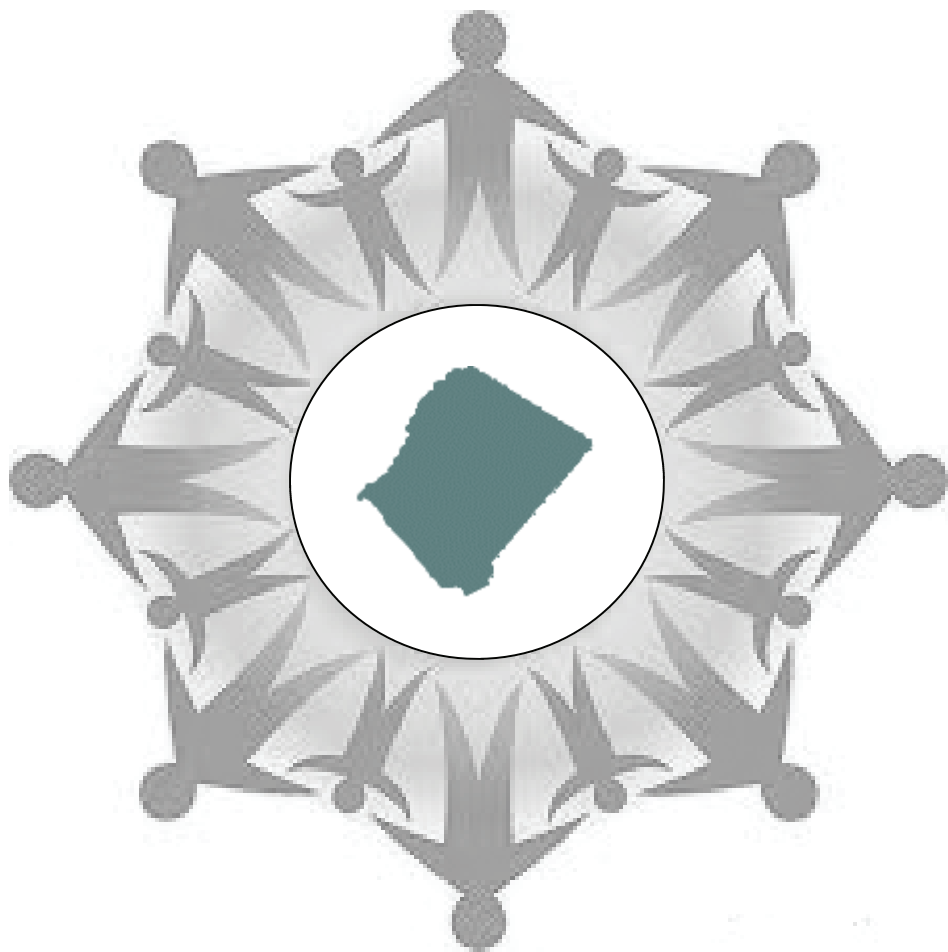


Sussex County 2015 Countywide Needs Assessment



2015 Board of Chosen Freeholders

Phillip R. Crabb, Freeholder Director
Dennis J. Mudrick, Deputy Director
George F. Graham, Freeholder
Gail Phoebus, Freeholder
Richard A. Vohden, Freeholder



RESOLUTION RE: ACCEPTANCE AND UTILIZATION OF THE 2015 COUNTY-WIDE HUMAN SERVICES NEEDS ASSESSMENT

WHEREAS, the Sussex County Board of Chosen Freeholders directed the Department of Human Services to initiate and oversee a County-Wide Human Services Needs Assessment; and

WHEREAS, the leadership of the Human Services Advisory Council has been instrumental in its success; and

WHEREAS, this community-wide effort was made possible through the many County agencies, professional groups, citizens, and focus groups; and

WHEREAS, the Needs Assessment will be a tool that the County of Sussex and the Human Services Advisory Council will utilize during its planning and funding processes; and

WHEREAS, the Needs Assessment identified and prioritized the Human Service needs of its citizens; and

WHEREAS, the County of Sussex recognizes the expertise, collaboration and assistance of all the existing service providers in an effort to meet all the needs (new and existing) of the population of Sussex County.

