset	28%	17%	14%	19%	22%	28%	11%	14%	28%	19%	39%	14%	14%	17%	17%	8%	30%	14%	41%	8%	8%	22%	14%	47%	8%	3%	28%	22%	39%	8%
Sussex	15%	28%	29%	8%	19%	11%	28%	32%	10%	18%	11%	28%	29%	14%	18%	8%	18%	28%	11%	35%	4%	3%	46%	14%	33%	3%	3%	47%	19%	28%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	15%	36%	18%	5%	26%	5%	31%	33%	8%	23%	10%	46%	18%	3%	23%	8%	15%	31%	8%	38%	3%	8%	44%	8%	38%	5%	8%	41%	13%	33%
AVERAGES	**18%**	**29%**	**24%**	**7%**	**22%**	**14%**	**27%**	**30%**	**8%**	**22%**	**16%**	**32%**	**24%**	**7%**	**20%**	**8%**	**19%**	**30%**	**9%**	**35%**	**7%**	**13%**	**33%**	**9%**	**38%**	**6%**	**12%**	**36%**	**11%**	**36%**
STANDARD DEVIATIONS	**8%**	**7%**	**7%**	**5%**	**8%**	**8%**	**8%**	**9%**	**6%**	**9%**	**9%**	**9%**	**8%**	**4%**	**8%**	**7%**	**7%**	**9%**	**9%**	**12%**	**8%**	**7%**	**10%**	**10%**	**13%**	**7%**	**8%**	**9%**	**8%**	**12%**

Table L-12. Perceptions of Domestic Violence Services – Percentage of Responses across Likert Scale for each Survey Question by County

County	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK
	Q1					Q2					Q3					Q4					Q5					Q6				
Atlantic	9%	21%	36%	4%	30%	9%	19%	40%	6%	26%	19%	28%	28%	4%	21%	8%	21%	42%	6%	25%	6%	6%	40%	11%	38%	6%	6%	36%	11%	42%
Bergen	7%	29%	27%	4%	33%	5%	18%	41%	7%	29%	9%	31%	25%	3%	31%	3%	10%	40%	4%	42%	2%	5%	38%	7%	48%	2%	6%	39%	7%	46%
Burlington	9%	25%	21%	3%	42%	6%	19%	33%	3%	39%	11%	32%	18%	3%	36%	5%	13%	27%	6%	51%	3%	9%	27%	2%	59%	4%	7%	30%	7%	53%
Camden	19%	38%	25%	1%	17%	15%	30%	40%	3%	12%	22%	42%	20%	2%	14%	11%	24%	37%	1%	27%	9%	20%	33%	0%	39%	10%	13%	40%	7%	30%
Cape May	13%	33%	33%	0%	21%	12%	25%	34%	3%	25%	15%	36%	30%	1%	18%	6%	9%	24%	4%	57%	0%	4%	37%	7%	51%	1%	4%	43%	9%	42%
Cumberland	17%	23%	24%	1%	35%	13%	16%	38%	4%	30%	22%	29%	19%	2%	27%	11%	10%	22%	4%	53%	7%	7%	28%	4%	54%	7%	7%	30%	6%	50%
Essex	17%	31%	19%	11%	22%	14%	19%	42%	8%	17%	17%	31%	31%	8%	14%	11%	33%	14%	11%	31%	8%	17%	25%	11%	39%	8%	11%	36%	14%	31%
Gloucester	9%	28%	15%	7%	41%	7%	20%	28%	4%	41%	13%	28%	24%	7%	28%	4%	11%	26%	7%	52%	4%	7%	24%	13%	51%	2%	5%	34%	16%	43%
Hudson	13%	40%	28%	3%	16%	10%	29%	34%	2%	25%	13%	42%	26%	2%	17%	7%	27%	23%	7%	37%	1%	20%	32%	4%	42%	4%	21%	32%	6%	37%
Hunterdon	29%	17%	24%	5%	24%	17%	22%	34%	5%	22%	24%	20%	32%	2%	22%	2%	15%	37%	2%	44%	5%	8%	25%	8%	55%	5%	8%	33%	5%	50%
Mercer	16%	18%	21%	12%	34%	19%	12%	32%	12%	25%	3%	37%	15%	10%	35%	0%	35%	28%	9%	28%	0%	18%	35%	10%	37%	0%	16%	31%	21%	32%
Middlesex	13%	35%	22%	6%	23%	12%	19%	35%	14%	19%	16%	26%	29%	10%	19%	4%	22%	21%	9%	45%	3%	15%	28%	14%	40%	4%	10%	37%	13%	36%
