



OVERVIEW

HUMAN SERVICE NEEDS ASSESSMENT FOR MONMOUTH COUNTY, NEW JERSEY: A CALL TO ACTION

April 2017



Presented by JANUS Solutions



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ACKNOWLEDGEMENTS

The development of the Monmouth County Human Service Needs Assessment has presented a unique challenge and opportunity to our team. Since an assessment had not been done since 1998, we have felt a special responsibility to produce a report that can be used to actively improve the human condition in Monmouth County. Over our almost 30 years in the human service consulting business, we have never judged our success by the quality of plans or reports but by the impact our work has had on people dealing with real life situations in their homes and communities.

From the very outset, the various partners who have helped and supported us in this undertaking have voiced a common theme, that they want to see something positive occur as the result of this work. First, the members of the Monmouth County Board of Freeholders supported the needs assessment on the condition that it would lead to action. Our Freeholder partner, Deputy Freeholder Director John Curley, has rolled up his sleeves and participated, inspired and prodded us forward. We are very appreciative of his active involvement and hope that this report meets his high expectations.

County Administrator Teri O'Connor and her team, Joseph Annecharico and Geoffrey Perselay, have been active and present in the process from beginning to end and we simply could not have completed our work without their insight, guidance and support. Special thanks to Geri Elias for coordinating all of our meetings and discussions.

Likewise, we owe a debt of gratitude to county Human Service Director Jeffrey Schwartz and his executive managers for their wholehearted involvement as well as the enormous amount of information and knowledge they have shared with us.

Our assessment design called for a high degree of input from various members of the Monmouth community. This was done through discussions with over 175 individuals and groups throughout the county, an opinion survey that nearly 1000 residents responded to on the County website, and uniquely, a Steering Committee and Working Group comprised of public and community members. We can honestly say that the experience we have had in working with members of the Steering Committee has been one of the most important and gratifying experiences we have had. Not only did we learn immeasurably from our meetings and visits, but we quickly came to understand the breadth and depth of gifted people that comprise the Monmouth County Human Service community. As with each

of our partners, members of the Steering Committee have repeatedly raised their strong voices that this must not be a report that sits on a shelf, hence the title of our report.

We dedicate this Call to Action to our terrific Steering Committee members and all the Monmouth County stakeholders, residents and officials who participated in this process. Responding to the community needs defined in this report and its recommendations can only be done if the collective creativity and wisdom of all remain energized and dedicated to the task.

Finally, I must thank our JANUS Solutions team. Gena Haranis carried her work with an enthusiasm, professionalism and commitment to excellence that I will not soon forget. Dr. Cindy Lamy, Julie Hanley and Caroline Oakley each played a crucial role in this assessment and for their efforts I say thanks.

Now comes the important part, fulfilling the call to action. Never have I seen a community so up to the task.

Best wishes.

A handwritten signature in black ink, appearing to read "Tom Blatner". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Tom Blatner
President, JANUS Solutions

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The County of Monmouth engaged JANUS Solutions, a health and human services consulting firm, in late 2016 to undertake a Human Services Needs Assessment. Such a study had not been done since 1998. The assessment examined the needs of county residents, and the strengths, capabilities, and interests of residents and community stakeholders. Through a systematic approach, gaps between current conditions and desired conditions were identified. By using multiple methods to gather information from data sources, diverse constituencies, existing partnerships and collaborations, and keeping the assessment realistic – this effort has provided county government and community stakeholders with usable data for community improvement.

Both an Overview and a full Human Services Needs Assessment report are available through the county website: www.visitmonmouth.com.

The assessment was conducted within a framework of individual and family success. The premise of this approach is that comprehensive, holistic investments in organized local systems of family and individual support and community improvement will, over time, produce dramatically better results for children, youth, individuals and families. The individual and family success framework, developed by JANUS Solutions, is based on the developmental model, “Journeys of Family Success”, which provides a unifying vision for stakeholders’ goals around child development, adult phases of life and community support across four life areas, or pillars.

This approach acknowledges that appropriate resources and services are required to successfully support people’s developmental journeys through life. The developmental stages and goals for each include:

- **Early Childhood Success** (0-8 years old) - All young children will be safe, healthy, and ready to learn.
- **Positive Youth Development** (9-15 years old) - All school-age children and youth will be living in a permanent home, achieving in school, and connected to their families and communities.
- **Strong Transitions to Adulthood** (16-26 years old) - Youth transitioning to adulthood will be on positive pathways to economic and social independence with strong and responsible family and community ties.

- **Productive Adulthood** (27- 62) - adults will achieve their greatest potential for economic and social independence as responsible and contributing community members.
- **Successful Aging** (63 and over)- aging adults will maintain their greatest level of independence, functioning, and dignity as valued members of their families and communities

We all know that the lives of people, no matter their age, are largely dependent on the strengths and support they receive from their families, friends and communities, hence our additional goal for *Strong Families, Strong Communities* – Families and communities will have the knowledge, resources, and skills to successfully support their families and community members from birth to the end of life.