NOW, THEREFORE, BE IT RESOLVED that the Sussex County Board of Chosen Freeholders hereby supports the 2015 County-Wide Human Services Needs Assessment and authorizes the Administrator of the Department of Human Services to utilize this document during the planning, review and prioritizing of funding for Human Services programs in Sussex County; and

BE IT FURTHER RESOLVED that in an effort to maximize the available services with the modest funds available, the Board calls upon the service providers and County staff to re-evaluate their programs and operations in an effort to work collaboratively with all agencies to meet the additional needs delineated in this Assessment; and

BE IT FURTHER RESOLVED that the Board instructs the Department of Human Services to place a high level of value in the competitive contracting process on the service providers that use cooperative ventures to achieve economies of scale to accomplish the County's goal of providing for the human service needs of the community in an effective and efficient manner; and

BE IT FURTHER RESOLVED that certified copies of this Resolution be forwarded to Sarah Balzano, Sussex County Department of Human Services; Christine Florio, Sussex County Division of Community and Youth Services; Suzanne Sarner, HSAC Chairperson.

Certified as a true copy of
the Resolution adopted by
the Board of Chosen Freeholders
on the day of , 2015.



DEPARTMENT OF HUMAN SERVICES

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Sarah Balzano

County of Sussex

October 2015

The goal of the Sussex County Department of Human Services County-wide Needs Assessment is to identify community needs and services, seek and utilize resources to satisfy unmet needs, and build community partnerships. Community partners, consumers, focus groups, professionals within the community agencies and County staff work together to assess needs, develop strategies to address top priority issues, mobilize partners and resources to implement the plan, and measure results so that the impact can be reported to the community.

Through its three Divisions, Community and Youth Services, Senior Services, and Social Services, the Sussex County Department of Human Services offers family support programs and services, administers funds for human services initiatives, provides numerous services and programs for older adults, operates public transportation and assists those in need in applying for and obtaining benefits and services. Information, education and outreach is also a top priority of the Department.

Many agencies that are essential to our community provide invaluable programs that advance the common good by nurturing a giving community and connecting people in need with services. This Assessment was able to shine light on the importance of these agencies and individuals who care about and have committed themselves to causes that matter. However, due to stagnant and/or cuts to funding, these agencies are finding themselves unable to meet the needs of a rapidly growing number of community members seeking assistance.

The 2015 County-wide Human Services Needs Assessment and strategic planning efforts have identified key recommendations for action:

- Recommendation 1: Increase Mental Health Services
- Recommendation 2: Increase Transportation Services in Sussex County
- Recommendation 3: Increase Supply of Affordable Housing
- Recommendation 4: Improve Job Training and Employment
- Recommendation 5: Increase Healthcare and Dental Care Access
- Recommendation 6: Provide Case management in All Areas of Human Services
- Recommendation 7: Promote Access to Human Services through Centralized Screening

When looking at past Human Services County-wide Needs Assessments, we find similar recommendations rising to the top. The demand for human services throughout the county grows daily. This is demonstrated by the rise in Medicaid enrollment, the increase in housing foreclosures and homelessness, and the rise in the need for food stamps. I believe that this Assessment provides us with a real time perspective that is essential to understanding the challenges and the opportunities in Sussex County. We must gauge our human services needs and identify priorities and action items that can make a measurable impact on our community. This Assessment process also calls for us to evaluate current programs and improve the capacity and effectiveness in meeting the needs of our residents.

The 2015 Human Services Needs Assessment would not be possible without the Planning Committee of the Human Services Advisory Council, the support of the Board of Chosen Freeholders, professionals throughout our community who have dedicated themselves to providing human services and the input of residents and consumers who understand the importance of comprehensive human service programs.

