



# 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 stylized with a long horizontal stroke extending to the right.

Tom Blatner  
President, JANUS Solutions

# Monmouth County Human Services Needs Assessment

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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](http://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 3<sup>rd</sup> to 9<sup>th</sup> 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



## Purpose

Monmouth County has a population of 628,715, made up of 233,983 households and a rich diversity of people. The County is blessed with thriving communities, beautiful natural resources, from the beaches of the Atlantic to the farms of Allentown, and cultural resources throughout. While the socio-economic status of most of the residents of Monmouth is well above that of most counties in New Jersey, there are residents in the county who, due to income, health and behavioral health status, developmental status, family situations and other reasons, are in need of support, services and resources from a variety of public, private and non-profit organizations. Currently 4.5% of the households in the County live below the poverty line (\$24,250 for a family of 4), and struggle to meet even basic needs.

Monmouth County has a strong tradition and reputation as a leader in providing services and supports to residents in need. Going back to the early 1980's, Monmouth County was successful in drawing down significant federal funding for social services through the dedication of County funding and resources to services for residents in need. Despite a consistent pattern of increasing need and diminishing funding, there have been few efforts across the state that provide an up-dated view of current need. In addition, there is little analysis of whether resources are being used as effectively and efficiently as possible, and in a way that is perceived as helpful by those who use them.

Monmouth County was the first county in the State of New Jersey to undertake the development of a comprehensive Strategic Plan. Monmouth County developed its Strategic Plan in 2009, and began implementation immediately. One of the key goals for that Plan was for Monmouth County government to "Promote the safety, security, and well-being of all residents in a manner which is responsive to demographic, social, and community trends." Objectives for this goal include: targeting of services for

vulnerable, underserved, and growing populations; and, to reduce economic, social and ethnic disparities among County residents. The Board of Freeholders has continued to be guided by the Strategic Plan, and sought to focus efforts on this goal and objective. The County Department of Human Services is responsible for addressing the needs of some of the most vulnerable residents of the county, and those who may be struggling with an unexpected event, and its various Divisions have developed Plans to identify trends, needs, and priorities. The Board of Freeholders was committed to better understanding the



current needs and the use of county resources across all areas of human service needs, the scope of which goes beyond the ability of county government alone to address. Since Monmouth, like most counties, had not completed a human services needs assessment since 1998, the Freeholders decided to undertake a human services needs assessment to understand current needs, particularly in the context of uncertain State and Federal funding.

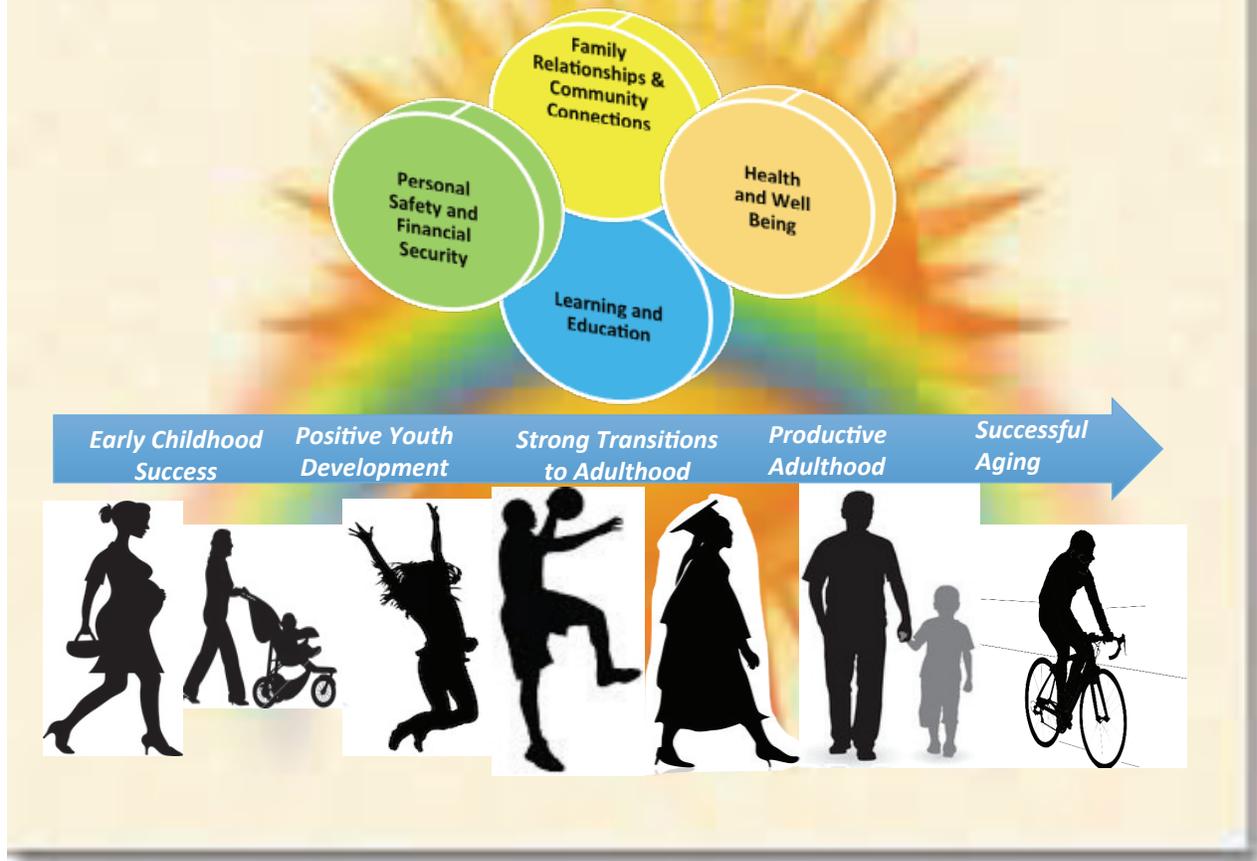


The purpose of this Human Services Needs Assessment is to identify the current state of human needs in the county, how they are being met, and understanding how current resources are organized and being used to meet needs. The County chose to engage JANUS Solutions, an experienced NJ-based consulting firm to undertake this initiative. This needs assessment also provides critically needed information about use of current resources and recommends potential improvements.



## The Individual and Family Success Vision

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



### Framework

Usually, needs assessments look only at unmet needs, deficits in service systems, current needs and demographics pointing to trends. In this case, Monmouth County chose to adopt an approach developed by JANUS Solutions that not only looks at immediate needs, but also considers strategies for longer term positive community impact. The framework for individual and family success considers immediate risks and needs of residents, but also defines the conditions that support the ability of individuals to meet their greatest potential in life: individual and family success.

The premise of the individual and family success approach is that comprehensive, holistic investments in organized local systems and strategies of family and individual support and community improvement will, over time, produce dramatically better results for children, youth

and families. The individual and family success framework is based on the developmental model, “Journeys of Family Success”, which provides a unifying vision for stakeholders’ goals around child development and family support in their community across four life areas, or pillars. This approach acknowledges that developmentally appropriate community resources and services are crucial for people’s successful journeys through life.

The Monmouth County human services needs assessment was organized and conducted around the goals for each phase of the life journey, from birth to end of life:

- **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.
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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.



Additionally, each developmental phase is supported by four general life domains, or “pillars”:

### **Strong family relationships and community connections**

Reliable networks of mutually supportive, meaningful and developmentally appropriate bonds and relationships within one’s family and community are crucial to positive child and youth development.

### **Personal safety, equal opportunity, and financial security**

A stable environment of safety and security—physical and emotional—at home, in school and in the community - is critical for success. The ability of families to generate sufficient income to support themselves is an obvious prerequisite for family and community stability and success.

### **Good health and well-being**

Supports for good health, access to affordable healthcare and a consistent sense of positive wellbeing are critical for productivity and happiness in every area of life for children, youth and family members.

### **High-quality learning and education**

Children’s education begins at home with parents as their first teachers, continues with early childhood education programs and local school systems, and includes transitions to higher education and work opportunities. Less obvious but equally important are the informal lessons children learn through family and community interactions. Overall, high quality learning opportunities that equip children with knowledge, skills and experiences in support of their future adult lives are important for success at every step of the life journey. High quality learning applies to all family members and is truly a family affair.

Individual and family success is more likely when families are appropriately and consistently supported across these four pillars. Each pillar is connected to the others in a web of people and institutions - a community. Individuals and families, and their communities, are the underlying core of strength for the well-being of our children and youth in reciprocal, reinforcing relationships. Viewing human service needs through this lens acknowledges that all people progress through discreet developmental phases, have essential basic needs, as well as thrive when they are part of a healthy community. To this end, the needs assessment identifies not only the needs, but also the strengths, capabilities, and interests of Monmouth County residents in their communities.



## Process and Methodology

The process undertaken to complete the assessment was one of **Information Gathering → Strategic Formulation → Recommendations.**

### The method used included:

- Identifying strengths, challenges, emerging issues along each phase of the life journey
  - Review data and community voice
  - Identify strengths and emerging issues
  - Explore and establish priorities
- Exploring short and longer term strategies to address challenges
  - Identify what issues the County can address directly, and how they might advocate with other public and private stakeholders
  - Identifying specific recommendations

## Key elements of this process were:

- The entire process was completed in partnership with the Steering Committee.
- There was a clear call for action by individuals who participated in leading, and were stakeholders in, the process.
- All work was done utilizing the journeys and pillars framework of individual and family success.
- Broad outreach – 175 people provided input via focus groups and interviews, and 972 responded to the survey.
- County funding information being gathered and included in report.
- Facts/data and qualitative information and opinions of people are of equal importance.
- Strategic formulation was facilitated by the consultants – analyzing the meaning of the qualitative and quantitative info gathered by the working group and Steering Committee.
- The development of key findings and recommendations included the development of short term or longer term objectives, both within the control of the county and for areas where the county can “champion” issues and solutions.

The human services needs assessment process began with the formation of a Steering Committee to oversee the initiative. The Steering Committee consisted of key County representatives, community providers, and advocates. It reviewed the information gathering that JANUS Solutions undertook, using multiple methods to gather information from diverse constituencies, examining partnerships and collaborations that exist, and keeping the assessment realistic. The Steering Committee met a total of five times, and was supplemented by a smaller, working group to more closely examine trends, needs, and strategies to address identified needs. A complete listing of the Steering Committee membership and dates, including the working group, is contained in **Attachment A**.



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). There are other planning bodies and county agencies that conduct assessments on a consistent basis that involve many hours of research, meetings, focus groups, and surveys with stakeholders. Several publications have been published in recent years that compiled relevant data. These include the 2016 Health Assessment and 2012-2016 Community Health Improvement Plan (Health Improvement Coalition of Monmouth County) the 2015-2017 Comprehensive Youth Services Plan (Youth Services Commission), and the Office of Addiction Services Plan, 2013-2017. There are also broad planning documents created that help determine strategic direction on multiple levels such as the Monmouth County 2016 Profile and Master Plan (Monmouth County Division of Planning) and the 2009 Strategic Plan (JANUS Solutions). These plans contained valuable information and the consultant team reviewed these documents so as to ensure that the Needs Assessment Steering Committee work would complement rather than duplicate past efforts.

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.

Information gathering from this variety of sources was followed by analysis, that took place between October 2016 through April 2017.

JANUS Solutions also conducted numerous interviews and focus groups to solicit input from over 175 County residents and service providers. A complete listing of these outreach efforts is contained in **Attachment B**. A sample of questions posed to each group is contained in **Attachment C**.

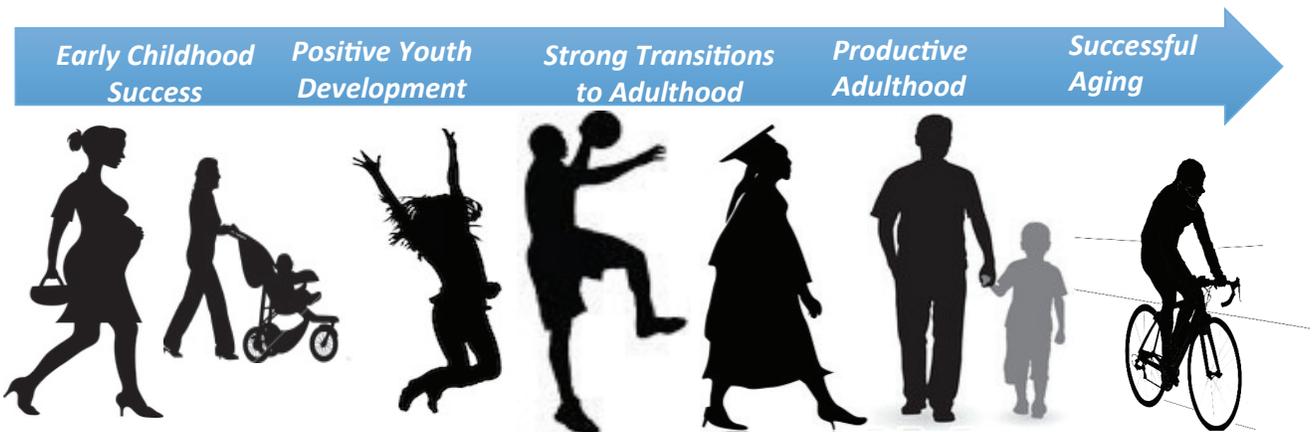
JANUS also obtained information on funded programs within the County Department of Human Services, noting the county share of program funding for each area. This is contained in **Attachment D**.

Finally, there was an online survey that was completed by 972 County residents. This was a voluntary survey, posted on the County website, and with links to other sites accessed frequently by residents, such as the County Library System, A full report on answers received is contained in **Attachment E**.

The Steering Committee reviewed data and trends, had input into the development of a survey to obtain resident input, publicized the survey and focus groups, and discussed and analyzed input and responses. The Steering Committee and working group participated in the review of data and trends, and were key to the formulation of priorities and strategies for addressing the human service needs of residents of Monmouth County. The result is a current and comprehensive picture of the strengths, needs, and resources available to County residents and the gaps between current and desired conditions, and recommendations for progress.



**QUANTITATIVE AND QUALITATIVE INFORMATION GATHERING / COLD HARD FACTS AND COMMUNITY VOICE ... A SNAPSHOT OF MONMOUTH COUNTY RESIDENTS AND THEIR NEEDS**



This section of the Needs Assessment highlights the significant information that was gathered and analyzed related to each phase of the life journey, and for Monmouth County and its communities. The Steering Committee and Working Group reviewed and analyzed key quantitative data, and key information from community input / “voice”. Throughout the process, there was a clearly stated expectation by many stakeholders that the needs assessment be the beginning of a “call for action” to better address human service needs of county residents.

This section of the Needs Assessment follows the phases of the life course, and highlights key data related to the achievement of the goals for that age group, using the family success framework. Each section also contains key facts about funding and resources available, stakeholder input, and analysis by the Steering Committee and Working Group. Overall strengths and challenges to successfully completing this phase of the life journey are identified, as are specific unmet service needs. Specific recommendations to address these challenges are included in the next section of the Needs Assessment: Recommendations.

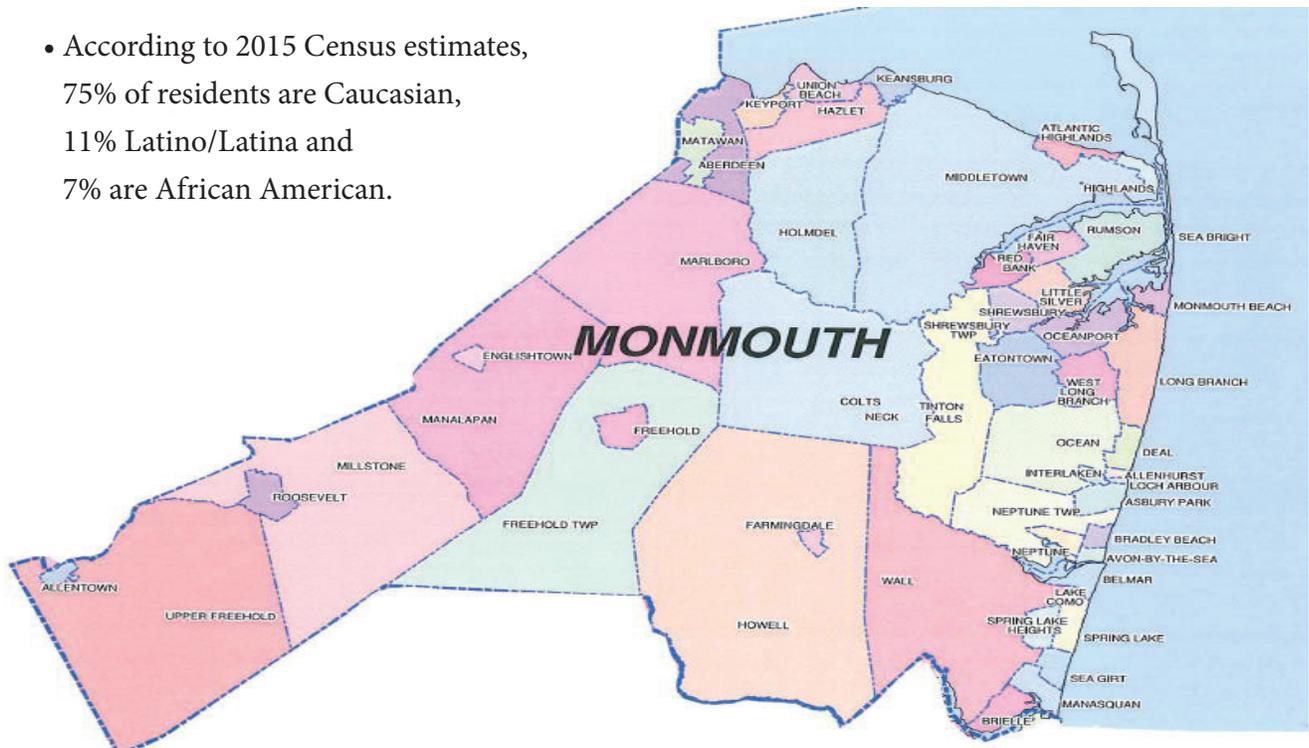


## Strong Families / Strong Communities

**Strong Families, Strong Communities:** Individuals, families and communities will have the knowledge, resources, and skills to successfully support their journeys from birth to the end 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 citizens are children.
- According to 2015 Census estimates, 75% of residents are Caucasian, 11% Latino/Latina and 7% are African American.



