



**2010 Gloucester County Needs Assessment**  
For  
**New Jersey Department of Children & Families**

Submitted by

**Department of Human Services**  
**Human Services Advisory Council (HSAC)**  
**Gloucester County Board of Chosen Freeholders**

**July 15, 2010**

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## **I. Introduction**

### 1. Descriptions:

#### A. Gloucester County

Gloucester County (Old) founded in 1686 and once including within its boundaries the present Atlantic and Camden Counties, is unique in that it is an outstanding Agricultural, Industrial and Residential Area. Farming in all of its phases is highly established and developed. The raising of fruit, farm vegetables, and poultry, the dairy industry, the breeding of cattle, hogs, and other livestock, the existence of modern year-round canneries, quick freezing establishments and nearby markets all go far to make Gloucester County one of the chief food producing sections of our State and of our Country.

Hand in hand with agriculture, the County possesses some of the largest industries of the East. Modern plants of small and great proportions steadily employing thousands of our citizens, today are contributing in a major way to the prosperity of our Municipalities, County, State, and Nation.

Such a combination of Agriculture and Industry, together with the location of the County in the Metropolitan area of Philadelphia, was bound to result in thriving residential communities. A fine network of improved State and County Highways, excellent bus service, and generally splendid Municipal Government have contributed to the development of residential communities without comparison in our State. Gloucester County possesses the finest of schools and places of worship, the finest of local and county service of every kind, and is indeed a happy, healthy place for living.

Dotted with woods and beautiful lakes, traversed by beautiful streams, Old Gloucester County possesses a historical background that places it foremost in our Country's history. Historical shrines abound throughout the County. Major Revolutionary War Battlegrounds with original trenches and weapons carefully preserved, distinctive and outstanding Early American architecture, exemplified by beautiful old homes of notable Patriots, churches, and public buildings are generously scattered throughout the county and are a constant inspiration to the citizenry.

Gloucester County's governing body consists of seven freeholders, elected at large by eligible voters of Gloucester County. The County's population is approximately 282,000 and it consists of approximately 329 square miles of area.

It employs approximately 1,475 people in about 29 departments. It owns administration buildings, courthouse buildings and parks and recreation facilities.

Its operating budget is approximately \$240 million. It provides significant and diverse services to its residents, including those in the senior, disabled, veterans, and other communities.

## B. Dept. of Human Services

The Department of Human Services is responsible for coordination of planning activities and administration of the commissions and boards which serve in an advisory capacity to the Board of Chosen Freeholders.

The commissions and boards recommend implementation of plans and program funding for a wide range of services to county residents. Five divisions operate within the department:

- Administration of Grants and Fiscal Management
- Human Services Planning and County Inter-Agency Coordinating Council (CIACC)
- Transportation Services Planning and Case Management
- Youth Services
- Addiction Services

A team approach is used to coordinate with the Division of Social Services, Health Department and county departments with human services components to meet the unique needs of our citizens.

## C. HSAC

Human Services Planning coordinates the Human Services Advisory Council (HSAC) which meets the 3rd Thursday of the month at 4:00 pm in the Budd Boulevard Complex. The primary responsibility of HSAC is to advise the Board of Chosen Freeholders concerning human services issues affecting the county. This is accomplished through comprehensive planning, fund allocation planning, services contract monitoring, and legislative/community information forums.

### 2. Overview of Needs Assessment

The NJ Department of Children and Families (DCF) cognizant of the critical roles services play in supporting children and families has launched a county-based needs assessment process for 2010. This process will identify Needs, Service Areas, Barriers, and Gaps in Services which exist at the local level.

When completed this information will assist DCF in its efforts to ensure the department is regularly assessing the needs of children and families under the Division of Youth and Family Services (DYFS) supervision or at-risk of entering DYFS supervision.

As part of this effort the Gloucester County Department of Human Services (GCDHS) agreed to step forward and partner with DCF as one of seven counties in NJ to have their HSAC perform this specific outlined 2010 needs assessment.

## **II. Methods and Sources of Data Collection**

### 1. Survey

#### A Development of Data Collection Tool

The county wide survey instrument was designed and developed with the advice of NJDCF and the Human Services Planning Committee. NJDCF requested a focus on four areas of service:

1. Basic Needs
  - a. Food
  - b. Housing
  - c. Transportation
  - d. Basic Health Care
2. Substance abuse treatment
  - a. Substance Abuse Services for Adults (Inpatient)
  - b. Substance Abuse Services for Youth (Inpatient)
  - c. Substance Abuse Services for Adults (Outpatient)
  - d. Substance Abuse Services for Youth (Outpatient)
3. Mental/Behavioral Health Services
  - a. Mental Health Services for Adults (Inpatient)
  - b. Mental Health Services for Youth (Inpatient)
  - c. Mental Health Services for Youth & Adults (Outpatient)
4. Transitional living services for youth preparing to leave DYFS.
  - a. Employment Services for Transitioning Older Youth
  - b. Education Services for Transitioning Older Youth
  - c. Life Skills Training/Services for Transitioning Older Youth

Additionally, the Gloucester County HSAC Planning Committee also identified the following Needs:

1. Child Care
2. Literacy and English as a 2nd language
3. Family Support with Parent/Education Skills

#### B. Data Collection Process

Data Collection was done online through Survey Monkey. Respondents were anonymous. Stakeholders were sent an email with a link that provided access to complete the survey. To ensure the integrity of the data, only one survey was allowed to be completed by an email recipient. For those that could not complete the survey online, Gloucester County DHS staff manually keyed in the data from surveys that were mailed, faxed, or hand-delivered. Bi-Lingual access was available. However, no surveys required this availability.

### C. Breakdown of Survey Participants

The HSAC Planning Committee partnered with provider agencies and the area DYFS office to ensure families as well as system partners completed the survey. Table 1 shows a percentage breakdown of the 258 respondents that answered survey question 1 “I am.”

#### Gloucester County Assessment of the Needs of At-Risk Children & Families

I am: (Please choose one)		
Answer Options	Response Percent	Response Count
a provider that delivers services to DCBHS or DYFS clients in Gloucester County	14.5%	37
a staff member within local system of care (CMO, FSO, YCM, MRSS)	4.3%	11
a DCF employee	12.5%	32
a parent/caregiver being served by DCF/DYFS	19.9%	51
a youth being served by DCF/DYFS	1.2%	3
a parent/caregiver not being served by DCF/DYFS	5.5%	14
a youth not being served by DCF/DYFS	0.0%	0
a community member	12.1%	31
an advocate	20.3%	52
Juvenile Justice or Family Court System	0.8%	2
Education System	3.5%	9
other (in box below please enter description that best describes your status)	5.5%	14
<i>answered question</i>		258
<b>Table 1</b>		

It should be noted that of the 258 respondents, 120 (46%) were parents, caretakers, youth or advocates. This speaks well to the connection in Gloucester County between these groups and those involved in the DCF system of care.

## D. Patterns on Data Collected

During the data analysis process Survey questions 2, 3, and 4 were merged together to rank the needs in Gloucester County. (Table 2)

### Survey Questions

Question 2 “Indicate the level of need for each “Need” by entering one of the following choices: extremely, somewhat, marginally, not, or don’t know.

Question 3 “Indicate the level of availability for each “Need” by entering one of the following choices: available, somewhat, marginally, not, or don’t know.

Question 4 “Indicate the level of accessibility for each “Need” by entering one of the following choices: easily, somewhat, marginally, not, or don’t know.