Finally, I would be remiss if I did not acknowledge the County staff members who work diligently to bring high quality program delivery, help foster partnerships within the community, and advocate for the citizens of Sussex County. The Department of Human Services is grateful for the opportunity to effectively collaborate to bring this important information and resource to the community so that quality decisions can be made leading to desirable outcomes.

Sincerely,

Sarah Balzano

Sarah Balzano

Department Administrator

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Acknowledgements

This Needs Assessment is a final product of many dedicated people coming together to create a document as a catalyst for community change and growth in the area of human services.

Special Thanks to

The Human Services Advisory Council, led by the HSAC Planning Committee

Partners

Bridgeway Rehabilitation Services

Center for Prevention and Counseling

Domestic Abuse and Sexual Assault Intervention Services

DAWN Center for Independent Living

Family Partners of Morris and Sussex Counties

NAMI of Sussex County

Project Self-Sufficiency

SCARC

Sussex County Division of Senior Services, and

The service providers and HSAC members who participated in the provider focus group.

Sussex County Department of Human Services

Sarah Balzano, Administrator; Christine Florio, Director, Division of Community and Youth Services; Elizabeth Larsen, Human Services Advisory Council Coordinator

The Sussex County Board of Chosen Freeholders

Special thanks to everyone who took the time to complete the Needs Assessment Survey and to everyone who shared their personal experiences in the focus groups.

2015 County-Wide Human Services Needs Assessment

Executive Summary

The mission of the Sussex County Department of Human Services is: "To improve the quality of life of Sussex County residents through an integrated approach to comprehensive services that meets the needs of individuals, families and communities."

Process Model

Committed to its mission, the Department of Human Services took the lead, in partnership with the Planning Committee of the Human Services Advisory Council, in conducting the County-Wide Human Services Needs Assessment for 2015. The support of the Board of Chosen Freeholders has been essential in our success of doing so. Secondary data, a needs survey and consumer/community focus groups were essential components of the research used in the Needs Assessment. The testing phase was conducted with a human service providers group in which common themes were noted, priority areas were reviewed and recommendations for action were established.

Research

Four facets of research created the foundation for the County-Wide Human Services Needs Assessment. The first component was comprehensive, reliable data extracted from objective sources such as the U.S. Census, NJ Department of Education, NJ Department of Health, Uniform Crime Reports, NJ Department of Labor and Workforce Development, Social Security Administration and New Jersey Center for Health Statistics. Secondly, there was the creation and distribution of a community survey to assess the current human services needs such as transportation, affordable housing, access to healthcare and employment at a living wage. The third component was the facilitation of focus groups for specific target populations including substance abuse, individuals with mental illness, the elderly, single parents and individuals with disabilities, among others. Lastly, a strategic planning session was held in which human service providers in the county were invited to participate as a group to go over the evaluation of data, review priority areas of need and establish recommendations for action.

Secondary Data Profile

Methodology

Data detailing the specifics of Sussex County was collected for analysis in a multitude of domains, including demographics, housing, health and mental health, education, employment, children and youth, older adults and addiction. The demographics below are updated to the most current available. In some cases, data is available for 2014 and in many other cases, it is available only for 2013 or 2012. However, there are some pieces of information that come from the U.S. Census Bureau that are estimated in between full census years and other data that is neither updated nor estimated from one full census to the other, so certain demographics, while five years old, are actually the most current available.

According to the 2014 population estimate by the U.S. Census Bureau, the population of Sussex County is 144,909. This represents a 2.8% decrease since the year 2010

Demographics (U.S. Census, 2009-2013)

- The population of Sussex County is 144,909. (2014 population estimate, U.S. Census Bureau)
- The median age is 42.
- Median household income is \$87,335.
- The unemployment rate is 6.6%.
- The mean travel time to work is 38 minutes.
- 2,297 grandparents living with their grandchildren under 18 years old and out of those grandparents, 27.2% had financial responsibility for their grandchildren.
- As of 2013, there was an estimated 13,480 county residents with a disability, which is 9.2% of the total population.
- In 2013, 5.7% of Sussex County residents were in poverty.