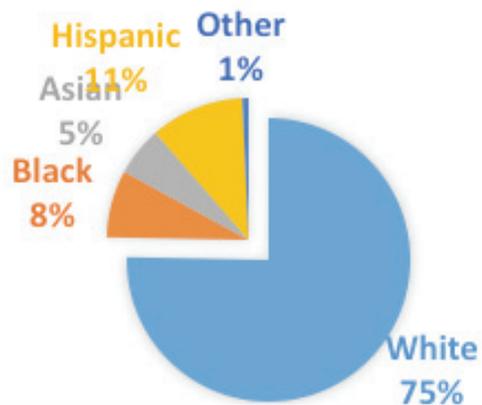


### Population by age



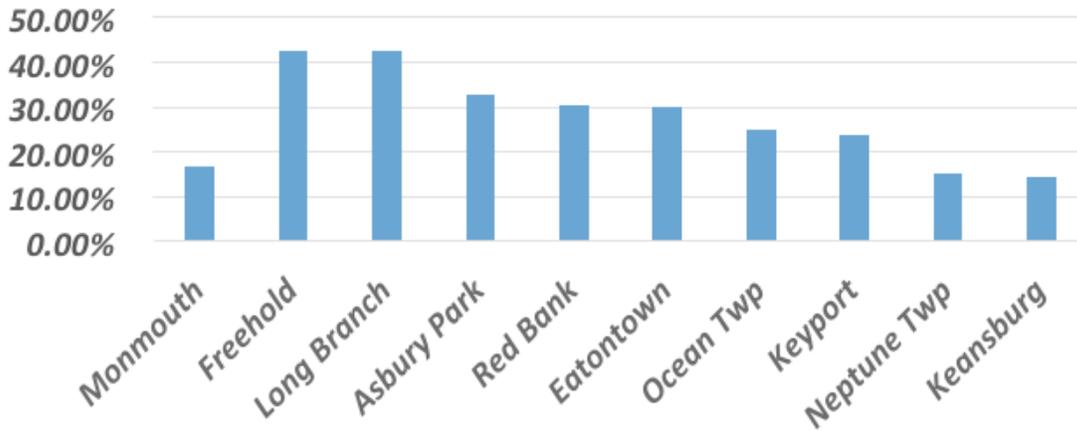
■ Under 18   
 ■ 65 and over   
 ■ 19-64

### RACIAL/ETHNIC DEMOGRAPHICS



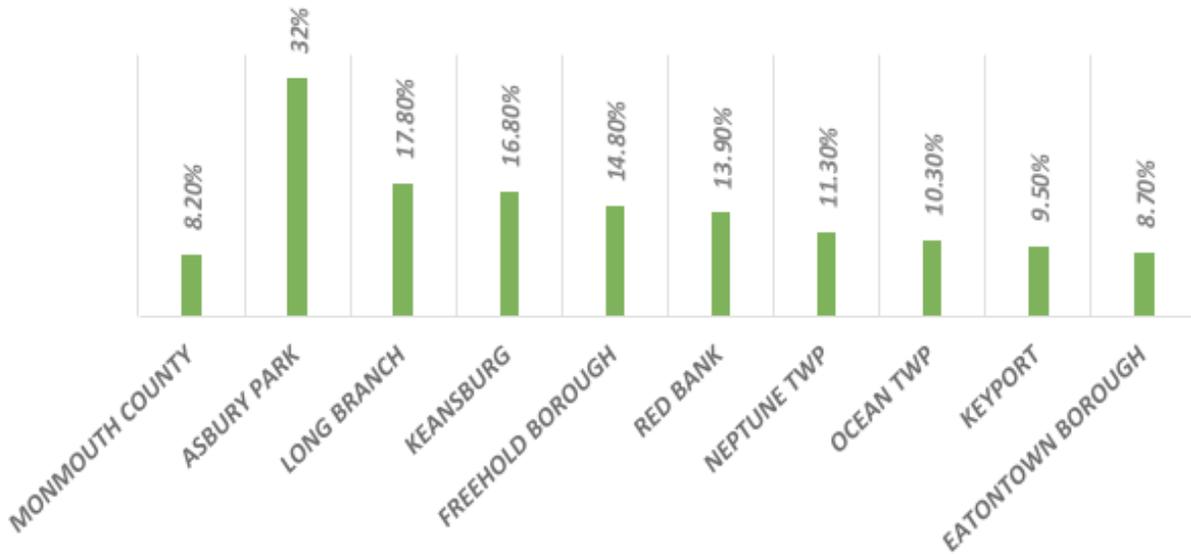
Countywide, 14% of residents are foreign born and 18% speak a language other than English at home. This fluctuates depending on the municipality, with several municipalities having a much higher incidence of residents speaking a foreign language, such as Freehold Borough and Long Branch, where almost a third are foreign born and more than 40% of the population speak languages other than English at home. However, only 4% of individuals live in homes where no one over the age of fourteen speaks English; indicating a sizable bilingual population in some areas.

### Other language spoken a home



There are 260,683 household units; 73% of them are owner occupied, which have 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.

### PERSONS IN POVERTY



## Strong family relationships and community connections

### Strengths:

- Considerable state funding of more than 2.5 million dollars has been secured to provide therapeutic home visits to families in need of extra support and offer wrap around resources to families needing assistance. Programs include Family Friendly Centers, funded by the NJ Department of Children and Families (DCF) @ \$45,463 each, in six county schools (Red Bank, Neptune, Freehold, Asbury Park, and two in Keansburg) that provide after school programming in the core areas of education, recreation, social services and enrichment.
- Family Success Centers in Long Branch, Bay Shore, and Asbury Park, DCF-funded @ \$240,000 each, use a prevention approach by offering “one-stop” shops that provide wrap-around resources and supports for families before they find themselves in crisis.
- The county also has a Kinship Navigator for children living with extended family members, and parent education programs such as Parents as Teachers, Strengthening Families and the Parent Linking Program for teen parents.
- Red Bank Resource Network, sponsored by the Mental Health Association, is a great example of a One Stop for adults.
- The Monmouth County Planning Department has an interactive planning process with municipalities, plus several have their own allocation (Asbury Park, Long Branch and Middletown) of up to \$200,000 per project.



## Challenges:

- Increasing older population, and immigrant population. 14% of residents are foreign born and 18% speak a language other than English at home.
- 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.
- Transportation is an issue in various parts of the county.
- There is an increasing Haitian population, and great difficulties in agencies finding translators.
- The current Monmouth County [2015-2019 Five-Year Consolidated Plan<sup>1</sup>](#) recommends the following actions:
- Improve public facilities and municipal infrastructure and expand public services and economic development opportunities
- Increase communication, coordination, and cooperation within human services.
- Facilitate healthcare and social service agencies working better together.
- Move the responsibility for eligibility determination for the Housing Improvement and Emergency Home Repair Programs from Planning (where there is only 1.5 staff) to DSS.

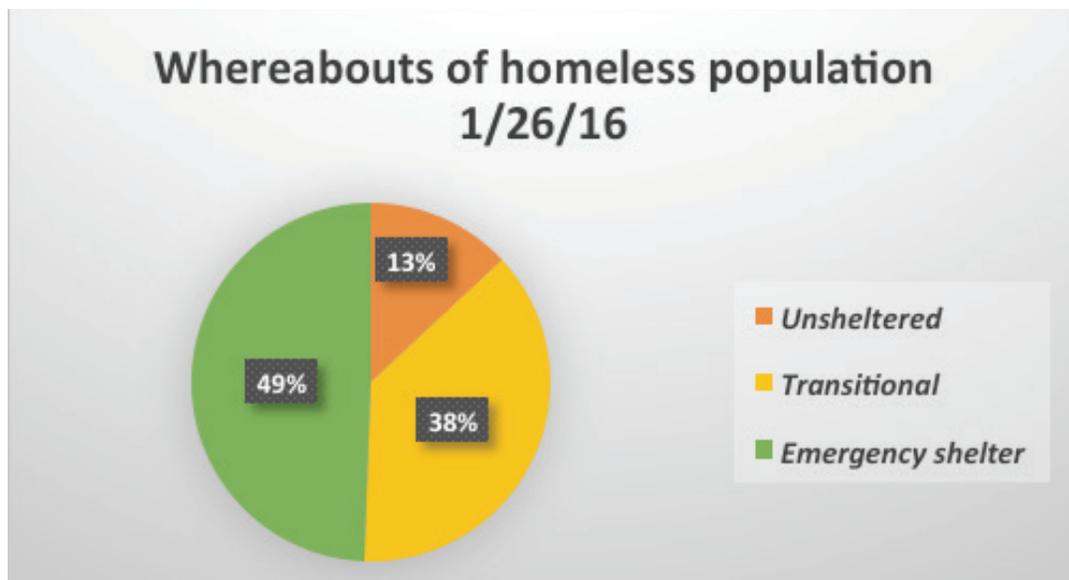
## Equal opportunity, personal safety, and financial security

### Housing:

- On the night of January 26th, 2016 a total of 230 households, including 344 persons, were experiencing homelessness in Monmouth County, according to the 2016 Point-In-Time Count. This is a decrease of 112 persons (24.6%) and 60 households (20.7%) from 2015.<sup>2</sup> A total of 48 households, with 74 persons, were identified as chronically homeless.
- Largest concentration of public housing is in Asbury Park and Long Branch.

1 Accessed at: <http://co.monmouth.nj.us/documents/24/2015-2019%20%20Consolidated%20Plan.pdf>

2 Accessed at: <http://monarchhousing.org/wp-content/uploads/njcounts16/2016PITReportMonmouth.pdf>



- Monmouth County had 3.8% of New Jersey’s statewide homeless population in the 2016.
  - The current Monmouth County [2015-2019 Five-Year Consolidated Plan<sup>3</sup>](#) found that barriers impacting low-and moderate-income residents’ access to fair housing choice within Monmouth County are:
    - Limitation of zoning and site selection for affordable housing developments
    - Environmental issues and constraints
    - High municipal property taxes and the cost of education
    - Gaps in transportation availability
    - Issues concerning public housing authorities
    - Expiring affordability controls in subsidized housing
    - Restrictive lending policies and practices
    - Limited resources and funding for programs that promote fair and affordable housing
    - Low educational achievement levels in select areas
    - Limitations on fair housing data collection methods
    - The plan also identified a lack of sufficient accessible housing for the disabled.
    - Stakeholders observe that the influx of money from Superstorm Sandy resulted in rebuilding that has created gentrification in some areas, including the east side of Asbury Park.

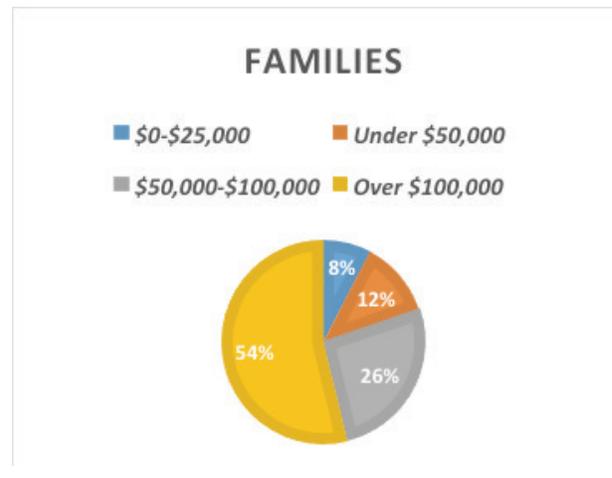
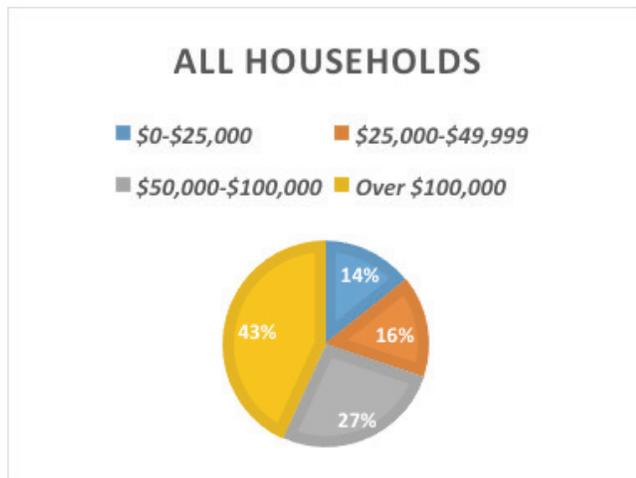
<sup>3</sup> Accessed at: <http://co.monmouth.nj.us/documents/24/2015-2019%20%20Consolidated%20Plan.pdf>

## Hunger/Nutrition:

- Feeding America found that 9.3% of county residents (58,680) have food insecurity.<sup>4</sup>
- The Monmouth Food Bank directly assists with 2,000 applications for SNAP each year (mostly Monmouth). However, there are still individuals that could qualify for SNAP but do not apply.

## Income:

- Monmouth County is comprised of 233,105 households.<sup>5</sup> 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.



Federal poverty guidelines (listed below) do not account for the cost of living in different geographic areas of the country (apart from AK and HI). According to a study conducted by Legal Services of New Jersey, due to the high cost of housing and other expenses in our state, the Real Cost of Living (RCL) in NJ should consider 250% of the federal level to be the NJ poverty rate.<sup>6</sup> When one considers this measurement, perhaps one third of Monmouth County residents are living below the Real Poverty Level.

<sup>4</sup> Accessed at: <http://map.feedingamerica.org/county/2014/overall/new-jersey/county/monmouth>

<sup>5</sup> 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>

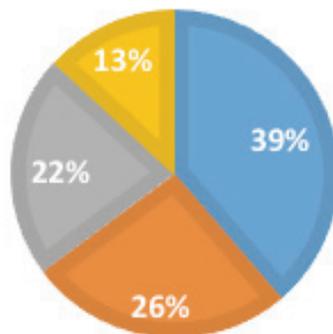
<sup>6</sup> Legal Services of New Jersey (2013). The real cost of living in New Jersey. Accessed at <http://poverty.lsnj.org/Pages/RCL2013.pdf>

2017 Poverty Guidelines (as of 1/26/2017, US DHHS)			
Family Size	Income		
	100% of poverty	200% of poverty	250% of poverty
1	\$12,060	24,120	30,150
2	\$16,240	32,480	40,600
3	\$20,420	40,840	51,050
4	\$24,600	49,200	61,500
5	\$28,780	57,560	71,950
6	\$32,960	65,920	82,400
7	\$37,140	74,280	92,850
8	\$41,320	82,640	103,300

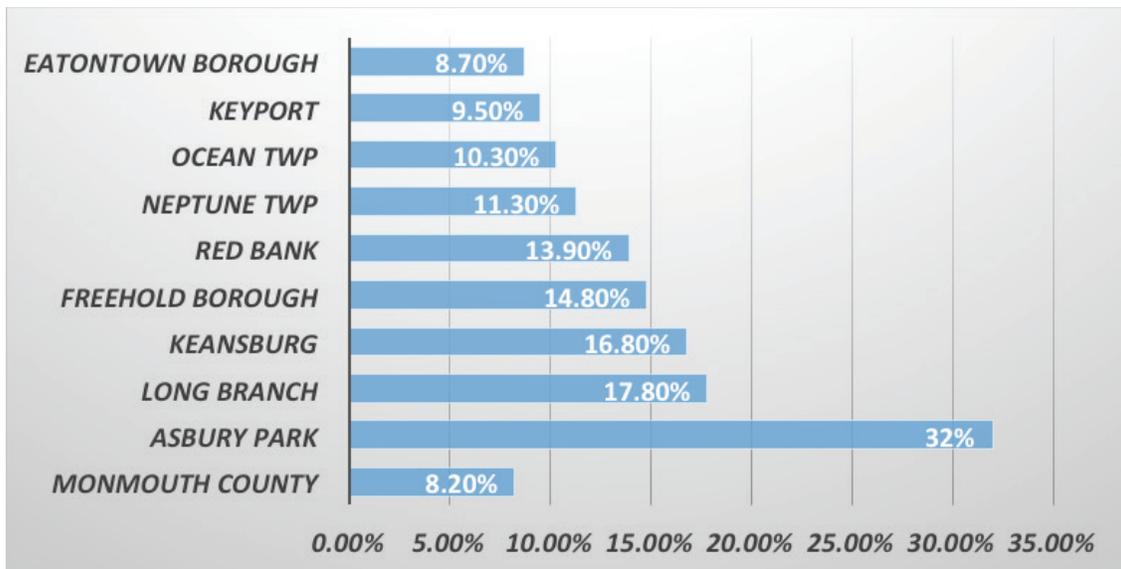
The overall poverty rate in New Jersey is 10.8%. Monmouth County is below this at 8.2%, though nine municipalities report higher than average rates of poverty in the county, led by Asbury Park with almost a third of its residents living in poverty. Just 13% of Asbury Park residents earn over 100,000 per year. However, using the Gini index, which calculates the income distribution in a place, Asbury Park has one of the highest rates of income inequality in the state, ranked 7<sup>th</sup> of towns with populations over 10,000. Deal had the highest Gini scores in the state when all town sizes were included.<sup>7</sup>

## ASBURY PARK INCOME DISTRIBUTION

■ \$0-\$24,999 ■ \$25,000-\$49,999 ■ \$50,000-\$99,999 ■ \$100,000 and over



<sup>7</sup> [http://www.nj.com/news/index.ssf/2017/02/how\\_every\\_town\\_in\\_nj\\_scores\\_on\\_income\\_inequality.html](http://www.nj.com/news/index.ssf/2017/02/how_every_town_in_nj_scores_on_income_inequality.html)



- One trend noted from this data is that the population in Monmouth County is aging at a rate greater than the state and indeed the country. This fact is related to some emerging human service needs for this population. Additionally, the immigrant population is increasing; between 2000 and 2010, the Hispanic population in Monmouth increased by 59.6%, also greater than NJ and national averages.

### Transportation:

- 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.
- The Monmouth County Office of Community Development coordinates, implements, and monitors participant compliance for three federal entitlement programs: the Community Development Block Grant (CDBG), HOME Investment Partnerships Program (HOME), and Emergency Solutions Grant (ESG). The overall goal of these federally funded initiatives is to effectively develop and maintain viable urban communities.
- Most recent HUD Continuum of Care Application (largest request ever), over 3.6 million, and includes hiring a Housing Navigator.
- CDBG funds have decreased dramatically over the past 10 years. Now \$2.1 - \$2.2m
- A subset of the CDBG Committee advises the Monmouth County Board of Chosen Freeholders on how best to serve the interests of low-and moderate-income residents throughout the county. These funds are allocated as follows: 15% to public service including CASA, Monmouth County Association for the Blind for transportation, and the Parker Family Center (Red Bank); 85% to

infrastructure, such as Internal Housing Improvement program, and Emergency Home Repair.

- Residents that have income at 80% of Medicaid allowable income are eligible for these programs. Eligibility is currently determined by the county Planning Department staff.
- The county operates a first-time homebuyers' program in partnership with local lending institutions and nonprofit organizations to provide grants in the form of interest-free deferred second mortgages for down payment assistance. The public is made aware of housing funds through the website and ads in the newspapers.
- County funds are used for health clinics (\$6000), shelter (\$531,053), services for disabled adults (\$74,211), healthcare (\$626,930), and other social services (\$396,206).

## Good Health and Well-Being

### Strengths:

- There are 17 Municipal Alliances for drug abuse prevention, representing 22 of the county's 53 municipalities. A breakdown of this funding, by municipality, is included in Attachment D.
- Monmouth County has beautiful parks, but they are hard for many to get to. The county Recreation Department programs are free only to those with very low incomes, but transportation to the events for this population is often problematic.
- A Federally Qualified Health Center is being planned for Freehold area, with Centra State. Others are currently located in Long Branch, Keansburg, Keyport, Red Bank, and Asbury Park.
- The Monmouth County Department of Human Services received \$14 million in Sandy Homeowner/Renter Assistance Program (SHRAP) funds that went to social service agencies. It is now depleted.

### Unmet Service Needs Identified:

- Affordable housing
- Transportation



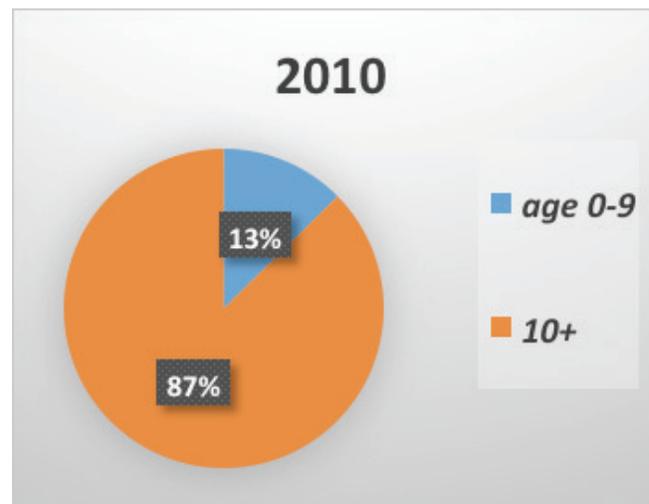
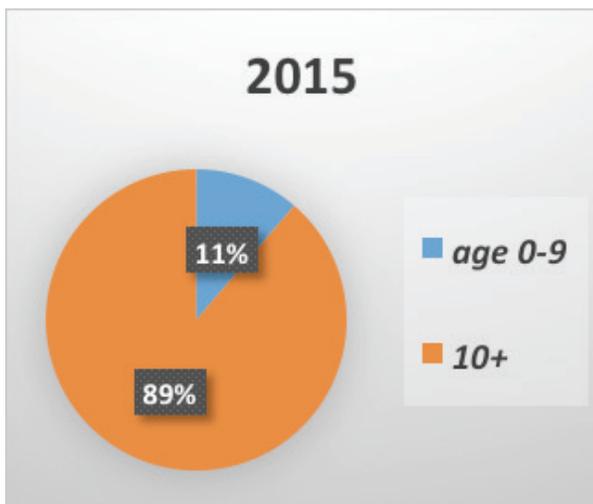
# THE LIFE JOURNEY:

## Early Childhood Success



The first phase of the life journey is Early Childhood Success. This journey lasts from conception through age eight and the first goal is that *all young children are 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.<sup>8</sup>

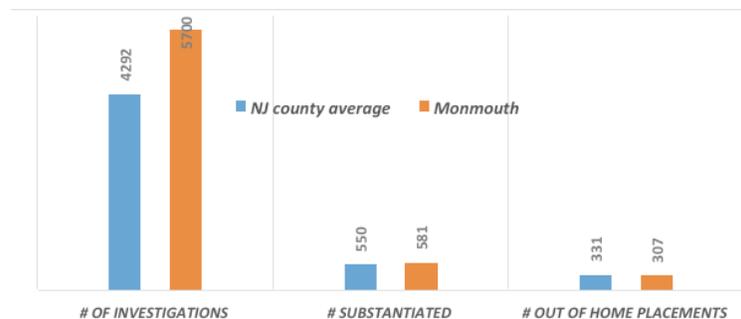


<sup>8</sup> American Community Survey (2015). The annual census estimates do not break out age year by year, so the 0-9 age bracket has been used for equal comparisons.