There are four basic pillars, or life conditions, that are essential to journeys of success, including;

- **Strong family relationships and community connection**
- **Personal safety, equal opportunity, and financial security**
- **Good health and well-being**
- **High-quality learning and education**

This “Journeys and Pillars” framework was used to complete the needs assessment through a variety of activities, including:

1. Data collection, analysis, and presentation, using the journey/life span and pillars framework
2. Outreach to existing planning bodies, partnerships and collaborations that represent aspects of the Life Journey and Pillars, in order to form a “Steering Committee” to:
 - Obtain input regarding human service needs, priorities and creative solutions
 - Review of data and community voice and provide input regarding needs and priorities
 - Review of services provided and funds expended to address identified needs
3. Ensuring community (resident and stakeholder) voice through targeted focus groups, individual interviews, reaching a total of 175 people, and completion of opinion surveys by 972 county residents and stakeholders
4. Identifying and reviewing current human service investments in relation to need (as identified through the above activities), and exploring potential re-directed or leveraged funding for expanded community services to better meet current resident needs

The result is a set of formal findings that identify strengths, challenges and service needs and a set of recommendations to better meet human service needs in Monmouth County in the future.

Traditional needs assessments focus primarily on the needs of residents and the supply of services. There

are clearly areas where more services are needed and discrete populations are under-served, which are well-documented in this report. Interestingly, through the community information gathering and dialogue with steering committee members, issues emerged that had less to do with the supply of services rather than way services are planned, delivered and understood by the public. For example, virtually every community informant group said that although there is a bevy of services available in the county, the public is not aware of what is available or how to access what they need. The Steering Committee members were unified in their opinion that service providers do not generally collaborate to offer comprehensive services to residents and that numerous opportunities exist for innovative strategies to better reach and serve residents. Another example has to do with the devastating social isolation that many young single mothers and aging residents experience and the potential for innovative solutions that mobilize community members to engage their neighbors.

As a result, recommendations were developed in three categories, and highlights for each follow:

- **Community information sharing, education, and resource navigation**
- **Innovation and collaboration**
- **Unmet service needs**

Community information sharing, education and resource navigation

- The County Public Information Office and the Department of Human Services should partner with the full range of formal and informal community stakeholders to encourage community involvement and mobilization around issues such as immunizations, lead poisoning, underage drinking and other risky behaviors
- Utilize the County Public Information Office to provide accurate information about current human service issues and share the availability of available services with the public
- The County Public Information Office and the Department of Human Services should establish partnerships to develop a comprehensive community resource directory(ies) and resource access/navigation strategies
- Assure that non-English speaking residents have access to information in their own language

Innovation and Collaboration

- Broaden, deepen and energize the role and work of the County Human Service Advisory Council
 - create a comprehensive planning process that addresses the full range of human services needs in an integrated manner

- create and implement a Human Service Action Plan in response to the needs and recommendations in this report
- create partnerships with municipalities to address local needs
- champion the inclusion of state funding in the county planning process
- Create collaboratives among parents, schools and human service providers to increase communication to more effectively serve children with special needs
- Increase outreach to needy and disenfranchised youth throughout the county
 - expand gang prevention services for 3rd to 9th graders and support for youth to leave gangs
- Create public/private partnerships to connect with and support vulnerable residents, particularly young mothers and seniors, to reduce social isolation
- Increase access and availability of services to under-served areas of the county (e.g. the western area) through creative transportation strategies, mobile services, virtual connections and holistic service offerings

Unmet Service Needs

- Create county-wide strategies to increase participation in existing safety net services (e.g., SNAP)
- Expand financial empowerment services throughout the county
 - increase outreach to increase Earned Income Tax Credit participation and link to workforce development/employment services
- Target collaborative community development, resources and services to communities with greatest need
- Continue focus on the development of affordable housing, and methods to prevent homelessness, including full implementation of the Department of Human Services plan to end homelessness in Monmouth County
- Increase availability of home visiting services for newborns and their parents
- Increase the availability of outpatient mental health services and clinicians who accept Medicaid fees for service
- Review the allocation of current human services funding and staffing and create strategies for efficiencies, re-deployment of staff to priority areas, re-investment of funds in community services and creation of new sustainable funding strategies to meet unmet needs



While the lives of residents and the approaches to human service delivery have changed significantly since the turn of the century, there has not been a fresh formal look at the needs of Monmouth County residents and the nature of human service responses since 1998. With the assistance of JANUS Solutions, a health and human services consulting firm, Monmouth County undertook a Human Services Needs Assessment in late 2016. The assessment has examined the needs of county residents, and the strengths, capabilities, and interests of residents and community stakeholders. Through a systematic approach, gaps between current conditions and desired conditions were identified. By using multiple methods to gather information from data sources, diverse constituencies, existing partnerships and collaborations, and keeping the assessment realistic – this effort now provides county government and community stakeholders with usable data for community improvement. The result is a set of formal findings and recommendations to better meet human service needs in Monmouth County in the future.