Table 2 below indicates the ranking of the 18 Needs listed on the survey:

<b>Gloucester County Assessment of the Needs of At-Risk Children &amp; Families</b>	
<b>Overall Needs</b>	<b>Rank</b>
Housing	1
Transportation	2
Housing Services for Transitioning Older Youth	3
Mental Health Services for Youth (Inpatient)	4
Mental Health Services for Adults or Youths (Outpatient)	5
Child Care	6
Family Support for Parenting Education and/or Skills	7
Life Skills Training/Services for Transitioning Older Youth	8
Substance Abuse Services for Youth (Inpatient)	9
Employment Services for Transitioning Older Youth	10
Mental Health Services for Adults (Inpatient)	11
Educational Services for Transitioning Older Youth	12
Substance Abuse Services for Youth (Outpatient)	13
Basic Health Care	14
Substance Abuse Services for Adults (Inpatient)	15
Substance Abuse Services for Adults (Outpatient)	16
Literacy and/or English as a second language	17
Food	18

**Table 2**

## E Barriers to Prioritized Needs

Question 5 on the survey read as follows: “For each Need listed please indicate the Barriers to accessing available Services” (Respondents marked all Barriers that applied)

Below in Table 3 are the results from survey Question 5:

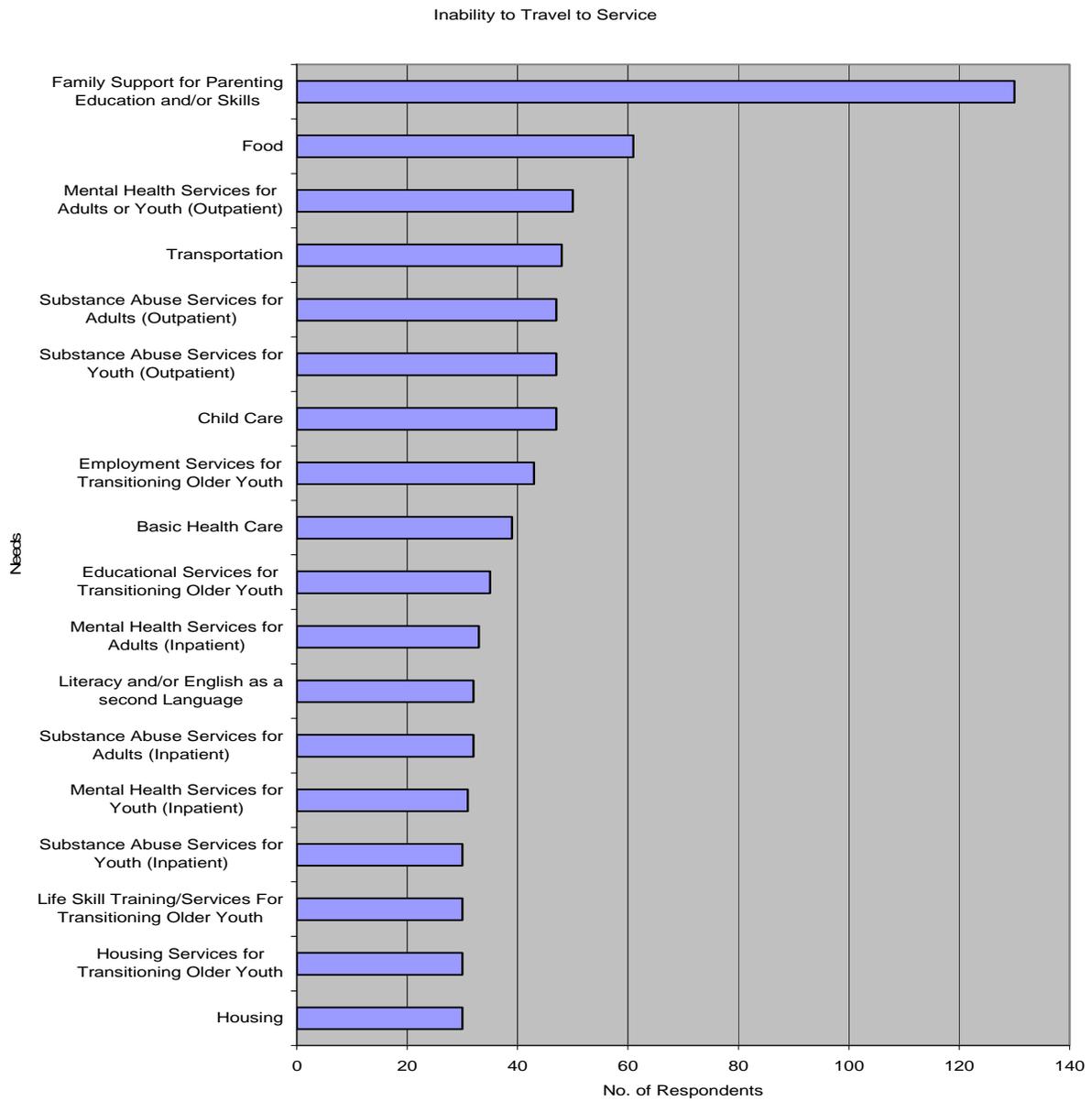
**Table 3**

Needs	Inability To Travel to Service	Eligibility Requirements	Limited Office Hours	Cant get In Touch with Service Provider	Service is Not Widely Known	Service Does Not Exist
Housing	30	101	24	22	39	22
Transportation	48	32	23	12	38	24
Housing Services for Transitioning Older Youth	30	42	12	6	54	23
Mental Health Services for Youth (Inpatient)	31	40	22	9	47	24
Mental Health Services for Adults or Youth (Outpatient)	50	48	37	16	41	15
Child Care	47	68	26	11	34	19
Family Support for Parenting Education and/or Skills	<b>130</b>	34	22	13	134	19
Life Skill Training/Services For Transitioning Older Youth	30	30	19	7	59	23
Substance Abuse Services for Youth (Inpatient)	30	51	14	7	46	16
Employment Services for Transitioning Older Youth	43	31	20	8	58	22
Mental Health Services for Adults (Inpatient)	33	48	22	11	38	15
Educational Services for Transitioning Older Youth	35	35	21	7	62	17
Substance Abuse Services for Youth (Outpatient)	47	48	25	8	39	10
Basic Health Care	39	75	47	20	31	7
Substance Abuse Services for Adults (Inpatient)	32	56	11	11	39	9
Substance Abuse Services for Adults (Outpatient)	47	51	22	12	30	7
Literacy and/or English as a second Language	32	18	15	7	49	20
Food	61	58	38	19	49	5

To prioritize the Needs shown above in Table 3, data analysis was done by ranking each Barrier column for all 18 Needs. These results are sorted with a detailed explanation in Tables 4 through 9, pages 9 - 14.