## Family Relationships and Community Connections

One pillar needed to support young children is to ensure that they have interpersonal and community supports available to them. This occurs in the context of the family and the community in which they live.

- Of the 138,317 children living in Monmouth County, 21% (29,046) live in single parent households.<sup>9</sup> 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%.<sup>10</sup>
- Children are at greatest risk of abuse in the first year of life.<sup>11</sup> 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.<sup>12</sup> 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.



**CHILD ABUSE/NEGLECT AVERAGES**

9 US Census 2015

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

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

12 NJ Kids County 2016.

- Research and common sense suggests that children with special emotional or behavioral needs are at higher risk of abuse or neglect due in part to the added responsibility and stress on a parent. In a single month (11/2016), 289 individuals called seeking in-home services for children 0-6 with special emotional or behavioral needs.<sup>13</sup> Monmouth County extends significant resources to support parents with young children to prevent neglect and abuse and prevent out of home placements.
- The Visiting Nurses Association of Central Jersey (VNA) is the lead agency for the Monmouth County Council for Young Children (CCYC), which is 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. The CCYC understands the need for a strong foundation for young children so they can be more successful at subsequent stages of the life's journey. The needs they have identified for young children and their families, such as more ESL classes and immigration lawyers, have been met through this successful collaboration, which has focused on building the capacity of parents to feel empowered to advocate for themselves.
- Perhaps due to the successful collaborations in the areas of strengthening families with young children and the declining demographic in this age bracket, there are largely adequate resources available to support parenting of young children, especially birth to age two, and connect them with the larger community of resources.

## Safety and Financial Security

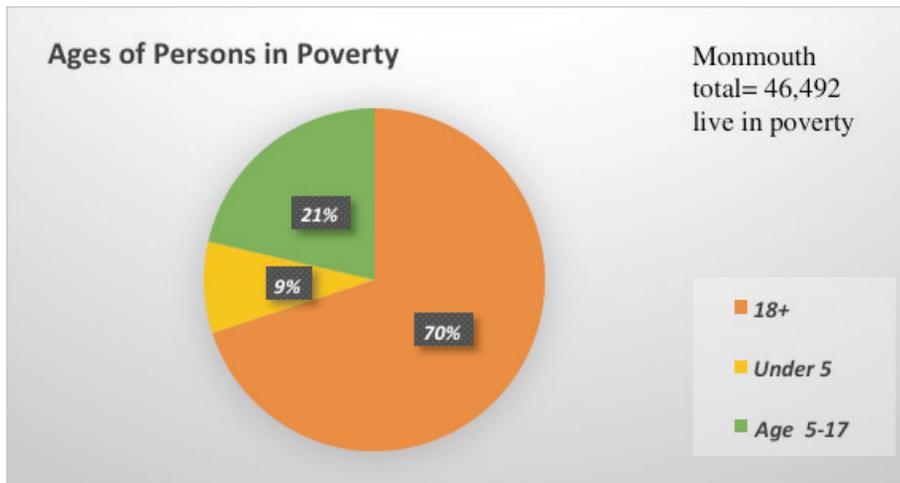
**The second pillar to support young children is to ensure that all children in the county will have the same access to opportunity, are safe, and their families have the necessary financial means to care for them.**

Monmouth County has a median income of \$85,242, 16% higher than the state average and the fifth highest in New Jersey.<sup>14</sup> Despite this relative wealth, almost 10% of children under 18 (13,970) in Monmouth County lived in poverty in 2015, with children under age five most likely to be poor. Although children make up approximately 23% of the county population, 30% of the those living in poverty are under age 18.<sup>15</sup>

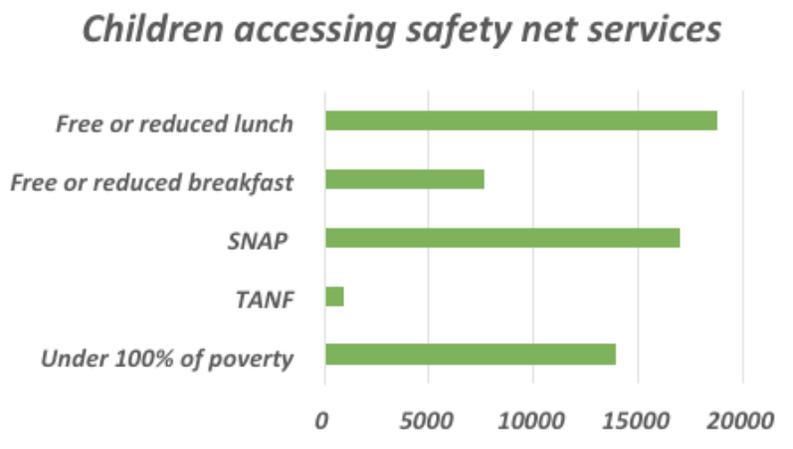
13 NJ Children's System of Care, Children's InterAgency Coordinating Council (CIACC) Summary of Activity

14 ACS (2015)

15 *ibid*



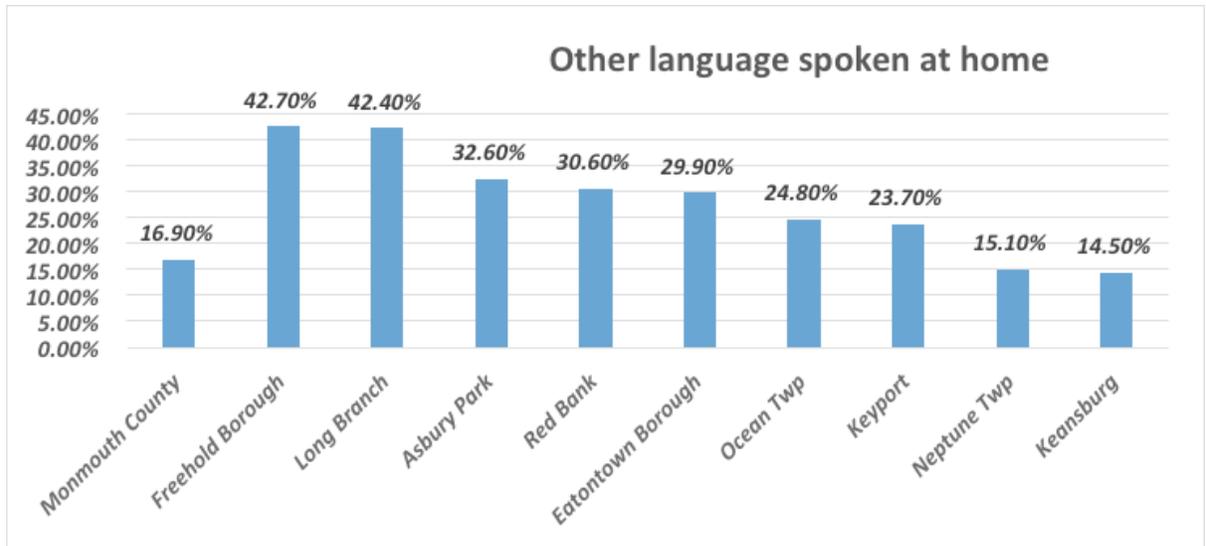
- Several safety nets exist to assist those families that are financially struggling. There were 37,306 children on Medicaid/NJ Family Care in 2015; though 5735 children remained without any insurance (2014).<sup>16</sup>
- In the 2015-2016 school year, 18,782 children participated in the free or reduced price lunch program, though an additional 5610 (23%) are eligible that do not access it.



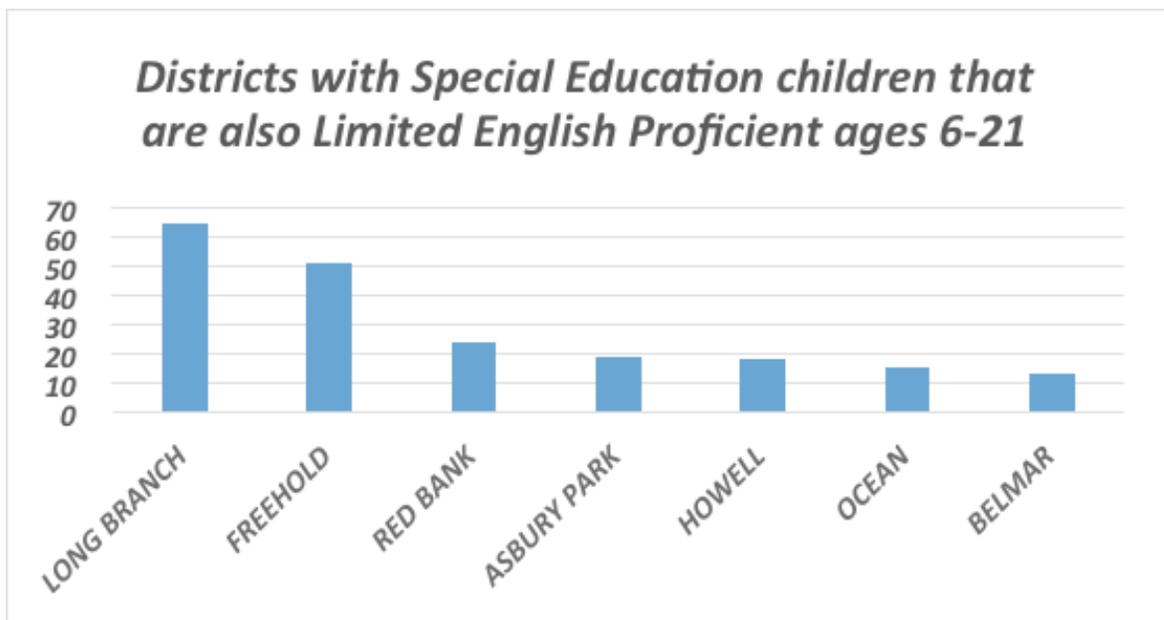
- While services are available, not everyone has the same opportunity and/or ability to access them. Those from diverse cultures or who do not speak English well may not understand what services are available, or what they may be eligible for. Approximately 17% of households speak a language other than English at home and 6.6% of the county population over the age of five reportedly (39,356) speak English less than “very well.”<sup>17</sup> There are several municipalities where households that speak multiple languages significantly higher than the county average, such as Freehold Borough and Long Branch.

16 NJ Kids Count (2016)

17 US Census Bureau Quickfacts: <http://www.census.gov/quickfacts/table/PST045215/34025>



- The majority of these areas also have higher prevalence of special needs children attending the school that have limited English proficiency.



- The NJ Division of Child Protection and Permanency (DCP&P) funds services that provide primary prevention and support for vulnerable parents and young children at risk of abuse and neglect to increase personal safety of young children. A range of other government safety net programs, such as those that address food insecurity, also help families meet basic needs.

## Good Health and Well-Being

**The third pillar to support young children is to ensure they are healthy, both medically and emotionally. The health of child starts with the mother during pregnancy.**

- 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).<sup>18</sup> The NJ Department of Health ranks Monmouth as “excellent” in each of these indicators.
- 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).<sup>19</sup> Organized activists in the county promote the questioning of traditional medical methodologies, including vaccinations. Despite this, there is a huge increase in the use of the Monmouth County Health Department’s free immunization clinic.
- 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.
- The Visiting Nurses Association of Central Jersey coordinates several programs impacting child health, including the WIC program, early intervention for children with physical or developmental delays, and three evidence-based models (Nurse Family Partnership, Healthy Families, and Parents as Teachers) with funding source NJ DCF and VNA; serving about 350 families, at capacity. Collectively, these programs are able to serve approximately 600 families per year.
- Gap exists for children 3 to 5 years. Early Intervention services end at age three as do the home visitation programs – there is a need for a transition coach/community health workers to help families at this age group transition to school, access to health care, access to therapy services for developmental delays.
- There is a need to increase awareness of these 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.

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18 NJ DOH (2016). Monmouth County Public Profile Health Report. Accessed at <https://www26.state.nj.us/doh-shad/community/highlight/index/GeoCnty/13.html>

19 NJDOH. Accessed here: [https://nj.gov/health/cd/imm\\_status\\_report\\_2016.shtml](https://nj.gov/health/cd/imm_status_report_2016.shtml)

- In addition to two Monmouth County Health Department offices in Ocean Township and Freehold, there are five local health departments in Colts Neck, Freehold, Long Branch, Middletown, and Manalapan.
- There appears to be sufficient mental health services (with the exception of psychiatrist availability) to meet the needs of children in Monmouth County (early childhood through adolescence) through agencies such as the Mental Health Association of Monmouth County and CPC Behavioral Healthcare, however families in need may not be aware of these services, and access can be challenging due to fee for services and low rates for Medicaid funded services. Language barriers also exist in health care, as there are insufficient Spanish and Creole speaking providers.

## High Quality Learning and Education

**The fourth pillar to support young children is to ensure they have access to a quality education. For younger children, this translates into quality and availability of daycare and preschools.**

- In 2014, there were 23,228 children with all parents working; 60% of the 0-5 year old demographic.<sup>20</sup> Childcare is costly in most areas, but slightly more in Monmouth where average cost for full-time childcare for an infant less than 18 months is \$12,418, 6% greater than the state average.<sup>21</sup> A family with an infant and preschooler spent an average of 19% of their annual income on childcare costs in 2014. Monmouth has 279 licensed child care centers with a capacity for 25,297 children.<sup>22</sup> There is childcare assistance available for working families; eligibility for subsidized child care begins at 200% of the Federal Poverty Level (FPL), with phased-out exiting from subsidy when a household earns more than 250% of the FPL. There were 2314 children in Monmouth County enrolled in state-funded pre-school (2014-2015).<sup>23</sup>
- Young children with special need are particularly vulnerable to not achieving goals related to early childhood success, and there were 294 children in Monmouth County enrolled in Special education pre-school; the majority in the Howell district.<sup>24</sup>

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20 NJ Kids Count (2016)

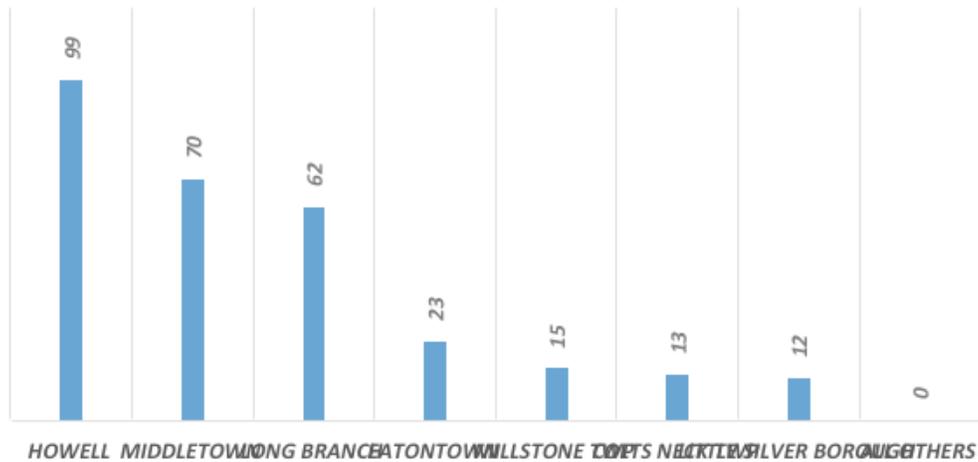
21 ibid

22 ibid

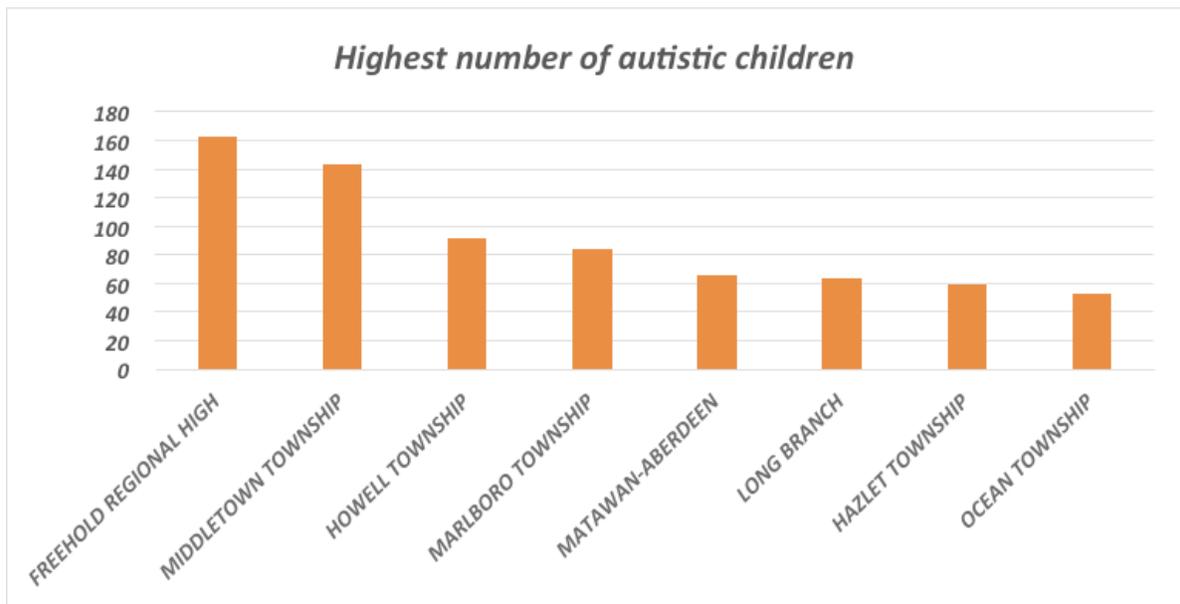
23 ibid

24 NJ DOE. Student County by Disability (as of 10/15/2015)

## SPECIAL EDUCATION STUDENTS IN PUBLIC PRE-SCHOOL AGES 3-5



- Autism rates in New Jersey are reported at 1 in 41, 60% higher than the national rate of 1 in 68- making it the highest prevalence rate in the nation.<sup>25</sup> Larger districts, not surprisingly, are serving the highest number of children diagnosed with autism in Monmouth.



- While there are a significant number of young children with special needs in Monmouth County, there are also resources available, such as Early Intervention Services for children with learning challenges. Children who are eligible for, but do not access, these services are at particular risk as they prepare to enter Kindergarten.

- The Council for Young Children has helped parents to develop advocacy skills so they are empowered to address things that affect them and their families directly. Needs expressed by CCYC members and other young parents included information on bike and walking safety, and more activities for children in the summer.

### 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 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.
- Childhood immunizations rates, immunization rates for fathers, and lead poisoning.
- Relatively high percentage of young children live in poverty, especially in some specific communities, such as Asbury Park, Neptune, Long Branch
- Transportation – access to services.
- 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.



# THE LIFE JOURNEY:

## Positive Youth Development



The second phase of the life journey in life is Positive Youth Development. This journey lasts from age nine through age fifteen and is successful when *all school-age children and youth are living in a permanent home, achieving in school, and are well connected to their families and communities.*

### Strong Family Relationships and Community Connections

School-age children thrive when they have strong and positive interpersonal and community supports available to them. After school programming is critical during these years to keep youth connected to pro social activities.