The assessment was conducted within a framework of individual and family success, the premise of which is that comprehensive, holistic investments in organized local systems of family and individual support and community improvement will, over time, produce dramatically better results for children, youth, individuals and families. The individual and family success framework, developed by JANUS Solutions, is based on the developmental model, “Journeys of Individual and Family Success”, which provides a unifying vision for stakeholders’ goals around child development, adult phases of life and community support across four life areas, or pillars. This approach acknowledges that appropriate resources and services are required to successfully support people’s developmental journeys through life. This framework asks what people need when in crisis, what supports could help them avoid crises, and how people can get beyond crises to a better life.

The Individual and Family Success Vision

Strong Families and Strong Communities = Journeys of Individual and Family Success



Additionally, the conditions for success span four general life domains, or “pillars”:

- **Strong family relationships and community connection**
- **Personal safety, equal opportunity, and financial security**
- **Good health and well-being**
- **High-quality learning and education**

This approach acknowledges that appropriate resources and services are required to successfully support people's developmental journeys through life. The developmental stages and goals for each include:

- **Early Childhood Success** (0-8 years old) - All young children will be safe, healthy, and ready to learn.
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We all know that the lives of people, no matter their age, are largely dependent on the strengths and support they receive from their families, friends and communities, hence our additional goal for Strong Families, Strong Communities – Families and communities will have the knowledge, resources, and skills to successfully support their families and community members from birth to the end of life.

This framework was used to undertake the needs assessment through a variety of activities, led by a Steering Committee (composed of county officials and community stakeholders), which included reviewing significant data (including various Plans developed for the County, the US Census Bureau and Community Surveys, The NJ Kids' County report, statistical information from the NJ Departments of Human



Services, Children and Families, Education, Health and Labor) – all of which are included in the full report. Significant community input (175 people provided input via focus groups and interviews, and 972 responded to an opinion survey) informed the review of data and resources/strengths that exist, while identifying challenges to individual and family success during each phase of the life journey.



Following is a summary of significant data and findings for each phase of the life journey:

Strong Families/Strong Communities

Goal: Families and communities will have the knowledge, resources, and skills to successfully support their families and community members from birth to the end of life. The phase acknowledges the link between the success of the family and the health of the community along all phases of the life journey, and addresses issues not specific to any one phase of life.

Monmouth County is a relatively large county of 469 miles with a population of 628,715. There are 52 independent municipalities in Monmouth County with diverse populations and human service needs.

- The 65 and older population makes up 14.6% of the county residents– greater than both the state and national averages, and 22% of county residents are children.
- According to 2015 Census estimates, 75% of residents are Caucasian, 11% Latino/Latina and 7% are African American.
- Countywide, 14% of residents are foreign born and 18% speak a language other than English at home.
- Monmouth County is comprised of 233,105 households¹, 73% of them are owner occupied, with a median value of \$385,100. Monmouth has a median income level of \$85,242, which is significantly higher than the state average of \$72,097. However, 7.5% of county residents were living below the federal poverty level of \$24,250 for a family of four.
- Of these, 70,366 (30%) earn under \$50,000 per year- less than 200% of poverty for families of 4 or less. About 27% earn between \$50,000 and \$100,000 and 43% earn over \$100,000. Households with children present fare a bit better, with 20% of households earning less than \$50,000 and 54% earning more than \$100,000.

¹ US Census, American Community Survey 2015 estimates. All income data taken from this source. Accessed at: <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

- There is an increasing older population, and immigrant population. 14% of residents are foreign born and 18% speak a language other than English at home.
- There is an increasing Haitian population, and great difficulties in agencies finding translators.
- Monmouth County is aging at a rate greater than the state and indeed the country.
- 9.3% of residents have food insecurity.
- 30% of households earn less than \$50,000/year.
- The highest rates of poverty can be found in largest percentages in Asbury Park (32%) and Long Branch (17.8%).
- Educational levels vary across the county.
- Public transportation is largely limited to the east side of the county, but even this option ceases most of its operations by 8:00 or 9:00 pm. Transportation was identified as an unmet need for every phase of the life journey.

Unmet Service Needs Identified:

- Affordable housing
- Transportation
- Social isolation
- Areas of the county with significant poverty or other challenges



Early Childhood Success

Goal: *All young children (0-8) will be safe, healthy, and ready to learn.*

- In 2010, 79,277 children age 0-9 made up the 13% of all Monmouth County residents. Five years later, in 2015, this number has declined by over 10% to 71,098 and this age group now makes up 11% of all Monmouth County residents.²

² American Community Survey (2015). The annual census estimates do not break out age year by year, so the 0-9 age bracket has been used for equal comparisons.