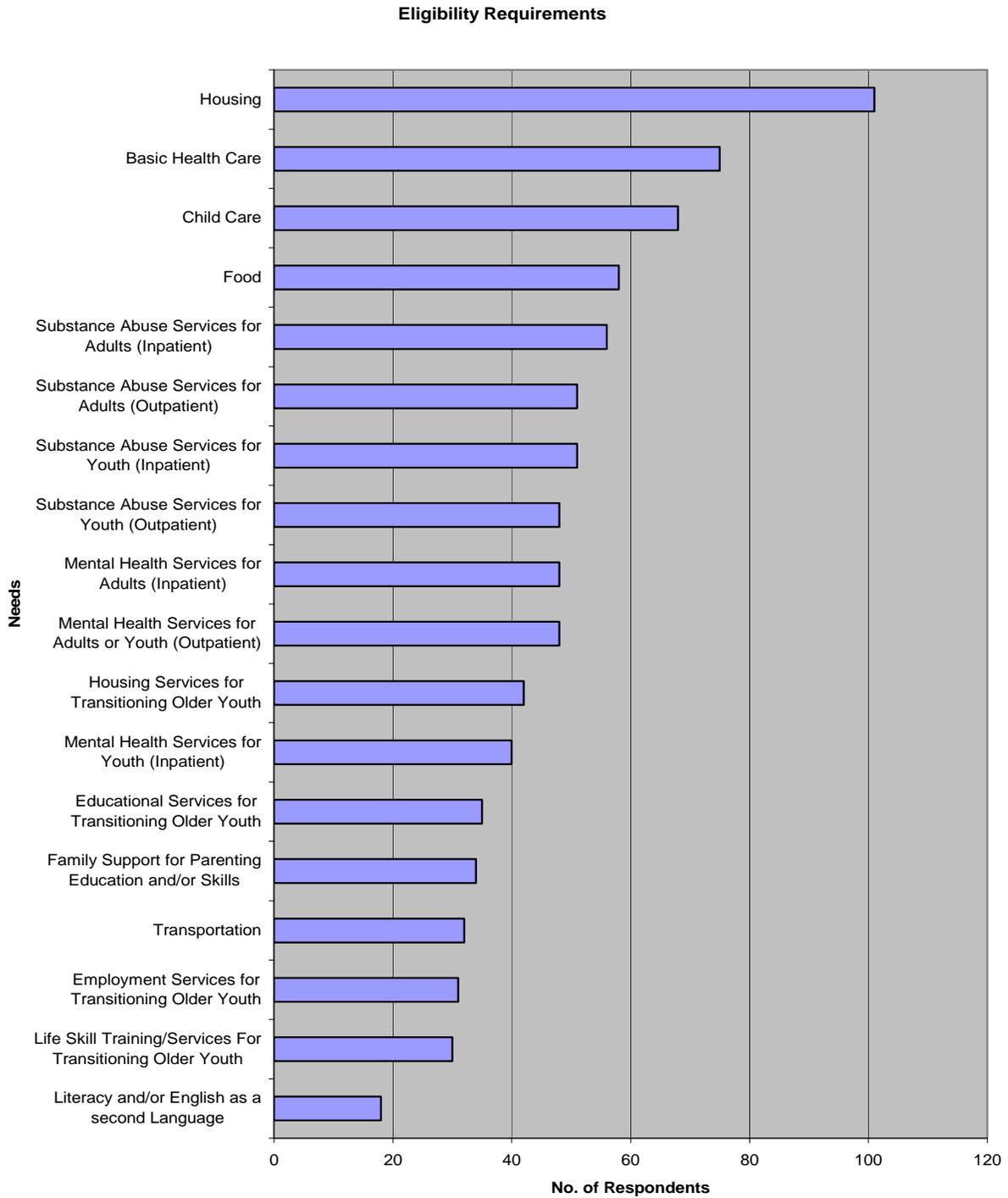
**Table 4**

“Family Support for Parenting Education and/or Skills” was the overwhelming choice by survey respondents for the Barrier of “Inability to Travel to Services.”



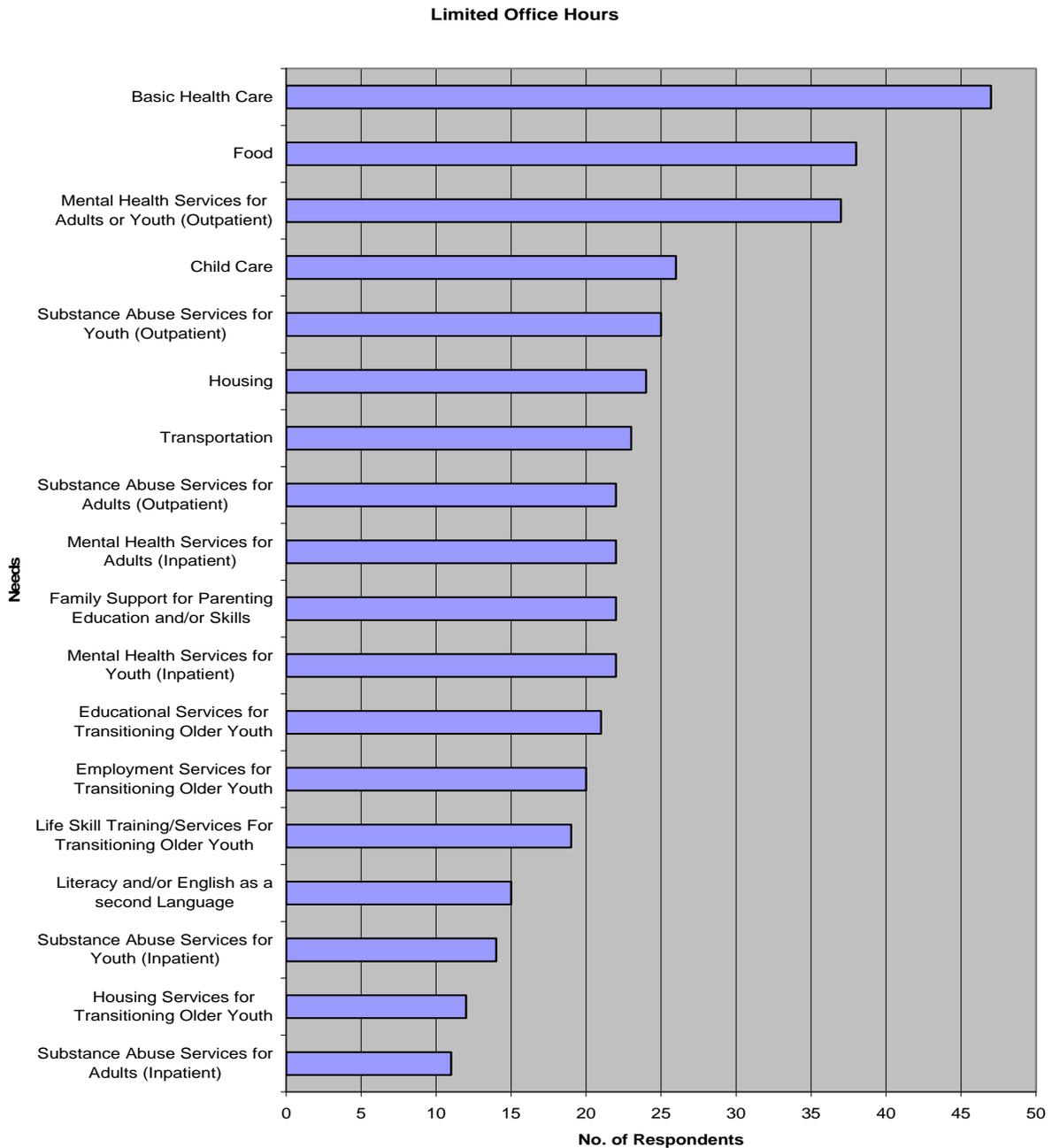
***Table 5***

“Housing” was defined as the top choice for the Need “Eligibility Requirements.” It should be noted that 3 of the top 4 Need choices were from the Basic Needs Category. “Basic Health Care” and “Food” were the others listed at the top.