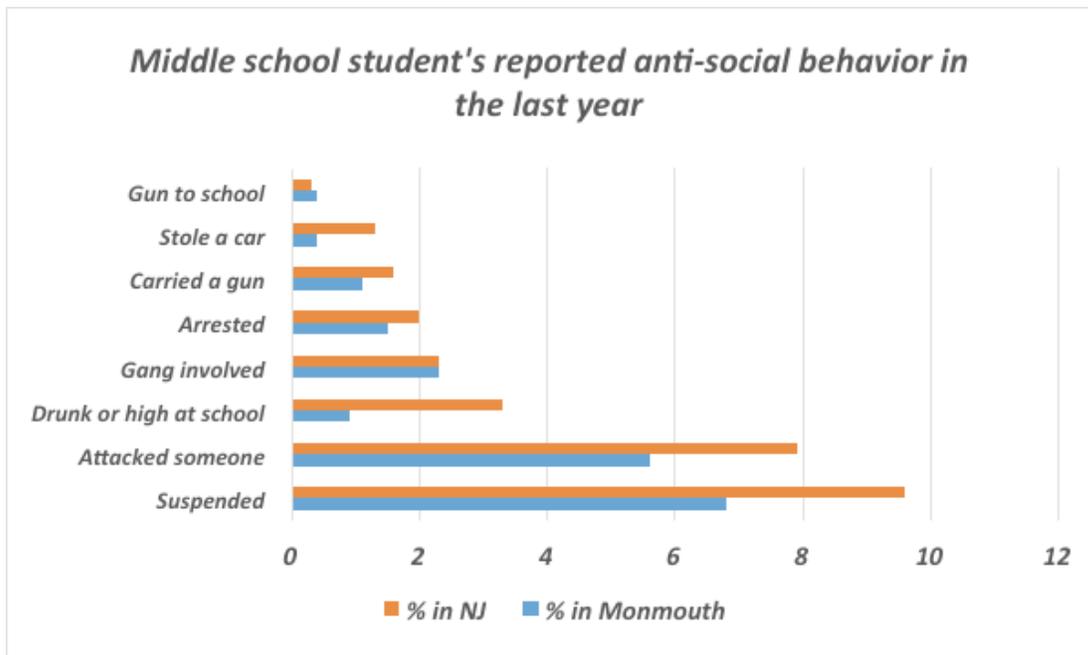
- It was noted through community input that not all towns have sufficient, affordable after school programming that help youth to remain positive and on track.
- Family Success Centers that provide wrap-around resources and supports for families exist in Long Branch, Bay Shore, and Asbury Park. Services include activities targeted towards youth, as do numerous programs and organizations supported by the faith-based community in locations throughout the county.
- There are a variety of services funded by DCF, contained in **Attachment F**.
- Asbury Park has a program called *Beat the Streets*, which includes wrestling, tutoring, and mentoring for middle school age kids; it serves as an example of an effective program developed through

a collaborative arrangement with the school system and support of the Office of the NJ Attorney General.

- 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.

## Equal Opportunity, Personal Safety, and Financial Security

- In 2012, 2.3 % of Monmouth County middle school youth surveyed reported being in a gang within their lifetime.<sup>26</sup> While this equals the average state rate for gang involvement, Monmouth County has less than average anti-social behaviors in most other categories, most notably suspensions.
- Focus group participants have identified the need for more services to prevent gang involvement and provide resources for those wishing to leave.

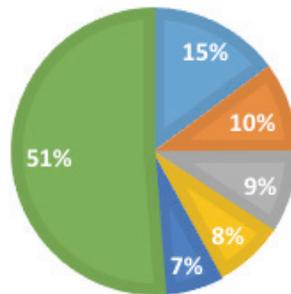


26 NJ Division of Mental Health and Addiction Services (2012). Middle school risk and protective factor survey. (The most recent year a survey was conducted) Accessed at <http://www.state.nj.us/humanservices/dmhas/publications/surveys/>

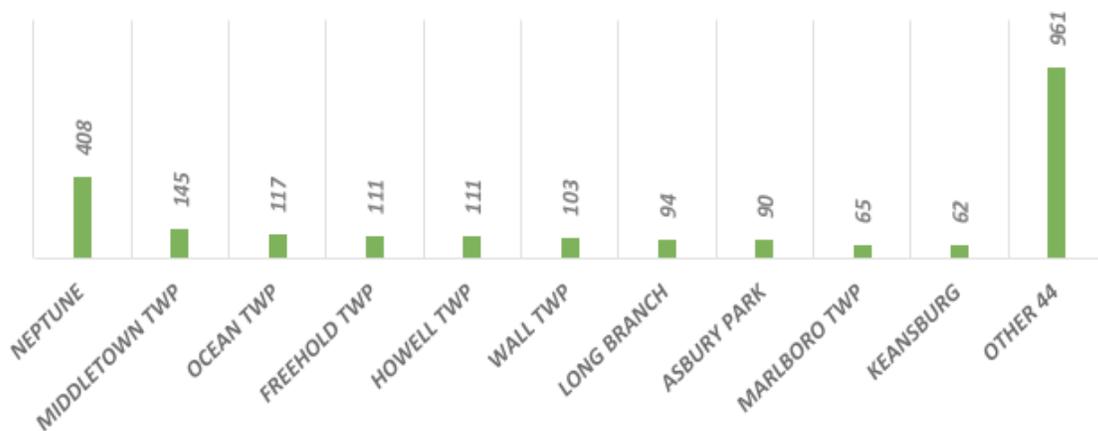
- Just five counties reported making almost 50% of juvenile arrests in the state in 2014 with Monmouth County reporting the fifth highest at 7%.<sup>27</sup> Neptune reported almost three times more arrests than any other municipality in the county.<sup>28</sup>

## JUVENILE ARRESTS BY COUNTY

■ Camden ■ Essex ■ Passaic



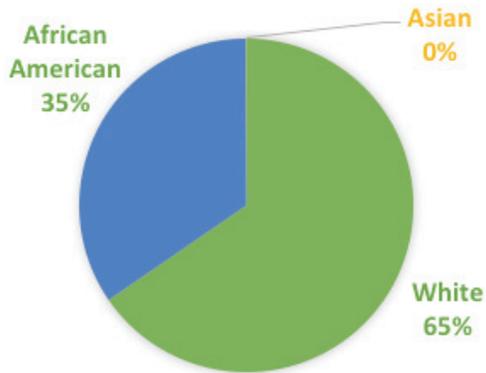
## JUVENILE ARRESTS BY MUNICIPALITY



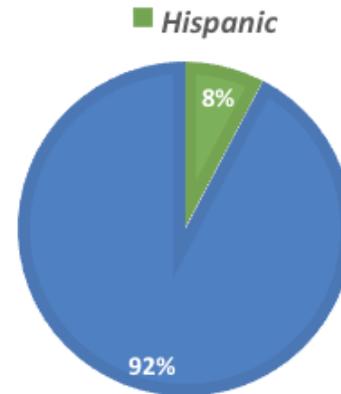
<sup>27</sup> NJSP UCR (2014). State and county arrest summary.

<sup>28</sup> Monmouth County Comprehensive Youth Services Plan 2015-2017

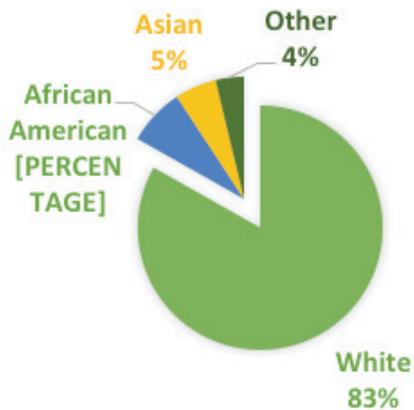
JUVENILE ARRESTS BY RACE (2012)



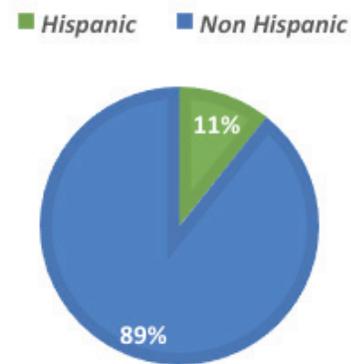
JUVENILE ARRESTS BY ETHNICITY (2012)



MONMOUTH COUNTY BY RACE- 2015



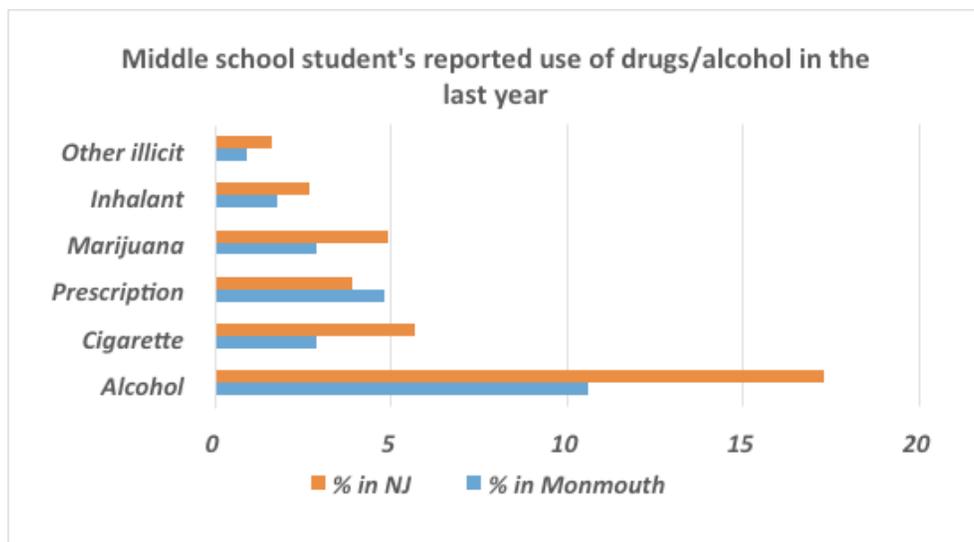
MONMOUTH COUNTY BY ETHNICITY- 2015



- The Monmouth County Youth Services Commission (YSC) coordinates the juvenile justice and human service response to delinquent behavior and has facilitated a positive relationship between the Care Management Organization (provides a full range of treatment and support services to children with complex needs), the Monmouth County Prosecutor’s office, Probation, and the Juvenile Detention Alternatives Initiative.
- From stakeholder interviews, it appears that are sufficient resources currently addressing high-risk youth.
- Monmouth County has a multi-faceted approach to address the factors that contribute to crime and violence, including the YSC, the Asbury Park Community Development Initiative and other initiatives led by the Prosecutor’s Office and law enforcement on the municipal level such as the Chaplaincy program, and coordination with the various school districts on prevention activities and positive youth development.

## Good Health and Well-Being

- In 2012, 14% of Monmouth County middle school youth surveyed reported having used alcohol within their lifetime.<sup>29</sup> This is greater than any other substance use but still significantly lower than the state average of 23%. However, almost 5% of middle schoolers reported using prescription drugs in the last year without a prescription, almost 20% higher than the state average.
- Focus groups have identified underage drinking and opioid addiction to both be major problems in Monmouth County.



- Strategies identified by the Prevention Coalition of Monmouth County (PCMC) to address underage drinking include:
  - Educate parents on the dangers of underage drinking and the effects of the social host law;
  - Provide Responsible Beverage Server Training, to enhance knowledge and skills of servers regarding the latest trends, false identification, 3.) to provide Beverage Servers with supports such as Handheld Black-light ID/Hand Stamp Checker & Driver License Guide to identify false identification
  - Conduct Compliance Checks (law enforcement officers will accompany underage youth into the liquor store. Youth will attempt to purchase alcohol. Law enforcement will make note of whether or not the merchant sells to youth without requesting identification.);
  - Advocate for businesses with liquor licenses to implement a 100% proofing policy

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

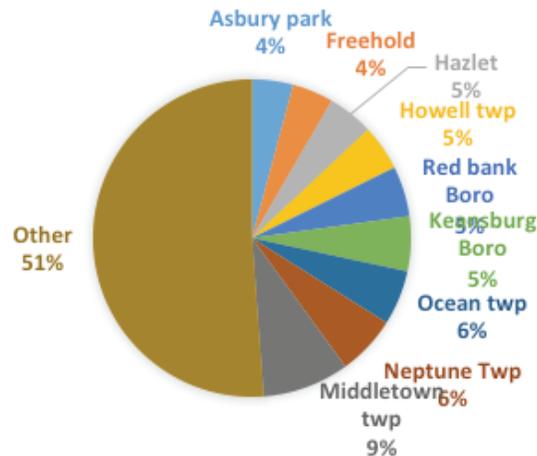
- Advocate for municipalities to adopt private property ordinances regarding underage drinking with more stringent consequences for homeowners who serve youth alcohol in their homes.
- spread the word on how to properly dispose of prescription drugs and advocate for permanent prescription drop boxes. The PCMC will advocate for permanent prescription drop boxes to be placed in each municipality.
- More law enforcement in schools for drug abuse prevention
- Additional Municipal Alliances, to help combat underage drinking and opioid use
- 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.<sup>30</sup> The Municipal Alliances are currently funded at \$739,035 from the Governor’s Council on Alcoholism and Drug Abuse - \$628,180 to Alliances, \$102,055 for administration, and \$8,800 for county-wide training.
  - In 2014, 11 Municipal Alliances identified problem drinking as their top problem area based upon their local needs assessment: Colts Neck, Eatontown, Hazlet, Highlands & Atlantic Highlands, Holmdel, Keyport, Marlboro, Middletown Township, Millstone, Upper Freehold & Allentown and Wall Township.
  - 3 Municipal Alliances identified illicit drug use, marijuana specifically, as their top problem area based upon their local needs assessment: Bradley Beach, Freehold Township and Freehold Borough, and Neptune Township.
  - 2 Municipal Alliances identified illicit drug use, heroin specifically, as their top problem area based upon their local needs assessment: Howell Township and Farmingdale Borough and the Manasquan Shore Alliance.
- In 2015, 234 youth (under age 18), 4% of all admission that year.<sup>31</sup> were admitted for treatment; with Middletown Township, Neptune Township, and Ocean township reporting the highest number of admissions. This echoes needs previously identified by Municipal Alliances.

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30 Monmouth County Comprehensive Youth Services Plan 2015-2017

31 NJ DHS (2016) Substance abuse overview 2015 Monmouth County. Accessed at <http://www.state.nj.us/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2015/Mon.pdf>

## JUVENILE TREATMENT ADMISSIONS 2015



- 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. Three youth under age 18 committed suicide in Monmouth in 2014, 30% of the total youth suicide fatalities in the state that year.<sup>32</sup>
- When immediate attention is needed for youth in crisis, the Emergency Room (ER) becomes a primary resource. However, the Mental Health Association Advocacy Committee has identified that wait times at the ER are too long for children with mental health issues and they are looking at this issue.
- 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).
  - Of these, almost 60% (896) were in the 11-17 age bracket.<sup>33</sup>
  - There are an additional 803 youth with intellectual or developmentally disabilities (I/DD) that were eligible for services.
  - In this same month, 95 youth were in an out of home treatment facility, 5% of the state total of 1865, and 610 calls were received inquiring about possible services.
- Children with medical insurance have greater access to preventative and other medical care. In 2015, there were 37,306 children in Monmouth County that accessed insurance through the Medicaid/NJ Family Care in 2015; though 5735 children remained without any insurance (2014).<sup>34,35</sup>

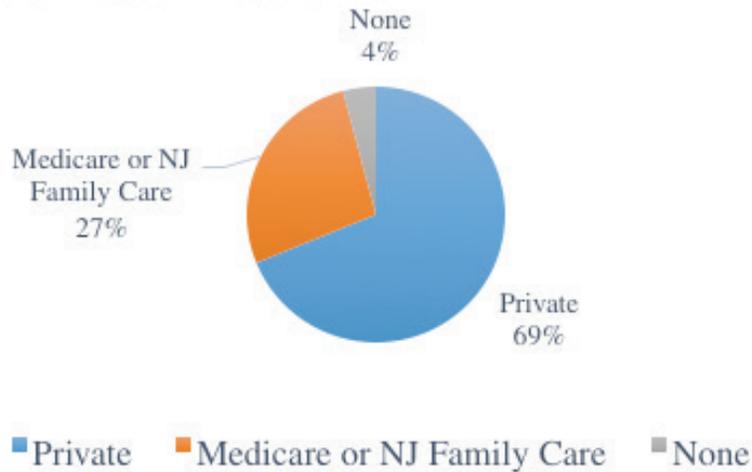
32 [http://www.nj.gov/dcf/documents/about/commissions/fatality/CFNFRB.Report\\_2014.pdf](http://www.nj.gov/dcf/documents/about/commissions/fatality/CFNFRB.Report_2014.pdf)

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

34 NJ Kids Count (2016)

35 US Census (2015 estimates)

## Children and Health Insurance



- The Youth Services Plans contains comprehensive funding information for programs and services to youth in the county, including those funded through the United Way and the state Departments of Children and Families (DCF) and Human Services (DHS).<sup>36</sup> The availability of this information should be maximized.
- The Alliance for a Healthier Asbury Park, a collaboration to prevent and reduce obesity and chronic disease by increasing opportunities for physical activity and improve access to nutrition education and healthy foods

## High-Quality Learning and Education

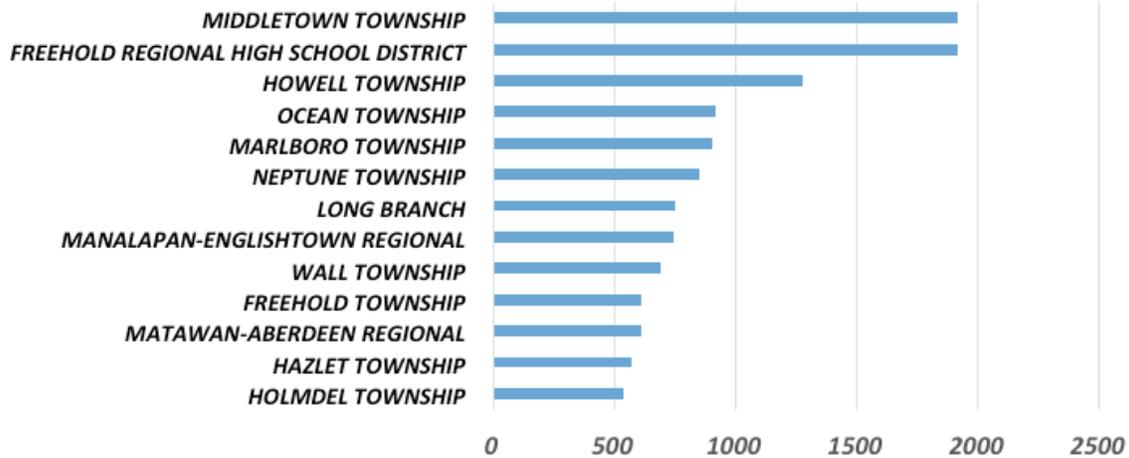
- Seventh grade standardized test results indicate that 58% of students met or exceeded expectations in language arts and 41% in math in Monmouth County, 5-7% higher than the state average.<sup>37</sup>
- Children with special needs are entitled to special education services through their school districts, as applies to 16% of all children in are enrolled in Monmouth County.<sup>38</sup> These children are spread throughout districts across the county; with some showing greater concentrations<sup>39</sup>

<sup>36</sup> Available here: <http://www.monmouthcountyparks.com/Documents/41/2015-17MCCComprehensive%20Youth%20Services%20Plan.pdf>