There are 8,275 Sussex County residents living below the poverty level.

2015 Poverty Guidelines for the 48 Contiguous States and District Columbia

(Federal Register; <https://www.federalregister.gov>)

Persons in family/household	Poverty guidelines
1	\$11,770
2	15,930
3	20,090
4	24,250
5	28,410
6	32,570
7	36,730
8	40,890
For families/households with more than 8 persons, add \$4,160 for each additional person.	

Housing (U.S. Census Bureau, 2009-2013)

- Sussex County had 62,204 housing units, an increase of 4.2% since 2008. (As of July 1, 2014 U.S. census Bureau)
- 84.7% were owner-occupied and 15.3% were renter occupied.
- There were 13.4% of the total units reported as vacant.
- Median costs are \$2,337/mortgage and \$1,189/rental.

Health Status

- Sussex County's percentage of women who received prenatal care in their first trimester was 89.6%; this was significantly higher than the statewide average of 78.5%.
- In 2011, there were 1,087 deaths in Sussex County, as compared to 69,987 statewide.
- As of 2013, according to the New Jersey Department of Health, more than one out of four (26.3%) New Jersey adults are obese, ranking 39th out of 50 states.
- Cancer and heart disease are by far the leading causes of death.

In 2011, New Jersey had the second highest obesity rate in the nation among low-income children, ages 2-4 (16.6%), but this is a decline from 17.9% in 2008.

Mental Health and Substance Abuse

- According to Newton Medical Center 1,745 adults and 362 children were screened by Psychiatric Emergency Services in 2014.
- There was a 10% increase of adults receiving partial care services from 2010 to 2011.
- In 2014, there were 794 Emergency Department visits due to substance use/abuse.
- Out of the 1,172 substance abuse treatment admissions for Sussex County residents for 2014, heroin was reported in 52% of the total admissions as the primary drug, as compared to 40% for the state.

254 of 577 (44%) of 2014 admissions to the Inpatient Behavioral Health unit at Newton Medical Center had co-occurring substance abuse and mental health disorders.

Children and Youth

- For 2013-2014 527 families received child care subsidies through the New Jersey Cares for Kids (NJCK) state program.
- In 2013, 71% of eligible county children (2,584 children) were receiving free or reduced price school lunches, while only 14% of eligible county children (511 children) were receiving free or reduced price school breakfast.
- Sussex County has the third lowest number of high school dropouts in the state.
- Sussex County has the second lowest rate of juvenile arrests statewide.
- 5,677 children are receiving Family Care/Medicaid as of 2013.
- 93 children received TANF benefits in 2013/2014.
- 2,167 children are receiving Food Stamp benefits (NJ SNAP) as of 2013.

Abuse and Neglect

- The number of child abuse/neglect investigations increased from 2009 to 2012 in Sussex County, but decreased in 2013.
- Child abuse/neglect substantiations increased sharply in 2012 but remained fairly static in 2013.
- For 2013, Sussex County had the second lowest rate of out-of-home placements (91).

Number of Child Abuse/Neglect Investigations				
	2009	2010	2012	2013
Sussex County	1,553	1,679	1,735	1,525
New Jersey	89,287	93,699	92,924	94,486
Number of Child Abuse/Neglect Substantiated Cases				
	2009	2010	2012	2013
Sussex County	107	100	184	185
New Jersey	9,286	9,326	9,250	11,972

New Jersey Kids Count Data 2015; <http://datacenter.kidscount.org/data/bystate/stateprofile>

Domestic Violence

From 2010 to 2011, the number of domestic violence restraining orders in Sussex County decreased by 20.5%, from 39 orders in 2010 to 31 orders in 2011. The total arrests involving domestic violence restraining orders decreased by 26%, from 62 arrests to 46 arrests.