Monmouth	12%	28%	33%	6%	21%	6%	30%	40%	6%	18%	6%	38%	34%	4%	18%	2%	23%	31%	5%	39%	2%	6%	45%	10%	37%	2%	10%	46%	9%	33%
Morris	3%	24%	47%	5%	21%	2%	18%	59%	7%	15%	3%	35%	40%	5%	16%	2%	8%	49%	3%	38%	0%	3%	45%	19%	32%	0%	2%	51%	18%	30%
Ocean	14%	26%	23%	7%	30%	12%	18%	36%	8%	26%	14%	34%	23%	5%	23%	8%	19%	30%	7%	36%	4%	4%	33%	11%	48%	5%	4%	36%	12%	42%
Passaic	32%	32%	19%	18%	0%	35%	35%	15%	13%	3%	35%	32%	15%	16%	2%	32%	37%	15%	16%	1%	35%	34%	15%	15%	2%	39%	32%	15%	14%	0%
Salem	24%	17%	31%	3%	24%	21%	16%	29%	5%	29%	21%	28%	26%	2%	24%	11%	18%	32%	5%	35%	10%	10%	36%	5%	38%	9%	10%	35%	7%	40%
Somerset	8%	39%	17%	31%	6%	17%	34%	17%	26%	6%	38%	19%	19%	22%	3%	14%	28%	14%	39%	6%	5%	16%	35%	41%	3%	6%	18%	32%	41%	3%
Sussex	13%	21%	32%	8%	26%	4%	17%	47%	8%	24%	11%	25%	35%	11%	17%	3%	14%	35%	10%	38%	1%	3%	42%	21%	32%	0%	4%	41%	24%	31%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	5%	18%	36%	5%	36%	5%	10%	41%	10%	33%	3%	25%	31%	8%	33%	5%	10%	36%	8%	41%	3%	3%	38%	18%	38%	3%	3%	41%	18%	36%
AVERAGES	**14%**	**27%**	**27%**	**7%**	**25%**	**12%**	**21%**	**36%**	**8%**	**23%**	**16%**	**31%**	**26%**	**6%**	**21%**	**7%**	**19%**	**29%**	**8%**	**36%**	**5%**	**11%**	**33%**	**12%**	**39%**	**6%**	**10%**	**36%**	**13%**	**35%**
STANDARD DEVIATIONS	**7%**	**7%**	**8%**	**7%**	**11%**	**8%**	**7%**	**10%**	**5%**	**10%**	**10%**	**6%**	**7%**	**5%**	**9%**	**7%**	**9%**	**10%**	**8%**	**14%**	**8%**	**8%**	**8%**	**9%**	**15%**	**8%**	**7%**	**7%**	**8%**	**14%**

Table L-13. Perceptions of Parenting Skills – Percentage of Responses across Likert Scale for each Survey Question by County

County	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK
			Q1					Q2					Q3					Q4					Q5					Q6		
Atlantic	8%	13%	44%	2%	33%	6%	17%	42%	2%	33%	13%	21%	33%	2%	31%	6%	13%	48%	2%	31%	4%	4%	48%	4%	40%	4%	6%	44%	8%	38%
Bergen	11%	30%	23%	2%	34%	10%	23%	28%	2%	38%	15%	30%	21%	1%	33%	4%	12%	32%	3%	48%	3%	3%	33%	4%	58%	3%	4%	34%	5%	53%
Burlington	11%	21%	21%	3%	44%	8%	22%	23%	4%	43%	17%	28%	14%	2%	39%	7%	12%	21%	5%	55%	4%	8%	24%	6%	59%	4%	8%	24%	8%	56%
Camden	13%	45%	27%	1%	14%	8%	42%	30%	1%	18%	18%	56%	14%	0%	12%	8%	24%	35%	1%	32%	3%	17%	44%	0%	36%	7%	14%	45%	4%	30%
Cape May	15%	37%	21%	1%	27%	10%	30%	25%	0%	34%	18%	42%	18%	0%	22%	4%	16%	18%	3%	58%	1%	4%	31%	1%	61%	1%	3%	33%	4%	58%
Cumberland	17%	22%	20%	5%	36%	13%	17%	23%	6%	41%	23%	31%	15%	3%	28%	8%	11%	22%	6%	53%	6%	7%	24%	6%	57%	6%	7%	26%	7%	54%
Essex	9%	37%	14%	3%	37%	9%	23%	26%	0%	43%	9%	43%	11%	0%	37%	3%	34%	11%	3%	49%	6%	17%	17%	3%	57%	3%	20%	17%	3%	57%
Gloucester	7%	33%	24%	2%	35%	4%	30%	26%	2%	37%	9%	46%	15%	2%	28%	4%	15%	28%	2%	50%	4%	9%	30%	7%	50%	4%	7%	29%	13%	47%