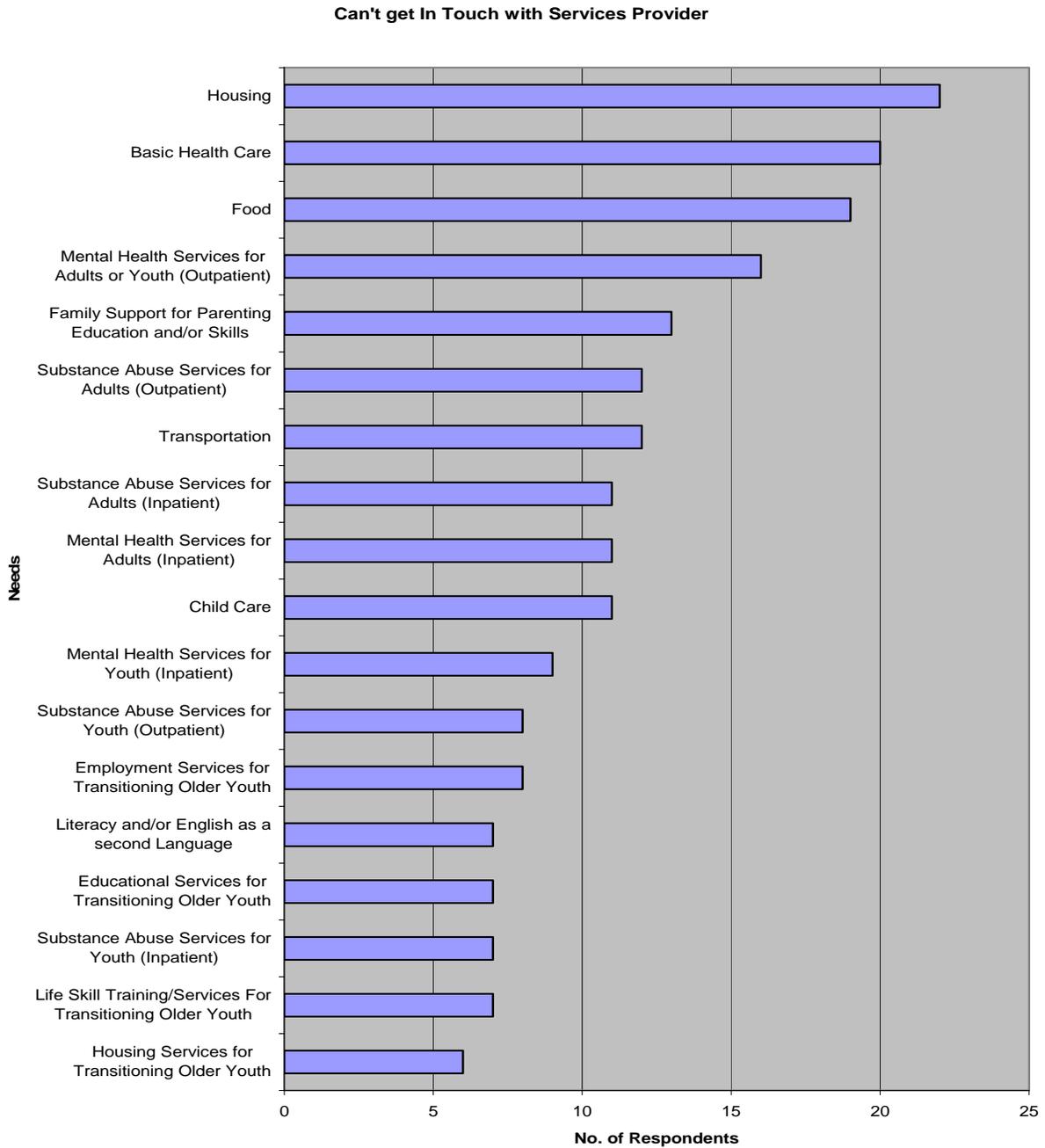
**Table 6**

“Basic Health Care” came in slightly ahead of “Food” as the top survey choices for the “Limited Office Hours” Barrier with “Mental Health Services for Adults or Youths (Outpatient)” a close third.



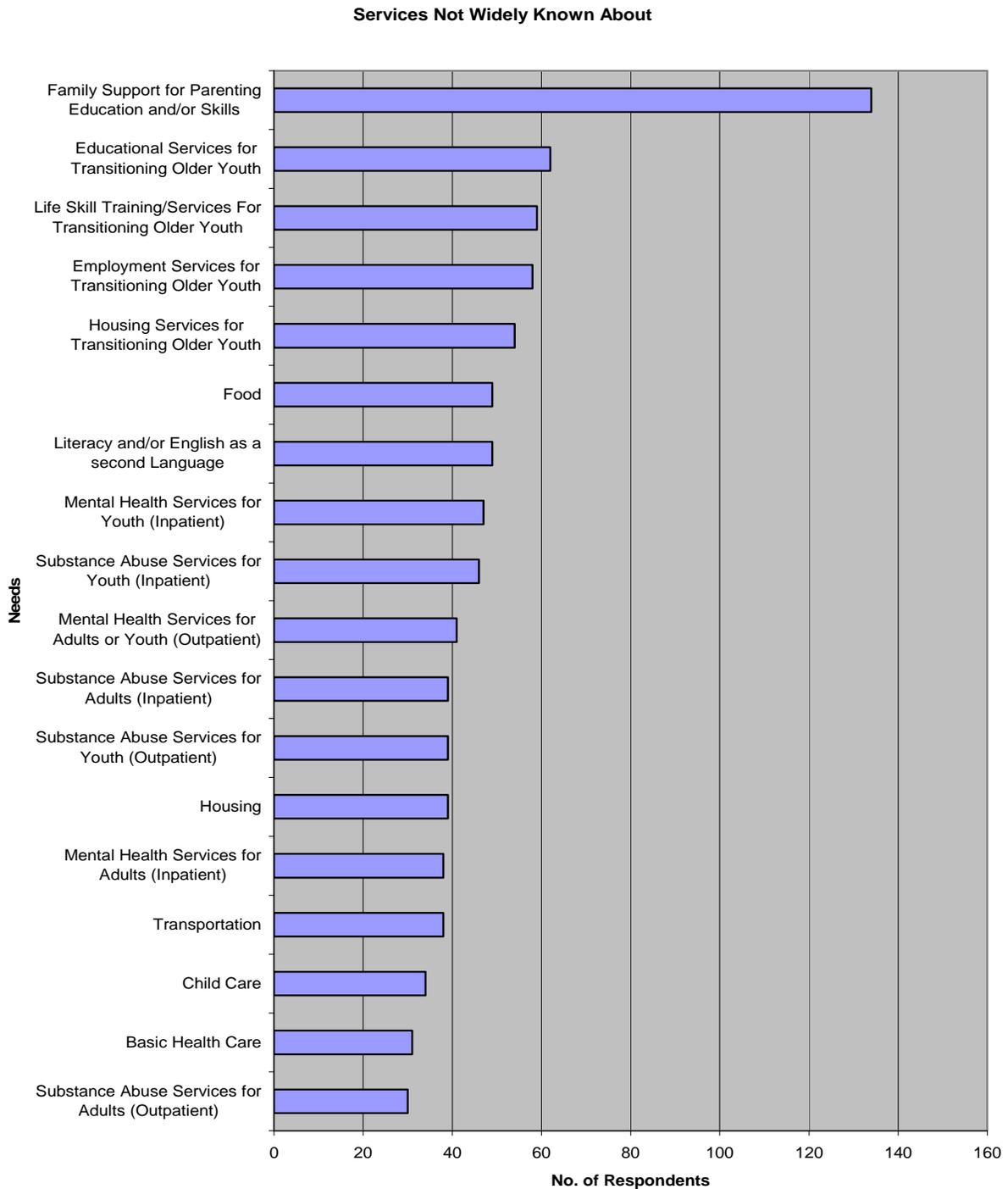
**Table 7**

“Housing” topped the list just ahead of “Basic Health Care” and “Food” as the top 3 choices for the Barrier “Can’t get in touch with Services Provider.” All 3 of these choices are in the Basic Needs category.