- Of the 138,317 children living in Monmouth County, 21% (29,046) live in single parent households.³ This is considerably lower than both the state and national averages of 30% and 35% respectively. There are generally more financial and human resources available to children in two parent homes.
- Another indicator of family stability can be seen in the age of the mother at birth, as teenage mothers are generally less prepared to support their babies financially and emotionally. In 2011, 3.5% of all births were to teens (ages 10-19), 31% less than the state average of 5.1%.⁴
- Children are at greatest risk of abuse in the first year of life.⁵ Some families struggle with issues that result in the abuse and/or the neglect of their children and the children must be removed from the home for their own safety and placed in foster care or other appropriate setting. In 2014, there were 5700 investigations into allegations of abuse or neglect in Monmouth County; 10% of these were substantiated (581) and, in 2015, resulted in 307 out of home placements in Monmouth County.⁶ This is 4.4% of all children placed in out of home care within the state in the same year; less than the county's overall population representation of 7% of the state.
- In the 2015-2016 school year, 18,782 children participated in the free or reduced price lunch program, though an additional 5610 (23%) are eligible that do not access it.
- More women receive early prenatal care in Monmouth County (84.5%) than in the state generally (78.8%) and infant mortality rates are at 3.5 per 1000 live births, well below the state average of 4.6/1000 (2010-2014).
- Monmouth County does hold the distinction of having the lowest vaccination rates in the state, with 94% of kindergartners being fully vaccinated (96.3% is the state average).⁷
- New state legislation establishes blood level content compatible with CDC recommendations (50% lower) before remediation is triggered. This is beneficial to children, but establishes a need for more funding for lead abatement services.

³ US Census 2015

⁴ NJ Kids County (2012). The last year for which this statistic is available

⁵ U.S. Administration for Children & Families, Child Maltreatment 2015. <https://www.acf.hhs.gov/cb/resource/child-maltreatment-2015>

⁶ NJ Kids County 2016.

⁷ NJDOH. Accessed here: https://nj.gov/health/cd/imm_status_report_2016.shtml



Strengths:

- For the most part, children in Monmouth County are born into financially secure families, and there is a rich diversity of resources and supports available to families with young children.
- By most standards, mothers receive prenatal care and have healthier babies than the state average.
- There is a highly functioning County Council for Young Children to serve as a planning body that is a collaboration between parents, families, and local community stakeholders with health, early care and education, family support, and other service providers.

Challenges:

- Access to services for some children eligible for Early Intervention Services due to physical, developmental, intellectual, and behavioral disabilities is an issue.
- Lowest childhood immunizations rates, immunization rates for fathers, and incidences of lead poisoning.
- Relatively high percentage of young children live in poverty, especially in some specific communities, such as Asbury Park, Neptune, Long Branch
- Access to quality, affordable child care.
- Services for undocumented children with developmental disabilities.

Unmet Service Needs Identified:

- Increase home visitation for 3-5 year olds with special needs.
- The Monmouth County VNA grant to operate County Council on Young Children expires 12/31/17, and funding is needed to support, and possibly expand beyond, already existing Freehold, Long Branch, Neptune/Asbury, Keansburg & Red Bank areas.



Positive Youth Development

Goal: All school-age children and youth (9-15 years old) will be living in a permanent home, achieving in school, and connected to their families and communities.

- It was noted through community input that not all towns have sufficient, affordable after school programming that help youth to remain positive and on track.
- Asbury Park is also the site of a Youth Policy Board, the Asbury Park Community Development Initiative, led by the Prosecutor's Office and Asbury Park Mayor, which brings together community stakeholders and residents (through collaboration with the Community Action Network) to communicate, cooperate and collaborate on planning and activities to support positive youth development in the Asbury/Neptune area.
- In 2012, 2.3 % of Monmouth County middle school youth surveyed reported being in a gang within their lifetime⁸, and focus group participants have identified the need for more services to prevent gang involvement and provide resources for those wishing to leave.
- Just five counties reported making almost 50% of juvenile arrests in the state in 2014 with Monmouth County reporting the fifth highest at 7%.⁹ Neptune reported almost three times more arrests than any other municipality in the county.¹⁰
- There are 17 Municipal Alliances, focused on substance abuse prevention at the local level and they have recently weighed in on the needs of their communities.¹¹
- Suicide also presents a risk to youth in this age cohort with there being an equal likelihood of a middle schooler to commit suicide as to die in a traffic accident.
- The NJ Children's System of Care (CSOC) is the primary source of intervention for families with children with intellectual, developmental, behavioral or other challenges.
 - In January 2017, 1515 children in Monmouth County were active in the NJ Children's System of Care (CSOC).

⁸ NJ Division of Mental Health and Addiction Services (2012). Middle school risk and protective factor survey. (The most recent year a survey was conducted) Accessed at <http://www.state.nj.us/humanservices/dmhas/publications/surveys/>

⁹ NJSP UCR (2014). State and county arrest summary.