<sup>37</sup> NJ DOE

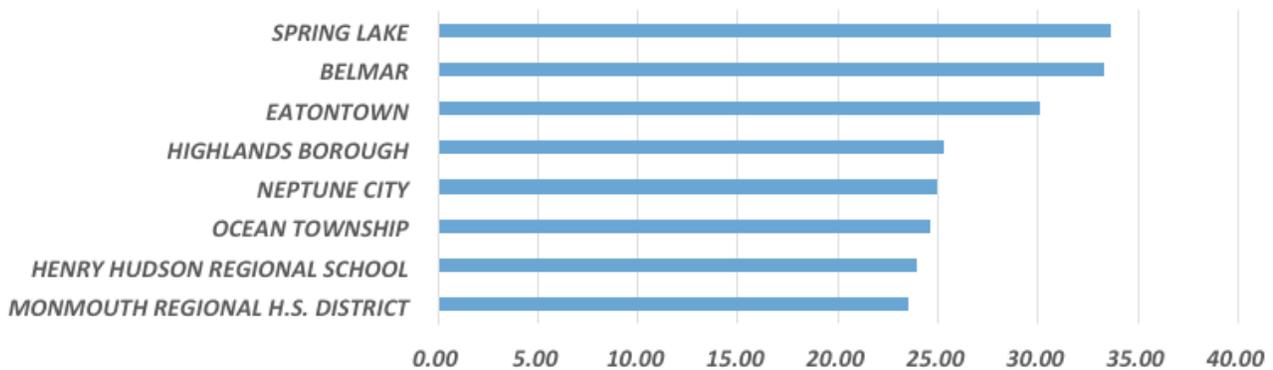
<sup>38</sup> NJ Kids Count (2016)

<sup>39</sup> NJDOE 2015 Special Education Student Count (all special education data from this source)

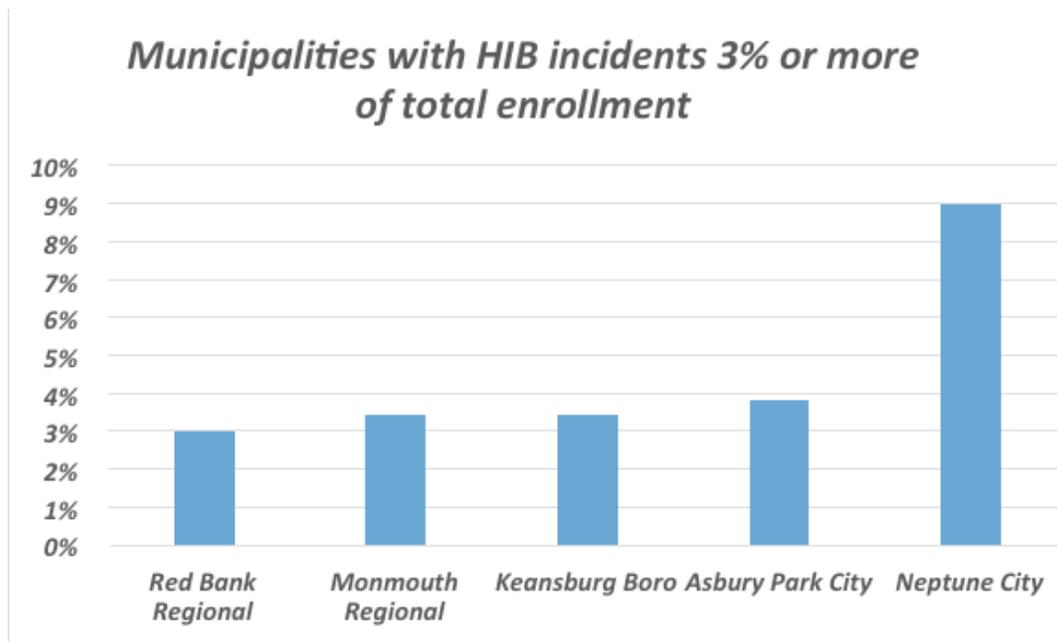


*School Districts with highest NUMBERS of classified children*

*School Districts with highest RATES of classified students*



- Another indication of a child’s ability to have a high-quality learning experience is to be able to attend school without fear of being Harassed, Intimidated or Bullied (HIB). The overwhelming majority of school districts in Monmouth report HIB rates of well below 3% of the student enrollment. Only a handful have had higher rates, with Neptune City reporting the highest incidence in the county at 9% (33 incidents in a school district of approximately 366 students).<sup>40</sup>



- 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.
- The United Way of Monmouth County operates a summer reading program that is very successful in helping youth retain academic gains over the summer. The program, “Summer Slide” is held within Red Bank, Freehold, and Keansburg school districts.

### 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.
- 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.



# THE LIFE JOURNEY:

## Strong Transitions to Adulthood



The third phase of the life journey in life is **Strong Transitions to Adulthood**. This journey lasts from ages 16 to 26 and for many it includes the important tasks of completing high school and possibly post-secondary school, entering the workforce, and developing strong relationships outside of the family of origin. Youth successfully transitioning to adulthood will be on positive pathways to social independence while maintaining strong and responsible family and community ties.

### Strong Family Relationships and Community Connections

- 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.<sup>41</sup>
- 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.

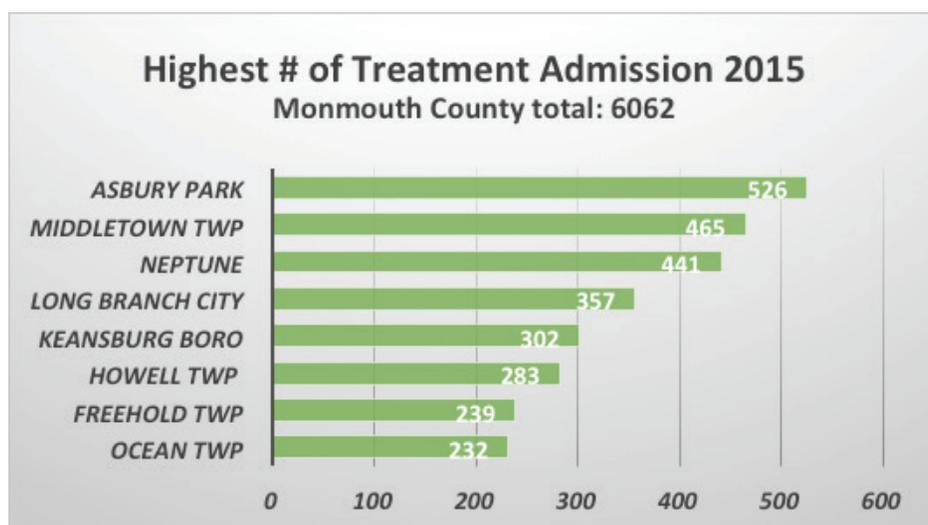
<sup>41</sup> NJ Children's System of Care (2017). Children's InterAgency Coordinating Council (CIACC) Summary of Activity Monmouth County - January 2017.

## Equal Opportunity, Personal Safety, and Financial Security

- 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.<sup>42</sup> 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.<sup>43</sup>
  - DCF/DCP&P has resources to serve this population.

## Good Health and Well-Being

- *Substance use/abuse:*
  - In 2012, 61.4% of Monmouth County high school students reported alcohol use in past 30 days (state average 54%).<sup>44</sup> 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.



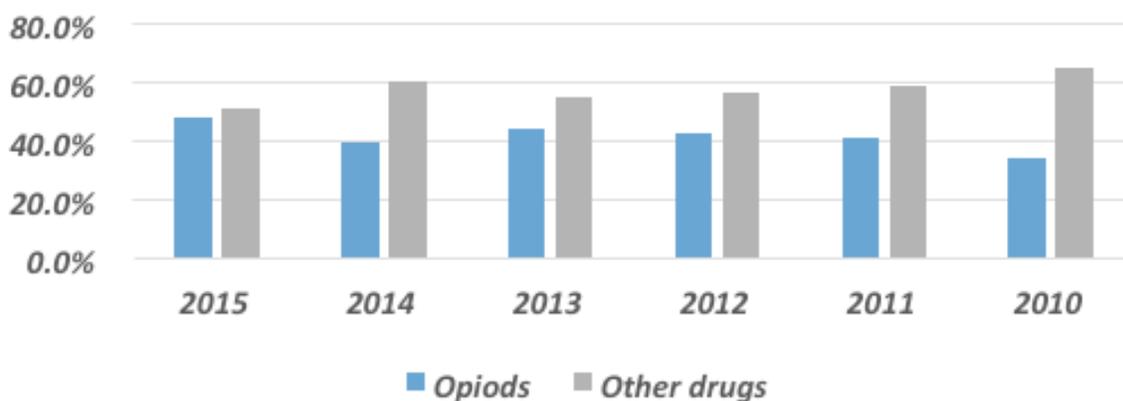
42 Accessed at <http://datacenter.kidscount.org/data/tables/6277-children-exiting-foster-care-by-exit-reason#detailed/2/2-52/true/573/2632/13050>

43 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>

44 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.<sup>45</sup> Almost 50% of these admissions were for heroin or other opiates and 37% were first time admissions.
- While the number of treatment admission in 2015 were 9% lower than they were in 2010, the percentage of admissions due to heroin and other opiates has steadily climbed from 34.6% in 2010 to over 48% of all admissions in 2015.<sup>46</sup>

### Primary drug at admissions 2010-2015



- From 2008-2012 the number of treatment admissions related to opioid-heroin use by Monmouth County residents for all categories of treatment increased by 169.53%. (County Health Plan) This does not include those patients receiving suboxone via personal physician; a treatment for adults dependent on opioids. 1348 of the admissions in Monmouth County were young people under age 25, 22% of all admissions in the county.<sup>47</sup>

### Health:

- In 2015, there were 56 residents currently living with HIV/AIDS between the ages of 13 and 24, 3% of all those living with the disease in Monmouth.<sup>48</sup>
- 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.<sup>49</sup>

45 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>

46 NJ DHS Division of Mental Health and Addiction Services. Accessed at: <http://www.nj.gov/humanservices/dmhas/publications/statistical/#8>

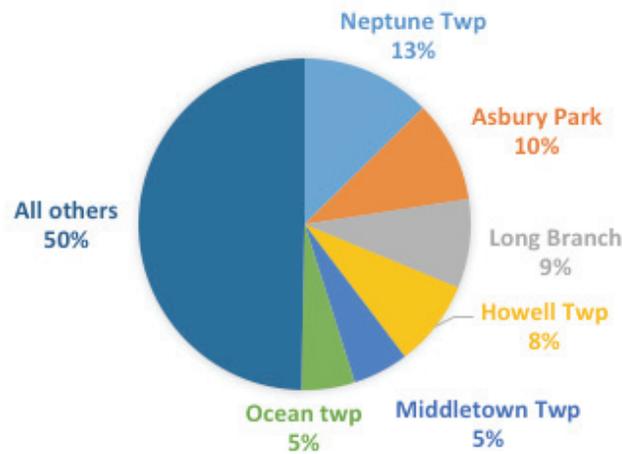
47 Ibid

48 Accessed at: <http://www.nj.gov/health/hivstdtb/documents/stats/hiv/monmouth.pdf>

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

- Just six municipalities report half the incidents of the county, led by Neptune Township.

## MONMOUTH STD'S IN 2015



- The County has a STD clinic/agreement with Meridian.
- The United Way of Monmouth and Ocean Counties is tying its work to education to improve health outcomes, such as a focus on healthy eating and how to access healthcare services.

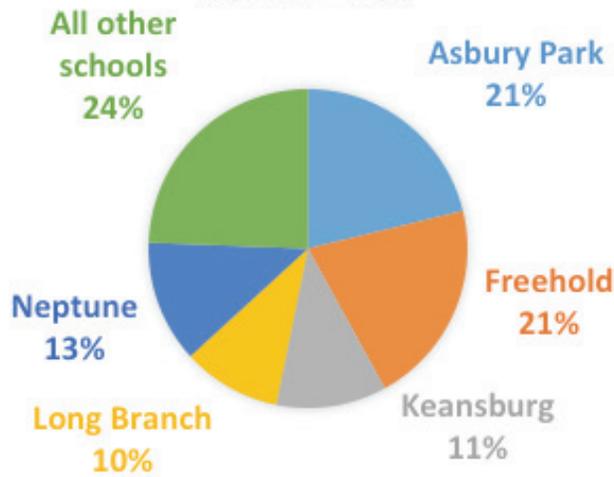
## High-Quality Learning and Education

- In 2014, 90% of youth passed the 11<sup>th</sup> grade state achievement test, the fifth highest rate in the state and 4% more than the state average of 86%.<sup>50</sup>
- 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.<sup>51</sup> 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.

<sup>50</sup> 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>

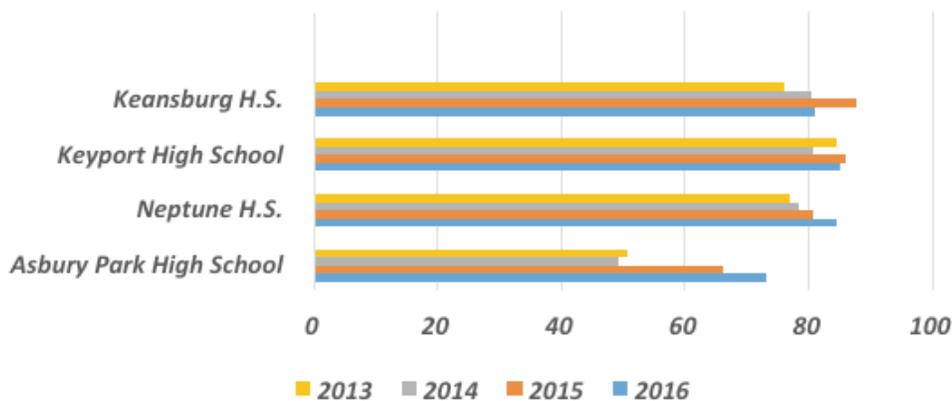
<sup>51</sup> Accessed at: <http://www.state.nj.us/cgi-bin/education/data/drp.pl>

**2014-2015 PERCENTAGE OF HS DROP OUTS,  
BY DISTRICT  
TOTAL = 250**



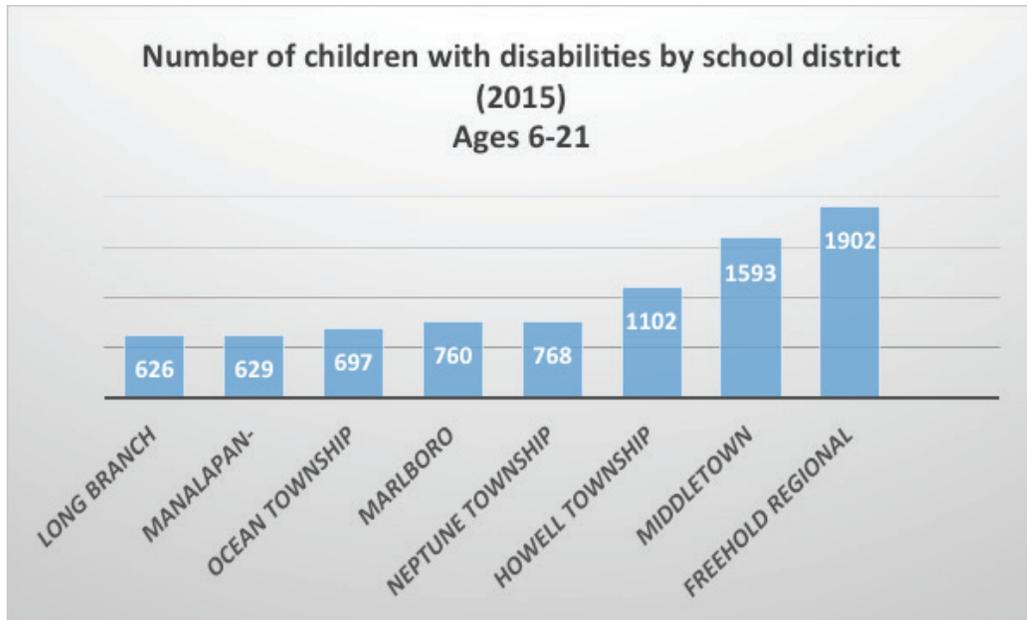
- The average graduation rate for NJ is 90.06% and many of Monmouth County schools boast rate higher than the state average. There are only a handful of high schools reporting lower rates with Asbury Park leading the county in low graduation rates with a 73% graduation rate in 2016. However, this is a significant improvement from several years ago when it was below 50%.

**2013-2016 graduation rates**

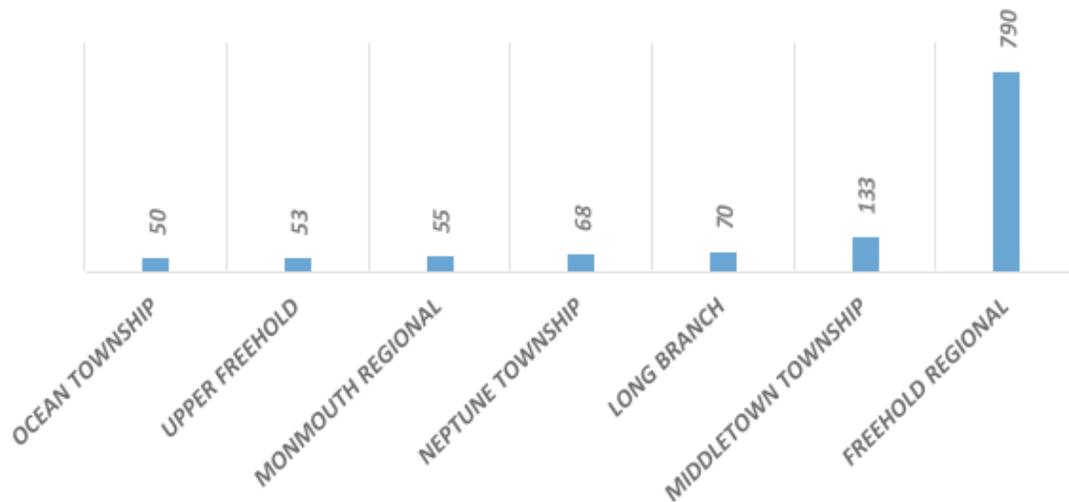


- Of 2014 children between the ages of 14 and 21 that exited the special education system in 2015, only 10 dropped out, all from Keansburg Boro, and 1591 graduated, mostly from Freehold Regional High School.<sup>52</sup>

<sup>52</sup> NJ DOE, accessed at: <http://www.nj.gov/education/specialed/data/2015.htm#class>



## 2015 DISABLED STUDENT HS GRADUATES

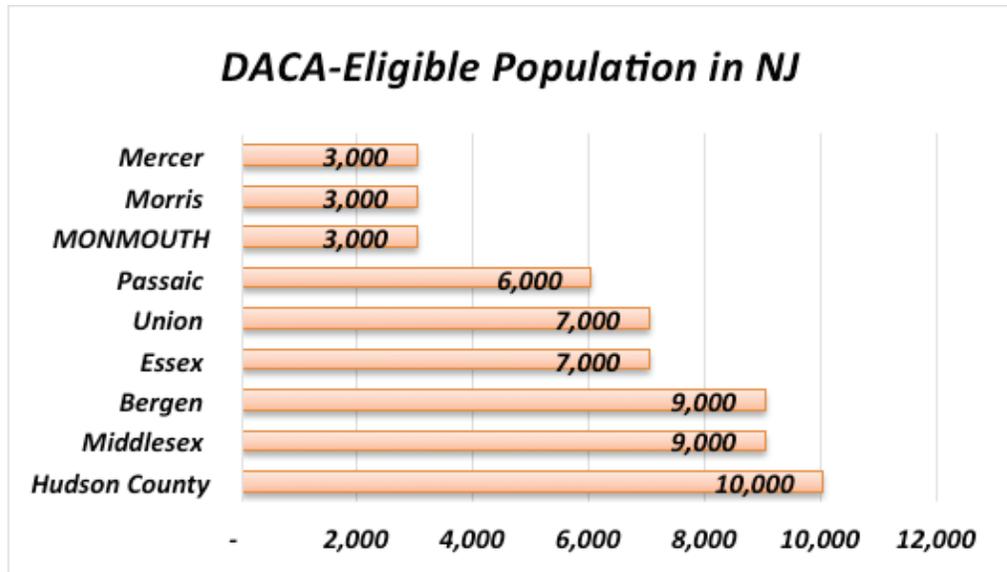


- Following graduation, the ARC reports that, on average, 16% of kids are not engaged in school or work after HS graduation. Source: Presentation by ARC of Monmouth County at CIACC

### Immigration and education access:

- Immigration status can impact a young adult's educational decisions, primarily based on accessibility and affordability. 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.<sup>53</sup> 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. This information provides us with a very rough estimate of how many might be eligible for New Jersey’s DREAM Act- allowing undocumented NJ residents to pay in-state tuition at state schools; making college a more realistic and affordable option for many immigrant families.<sup>54</sup>



- Brookdale Community College has a “Dreamers Group” designed to support and guide minorities, immigrants, and their peers to overcome personal and academic struggles and create educational opportunities. The Red Bank Resource Network is also conducting similar groups in the high school.
- The ARC provides workshops on completing the application for DDD services, and on how to use person-centered planning
- Youth employment readiness programs are funded by the Workforce Investment Board and the United Way of Monmouth and Ocean Counties.