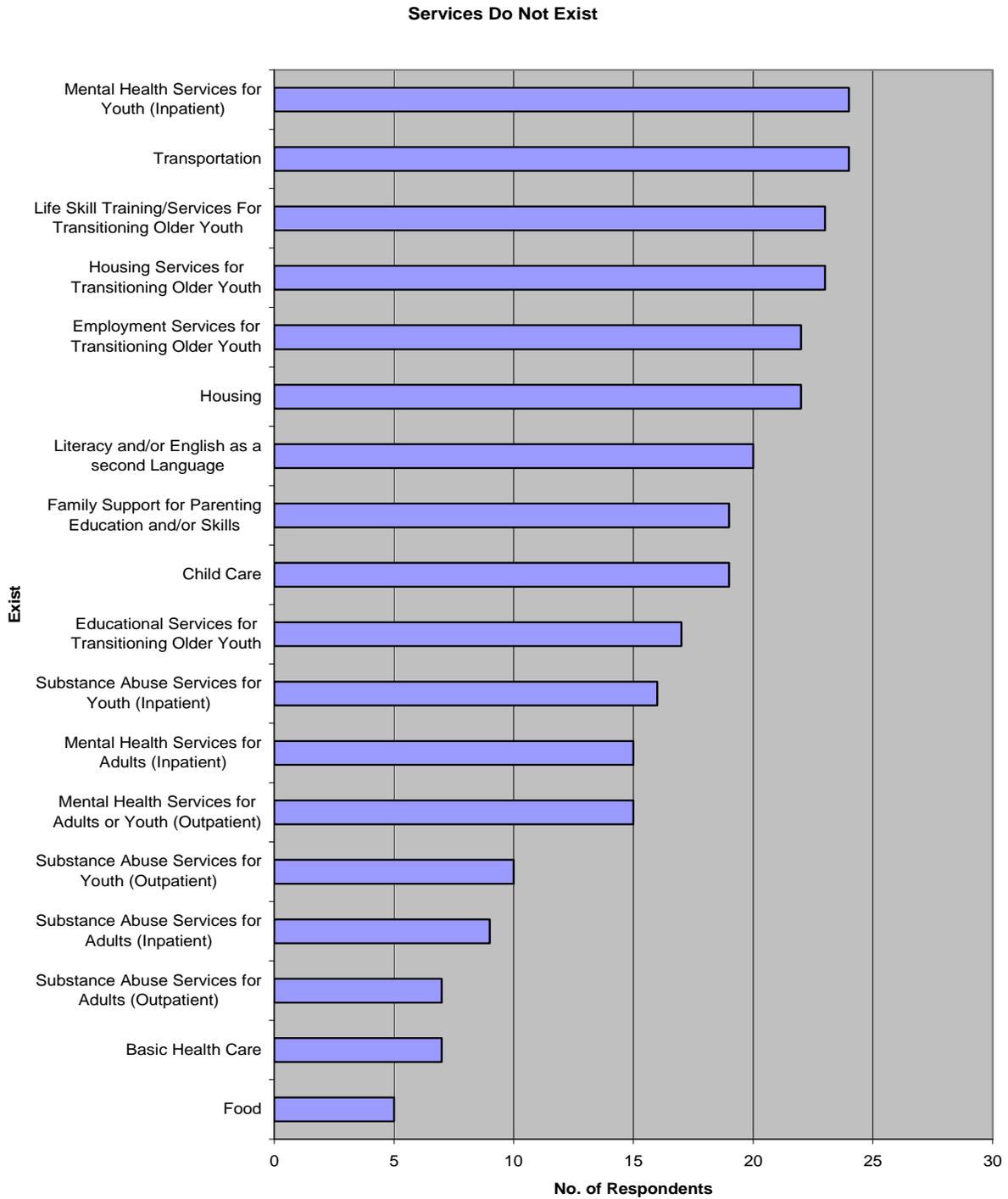
**Table 8**

“Family Support for Parenting Education and/or Skills” garnered another top spot in the Need “Services Not Widely Known About.” It received more than 2 to 1 votes as chosen by survey respondents.



**Table 9**

These Needs were the closest of survey choices for the Barrier “Services Do No Exist.” “Mental Health Services for Youth (Inpatient)” and “Transportation” were tied for the top spot but just one vote ahead of the next two Needs.



## 2. Focus Groups

### A. Composition of Focus Groups

Stakeholders were organized into Focus Groups by reaching out to Provider Agencies, DYFS Area Office, CGS, Inc., and various Gloucester County commissions.

These Focus Groups took the results of the survey and used these findings to assist in determining the greatest Barriers and the Service Areas to overcome these Barriers. The Focus Groups gathered during eight sessions and total of 46 attendees. In all 16 hours of these sessions were held at the Gloucester County Budd Blvd. Complex. Family members or youth in transition were represented at all eight meetings. To accommodate more family members, two evening sessions were held. Representatives from other groups were as follows:

1. Community
2. Provider Agencies
3. DCF employees
4. Mobile Response
5. YCM
6. CMO
7. FSO
8. Education
9. Juvenile Justice/Youth Services Commission
10. Substance Abuse Committees

To assist the focus groups with a point of reference, the most recent Service Dictionary with Service Definitions for Third Party Social Service Contracts published by New Jersey Department of Human Services revised January 27, 2006 was utilized.

### B. Description of Analysis Process

In Section II it was clarified that DCF provided 15 Needs to assess and the GCHSAC Planning Committee added three more for a total of 18. This is noted for future reference as these Needs are defined as being provided by DCF or Planning Committee. GCDHS Staff developed a process to analyze data from Survey Monkey. This process enabled the Needs Assessment evaluators to consider issues such as services availabilities, accessibilities, and levels of need.

### C. Prioritization of Needs

To assist in prioritizing Needs, the Focus Groups sought to uncover the greatest Barriers to fulfill each Need. They decided that they would list all gaps with no ranking. This would assist any and all decision-makers as they assess a method to improve services within Gloucester County.

The Focus Groups concluded for each Need the Service Area to overcome the Barriers. They ranked the Barriers and the Service Areas for all 18 Needs. In addition, Gaps were identified along with Services required to fill those Gaps. Please Tables 10 – 15, pages 16 – 20.