¹⁰ Monmouth County Comprehensive Youth Services Plan 2015-2017

¹¹ Monmouth County Comprehensive Youth Services Plan 2015-2017



- Of these, almost 60% (896) were in the 11-17 age bracket.¹²
- Two types of programs funded by the NJ Department of Children and Families exist at various locations in the county:
 - Family Friendly Centers in six county schools (Red Bank, Neptune, Freehold, Asbury Park, and two in Keansburg) provide after school programming in the core areas of education, recreation, social services and enrichment.
 - School based youth services programs exist in Asbury Park, Keansburg, Long Branch, and Red Bank.

Strengths:

- For every indicator of anti-social behavior in youth, Monmouth is below the state average, except for gang involvement.
- There is good availability of services to prevent/address juvenile delinquency and crime.
- There are 17 Municipal Alliances and the Prevention Coalition of Monmouth County – focused on substance abuse prevention.
- There is a strong Care Management Organization and Children's System of Care in Monmouth County.
- There is a partnership between education and parents of children with special needs, through greater communication and representation of schools on the Children's Interagency Coordinating Council (CIACC), some of which emanated from the needs assessment process.

¹² NJ Children's System of Care (2017). Children's InterAgency Coordinating Council (CIACC) Summary of Activity Monmouth County - January 2017.

- There are strong educational outcomes for most children in the county, that exceed state averages.
- The County has dedicated resources to addressing teen suicide.

Challenges:

- In some communities, especially where youth are living in poverty, there is gang involvement.
- Programming for out-of-school time is not readily available in all communities across the county.
- Despite funding made available by the county to prevent these tragedies, teen suicide continues to be an issue within the county.
- While the relationship between the CIACC and education has improved, there are still individual districts where parents continue to have difficulties accessing appropriate services for their youth with special challenges/needs.
- Need to increase community awareness and education about the population with developmental, intellectual, behavioral differences.
- As is the case in most counties in NJ, a disproportionate number of African American youth are arrested in Monmouth County.
- Early warnings about risky behavior, such as drug and alcohol use, begin to appear in this population.
- There is a lack of programs needed to support young fathers, especially in economically challenged communities in the county.

Unmet Service Needs Identified

- Establish additional summer programming for youth, such as the Summer Slide program.
- Increase after school and summer options for school-age children.
- Increase gang prevention/escape programs.



Strong Transitions to Adulthood

Goal: Youth transitioning to adulthood (16-26 years old) will be on positive pathways to economic and social independence with strong and responsible family and community ties.

- The NJ Children's System of Care (CSOC) is the primary source of intervention for families with children with intellectual, developmental, behavioral or other challenges.
 - In January 2017, 1515 children in Monmouth County were active in CSOC.
 - Of these, almost 11% (165) were in the 18-20 age bracket.¹³
 - There were an additional 39 calls that came in this same month inquiring about possible services for 18-20 year olds (8% of total calls).
 - There is also a Family Support Organization in the County to represent and support children involved in the CSOC.
- In NJ, 320 youth in Monmouth County were emancipated or "aged out" of the foster care system in 2015, representing 7% of all youth in care that year.¹⁴ Monmouth had an average of 315 youth in foster care over the last five years, so we can estimate that approximately 22 youth are aging out annually in Monmouth.¹⁵
- In 2012, 61.4% of Monmouth County high school students reported alcohol use in past 30 days (state average 54%).¹⁶ This is greater than any other substance use.
- 30% of liquor law violations and 9% of DUIs were attributed to children under 21.
- According to the NJ DOE website, 39% of state high school students drank alcohol in last 30 days in 2013.
- Focus groups and surveys have identified underage drinking and opioid addiction to both be major problems in Monmouth County.

¹³ NJ Children's System of Care (2017). Children's InterAgency Coordinating Council (CIACC) Summary of Activity Monmouth County - January 2017.

¹⁴ Accessed at <http://datacenter.kidscount.org/data/tables/6277-children-exiting-foster-care-by-exit-reason#detailed/2/2-52/true/573/2632/13050>

¹⁵ Accessed at <http://datacenter.kidscount.org/data/tables/2125-children-in-out-of-home-placements?loc=32&loct=5#detailed/5/4699-4719,4722/false/573,869,36,868,867/any/4454,13015>

¹⁶ NJ Division of Mental Health and Addiction Services (2012).