Hudson	18%	34%	24%	2%	22%	12%	34%	26%	2%	26%	15%	33%	24%	3%	26%	9%	17%	26%	7%	42%	6%	16%	27%	6%	46%	5%	17%	32%	8%	39%
Hunterdon	18%	18%	30%	5%	30%	8%	8%	38%	8%	40%	13%	25%	25%	5%	33%	3%	8%	35%	8%	48%	3%	0%	33%	13%	53%	3%	0%	35%	15%	48%
Mercer	10%	36%	15%	0%	39%	10%	45%	12%	0%	33%	25%	42%	9%	0%	24%	3%	16%	24%	1%	55%	6%	4%	30%	1%	58%	6%	10%	40%	0%	43%
Middlesex	13%	30%	19%	4%	34%	9%	22%	25%	5%	39%	16%	30%	13%	4%	38%	6%	16%	27%	3%	48%	1%	5%	29%	6%	58%	1%	5%	31%	10%	52%
Monmouth	10%	37%	25%	1%	27%	6%	32%	25%	3%	34%	18%	39%	17%	1%	25%	4%	22%	23%	3%	48%	1%	11%	29%	3%	56%	1%	11%	32%	4%	52%
Morris	10%	34%	21%	2%	34%	8%	13%	37%	2%	40%	10%	45%	18%	0%	27%	5%	10%	31%	2%	53%	2%	3%	35%	8%	52%	0%	3%	42%	8%	47%
Ocean	7%	32%	22%	4%	35%	7%	25%	28%	6%	35%	13%	40%	13%	6%	29%	3%	21%	26%	6%	44%	1%	4%	33%	6%	56%	1%	7%	36%	6%	50%
Passaic	32%	32%	18%	19%	0%	35%	35%	14%	13%	5%	34%	39%	13%	14%	0%	31%	32%	16%	15%	7%	33%	36%	16%	16%	0%	33%	33%	15%	15%	5%
Salem	30%	29%	11%	0%	30%	30%	21%	16%	0%	32%	32%	36%	5%	0%	27%	9%	19%	30%	2%	41%	7%	11%	26%	0%	56%	7%	9%	30%	0%	54%
Somerset	16%	16%	14%	41%	14%	22%	11%	14%	44%	8%	28%	6%	14%	36%	17%	19%	16%	14%	46%	5%	11%	14%	19%	53%	3%	11%	14%	20%	51%	3%
Sussex	10%	31%	26%	7%	26%	6%	26%	32%	7%	29%	14%	25%	28%	7%	26%	7%	14%	32%	7%	40%	1%	6%	39%	13%	42%	1%	6%	40%	13%	40%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	11%	34%	11%	0%	45%	5%	32%	18%	3%	42%	11%	30%	11%	0%	39%	5%	16%	24%	3%	53%	5%	5%	24%	5%	61%	5%	8%	21%	11%	55%
AVERAGES	**14%**	**30%**	**22%**	**5%**	**30%**	**11%**	**25%**	**25%**	**6%**	**33%**	**18%**	**34%**	**17%**	**4%**	**27%**	**7%**	**17%**	**26%**	**6%**	**43%**	**5%**	**9%**	**30%**	**8%**	**48%**	**5%**	**10%**	**31%**	**10%**	**44%**
STANDARD DEVIATIONS	**7%**	**8%**	**7%**	**9%**	**11%**	**8%**	**10%**	**8%**	**10%**	**11%**	**7%**	**11%**	**7%**	**8%**	**9%**	**7%**	**7%**	**8%**	**10%**	**15%**	**7%**	**8%**	**8%**	**11%**	**17%**	**7%**	**7%**	**9%**	**11%**	**16%**

Table L-14. Perceptions of Legal & Advocacy Services – Percentage of Responses across Likert Scale for each Survey Question by County

County	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK	SD	D	A	SA	DK
	Q1					Q2					Q3					Q4					Q5					Q6				
Atlantic	13%	27%	33%	2%	25%	10%	25%	37%	2%	27%	12%	29%	33%	2%	25%	6%	19%	38%	2%	35%	2%	10%	44%	2%	42%	2%	8%	46%	2%	42%
Bergen	13%	26%	21%	4%	37%	11%	23%	23%	5%	38%	15%	31%	18%	4%	32%	5%	12%	28%	6%	49%	3%	6%	27%	6%	58%	3%	8%	30%	9%	50%
Burlington	13%	25%	25%	3%	33%	14%	19%	29%	4%	33%	18%	36%	18%	3%	25%	6%	13%	30%	6%	44%	5%	8%	30%	4%	52%	7%	7%	33%	7%	47%