**Table 10: Basic Needs**

NEEDS	BARRIERS	SERVICE AREA RANKINGS	SERVICES	GAPS
Food	<ol style="list-style-type: none"> <li>1. Eligibility requirements</li> <li>2. Inability to travel to</li> <li>3. Service does not exist</li> <li>4. Service is not widely known</li> </ol>	<ol style="list-style-type: none"> <li>1. Initial Response Services</li> <li>2. Case Management Services</li> <li>3. Family Client Support Services</li> <li>4. Education Services</li> <li>5. Planning and Management Services</li> </ol>	<ul style="list-style-type: none"> <li>• Emergency Food</li> <li>• Protective Service Case Management</li> <li>• Food/Nutrition               <ul style="list-style-type: none"> <li>- Home Delivered Meals</li> <li>- Group Dining/Nutrition Sites</li> <li>- Food Pantry</li> </ul> </li> <li>• Life Skills Training</li> <li>• Public Awareness and Information</li> </ul>	<ul style="list-style-type: none"> <li>• Training &amp; Development of Emergency Food Pantries for Basic Needs.</li> <li>• Dissemination of Accurate Information on Food Services.</li> <li>• Strategic location of Food Pantries to serve the consumers.</li> </ul>
Housing and Housing Services for Transitioning Older Youth	<ol style="list-style-type: none"> <li>1. Eligibility Requirements</li> <li>2. Services are not widely known about</li> <li>3. Waiting lists for services</li> <li>4. Limited services/Services do not exist</li> </ol>	<ol style="list-style-type: none"> <li>1. Family Client Support Services</li> <li>2. Education Services</li> <li>3. Initial Response Services</li> <li>4. Employment Related Services</li> <li>5. Health and Mental Health Related Services</li> <li>6. Case Management Services</li> </ol>	<ul style="list-style-type: none"> <li>• Emergency Housing</li> <li>• Permanency Planning</li> <li>• Self Help/Support</li> <li>• Family Preservation</li> <li>• After Care Services for Aging Out Youth</li> <li>• Housing Related</li> <li>• Housing Location Assistance</li> <li>• Rent &amp; Mortgage Assistance</li> <li>• Facility Renovation</li> <li>• Weatherization</li> <li>• Housing Development</li> </ul>	<ul style="list-style-type: none"> <li>• Basic Life Skills Education (Modeling in Practice).</li> <li>• Greater Youth Outreach (Intervene at an earlier age).</li> <li>• Not enough low/mod income daycare slots.</li> <li>• Increased over site of assistance recipients.</li> </ul>
Basic Health Care	<ol style="list-style-type: none"> <li>1. Eligibility requirements</li> <li>2. Limited Office Hours</li> <li>3. Inability to travel to services</li> </ol>	<ol style="list-style-type: none"> <li>1. Health and Mental Health Related Services</li> <li>2. Education Services</li> <li>3. Family/Client Support Services</li> <li>4. Initial Response Services</li> <li>5. Planning and Management Services</li> </ol>	<ul style="list-style-type: none"> <li>• All Family Health Related Services</li> <li>• Transportation</li> <li>• Dental</li> <li>• Pre-Natal</li> <li>• Nursing Home</li> <li>• Respite Care</li> <li>• Hospice Care</li> <li>• Social Service Planning</li> </ul>	<ul style="list-style-type: none"> <li>• Increased over site of assistance recipients.</li> <li>• Hours of Services to register for Medicaid.</li> <li>• Limited Medicaid Treatment Services.</li> <li>• Affordable Medical Insurance.</li> </ul>
Transportation	<ol style="list-style-type: none"> <li>1. Inability to travel to services</li> <li>2. Services are not widely known about</li> <li>3. Hours of Operation/Late Buses</li> <li>4. Eligibility requirements</li> </ol>	<ol style="list-style-type: none"> <li>1. Health and Mental Health Related Services</li> <li>2. Family Client Support Services</li> <li>3. Planning and Management Services</li> </ol>	<ul style="list-style-type: none"> <li>• Medical Transportation</li> <li>• Transportation (non-medical)               <ul style="list-style-type: none"> <li>- Brokering</li> <li>- Social Service</li> <li>- Special Group</li> <li>- Modified Livery Services</li> </ul> </li> <li>• Social Service Planning for Community Organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of transportation services in certain geographic areas.</li> <li>• Frequency of transportation services in all geographic areas.</li> <li>• Not enough modes of transportation</li> </ul>

**Table 11: Substance Abuse Treatment**

NEEDS	BARRIERS	SERVICE AREA RANKINGS	SERVICES	GAPS
Substance Abuse Services for Youth & Adult (Outpatient)	<ol style="list-style-type: none"> <li>1. Eligibility Requirements</li> <li>2. Inability to travel to services</li> <li>3. Services are not widely know about</li> <li>4. Services do not exist (Child Care and Multi-Disciplinary Issues)</li> </ol>	<ol style="list-style-type: none"> <li>1. Health and Mental Health Related Services</li> <li>2. Family Client Support Services</li> <li>3. Employment Related Services</li> </ol>	<ul style="list-style-type: none"> <li>• Substance Abuse Treatment</li> <li>• Screening &amp; Assessment</li> <li>• Detoxification</li> <li>• In Home Services</li> <li>• Partial Care</li> <li>• Methadone Maintenance</li> </ul>	<ul style="list-style-type: none"> <li>• Case Management – the ability to secure same services as mental health patients.</li> <li>• Support Services – Post-treatment should be provided as a level of support.</li> <li>• Transportation – many can’t travel to services due to the fact that they have no mode private transport.</li> <li>• Mental Health – Substance abusers need the same clinical or therapeutic care as mental health issues.</li> </ul>
Substance Abuse Services for Youth & Adult (Inpatient)	<ol style="list-style-type: none"> <li>1. Eligibility requirements (Economic Classification)</li> <li>2. Services are not widely known about</li> <li>3. Service does not exist</li> </ol>	<ol style="list-style-type: none"> <li>1. Health and Mental Health Related Services</li> <li>2. Initial Response Services</li> <li>3. Case Management Services</li> </ol>	<ul style="list-style-type: none"> <li>• Residential Non-Hospital Detoxification</li> <li>• Residential Care</li> <li>• Halfway House</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence-Based Practice for substance abuse treatment services does not exist.</li> <li>• Regionalized intake center with intensive case management.</li> <li>• Treatment beds for inpatient.</li> </ul>

**Table 12: Mental Health Treatment**

NEEDS	BARRIERS	SERVICE AREA RANKINGS	SERVICES	GAPS
Mental Health Services for Youth & Adult (Outpatient)	<ol style="list-style-type: none"> <li>1. Inability to travel to services</li> <li>2. Eligibility Requirements.</li> <li>3. Services are not widely known about.</li> <li>4. Waiting lists for services.</li> <li>5. Limited services.</li> <li>6. Length of time a client may receive services.</li> <li>7. Stigma associated with mental illness within the community and among services providers.</li> <li>8. Funding for services</li> </ol>	<ol style="list-style-type: none"> <li>1. Health and Mental Health Related Services</li> <li>2. Residential, Resource Family, and Kinship Care Placement Services</li> <li>3. Initial Response Services</li> <li>4. Education Services</li> <li>5. Family Client Support Services</li> </ol>	<ul style="list-style-type: none"> <li>• Emergency Mental Health Services</li> <li>• Outpatient Mental Health Services</li> <li>• Designated Screen Center</li> <li>• Partial Care</li> <li>• Day Treatment/Activity</li> <li>• In-Home Crisis/Family Support</li> <li>• Intensive Family Support</li> <li>• Individual or Group Counseling</li> <li>• Family or Marriage Counseling</li> <li>• Psychiatric or Psychological Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation.</li> <li>• Not enough services.</li> <li>• Insurance/Ability to pay</li> </ul>
Mental Health for Youth & Adult (Inpatient)	<ol style="list-style-type: none"> <li>1. Services are not widely know about</li> <li>2. Eligibility Requirements</li> <li>3. Funding</li> <li>4. Stigma/Perception</li> <li>5. Service does not exist</li> </ol>	<ol style="list-style-type: none"> <li>1. Health and Mental Health Related Services</li> <li>2. Initial Response Services</li> <li>3. Case Management Services</li> <li>4. Education Services</li> </ol>	<ul style="list-style-type: none"> <li>• Inpatient Psychiatric Care</li> <li>• Program of Assertive Community Treatment</li> <li>• Project for Assistance in Transition from Homelessness</li> <li>• Day Care</li> <li>• Kinship Care Services</li> <li>• Child Care Center</li> <li>• Babysitting</li> <li>• In-Home Child Care</li> </ul>	<ul style="list-style-type: none"> <li>• Parents/Caregivers who need to seek inpatient mental health services have no support services groups to turn to for instances such as child care. Many have no family to support them.</li> <li>• Funding of direct inpatient services makes waiting list longer</li> </ul>