- Monmouth County had the second highest rate of treatment admission in New Jersey in 2015 at 6062 (second only to Ocean County); almost 9% of all state treatment admission.¹⁷ Almost 50% of these admissions were for heroin or other opiates and 37% were first time admissions.
- Monmouth County has seen a huge increase in other sexually transmitted diseases (STD's).
- In 2015, 1030 individuals ages 24 and under had an STD that had been reported to the NJ DOH, representing 70% of all residents with STD in the county.¹⁸
 - In 2014, 90% of youth passed the 11th grade state achievement test, the fifth highest rate in the state and 4% more than the state average of 86%.¹⁹
- In Monmouth County, 250 students dropped out of Monmouth County schools in the 2014-2015 school year; the largest percentages from Asbury Park and Freehold Regional School District.²⁰ This represents only 3.3% of total drop outs in the state for this year, though Monmouth students make up 7.3% of total public school enrollment in the state.
- There are an estimated 3000 DACA (Deferred Action for Childhood Arrivals) eligible residents in Monmouth County; 2000 of whom are immediately eligible and 1000 that would or will be eligible if not for education requirements or currently being under age 16.²¹ DACA refers to those individuals that were under the age of 16 at the time of their arrival in the United States, and were under the age of 31 as of 2012, are currently in school, have graduated from high school, have obtained a GED, or have been honorably discharged from the Coast Guard or armed forces.

Strengths:

- A high percentage of county youth (86%) go on to higher education, and linkages between higher education and mental health have gotten stronger.
- There is a strong system of care for youth up to age 20, with special behavioral, emotional, intellectual and developmental needs.
- Overall, there is a high achievement of youth in standardized testing and graduation rates.

17 NJ DHS, NJ Drug and Alcohol Abuse, Substance abuse Overview 2015 Monmouth County. Accessed at <http://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2015/Mon.pdf>

18 NJ Department of Health-Accessed at: <http://www.nj.gov/health/hivstdtb/stds/stats.shtml>

19 Kids Count Data center. Accessed at: <http://datacenter.kidscount.org/data/tables/5416-students-passing-11th-grade-state-achievement-tests?loc=32&loct=5#detailed/5/4699-4719/false/869,36,868,867,133/any/11946>

20 Accessed at: <http://www.state.nj.us/cgi-bin/education/data/drp.pl>

21 Migration Policy Institute. Accessed at <http://www.migrationpolicy.org/programs/data-hub/deferred-action-childhood-arrivals-daca-profiles>

Challenges:

- The process of “aging in” to adult systems of care for youth leaving foster care, or those with mental health, behavioral, or health needs.
- Special education students are at a particularly high risk for being unprepared for self-sufficiency.
- Although some progress has been made, there are communities that continue to be challenged by graduation rates lower than the state average.
- Only 16% of youth with special needs are engaged in school or work after graduation.
- There are significant incidences of risky behavior, including underage drinking and the spread of sexually transmitted diseases.

Unmet Service Needs Identified

- Increase the availability of outpatient mental health services.



Productive Adulthood

Goal: Adults (27- 62) will achieve their greatest potential for economic and social independence as responsible and contributing community members.

- The crime rate in Monmouth County is 18.3 per 1,000, which is less than the state average of 20 per 1,000. The majority of these 11,504 crimes in 2014 were committed in Neptune and Asbury Park. There were 2289 incidents of domestic violence, of which 2040 were assaults.
- Rents are higher in Monmouth County than the Gross median rent is \$1,241, as compared to state average of \$1188
 - 51% of households spending more than 30% on rent
 - 230 households, including 344 people, were identified as homeless last year; this is a decrease of 112 people

- Division of Social Services - February 2017 Report:
 - New SNAP Applications – 711
 - SNAP Active Caseload – 16,707
 - TANF Active Case load – 381
 - GA Active Case load - 202
 - Total new applications – 1217
 - New Family Care applications – 297
 - Family Care Active case load – 21,557
 - Total Medicaid Active case load – 27,766
 - Total active Income Maintenance cases – 45,056

- In the state of New Jersey, 77.2% of residents that were eligible for the Earned Income Tax Credit (EITC) applied for it. This is 3% less than the national participation rate of 80% in 2013.²²
- The Brookings Institute reports that there 34,779 EITC eligible filers in Monmouth County in 2015 and that in 2014, 27,412 Monmouth residents claimed the (EITC).²³ Of these, 21,676 households had incomes under 30,000.
- 10.1% of residents are without health insurance, same as NJ average; 9 municipalities exceed this average, with the highest uninsured in Freehold, Asbury Park, Long Branch and Red Bank
- Medicaid does not pay for de-tox or short-term rehab
- In 2013 and 2014, Monmouth had the second largest number of reported treatment admissions of all NJ counties; 2360 in patient, 1079 Intensive Outpatient, 146 halfway, 634 Short term residential, and 98 sub-acute detox
- 9.6% of adults in the county report experiencing fair or poor mental health
- 14.8% of MC adults classify their overall health as fair or poor
- 10.4% of MC adults perceive most of their days as extremely or very stressful
- 20% of MC adults are limited in activities due to a physical, mental, or emotional problem
- 21.7% of county adults experience chronic depression.