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

54 Ibid

## 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.

## 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. Note: these are services traditionally funded by the State, not County.





# THE LIFE JOURNEY:

## Productive Adulthood



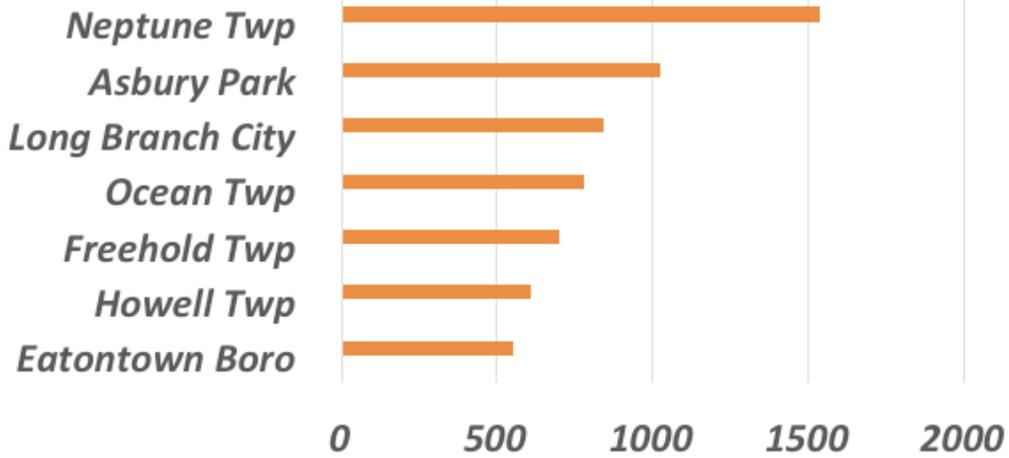
The fourth phase of the life journey is Productive to Adulthood. This journey lasts from age 27 through age 62.

Data related to **Strong Family Relationships and Community Connections** for adults is included in the Strong Families/ Strong Communities Section, above.

### Equal Opportunity, Personal Safety, and Financial Security

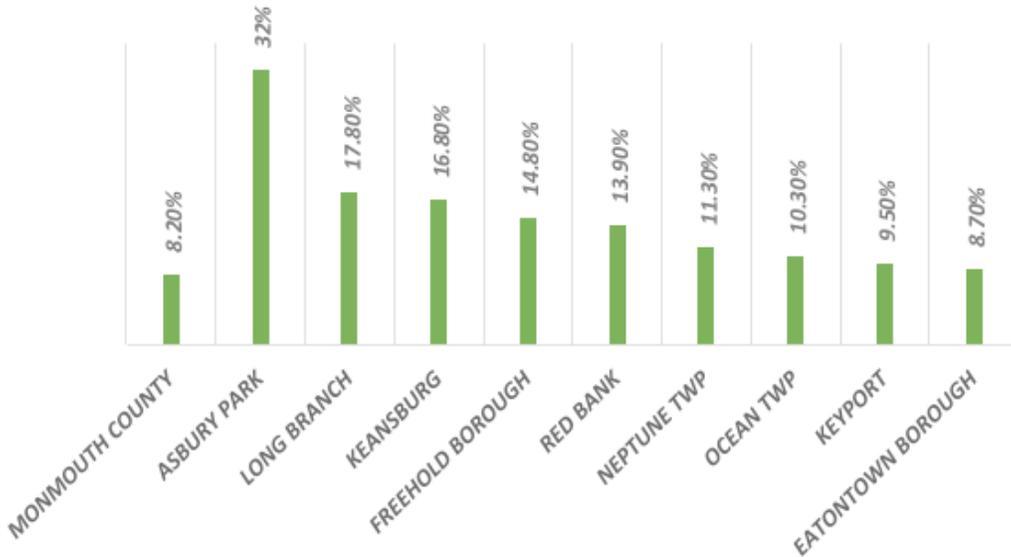
- The crime rate in Monmouth County is 18.3 per 1,000, which is less than the state average of 20 per 1,000. The majority of these 11,504 crimes in 2014 were committed in Neptune and Asbury Park. There were 2289 incidents of domestic violence, of which 2040 were assaults.

### Incidence of Crime > 500 in 2014



- The median income in the county is \$85,605, higher than the state median of \$72,062. However, lower than average median incomes can be found in Asbury Park, Keansburg, Long Branch, Freehold and Keyport. The average poverty rate is 8.2% in the county; this is lower than the state rate of 10.8%. The highest rates of poverty can be found in largest percentages in Asbury park (32%) and LB (17.8%).

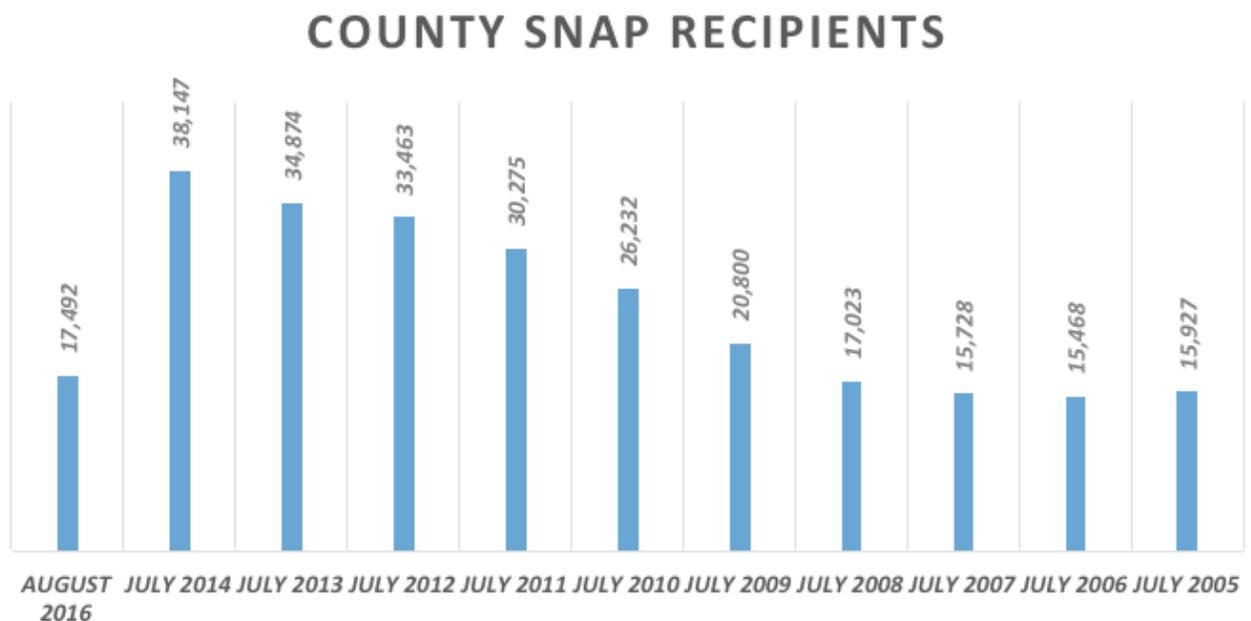
### PERSONS IN POVERTY



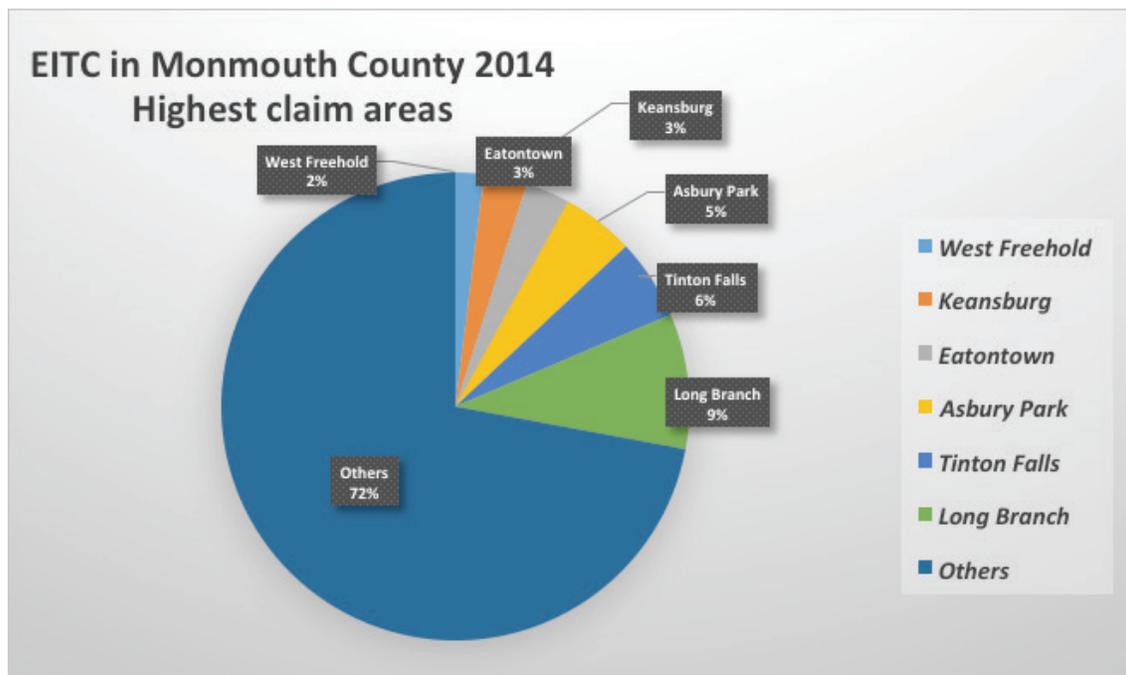
- Rents are higher in Monmouth County than the Gross median rent is \$1,241, as compared to state average of \$1188
  - 51% of households spending more than 30% on rent
  - 230 households, including 344 people, were identified as homeless last year; this is a decrease of 112 people

### 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**



- Households are income eligible for SNAP in NJ if they make below 185% of the federal poverty rate (though there are other factors considered such as resources and deductions for certain expenses). This ranges from \$15,678 for a one-person household to \$53,716 for a family of eight. In 2015, 70,366 (26%) of Monmouth County households earned less than \$50,000.
  - 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.<sup>55</sup>
  - 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).<sup>56</sup> Of these, 21,676 households had incomes under 30,000.
  - Those who claimed the EITC in 2014 had returns that generated \$55,027,167 in income.
  - The IRS and other researchers estimate that between 80 and 85 percent of tax filers who are eligible for the EITC claim the credit, leaving a significant amount unclaimed, 5-10%, according to the IRS.
  - This is approximately \$2,751,358 to \$5,502,716 in 2014 alone that may have gone unclaimed in Monmouth County.
  - The town with the highest filing rate for the EITC was Long Branch, with 9% of all filings in Monmouth County, followed by Tinton Falls.



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

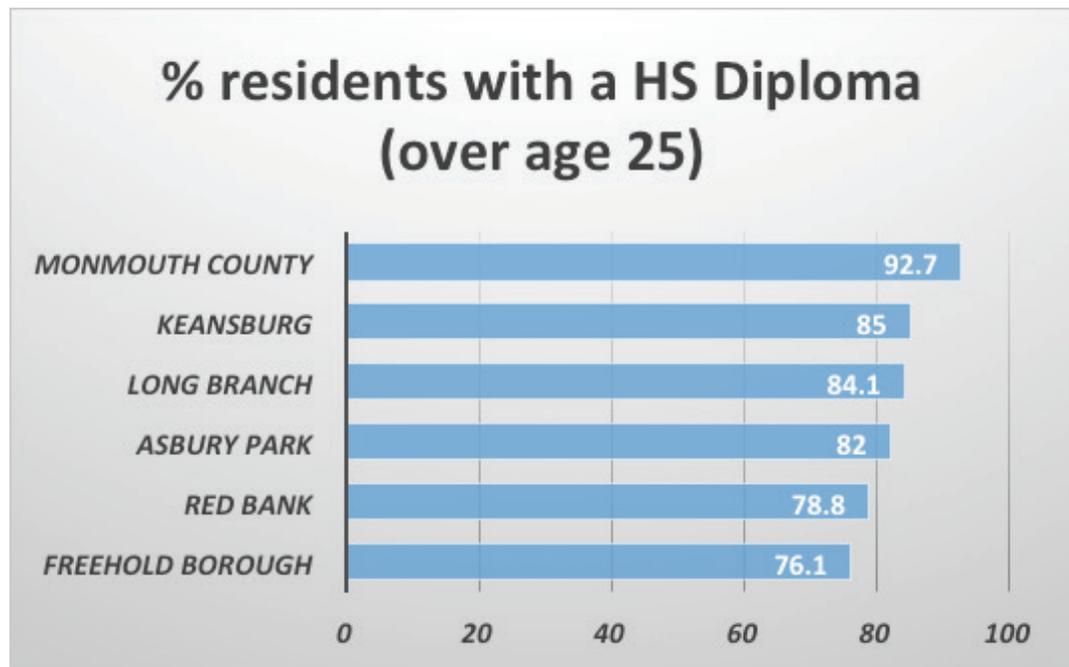
56 Brookings institute. Accessed at: <https://www.brookings.edu/interactives/earned-income-tax-credit-eitc-interactive-and-resources/>

## Good Health and Well-Being

- 10.1% of residents are without health insurance, same as NJ average; 9 municipalities exceed this average, with the highest uninsured in Freehold, AP, LB and Red Bank
- Medicaid does not pay for de-tox or short-term rehab
- Data provided by the county Department of Human Services indicated that 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
- Largest admissions from Asbury Park, Middletown, Neptune, Long Branch and Keansburg
- No mental health plan, but strong advocacy for these services within the County, and there is a Suicide Prevention Task Force, and Traumatic Loss Coalition
- 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, and the suicide rate is 8 deaths per 100,000
  - Suicide annual age-adjusted suicide mortality rate (per 100,000) is 8 people, a significant increase over previous years, averaging 5.7
  - Opioid crisis effecting county residents: 2<sup>nd</sup> highest treatment admissions in the state.
  - The Special Needs Registry, spearheaded by the Prosecutor's Office, has the capacity to register people with special needs, in order to enhance fire and police services in an emergency to those with special needs.
  - There is an 8-10 week wait for mental health services, especially outpatient, medication monitoring, and in the western part of the County.
  - STD infections are increasing dramatically, but only one small program exists in Asbury Park for gay men.

## High-Quality Learning and Education

- 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.<sup>57</sup> However, there are some municipalities that report considerably lower levels of educational attainment, including Asbury Park, Freehold and Red Bank.<sup>58</sup>



- 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.
- Workforce Development Board (WDB) and Workforce Development Center and Joint Base handle workforce needs of recent vets
- WDB is interested in establishing a non-profit to apply for grants – it is very active with 27 people and 10 committees.
- Average county resident does not know about or use the One Stop Workforce Development Center.

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

58 US Census QuickFacts, Monmouth County NJ.

- Workforce demands for advanced education negatively impacts on the ability of residents to be self-sufficient (i.e., in Keansburg).
- There is poor transportation for many job seekers and employees, except right along coast and even those buses end routes early.
- There is a workforce crisis – great need for people to provide care and support for adults with Intellectual/Developmental Disabilities.
- The CAP agency has Individual Development Account funding available, and is struggling with outreaching people about availability.

## **Funding - notes**

- Domestic Violence Shelter funded at \$705,323
- Mental Health treatment funding for adults is \$1,128,603 of County funds.
- County-funded and MHS-funded services for adults with mental health needs include medication management and their medical needs - focus on Asbury Park, Neptune, Eatontown, Red Bank, and Freehold
- Medicaid fee for services – have not increased in 9 years
- RFP for mental health services, with prioritized needs – most funding goes to Outpatient, yet there is still a large unmet need.
- \$424,240 of county funds are allocated to substance abuse treatment services, including \$60,000 for suicide prevention
- State formula for substance abuse treatment funds for 2017 was reduced by \$39,000
- NJ Department of Human Services funds 9 residential and day programs for adults with I/DD

## **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 (note: these are usually state-funded services).





# THE LIFE JOURNEY:

## Successful Aging



***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.

### Strong Family Relationships and Community Connections

- 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.<sup>59</sup>
- 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.<sup>60</sup> 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.

<sup>59</sup> US Census. Accessed at: <https://www.census.gov/quickfacts/table/PST045215/34025>

<sup>60</sup> [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_15\\_5YR\\_S1002&prod-Type=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_S1002&prod-Type=table)

- Stakeholders recommended that the county continue to focus efforts of the County Office on Aging on serving as a ADRC, and expand the ability of service providers representing all services available and needed by seniors to be available in one place. It should be open when adult children of seniors are available to come with their parent (e.g. evening and weekend hours). It could include telephone support groups and virtual education (modules online).
- Stakeholders also recommended that the Office on Aging continue to help improve coordination between service providers and interagency referrals
- The Aging and Disabilities Resource Connection (ADRC) provides a single point of entry for information to this population, including veterans.
- Information is needed to determine what, if any, decision can be made regarding Medicaid Federal Financial Participation that will benefit the residents of the county without diminishing services and supports already in place.
- Legal guardianship of seniors doubled in the past year, indicating a substantial increase in the number of seniors with cognitive deficiencies.
- 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 centers are receiving funding through the Older Americans Act.
- There is a Senior and Disabled Transportation Advisory Committee.
- Stakeholders recommend follow an “aging-in” approach, wherein the public and private sectors consider the impact on healthy aging for all policies, programs, and infrastructure changes.
- Stakeholders recommended financially supporting the non-profit, grassroots agencies who provide free services to the homebound elderly, so that they can add staff to increase their capacity to serve through the recruitment and training of additional volunteers.

## Equal Opportunity, Personal Safety, and Financial Security

- An estimated 20% of households in Monmouth County received retirement income other than Social Security. An estimated 31 percent of the households received Social Security. The average income from Social Security was \$20,447. Some households received income from more than one source.<sup>61</sup>
- 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
- There are few emergency placements available for seniors.
- Seniors are reluctant to sell their homes to free up money for necessary services and continue to pay mortgages, which also diverts money they could be using for services.
- Seniors are not aware of the resources that are available to them but because they are geographically spread out, reaching out broadly to them is difficult.
- Monmouth County dedicates \$2,458,946 for aging residents. Please see **Attachment G** for a breakdown of this funding.
- State and federal funds for aging total \$2,441,787, including SSBG for Home Health Aides in the amount of \$639,215.
- Seniors are provided with on-demand transportation with Casino funding.
- Operated by the Affordable Housing Alliance and located in Neptune, the Successful Aging & Technology (SAT) Program, is designed for participants over the age of 60 to learn the fundamentals of modern day technology.

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<sup>61</sup> [http://thedataweb.rm.census.gov/TheDataWeb\\_HotReport2/profile/2015/5yr/np01.html?SUM-LEV=50&state=34&county=025](http://thedataweb.rm.census.gov/TheDataWeb_HotReport2/profile/2015/5yr/np01.html?SUM-LEV=50&state=34&county=025)

## Good Health and Well-Being

- The female life expectancy in Monmouth County, NJ is 82.1 and 77.9 for males.<sup>62,63</sup> This is the sixth highest within the state for both genders, but several years behind the top ranked Morris and Bergen Counties.<sup>64</sup> An American male reaching age 65 can expect to live to about 84.3 and a woman and 86.6.<sup>65</sup> Seniors released from hospitals with complex needs are the ones most at risk.
- There are many social determinants of health: conditions in the places where people live, learn, work and play affect a wide range of health risks and outcomes – includes unstable housing, low income neighborhoods, and substandard education.<sup>66</sup>
- Elderly clients who are recently discharged from the hospital or who have a change in physical or mental status have difficulty with medication compliance, following through on medical appointments and taking medications.
- Doctors don't cross-reference medications and patients who are elderly forget to tell doctors some of their medications if prescribed by different doctors
- It is difficult to recruit Home Health Aides and the need for them will continue to grow. From 2014 through 2024, The NJ Department of Labor and Workforce Development projects that 85,300 jobs will be added, an annual increase of 1.7 percent, with an average salary of \$23,000.<sup>67</sup>
- VNA sees many undocumented older family members who often have significant unmet health needs.
- Senior transportation services are available to all older residents in need regardless of income, and needs appear to be largely met.