Camden	21%	41%	21%	1%	16%	17%	41%	24%	2%	16%	22%	51%	13%	1%	12%	13%	24%	33%	3%	26%	9%	11%	40%	0%	40%	8%	11%	50%	1%	30%
Cape May	15%	39%	25%	4%	16%	14%	38%	26%	2%	21%	15%	49%	18%	1%	16%	3%	12%	31%	3%	51%	2%	5%	41%	3%	50%	3%	3%	44%	9%	41%
Cumberland	14%	29%	21%	3%	33%	12%	27%	26%	1%	35%	21%	30%	18%	2%	29%	9%	7%	30%	4%	50%	7%	8%	28%	3%	54%	7%	7%	28%	3%	55%
Essex	17%	34%	20%	0%	29%	14%	29%	29%	3%	26%	11%	26%	31%	6%	26%	11%	29%	26%	6%	29%	9%	17%	34%	6%	34%	9%	11%	46%	9%	26%
Gloucester	9%	28%	21%	2%	40%	6%	23%	32%	2%	36%	11%	43%	15%	2%	28%	4%	9%	39%	4%	43%	4%	9%	34%	9%	45%	4%	4%	36%	13%	43%
Hudson	10%	34%	24%	4%	28%	8%	34%	25%	3%	30%	11%	40%	19%	6%	24%	6%	18%	28%	9%	39%	3%	12%	28%	9%	47%	2%	15%	26%	10%	47%
Hunterdon	15%	34%	20%	2%	29%	15%	20%	39%	0%	27%	17%	34%	22%	0%	27%	5%	5%	41%	2%	46%	2%	0%	29%	2%	66%	5%	2%	24%	12%	56%
Mercer	27%	32%	28%	0%	18%	29%	30%	17%	0%	24%	32%	33%	12%	0%	23%	9%	28%	32%	0%	36%	6%	3%	38%	2%	52%	6%	5%	45%	6%	38%
Middlesex	16%	31%	26%	4%	23%	12%	30%	30%	6%	22%	12%	42%	21%	5%	21%	10%	18%	21%	9%	42%	4%	10%	34%	16%	43%	5%	5%	27%	26%	36%
Monmouth	15%	31%	26%	3%	25%	10%	35%	26%	3%	26%	12%	40%	24%	0%	24%	5%	18%	26%	3%	48%	3%	13%	32%	4%	48%	5%	8%	35%	8%	44%
Morris	6%	37%	32%	2%	23%	5%	33%	39%	2%	21%	8%	52%	23%	0%	18%	3%	13%	35%	2%	47%	0%	0%	44%	10%	47%	0%	3%	47%	11%	39%
Ocean	24%	28%	19%	1%	28%	15%	29%	24%	3%	29%	19%	42%	13%	3%	24%	10%	18%	25%	6%	42%	4%	11%	29%	4%	51%	6%	7%	34%	8%	45%
Passaic	30%	30%	20%	20%	0%	32%	32%	17%	15%	5%	36%	36%	13%	13%	1%	30%	35%	16%	17%	3%	35%	35%	16%	15%	0%	36%	35%	15%	14%	1%
Salem	29%	33%	12%	0%	27%	27%	21%	15%	0%	37%	26%	41%	6%	0%	28%	10%	10%	26%	6%	49%	8%	6%	20%	0%	67%	8%	10%	20%	0%	63%
Somerset	25%	25%	17%	22%	11%	25%	31%	14%	22%	8%	42%	14%	17%	17%	11%	22%	22%	14%	36%	6%	11%	24%	30%	30%	5%	6%	28%	31%	31%	6%
Sussex	13%	31%	26%	6%	25%	11%	26%	29%	6%	28%	17%	31%	22%	6%	25%	6%	11%	37%	7%	39%	0%	3%	39%	13%	46%	1%	3%	40%	14%	42%
Union	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Warren	5%	35%	19%	5%	35%	5%	27%	30%	5%	32%	8%	38%	16%	8%	30%	5%	19%	24%	8%	43%	3%	5%	30%	8%	54%	3%	8%	30%	14%	46%
AVERAGES	**17%**	**32%**	**23%**	**4%**	**25%**	**15%**	**29%**	**27%**	**4%**	**26%**	**18%**	**37%**	**19%**	**4%**	**22%**	**9%**	**17%**	**29%**	**7%**	**38%**	**6%**	**10%**	**32%**	**7%**	**45%**	**6%**	**9%**	**34%**	**10%**	**40%**
STANDARD DEVIATIONS	**7%**	**4%**	**5%**	**6%**	**9%**	**8%**	**6%**	**7%**	**5%**	**9%**	**9%**	**9%**	**6%**	**5%**	**8%**	**7%**	**8%**	**7%**	**8%**	**13%**	**7%**	**8%**	**7%**	**7%**	**17%**	**7%**	**8%**	**10%**	**8%**	**15%**