²² IRS Accessed at <https://www.eitc.irs.gov/EITC-Central/Participation-Rate>

²³ Brookings institute. Accessed at: <https://www.brookings.edu/interactives/earned-income-tax-credit-eitc-interactive-and-resources/>

- The 2011-2015 census average reports that 93% of Monmouth County residents over the age of 25 have a high school diploma; significantly higher than the 87% state average.²⁴
- 4.3% of population is unemployed, as of October 2016, representing 14,400 people in Monmouth County. Highest unemployment in Asbury Park and Keansburg, with 16 municipalities exceeding the state average.

Strengths:

- Median income is higher than the state average.
- Lower crime rate than the state average.
- Unemployment rate is lower than the state average, except in several communities; underemployment also exists.
- Outstanding Community College, and Monmouth University.
- Relatively well-educated population.
- There is a newly created centralized intake system and Plan for addressing homelessness in the County.

Challenges:

- Higher cost of living, with most households spending over 30% on rent.
- Underutilization of safety net services, including SNAP and EITC; issues include a lack of awareness, perception of an onerous process, etc.
- Transportation to services.
- Opioid problem.
- Fragmentation of systems to deal with problems adults have.
- Regarding residents with mental health issues: the requirement that state hospital admission is a prerequisite for some housing services limits the ability of mentally ill adult county residents to access needed housing.

Unmet Service Needs Identified

- Increase availability of short term residential, halfway houses, and sub-acute de-tox availability.
- Increase the availability of outpatient mental health services.

²⁴ Accessed at: <http://www.countyhealthrankings.org/app/new-jersey/2015/measure/factors/21/map>



Successful Aging

Goal: Aging adults (63 and over) will maintain their greatest level of independence, functioning, and dignity as valued members of their families and communities

- In 2015, an estimated 16.1% of the Monmouth County population was 65 years and over (101,223); this is a 14% growth in this population since 2010, when there were 86,992 residents in this age category.²⁵
- The Older American's Act which funds the Office on Aging defines seniors as 60+ population. In 2015 the total 60+ population was 128,407 of that 42,466 were 75+.
- There are 1287 grandparents over the age of 60 that are responsible for their grandchildren living in Monmouth County.²⁶ Of these, 11.4% are living below the poverty level. There is no parent of the grandchildren present in almost one third of these households.
- The Monmouth County Office on Aging, Disability and Vets receives approximately 1200 calls per month for services. Over 80% of these are specific to issues related to aging.
- Income inequality affects seniors disproportionately.
- Feedback from stakeholders indicates that many seniors have no family nearby to help them or check on them, and they recommend the creation of a system for greater monitoring of seniors with no family members nearby.
- There are twelve senior centers located in the following municipalities: Asbury Park, Bayshore, Eatontown, Freehold, Howell, Keyport, Long Branch, Manalapan, Middletown, Marlboro, Neptune Township, and Red Bank. Eight of these twelve 8 centers are receiving funding through the Older Americans Act.
- Isolation is exacerbated due to driving limitations; as illustrated by the fact that 21% of seniors report missing out on activities for this reason (Office on Aging Plan).
- There is insufficient case management due to lack of funding. No care managers are located at the Office on Aging.
- Reported explosion of service needs in adult protective services

²⁵ US Census. Accessed at: <https://www.census.gov/quickfacts/table/PST045215/34025>

²⁶ https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_S1002&prod-Type=table

Strengths:

- Strong County Office on Aging, Disabilities and Veterans' services
- 12 Senior Centers
- Older Americans Act funding for transportation and nutrition services.
- Life expectancy higher than in other counties.

Challenges:

- Growing aging population, particularly those over age 75.
- 1287 grandparents raising their grandchildren, and 11% of them live in poverty.
- Income equality effects seniors disproportionately.
- Isolation of seniors.
- Seniors discharged from hospitals are especially vulnerable to poor outcomes.
- Transportation.

Unmet Service Needs Identified

- Create comprehensive services that support successful aging and the physical, psychological, and emotional needs of older residents.
- Improve hospital discharge practices.

Recommendations

The result of strategic analysis has been this set of formal findings (as described above) that identify strengths, challenges and service needs and a set of recommendations to better meet human service needs in Monmouth County in the future. Traditional needs assessments focus primarily on the needs of residents and the supply of services. There are clearly areas where more services are needed and discrete populations are under-served, which are well-documented in this report. Interestingly, through the community information gathering and dialogue with steering committee members, issues emerged that had less to do with the supply of services rather than way services are planned, delivered and understood by the public. For example, virtually every community informant group said that although there is a bevy of services available in the county, the public is not aware of what is available or how to access what they need. The Steering Committee members were unified in their opinion that service providers do not generally collaborate to offer comprehensive services to residents and that numerous opportunities exist

for innovative strategies to better reach and serve residents. Another example has to do with the devastating social isolation that many young single mothers and aging residents experience and the potential for innovative solutions that mobilize community members to engage their neighbors.