### Stakeholder recommendations:

- Increase access to affordable technology.
- Train seniors in financial literacy relevant to their needs.
- Explore the possibility of adjusting the hours that transportation is provided to dialysis and other needed services to make more efficient use of the 20 drivers and SCAT buses in the County.
- Increase/access funding and support for home care so that patients can live with dignity and remain safe in their homes.

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62 <https://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/NJ/Monmouth/310012>

63 <http://www.worldlifeexpectancy.com/usa/new-jersey-life-expectancy-by-county-male>

64 [http://www.worldlifeexpectancy.com/usa/new-jersey-life-expectancy-by-county-male\(female\)](http://www.worldlifeexpectancy.com/usa/new-jersey-life-expectancy-by-county-male(female))

65 SSA Accessed at: <https://www.ssa.gov/planners/lifeexpectancy.html>

66 CDC (2016). Accessed at: <https://www.cdc.gov/nchs/data/hus/hus15.pdf>

67 Accessed at: <http://lwd.state.nj.us/labor/lpa/pub/empecon/healthcare.pdf>

- Nursing services are needed to assist patients with medication compliance and help clients adjust to changing physical and mental conditions.
- Enhance nursing capacity to provide outreach to residents with mental health needs in targeted areas.
- DSS Social workers can be used to assist clients with intricate paperwork and locate necessary documentation to access services.
- Aides to help seniors with house cleaning, home repairs, assistance with writing checks to pay bills, etc.
- Expand volunteer networks assisting seniors, e.g., Caregivers of NJ. Volunteer advocates could walk seniors through the different processes required for services they need.
- Explore creative ways of recruiting more Home Health Aides to keep seniors in their homes.
- Trust program staff to use their discretion when there are extenuating circumstances in a client's case.
- Support the development of programs for early stage dementia.

### 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.



The result of strategic analysis has been this set of formal findings (as described above) that identify strengths, challenges and service needs, and also 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 restructur-

ing 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.

1. The analysis and strategic formulation undertaken by the Steering Committee resulted in findings that fall into three categories:
2. 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.
3. 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.

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.

To build upon the significant existing strengths that exist in Monmouth County, and to address the issues identified during the needs assessment process, recommendations fall into three general categories:

**Community information sharing, education, and resource navigation**

**Innovation and collaboration**

**Unmet service needs**

## 1. Community information sharing, education, and resource navigation

- A. The County Public Information Office and the Department of Human Services should 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.
- D. 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, including:
  - 1. Provide an online ‘one stop transportation resource shop’ for all County transit information including a GIS-based, online mapping resource for the existing Monmouth County Bicycle Map, transit infrastructure and routes (NJ TRANSIT), and recreation (County Parks and trails).
  - 2. Explore the potential opportunity to increase transportation through an agreement with NJ Transit or Uber.
  - 3. Consider purchasing an application (\$20,000-\$30,000) for NJ Transit trip planning.
  - 4. Seek an agreement with NJ Transit for courtesy tickets for residents participating on Councils, Planning bodies, etc.
- D. 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.
  - a. Restructure fragmented planning bodies for coordination and integration.

- b. Explore partnerships with municipalities around local human service needs (i.e., drug abuse prevention).
- C. 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.
  - a. Enhanced effort to outreach disenfranchised youth throughout the County.
  - b. Expand gang prevention services for 3<sup>rd</sup>-9<sup>th</sup> 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.
- F. 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.
- G. 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.)
- H. Use the Financial Empowerment Center to enhance use of EITC, and enhance its outreach and staffing by additional agencies, including DSS.
- I. Public-nonprofit partnerships for community outreach to reduce isolation for vulnerable populations (i.e., DSS and providers, increased utilization of distance technology, etc.).

### 3. Unmet service needs

- A. Target coordinated resources and services to communities with highest needs.
- B. Continue to seek funding from the State to address new lead poisoning standards.
- C. 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.
- D. Continue to develop strategies for accessing psychiatrists and other mental health professionals who will accept Medicaid fee for service.
- E. The County should continue advocating with the state regarding the limited availability of housing for mentally ill adults in the county.
- F. Continue to focus on the development of affordable housing options and methods to prevent homelessness.

## Attachment A

### Monmouth County Human Services Needs Assessment

#### Steering Committee Membership

Meeting Dates: 10/31/16, 11/28/16, 2/3/17, 3/31/17, and 4/17/17

Individual	Affiliation/Contact Information	E Mail address/Other Information
Lorraine Scheibener	Division of Social Services	Lorraine.scheibener@co.monmouth.nj.us
Ginger Mulligan *	Co-Chair of HSAC	Ginger27bob@aol.com
Steve Horvath	Co.MH/Addictions	Steven.horvath@co.monmouth.nj.us
Julia Barugel	CIACC Co-Chair	barugel@optonline.net
Angela Sampoli	Consumer/Family member	Steve Horvath is the contact
Sue Moleon *	Co. Office on Aging	Sue.moleon@co.monmouth.nj.us
Chris Merkel, Director	Co. Health Division	Christopher.merkel@co.monmouth.nj.us
Christopher Gramiccioni, Prosecutor	Mon. Co. Prosecutor's Office	Cgramiccioni@mcponj.org
Tom Huth, Asst. Prosecutor	Chair of Asbury Park Community Development Initiative	thuth@mcponj.org
Rhonda Andersen *	Red Bank YMCA	randerson@cymca.org
Carlos Rodriguez *	Community Food Bank	crodriguez@foodbankmoc.org
Lisa Von Pier	Asst. Commissioner, NJ DCF, and Director of Div. of Child Protection and Permanency	Lisa.vonPier@DCF.state.nj.us
Yolanda Taylor	Workforce Development Board	Yolanda.taylor@dol.state.nj.us
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Pastor Terrence Porter	Pilgrim Baptist Church	tkporter21@gmail.com
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Gena Haranis *	Sr. Vice President	gharanis@janussolutions.com
Dr. Cindy Lamy *	Executive Consultant	lamy@robinhood.org

\* Indicates a member of the working group, which met on 3/10 17, 3/29/17, and 4/5/17

## Attachment B

### Monmouth County Human Services Needs Assessment

#### Focus Groups and Interviews Regarding Needs Assessment

<u>Meeting/Interview</u>	<u>Date</u>	<u>Location</u>
1. Monmouth County Human Services Leadership	9/29/16	DSS, Room 239
2. Group interview with leadership of the County Division of Social Services Administration	11/3/16	DSS, room 239
3. Focus Group – Youth Services Commission	11/7/16	DSS, 1 <sup>st</sup> floor conference room
4. Focus group with Monmouth County Health Improvement Committee	1/13/17	Agriculture building, Freehold
5. Focus Group - Human Services Advisory Council	11/15/16	DSS, 1 <sup>st</sup> floor conference room
6. Focus group with Healthier Asbury Park Coalition	11/16/16	Asbury Park Middle School
7. Individual Interview with County Superintendent of Schools	11/16/16	Agriculture Building, Freehold
8. Interview with County Planning Department	11/16/17	Hall of Records
9. Focus Group – County Council for Young Children, Freehold Chapter	12/2/16	St. Peter Claver Community room, Freehold
10. Individual Interview with Visiting Nurses Assoc.	12/2/16	Telephone interview
11. Individual interview with WIB Director	12/19/16	WIB offices, Eatontown
12. Focus Group – Affordable Housing Alliance	1/4/17	59 Broad St., Eatontown
<u>Meeting/Interview</u>	<u>Date and Time</u>	<u>Location</u>
13. Interview with Tim Hearne, President of United Way of Monmouth and Ocean Counties	1/4/17	1415 Wyckoff Rd, 1 <sup>st</sup> floor, Farmingdale
14. Focus Group – Children’s Interagency Coordinating Council	1/18/17	Monmouth Cares CMO

...continued

15. Focus group for adults with adult children with intellectual/developmental disabilities	1/18/17	Monmouth Cares CMO
16. Focus Group – Project Community Cares/Point in Time Homeless Study of Homeless Individuals	1/25/17	Pilgrim Baptist Church 172 Shrewsbury Avenue Red Bank, NJ 07701
17. Interview with County Fiscal Office	2/3/17	Hall of Records
18. Interview with County Transportation Director	2/8/17	County Human Services building
19. Individual Interview with County Director of Office on Aging	2/13/17	County Human Services building
20. Individual interview with Food Bank Director	2/13/17	Food Bank
21. Focus Group – Howell Senior Center	2/27/17	Howell Senior Center
22. Individual Interview with County Health Department leadership	2/27/17	County Health Department office, Howell

## Attachment C

### Sample: Questions for Focus Group: Human Services Advisory Council

1. What are the greatest challenges facing adults (youth, aging, etc.) in Monmouth County to their being responsible and contributing community members, and maintaining their greatest level of independence, functioning, and dignity as they age?
2. Are there particular challenges to specific portions of the adult population in the County?
3. What recommendations do you have for addressing these challenges and supporting adults in Monmouth County?
4. What strengths exist in Monmouth County to support adults being responsible and contributing community members, and maintaining their greatest level of independence, functioning, and dignity as they age?
5. How can strengths be built upon and programs improved?
6. What types of programs and supports are most effective in reaching and engaging adults?
7. What services or supports are needed that do not currently exist?
8. Do you have any other recommendations?

## Attachment D

### 2017 Monmouth County Human Services Funding / Contracts

FUNDED AGENCY	PROJECT NAME/SERVICES	STATE/FEDERAL FUNDS/SOURCE	COUNTY FUNDS	TOTAL FUNDING
<b>County Office on Aging, Disabilities, and</b>				
Monmouth Co.Division of Transportation	S.C.A.T./transportation	\$241,327 Title III	\$267,419	\$508,746
Monmouth Co. Community Development	Home Repair/Security Services	\$56,818 Title III	\$5,597	\$62,415
Family & Children's Service	Certified Home Health Aide, Housekeeping and Care Giver Respite Services	\$729,564 Title III	\$117,854	\$847,418
Interfaith Neighbors, Inc.	Monmouth County Nutrition Program/congregate and home	\$1,219,464 Title III	\$256,985	\$1,476,449
Visiting Nurses Assoc. of Central Jersey	Senior Wellness Program/health screenings	\$0	\$62,700	\$62,700
Family and Children's Services	Home Care/Adult Protective Services	\$0	\$187,183	\$187,183
Interfaith Neighbors	Monmouth County Nutrition Program/home delivered meals	\$0	\$99,292	\$99,292
	<b>SUB TOTAL</b>	<b>\$2,247,173</b>	<b>\$997,030</b>	<b>\$3,244,203</b>
<b>County Division of Mental Health and Addiction Services</b>				
Borough of Bradley Beach	Municipal Alliance	\$20,000 (Governors Council on Alcoholism and Drug Abuse)	\$0	\$20,000
Borough of Highlands	Municipal Alliance	\$31,960 (Governors Council on Alcoholism and Drug Abuse)	\$0	\$31,960

FUNDED AGENCY	PROJECT NAME/SERVICES	STATE/FEDERAL FUNDS/SOURCE	COUNTY FUNDS	TOTAL FUNDING
Borough of Keyport	Municipal Alliance	\$32,598 (Governors Council on Alcoholism and Drug Abuse)	\$0	\$32,598
Township of Colts Neck	Municipal Alliance	\$22,150 (Governors Council on Alcoholism and Drug Abuse)	\$0	\$22,150
Borough of Eatontown	Municipal Alliance	\$26,186 (Governors Council on Alcoholism and Drug Abuse)	\$0	\$26,186
Township of Freehold	Municipal Alliance	\$41,010 (Governors Council on Alcoholism and Drug Abuse)	\$0	\$41,010
Township of Hazlet	Municipal Alliance	\$50,840 (Governors Council on Alcoholism and Drug Abuse)	\$0	\$50,840
Township of Holmdel	Municipal Alliance	\$43,760 (Governors Council on Alcoholism and Drug Abuse)	\$0	\$43,760
Township of Howell	Municipal Alliance	\$45,310 (Governors Council on Alcoholism and Drug Abuse)	\$0	\$45,310
Borough of Manalapan	Municipal Alliance	\$49,072 (Governors Council on Alcoholism and Drug Abuse)	\$0	\$49,072
Township of Marlboro	Municipal Alliance	\$53,578 (Governors Council on Alcoholism and Drug Abuse)	\$0	\$53,578
Township of Middletown	Municipal Alliance	\$30,000 (Governors Council on Alcoholism and Drug Abuse)	\$0	\$30,000
Township of Millstone	Municipal Alliance	\$20,000	\$0	\$20,000

FUNDED AGENCY	PROJECT NAME/SERVICES	STATE/FEDERAL FUNDS/SOURCE	COUNTY FUNDS	TOTAL FUNDING
		(Governors Council on Alcoholism and Drug Abuse)		
Township of Neptune	Municipal Alliance	\$63,915	\$0	\$63,915
		(Governors Council on Alcoholism and Drug Abuse)		
Upper Freehold Township	Municipal Alliance	\$39,949	\$0	\$39,949
		(Governors Council on Alcoholism and Drug Abuse)		
Wall Township	Municipal Alliance	\$57,852	\$0	\$57,852
		(Governors Council on Alcoholism and Drug Abuse)		
	<b>SUB TOTAL - Alliances</b>	<b>\$628,180</b>	<b>\$0</b>	<b>\$628,180</b>
Barnabus Health Institute for Prevention	Competent Community Suicide Prevention Initiative	\$0	\$35,000	\$35,000
CPC Behavioural Healthcare	Intensive Outpatient Services for Adults	\$53,000 (NJ DHS Health Services Grant)	\$0	\$53,000
Mental Health Association of Monmouth County	Suicide Prevention Outreach	\$0	\$25,000	\$25,000
New Hope Foundation	Sub-acute Detoxification Services	\$0	\$87,500	\$87,500
Maryville, Inc	Sub-acute Detoxification Services	\$0	\$11,070	\$11,070
New Hope Foundation	Short-term Residential Rehabilitation Services	\$0	\$50,000	\$50,000
Maryville, Inc	Short-term Residential Rehabilitation Services	\$0	\$20,294	\$20,294
New Hope Foundation	Halfway House Services	\$0	\$50,000	\$50,000
JSAS Healthcare	Perinatal Medication Assisted Therapy	\$0	\$64,376	\$64,376
CPC Behavioural Healthcare	Outpatient	\$0	\$53,000	\$53,000

FUNDED AGENCY	PROJECT NAME/SERVICES	STATE/FEDERAL FUNDS/SOURCE	COUNTY FUNDS	TOTAL FUNDING
Community YMCA Family Services	Outpatient	\$0	\$28,000	\$28,000
	<b>SUB TOTAL - Substance Abuse Treatment</b>	<b>\$53,000</b>	<b>\$424,240</b>	<b>\$477,240</b>
<b>NJ DHS Contracts</b>	<i>Do you want this section included with substance abuse above</i>			
New Hope Foundation	Halfway House Services for Men	\$49,196	\$0	\$49,196
New Hope Foundation	Halfway House Services for Women	\$35,849	\$0	\$35,849
New Hope Foundation	Sub Acute Residential Detoxification Services	\$237	\$0	\$237,000
New Hope Foundation	Short-term Residential Services for Adolescents	\$52,000	\$0	\$52,000
New Hope Foundation	Short-term Residential Services for Adults	\$318,500	\$0	\$318,500
CPC Behavioral Healthcare	Intensive Outpatient Services for Adolescents	\$95,958	\$0	\$95,958
CPC Behavioral Healthcare	Intensive Outpatient Services for Adults	\$28,076	\$0	\$28,076
Ocean Township Human Services	Intensive Outpatient Services for Adolescents (Southern	\$62,256	\$0	\$62,256
CPC Behavioral healthcare	Outpatient Services (Eastern Monmouth)	\$36,667	\$0	\$36,667
New Hope Foundation	Outpatient Services (Western Monmouth)	\$36,667	\$0	\$36,667
CPC Behavioral Healthcare	Assessment, Early Intervention and Treatment	\$52,000	\$0	\$52,000

FUNDED AGENCY	PROJECT NAME/SERVICES	STATE/FEDERAL FUNDS/SOURCE	COUNTY FUNDS	TOTAL FUNDING
NCADD of Middlesex County, Inc	Community Based Alcoholism/Drug Abuse Selective & Indicated Prevention Services	\$57,000	\$0	\$57,000
Prevention First, Inc	Community Based Alcohol/Drug Abuse Prevention Services Strengthen Families	\$50,000	\$0	\$50,000
	<b>SUB TOTAL - NJ DHS Contracts</b>	<b>\$874,406</b>	<b>\$0</b>	<b>\$1,111,169</b>
Catholic Diocese of Trenton	Mental Health	\$0	\$63,496	\$63,496
CPC Behavioural Healthcare	Mental Health	\$0	\$261,569	\$261,569
Community YMCA	Mental Health	\$0	\$48,000	\$48,000
Meridian/Jersey Shore Medical Center	Mental Health	\$0	\$143,367	\$143,367
Monmouth Medical Center	Mental Health	\$0	\$81,126	\$81,126
Meridian/RiverviewMedical Center	Mobile Psychiatric Emergency Screening for Youth	\$0	\$112,677	\$112,677
Monmouth Medical Center	Outreach Nursing for Boarding Home Residents	\$0	\$160,149	\$160,149
180 Turning Lives Around	Counselling for Victims of Domestic Violence	\$0	\$52,541	\$52,541
UNA of Central Jersey	Outreach Nursing for Boarding Home Residents	\$0	\$109,757	\$109,757
Collaborate Support Program of New Jersey	Recovery Support	\$0	\$10,000	\$10,000
MH Association of Monmouth County	Recovery Support	\$0	\$20,000	\$20,000
Shore Clubhouse	Recovery Support	\$0	\$25,000	\$25,000
Community Health Law Project	Legal Services	\$0	\$40,921	\$40,921

FUNDED AGENCY	PROJECT NAME/SERVICES	STATE/FEDERAL FUNDS/SOURCE	COUNTY FUNDS	TOTAL FUNDING
	<b>SUB TOTAL - Mental Health Services</b>	<b>\$0</b>	<b>\$1,128,603</b>	<b>\$1,128,603</b>
<b>County Division of Health</b>				
County - Health Improvement Coalition/County Plan		\$17,000 NJ DOH	\$0	\$17,000
County - Healthy Homes Classes		\$1,220,000 NJ DOH	\$0	\$1,220,000
County - Healthy by 2		\$45,000 NJ DOH	\$0	\$45,000
County - Childrens Physicals		\$0	\$3,000	\$3,000
County - Health Improvement Coalition		\$17,000 NJ DOH	\$0	\$17,000
County - PAP clinics		\$0	\$3,000	\$3,000
County - STD clinics		\$15,000 NJ DOH	\$0	\$15,000
	<b>SUB TOTAL - Health Services</b>	<b>\$1,314,000</b>	<b>\$6,000</b>	<b>\$1,320,000</b>
<b>Affordable Housing Alliance</b>				
County	Homeless Services/Adult Shelter 20 beds	\$0	\$531,053	\$531,053
Estimated EA - State		\$25,000	\$0	\$25,000
Through to County ESG - Federal		\$19,000	\$0	\$19,000
	<b>SUB TOTAL - Affordable Housing Alliance</b>	<b>\$25,000</b>	<b>\$531,053</b>	<b>\$556,053</b>
<b>The ARC of Monmouth</b>				