**Table 13: Transitional Living Services for Youth Preparing to leave DYFS**

NEEDS	BARRIERS	SERVICE AREA RANKINGS	SERVICES	GAPS
Employment Services for Transitioning Older Youth	<ol style="list-style-type: none"> <li>1. Service is not widely known about</li> <li>2. Inability to travel to services</li> <li>3. Waiting lists for services</li> <li>4. Service does not exist</li> <li>5. Eligibility Requirements</li> </ol>	<ol style="list-style-type: none"> <li>1. Employment Related Services</li> <li>2. Family Client Support Services</li> <li>3. Education Services</li> <li>4. Residential, Resource Family, and Kinship Car Placement Services</li> <li>5. Health and Mental Health Related Services</li> </ol>	<ul style="list-style-type: none"> <li>• Employment Related Services</li> <li>• Vocational Assessment/Evaluation</li> <li>• Vocational Guidance Counseling</li> <li>• Job Readiness, Placement, Referral, Training</li> <li>• Sheltered/Extended Employment</li> <li>• Home-Based Employment</li> <li>• Crew Labor Employment</li> <li>• Supported Employment Program</li> </ul>	<ul style="list-style-type: none"> <li>• Housing - availability and eligibility.</li> <li>• Character Building Education Services.</li> <li>• Outreach &amp; Vocational Outreach – Involvement at an earlier age.</li> <li>• Job Coaching and Mentoring Services.</li> <li>• Job Creation / Job Opportunity.</li> <li>• Foster Care/Parenting Deeper back round checks and on going assessment of Foster Care Parents.</li> <li>• Elimination of abuse of the system.</li> </ul>
Educational Services for Transitioning Older Youth	<ol style="list-style-type: none"> <li>1. Services are not widely know about</li> <li>2. Inability to travel to services – transportation.</li> <li>3. Eligibility Requirements</li> <li>4. Service Does Not Exist (Funding &amp; Staffing)</li> </ol>	<ol style="list-style-type: none"> <li>1. Initial Response Services</li> <li>2. Education Services</li> <li>3. Employment Related Services</li> <li>4. Family Client Support Services</li> </ol>	<ul style="list-style-type: none"> <li>• Alternative Education</li> <li>• Assistive Technology</li> <li>• Day Training</li> <li>• Home-based Instruction</li> <li>• Literacy Education</li> <li>• NJ Youth Corps</li> <li>• Tuition Services</li> <li>• General Education Development (G.E.D.)</li> <li>• Vocational &amp; Technical</li> <li>• Financial Aid</li> </ul>	<ul style="list-style-type: none"> <li>• Information &amp; Referral – Direct linkage between agencies for connecting consumers to services</li> <li>• Resource liaison for education services</li> <li>• Standardize basic life skills curriculum in all county schools.</li> </ul>
Life Skills Training/Services for Transitioning Older Youth	<ol style="list-style-type: none"> <li>1. Services are not widely know about</li> <li>2. Eligibility Requirements</li> <li>3. Inability to travel to services – Transportation.</li> </ol>	<ol style="list-style-type: none"> <li>1. Initial Response Services</li> <li>2. Education Services</li> <li>3. Family Client Support Services</li> </ol>	<ul style="list-style-type: none"> <li>• Life Skills Training</li> <li>• Tutorial Instruction</li> <li>• Personal Assistant</li> <li>• Income Maintenance</li> <li>• Food Nutrition</li> <li>• Legal Assistance</li> <li>• Home Care/Homemaker</li> </ul>	<ul style="list-style-type: none"> <li>• Mentoring Services – for basic life skills</li> <li>• Information &amp; Referral – database linkage between agencies</li> <li>• Standardize basic life skills curriculum in all county schools.</li> <li>• Affordable and exclusive transportation to life skills training</li> </ul>

**Table 14: Needs Provided by HSAC Planning Committee**

NEEDS	BARRIERS	SERVICE AREA RANKINGS	SERVICES	GAPS
Child Care	<ol style="list-style-type: none"> <li>1. Eligibility Requirements</li> <li>2. Inability to travel to services</li> <li>3. Hours of Service.</li> </ol>	<ol style="list-style-type: none"> <li>1. Eligibility Requirements</li> <li>2. Inability to travel to services – Transportation.</li> <li>3. Hours of Service.</li> </ol>	<ul style="list-style-type: none"> <li>• Day Care</li> <li>• Center Based Child Care</li> <li>• Infant Care</li> <li>• Pre-School Care</li> <li>• After-School Care</li> <li>• Summer Camp</li> <li>• Abbott Pre-School Wraparound</li> <li>• Early Childhood Programs</li> <li>• Family Day Care</li> <li>• Family Child Care Sponsoring Organization</li> <li>• In Home Child Care</li> <li>• Babysitting</li> </ul>	<ul style="list-style-type: none"> <li>• Hours of Operation – many second and third shift people cannot find child care to accommodate their schedule.</li> <li>• Affordable Child Care – even with a sliding fee schedule as set forth by the state, it is not economical to use licensed facilities.</li> <li>• Drop-In Care – due to unforeseen or unanticipated events, there no facilities that allow you to just use a child care facility for just a few hours or perhaps a few days. Only monthly or annual is accepted practice.</li> </ul>
Family Support for Parenting Education and/or Skills	<ol style="list-style-type: none"> <li>1. Service is not widely known about</li> <li>2. Inability to travel to services – Transportation</li> <li>3. Effectiveness of services</li> </ol>	<ol style="list-style-type: none"> <li>1. Initial Response Services</li> <li>2. Education Services</li> <li>3. Family Client Support Services</li> </ol>	<ul style="list-style-type: none"> <li>• Parent Education</li> <li>• Family Day Care</li> <li>• Companionship</li> <li>• Kinship Care</li> <li>• Domestic Violence Support</li> </ul>	<ul style="list-style-type: none"> <li>• Database link between provider agencies within the county.</li> <li>• A hotline needs to exist that refers parents/caregivers to a local comprehensive system of care.</li> </ul>
Literacy and/or English as a 2 <sup>nd</sup> Language	<ol style="list-style-type: none"> <li>1. Service is not widely known about</li> <li>2. Inability to travel to services – Transportation</li> <li>3. Effectiveness of services</li> </ol>	<ol style="list-style-type: none"> <li>1. Initial Response Services</li> <li>2. Education Services</li> <li>3. Family Client Support Services</li> <li>4. Residential, Resource Family &amp; Kinship Care Placement Services</li> </ol>	<ul style="list-style-type: none"> <li>• Information &amp; Referral</li> <li>• Parent Education</li> <li>• Literacy Education</li> <li>• Transitional Living Home Care</li> <li>• Group Home Care</li> </ul>	<ul style="list-style-type: none"> <li>• Address issue of literacy and recognize other service requirements.</li> <li>• Having adequate staff that accommodates non-English speaking clients.</li> </ul>

### **III. Resource Inventory**

#### Inventory of Services

It was determined by the HSAC Planning Committee that an inventory of services completed prior to June 30, 2010 may not accurately reflect services available July 1, 2010.

Due to the current economic conditions and adjustments made by DCF for the 2011 budget, agencies may be modifying direct services.

Attachment A. is a guide of services for the Needs outlined in the Gloucester County 2010 Needs Assessment.

## **IV. Summary**

▲ Gloucester County is ever increasing in diversity as well as population. This report demonstrates the Needs of the County's DYFS at-risk population and how it differs from each segment of the community. This report is an overview of the significant findings of the data collected using a Survey, Focus Groups, and the HSAC Planning Committee. At least one consistent message emerges from all the data collected and 18 Needs Assessed. The Barriers to the at-risk DYFS population of Gloucester County are unique to each and every issue.

▲ The HSAC Planning Committee recognized three additional Needs for our County. They are: **Family Support for Parenting Education and/or Skills, Child Care, and Literacy and/or English as a 2<sup>nd</sup> Language**. The lack of a Family Success Center in Gloucester County was never more prevalent than when conducting this Needs Assessment. The Survey results (Table 8, Page 13) show that despite the fine efforts of the Family Support Organization (FSO), for many families Services Are Not Widely Known. Therefore, for those families not engaged with the DCBHS System of Care, there are no services such as Parent Education, Family Day Care, Kinship Care, or Companionship. Parents in our Focus Group did not know that the 211 number even existed. And neither did some case managers from provider agencies.

Many parents and or caretakers are also frustrated with certain aspects of **Child Care**. The Gaps uncovered for this Need are that many second and third shift people cannot find affordable or licensed services. When there are unforeseen or unanticipated events, there is no Drop-In Care for just a few hours or days.

▲ The Basic Needs of the DYFS At-risk population and those currently registered with DYFS were on the forefront of all polled or discussed in the focus group setting. **Housing and Transportation** are the primary issues with Eligibility Requirements being the biggest Barrier to overcome (See Table 10, Page 17).