Within each category of the life journey, specific priority items are identified that emerged from this needs assessment. These items should not be construed to represent a complete Human Services Action Plan for Monmouth County, as they are viewed as areas of high needs that have been identified after data analysis and through community voice as part of this process. Rather, a Human Services Plan or “Action Plan” is seen as a future objective after the revitalization of the planning process within the county, led by the Human Services Advisory Council, including the restructuring of fragmented planning bodies for coordination, integration, and comprehensive human services planning, implementation, and performance management.

The analysis and strategic formulation undertaken by the Steering Committee resulted in findings that fall into three categories:

1. There is a need to undertake aggressive and integrated community information sharing and education initiatives, especially in key areas, and resource navigation for the human service system as a whole.
2. Planning and service coordination is not integrated across the entire life journey. There is a need for the county to approach planning and coordination differently through innovation and collaboration.
3. There are unmet service needs that can be addressed through an effective, comprehensive planning process, while addressing other needs through advocacy and new service approaches.

Within each category of recommendations, specific priority items are identified that emerged from this needs assessment, including those within the authority of the county, and in other areas where the county could “champion” efforts.

A summary of the recommendations follows:

1. Community information sharing, education, and resource navigation

- A. The County Public Information Office and the Department of Human Services could partner to take the lead with a full range of formal and informal community partners to encourage community involvement and collaboration on issues such as immunizations, lead poisoning, underage drinking, and early intervention programming/outreach.
- B. Utilize the County Public Information Office to provide positive responses to human service

issues, and to highlight the availability of programs such as SNAP and the EITC.

- C. Need a way to increase awareness of support services across providers, social service staff, and consumers. Must reach across cultures with messages including newsletters, notices, fliers, and social media with languages other than just English. With 18% of population in the county as non-English speakers, need to be sure we are reaching them.
- D. Address the transportation issues of many county residents through the exploration and implementation of a variety of strategies.
- E. There is a need for greater awareness in the community about the availability of mental health services for children in early childhood (age 8 and under).
- F. Provide additional outreach about NJ Family Care for those families that are eligible, to reduce number of uninsured children.
- G. Enhance knowledge and access to available resources through resource navigation strategies.

2. Collaboration and Innovation

- A. The County will champion a comprehensive planning process that looks at all needs and all planning processes, with a goal of having a transparent local planning process for the allocation of not only county, but also state and federal resources.
- B. Broaden, deepen and energize the role of Human Services Advisory Council.
 - 1. Restructure fragmented planning bodies for coordination and integration.
 - 2. Identify sub-coalitions of planning bodies for each phase of the journey.
 - 3. Build upon the Youth Services Commission to develop a planning body that focuses on youth aging out of the child serving systems into adult services.
 - 4. Explore partnerships with municipalities around local human service needs (i.e., drug abuse prevention).
- C. Enhance efforts to outreach needy and disenfranchised youth throughout the County.
 - a. Expand gang prevention services for 3rd-9th grade students and support for those who want to leave gangs.
- D. Education/human services/parent collaborations
 - a. Enhance mechanisms for these collaborations for individual children and families.

- b. Ensure that all schools notify parents about the availability of the Children's System of Care, should they need it.
- E. Virtual Family Success Center(s)/provider collaboration on issues to increase access and availability of services.
- F. Public-nonprofit partnerships for community outreach to reduce isolation for vulnerable populations (i.e., seniors with poor health, new or young mothers, etc.).
- G. The County will advocate for municipalities to adopt private property ordinances regarding underage drinking with more stringent consequences for homeowners who serve youth alcohol in their homes.
- H. Enhance the coordination of services for domestic violence and sexual assault victims thru a One Stop approach (the County is proposing a Family Justice Center to meet this need.)
- I. Use the Financial Empowerment Center to enhance use of EITC, and enhance its outreach and staffing by additional agencies, including DSS.

3. Unmet service needs

- Target coordinated resources and services to communities with highest needs.
- Continue to seek funding from the State to address new lead poisoning standards.
- Continue to focus on the development of affordable housing options and methods to prevent homelessness, including full implementation of the plan to end homelessness in Monmouth County.
- Open an additional Family Success Center to serve the western portion of the county or virtual family success center; or expand the capacity of Financial Empowerment Center to provide outreach to western portions of the county.
- Continue to develop strategies for accessing psychiatrists and other mental health professionals who will accept Medicaid fee for service.
- Increase the availability of outpatient mental health services, including the County advocating with the state regarding the limited availability of housing for mentally ill adults in the county.
- Review the allocation of current human services funding and staffing and create strategies for efficiencies, re-deployment of staff to priority areas, re-investment of funds in community services and creation of new sustainable funding strategies to meet unmet needs.



Monmouth County Board of Chosen Freeholders

(left to right) Serena DiMaso Esq., Gary J. Rich, Sr., Director Lillian G. Burry
Deputy Director John P. Curley and Thomas A. Arnone