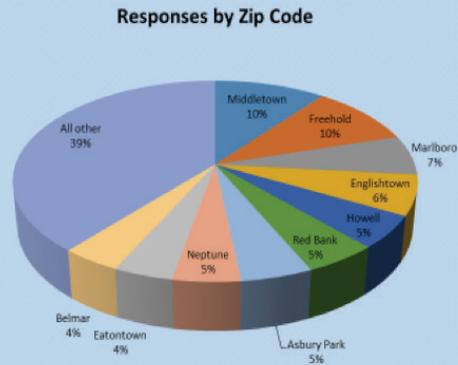
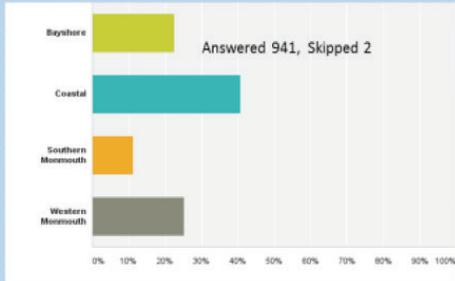
FUNDED AGENCY	PROJECT NAME/SERVICES	STATE/FEDERAL FUNDS/SOURCE	COUNTY FUNDS	TOTAL FUNDING
	Recreation Program	\$0	\$45,911	\$45,911
	Work Opportunity Center	\$0	\$28,300	\$28,300
	Individual and Family Support Programs	\$0	\$44,000	\$44,000
	<b>SUB TOTAL - The ARC of Monmouth</b>	<b>\$0</b>	<b>\$74,211</b>	<b>\$74,211</b>
<b>Big Brothers/Big Sisters</b>		<b>\$0</b>	<b>\$50,000</b>	<b>\$50,000</b>
<b>Boys &amp; Girls Club</b>	Recreational Program	<b>\$0</b>	<b>\$13,065</b>	<b>\$13,065</b>
<b>Catholic Charities</b>	Family Growth Program	<b>\$0</b>	<b>\$8,710</b>	<b>\$8,710</b>
<b>Catholic Charities - Linkages</b>	Transitional Housing Facility			
County		\$0	\$176,222	\$176,222
Est. EA Fed. 50%, State 45%, County 5%		\$720,360	\$37,914	\$758,274
Pass thru to County ESG - Federal		\$31,000	\$0	\$31,000
	<b>SUB TOTAL - Catholic Charities - Linkages</b>	<b>\$751,360</b>	<b>\$214,136</b>	<b>\$965,496</b>
<b>Center for Vocational Rehabilitation</b>	Vocational evaluations, training and job placement	<b>\$0</b>	<b>\$45,000</b>	<b>\$45,000</b>
<b>Child Care Resources of Monmouth City</b>	Targeted Population Program	<b>\$0</b>	<b>\$144,100</b>	<b>\$144,100</b>
<b>Community Affairs &amp; Resource Center</b>	Information, educational classes and referral sources	<b>\$0</b>	<b>\$44,500</b>	<b>\$44,500</b>
<b>Family &amp; Children's Service</b>	Representative Payee Program	<b>\$0</b>	<b>\$37,195</b>	<b>\$37,195</b>
<b>Family Resource Associates</b>	TECH Program	<b>\$0</b>	<b>\$13,000</b>	<b>\$13,000</b>
<b>FoodBank</b>		<b>\$0</b>	<b>\$9,755</b>	<b>\$9,755</b>

FUNDED AGENCY	PROJECT NAME/SERVICES	STATE/FEDERAL FUNDS/SOURCE	COUNTY FUNDS	TOTAL FUNDING
<b>HomeFront</b>	Per Diem Contract			
Family Preservation Center				
Gateway - shelter for single women				
EA- 50% Federal, 45% state , 5% county	Any values?			
<b>Interfaith Neighbors</b>				
Meals Program		\$0	\$27,112	\$27,112
Rental Assistance Program		\$0	\$48,468	\$48,468
	<b>SUB TOTAL - Interfaith Neighbors</b>	<b>\$0</b>	<b>\$75,580</b>	<b>\$75,580</b>
<b>Jewish Family &amp; Children's Services</b>	First Step Program	\$0	\$14,000	\$14,000
<b>LADACIN Network</b>		\$0	\$25,000	\$25,000
Early Intervention Program		\$0	\$25,000	\$25,000
Schroth Adult Program		\$0	\$81,490	\$81,490
	<b>SUB TOTAL - LADACIN Network</b>	<b>\$0</b>	<b>\$106,490</b>	<b>\$106,490</b>
<b>Lunch Break</b>	Food Pantry and Soup Kitchen	<b>\$0</b>	<b>\$9,000</b>	<b>\$9,000</b>
<b>SEARCH Day Program</b>	Program for autistic children and their families	<b>\$0</b>	<b>\$13,000</b>	<b>\$13,000</b>
<b>United Way of Monmouth Cty</b>	Volunteer Center	<b>\$0</b>	<b>\$36,406</b>	<b>\$36,406</b>
<b>VNA</b>				
Community Health Nursing, Transitional Care& Home Care Intake		\$0	\$505,145	\$505,145
Special Child health		\$0	\$54,765	\$54,765
Primary & Preventive Health Care		\$0	\$67,020	\$67,020

FUNDED AGENCY	PROJECT NAME/SERVICES	STATE/FEDERAL FUNDS/SOURCE	COUNTY FUNDS	TOTAL FUNDING
	<b>SUB TOTAL - VNA</b>	<b>\$0</b>	<b>\$626,930</b>	<b>\$626,930</b>
<b>Social Security Assistance for</b>				
Mental Illness	DMHS	<b>\$195,502</b>	<b>\$0</b>	<b>\$195,502</b>
<b>180 Turning Lives Around</b>				
	Shelter for Victims of Domestic Abuse			
Per Diem contract				
EA- 50% Federal, 45% state , 5% county				
<b>MOU: Medicaid Staff Agreements</b>				
<b>Monmouth Medical Center</b>	Outstationing Staff to take Medicaid Applications			
Part Time	17.5 hours			
<b>Monmouth Family Health Center</b>	Outstationing Staff to take Medicaid Applications			
Part Time	17.5 hours			
<b>VNACJ Community Health Center</b>	Outstationing Staff to take Medicaid Applications			
Part Time	17.5 hours			
<b>TOTAL FUNDING</b>		<b>\$6,088,621</b>	<b>\$4,608,004</b>	<b>\$10,933,388</b>

# Attachment E

## Survey Responses



Survey ran from 3/1 – 3/29-17.

973 Responses received between 2/14/17 and 3/28/17.

860 Complete responses received.

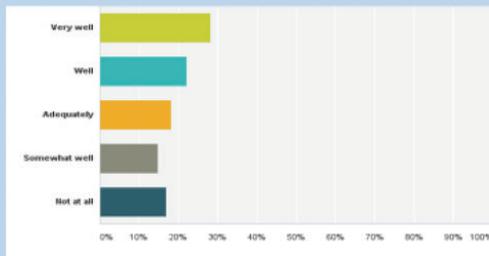
6.1% of respondents were human service providers.

4

### If you have used human services, did the service(s) meet your need?

Answered: 249 Skipped: 724

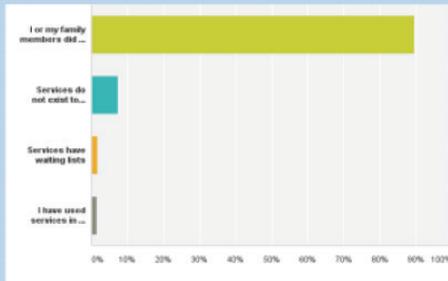
Answer Choices	Responses
Very well	28.11% 70
Well	22.09% 55
Adequately	18.07% 45
Somewhat well	14.86% 37
Not at all	16.87% 42
<b>Total</b>	<b>249</b>



6

**If you have not used human services in the County, it is because:**

Answered: 670 Skipped: 303

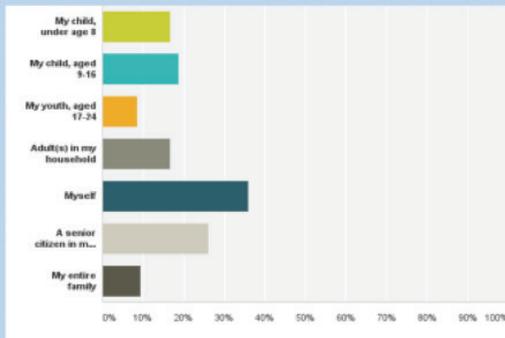


Answer Choices	Responses
I or my family members did not need services	89.55% 600
Services do not exist to meet our needs	7.31% 49
Services have waiting lists	1.64% 11
I have used services in the past without success	1.49% 10
<b>Total</b>	<b>670</b>

8

**The services I used were for:**

Answered: 234 Skipped: 739

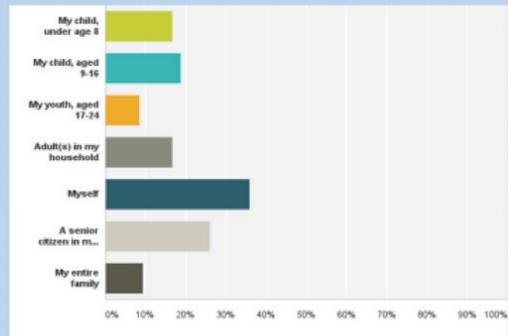


Answer Choices	Responses
My child, under age 8	16.67% 39
My child, aged 9-16	18.80% 44
My youth, aged 17-24	8.55% 20
Adult(s) in my household	16.67% 39
Myself	35.90% 84
A senior citizen in my household	26.07% 61
My entire family	9.40% 22
<b>Total Respondents: 234</b>	

7

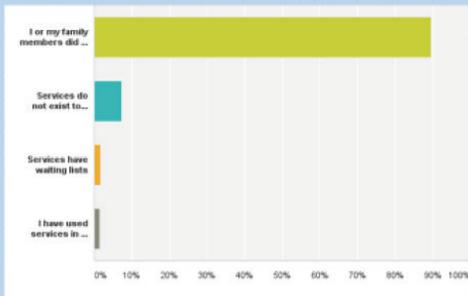
The service(s) I used were for (check all that apply):  
 Answered: 234 Skipped: 739

Answer Choices	Responses	
My child, under age 8	16.67%	39
My child, aged 9-16	18.80%	44
My youth, aged 17-24	8.55%	20
Adult(s) in my household	16.67%	39
Myself	35.90%	84
A senior citizen in my household	26.07%	61
My entire family	9.40%	22
<b>Total Respondents: 234</b>		



If you have not used human services in the County, it is because:  
 Answered: 670 Skipped: 303

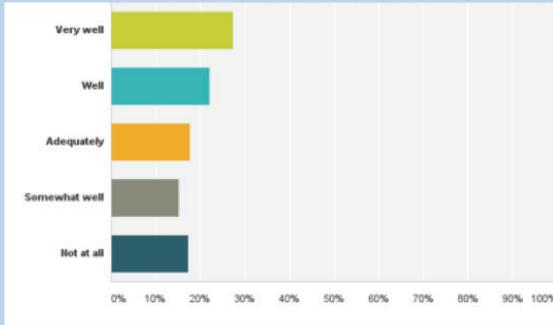
Answer Choices	Responses	
I or my family members did not need services	89.55%	600
Services do not exist to meet our needs	7.31%	49
Services have waiting lists	1.64%	11
I have used services in the past without success	1.48%	10
<b>Total</b>		<b>670</b>



**If you have used human services, did the service(s) meet your need?**

• Answered: 230 Skipped: 685

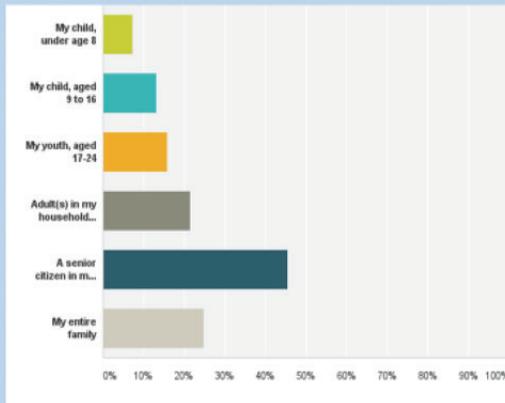
Answer Choices	Responses	
Very well	28.11%	70
Well	22.89%	55
Adequately	18.07%	45
Somewhat well	14.80%	37
Not at all	16.87%	42
<b>Total</b>		<b>240</b>



**I believe more services are needed for:**

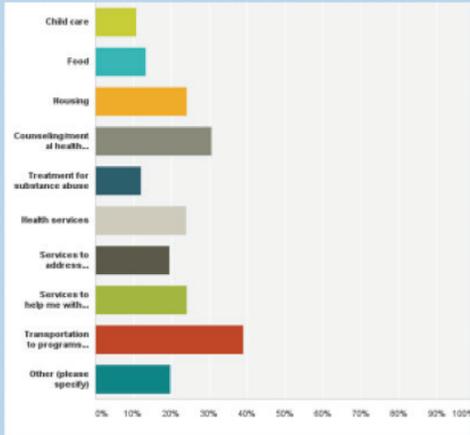
Answered: 329 Skipped: 644

Answer Choices	Responses	
My child, under age 8	7.29%	24
My child, aged 9 to 16	13.07%	43
My youth, aged 17-24	15.81%	52
Adult(s) in my household	21.58%	71
A senior citizen in my household	45.59%	150
My entire family	24.92%	82
<b>Total Respondents: 329</b>		



The types of services that I/my family need that are not available are (check all that apply):

Answered: 379 Skipped: 594



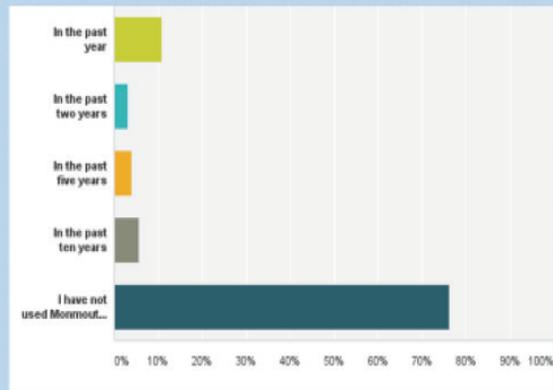
Answer Choices	Responses
Child care	10.82% 41
Food	13.46% 51
Housing	24.27% 92
Counseling/ment al health services	30.61% 116
Treatment for substance abuse	12.14% 46
Health services	24.01% 91
Services to address isolation	19.53% 74
Services to help me with someone in my household who has a disability	24.27% 92
Transportation to programs and/or services	39.05% 148
Other (please specify)	19.79% 75
<b>Total Respondents: 379</b>	

13

I have used Monmouth County human services

Answered 958, Skipped 15

Answer Choices	Responses
In the past year	10.96% 105
In the past two years	3.24% 31
In the past five years	3.97% 38
In the past ten years	5.64% 54
I have not used Monmouth County human services	76.20% 730
<b>Total</b>	<b>958</b>



5

# Attachment F

## Monmouth County Human Services Needs Assessment

### State- Funded Services for Youth

#### Positive Youth Development and Strong Transitions to Adulthood

Pillar	Services Provided	Target Population	Number served	Contracted Amount	Other (Funding source, match requirement, revenue realized, outcomes achieved, etc.)
<b>Strong family relationships and community connections</b>	Monmouth Cares- 37 Care Managers	Children and families with behavioral/emotional needs		4,432,334	Combined DCF & Medicaid
	Family Support Organization- Direct parent support, education, and advocacy skills to family members of children with emotional, behavioral, or developmental challenges	Parents		765,000	DCF, Div. of Children's System of Care
	Catholic Charities: Family Growth program- individual/group counseling	Persons affected by sexual abuse or family violence.		128,387	DCF, DCP&P
	Catholic charities: Natural Parent support program- clinical services to families that are candidates for reunification	DCPC&P involved families		120,555 (4 counties)	DCF, DCP&P
	Catholic charities: in home foster care program-intervention to stabilize children in resource family or relative home	Foster youth		375,455 (4 counties)	DCF, DCP&P
	Children's Home society- post adoption support services	Adoptive families		225,000 (4 counties)	DCF, DCP&P
	Community YMCA: parent support/companionship	Mentoring for DCP&P families		2,189,583	DCF, DCP&P
	Community YMCA: Family Education/group counseling	Red bank school district- at risk pre-adolescent youth			DCF, DCP&P
	YMCA: Youth support/companionship	Mentoring for DCP& P families			DCF, DCP&P
	YMCA-TOPS- counseling for clients/foster homes				DCF, DCP&P
	YMCA: Foster care specialist- in home support	Foster care families			DCF, DCP&P
	YMCA- child visitation- transportation for kids & supervision	DCP&P youth			DCF, DCP&P
	YMCA- new foster home studies	Foster families			DCF, DCP&P
	YMCA- Visitation and family engagement- safe reunification	DCP&P youth			DCF, DCP&P
	CPC Therapeutic Communities	DCP&P involved youth		7,267,818	DCF, DCP&P
	Project KIN therapeutic host homes- out of home placement	23 beds- youth ages 12-18			DCF, Div. of Children's System of Care
	Step ahead- Residential IOS	Youth charged with a sexual offense- 6 beds (Perform Care)			
<b>Personal safety, equal opportunity, and financial security</b>	Catholic charities: Beacon House; transitional group home	Youth ages 17-21		129,299	DCF, Div. of Children's System of Care
				448,835	DCF, DCP&P
	Collier group Home-housing for girls unable to live in their own home	10 adolescent girls		836,000	DCF, DCP&P
	IEP Youth Services- supervised independent living	Six adults- Youth 18+	\$185,891		DCF
	Collier Services: Collier House; housing for homeless women	Transitioning foster or homeless females- ages 16 (18)-21	Five young women ages 18-21	283,274	
	Beacon House				
	Mobile Response and Stabilization Services- intervention to prevent out of home placement			283,731 (11/12)	DCF, Div. of Child Behavioral Health Services

Pillar	Services Provided	Target Population	Number served	Contracted Amount	Other (Funding source, match requirement, revenue realized, outcomes achieved, etc.)
Good health and well-being	Circle of Friends Partial Care program-therapy, social skills, parent support, tutoring, etc.	Children ages 7-12		98,265	Youth Incentive funds
	Child psychiatrist- FT psychiatrist in Middletown office			148,731	Youth Incentive funds
	Children's Partial Care program-intensive group therapy; transportation provided to 5 shore communities	Children ages 7-14		81,938	
	YMCA Substance abuse rehab-evaluations/rehabilitation				
	CPC Behavioral- fixed therapy rates for referred clients	DCP&P clients		Fee for service	
High-quality learning and education					

## Attachment G

### Contracts Serving Older Monmouth County Residents

Provider/Service	\$ County Funding	\$ State/Federal Funding	Total Funding
Administration	311,061	97,439	408,500
Long Branch Sr. Center	221,385	14,600	235,985
Asbury Park Sr. Center	168,502	17,860	186,362
MC Transportation	267,419	139,098	406,517
Family and Children's Services of MC/HHAs	-	96,325	96,325
Howell Sr. Center	320,529	15,850	336,379
Red Bank Sr. Center	315,188	14,796	329,894
Neptune Sr. Center	188,000	15,000	203,000
Middletown Sr. Center	338,449	18,350	356,799
Information and Assistance	26,879	267,145	294,024
Adult Protective Services/F&CS	-	30,479	30,479
Keyport Sr. Center	63,800	21,850	85,650
Manalapan Sr. Center	59,164	10,100	69,264
S. Jersey Legal Services	13,248	19,765	33,013
Kosher Nutrition Prog/JF&CS	21,478	27,760	49,238
Nutrition Prog/Interfaith Neighbors	150,210	698,006	848,216
Kosher Home Delivery	-	108,694	108,694
Chronic Disease Self Mgt	-	27,050	27,050
Certified HHA	-	32,244	32,244
Child Care Respite/Neptune	-	16,550	16,550
MC Nutrition Prog/home delivery	28,244	64,788	93,032
Certified HHA/SSBG	101,017	538,198	639,215
Adult Protective Services	-	46,296	46,296
MC Nutrition Prog/AP	30,190	156,333	186,523
ARC Residential Maintenance Services	1,450	14,650	16,100
Home Repair/Security	63,169	-	63,169
Certified HHA	23,810	-	23,810

Total County Funds = \$2,458,946



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