Single-Family owner occupied units represent the overwhelming majority of housing units available in Gloucester County. This is clearly reflected in census data which indicated that 80% of the housing units in Gloucester County are owner-occupied units as opposed to rental units. The housing stock within the county reflects the suburban and rural nature of Gloucester and underscores the tremendous need for diversifying housing options within the county. Collaboration between The United Way of Gloucester County and the County Department of Human Services was 10-year plan to end homelessness. They came up with 10 strategies on Permanent Housing:

1. Create permanent housing utilizing COAH
2. Partner with private developers to create set aside of units
3. Develop new housing models for homeless sub-populations
4. Acquire vacant lands from local, state and federal sources
5. Engage local community in housing development process
6. Create Advocacy group to connect to landlords and build support
7. Explore mobile module permanent housing option
8. Organize Bus Tours of affordable housing
9. Develop special needs units through set asides
10. Develop new affordable housing through rehab of motels

As a largely suburban and rural community, Gloucester County residents without access to a personal vehicle rely on public transportation provided by New Jersey Transit and the Gloucester County Division of Transportation specialized services. Without commuter rail service available in the county, the sole method of public transportation remains local bus service. New Jersey Transit routes provide service to the general public while Division of Transportation Services provides fixed route service for rural area residents and vocational rehabilitation clients. Specialized transportation services are available to the elderly and disabled through the Department of Transportation Services and New Jersey Transit's Access Link service as well as local bus services operated by 15 of the 24 municipalities within the County. Limited transportation services available in the County have the largest impact on the elderly, disabled, working poor and homeless residents of the county. The Gloucester County Division of Transportation Services has recognized the needs among the transportation dependent community and developed recommendations for expanding transportation services.

▲ For Substance Abuse Treatment The County of Gloucester seeks to utilize resources to prevent the onset of addiction and provide treatment and ongoing recovery opportunities, to reduce relapse, for county residents afflicted with the disease of alcoholism and other drug addictions.

We will seek to accomplish this Vision by contracting for services to be provided along the full continuum of care per our needs assessment and integrate recovery supports whenever possible to lead those afflicted with alcoholism and other drug addition to a full and useful life and healthful and wellness lifestyles to support ongoing recovery.

According to the Gloucester County Addiction Services Comprehensive Plan for 2010-2012, Demographics show that by gender, a Gloucester County admission showed a high percentage of males than females but was assessed to be that there is a shortage of female beds statewide and Barriers to a Need such as **Child Care** plays a part with women not taking care of themselves to get treatment. This Gap is very evident for outpatient clients.

Persons with co-occurring mental health disorders and/or disabilities, along with conditions of substance abuse continue to also be significant. This plan also showed that the agencies that serve these target populations will aggressively outreach to increase the number of referrals received from colleague agencies; those that serve youth/adolescents will strive to maintain high levels of participation in programs and activities targeted to that population.

Case Management for **Substance Abuse Treatment Outpatient or Inpatient, Youth or Adults**, appears to have the largest Gap in services. This community should be able to secure the same services as mental health patients and that is simply not found.

▲ Mental/Behavioral Health Needs in Gloucester County are not exclusive to target populations that include individuals with mental health disorders, adults in crises and at risk of psychiatric hospitalization and children and youth with serious emotional or behavioral disturbances.

There are separate components of the mental health service delivery system. The Adult Continuum of Care is the responsibility of the New Jersey Division of Mental Health Services (DMHS). The Children/Adolescent Continuum of Care is under the direction of the New Jersey Division of Child Behavioral Health Services (DCBHS).

The Barrier of a Waiting List for routine appointments (non-urgent) has grown to several months as the Access Center currently receives 900 calls per month from individuals seeking Outpatient Services. For those on this list, the Barrier might as well be Service Does Not Exist.

The Eligibility Requirements Barrier is another factor. For example, the backlog at NewPoint Behavioral Health, the designated county mental health provider, is that as the primary mental health provider for persons with public insurance (Medicaid), many persons are under or uninsured. Demand beyond capacity leading to delays in providing treatment, while not always as long as four months, is part of the challenge faced by nearly all mental health providers in Gloucester County.

The primary cause for the delay in care is that the mental health system has not been able to obtain funding to provide staff and service expansion to keep pace with the growth in population and need.

Transportation to medical appointments and programs, along with the need to engage in social and recreational activities are especially difficult for individuals with schizophrenia and bipolar disorders who are unable to maintain a driver's license. The Gloucester County Division of Transportation Services (DTS) reports an exponential increase in the number of rides requested for mental health-related programs. From 2001 to present, DTS has experienced an 80% increase in rides for people attending mental health facilities and/or programs. These statistics underscore the need for increased transportation services for individuals with mental-health disorders. In 2008 and 2009 approximately 1,000 Medicaid subscribers requested rides to access mental health services. Due to the lack of individual transportation or public transportation, many of these same treatment providers must operate vehicles to ensure that patients have access to treatment. Locating programs along public transportation routes and near population centers is critical to ensuring that all persons have access to treatment regardless of their transportation limitations. Coordination between County and State transportation services and treatment providers is needed to make treatment more accessible.

Our findings (See Table 12, Page 19) indicate that along with Transportation for **Mental/Behavioral Health Outpatient Youth & Adult** Needs, many clients have no insurance and thus no ability to pay for the services.

▲ The Need of Transitional Living Services for Youth Preparing to Leave DYFS has long been overlooked. The Barrier of Most Services Not Widely Known is a key indicator that Information & Referral has the widest Gap. This is true whether it be for **Education** or **Employment** (See Table 13, Page 19). Gloucester County CIACC and Gloucester DYFS were instrumental in assisting to coordinate an Aging-Out Committee for this exact population. With no dollars or programs to access, this local group is assisting these young people as they move into adulthood. Linking these young people to services and/or entitlements is important. In the Service Area of Initial Response or Family Support, there is a GAP where no direct linkage occurs between consumers and services. Educating these young men and women with Life Skills Training has a most positive outcome.

▲ Under the Service Area of Initial Response is Information & Referral (I & R). I&R is a service that touches a majority of the 18 Needs assessed in this document. The decision by NJDCF to not renew July 1, 2010 funding for *First Call for Help* in Gloucester County will have a notable impact. *First Call for Help* provides homeless intervention and case management, emergency shelter programs, and emergency food assistance to County residents. The County Department of Human Services working with *First Call for Help* and the County Division of Social Services has come up with a local plan to keep this service active. For the remainder of calendar year 2010 the Agency has agreed to shift direct service dollars away from Food, Utilities, Rent, and Motel Placement to keep *First Call for Help* in operation. This funding modification is going to significantly impact our various homeless populations. Specifically single males, for whom we have no shelter location within the County to place them. For 2011 it will be an even more urgent matter as these service priorities will need to be redirected.

In addition, this action will adversely affect direct services to other programs. Programs such as *Street Smart Outreach Services (SOS)* that serves youth up to age 21. SOS provides outreach, case management, and emergency services such as food, shelter, and transportation. This program provides education and public speaking to schools about high risk behaviors. Transitional Living Services for Youth Preparing to Leave DYFS is a Need that will now have fewer services that can be utilized by programs such as SOS to overcome the Barrier of Service Does Not Exist.

What is yet to be known but is expected to happen is that with the transferring of dollars from emergency services, the at-risk population calls could end up as Differential Response (DR) cases should they go to DYFS. This would be non-productive as the original concept of DR was to shift these non-abusive calls from the DYFS caseload. As one of the earliest DR Counties in NJ our experience tell us that Basic Needs calls for emergency services will probably escalate.

▲ The Human Services Advisory Council would like to thank all those that participated in the planning, developing, implementing, and writing of this Needs Assessment.