Crime

- For 2013, the crime rate for Sussex County was 10.8 victims for every 1,000 residents, a decrease of 19.1% from 2012.
- Nonviolent crimes decreased by 20% and violent crimes decreased by 27%.
- There were 3,758 arrests (3,559 adult and 199 juvenile) in Sussex County in 2013.
- The majority of arrests in 2013 were for Larceny-Theft (63%).

Human Services Needs Survey

Methodology

In April 2015, the Department of Human Services and the Human Services Advisory Council began to distribute a survey entitled the "Sussex County Human Services Needs Survey 2015." This survey was designed to receive input from the community at large regarding their current needs in the area of human services including affordable housing, employment at a living wage, dental care, healthcare insurance, childcare, and mental health services, among others. The survey was available to complete through May 15, 2015 and in two formats, electronically utilizing SurveyMonkey and on paper. In order to gain public awareness and participation, the survey was advertised and made available through numerous human service agencies, in local newspapers, on the Sussex County website, on municipality websites, in all county libraries, county schools, county hospitals and medical clinics among other venues. County residents were also able to request a paper copy of the survey to be mailed to their home.

Focus Groups

Methodology

From July through August 2015, eight focus groups were conducted by a trained moderator at various locations throughout the county. The focus groups were approximately 1 to 2 hours long and represented the following target populations: the elderly; individuals with disabilities; children/families at risk of abuse, neglect and abandonment; single parents; individuals with mental illness; general human services, homeless coordination providers; and individuals/families affected by substance abuse.

The groups ranged in size from 10 participants to 30 participants. The Planning Committee of the Human Services Advisory Council designed the advertising and outreach efforts in order to provide the community the opportunity to participate in the focus groups. The individual discussion guides specific to each focus group, originally developed in 2003, were updated in 2008 and 2012 and were revised in 2015 by the planning committee.

Strategic Analysis

In August 2015, service providers were asked to participate as a group in a strategic planning session to review the evaluation of data and identified priority areas of need. The session was held in the Sussex County Administrative Center in the Freeholder Meeting Room and was well attended by human service professionals and county government representatives. The presentation included Sussex County profile data, results from the Human Services Needs Survey and focus group outcomes.

Priority Areas for Expanded Investment

At the conclusion of the analysis, the data was presented to the group and prioritized to the areas of service to be recommended for expanded investment. The following seven areas emerged as the top priorities:

1. Mental health services; emphasis on psychiatry and co-occurring substance abuse
2. Transportation
3. Affordable housing
4. Employment opportunities and job training
5. Increased access to healthcare and dental care/specialists
6. Case management for all human services
7. Centralized screening for all human services

Current Funding Levels

Human Services funding in 2015 from county, state and federal sources totals \$14,822,997. The county's share is \$6,271,679, or 42% of the total investment in human services.

Recommendations for Action

In order to address the endorsed priority areas, a set of recommendations for action have been created which answer the question, "What recommendations would you make to focus on the priorities and to achieve the desired outcomes?" Human service partners are encouraged to work to maintain all current sources of funding, vigorously pursue all new sources of income and strive for continued collaborations including joint grant applications in order to achieve the desired outcomes. As budgets decrease, but needs increase it is crucial that all providers collaborate to ensure continued assistance to some of our community's most vulnerable populations.

Recommendation 1: Increase mental health services

Recommendation 2: Increase transportation services in Sussex County

Recommendation 3: Increase supply of affordable housing

Recommendation 4: Improve Job Training and Employment Opportunities

Recommendation 5: Increase healthcare and dental care access/specialists

Recommendation 6: Provide case management for all human services

Recommendation 7: Promote access to human services through centralized screening

Sussex County



Sussex County, a largely rural and forested area, is the northernmost county in New Jersey, part of the Skylands Region. Its total area is 536 square miles, 521 being land and 15 square miles of water. In terms of area, it is the fourth largest county in the state. Sussex County was founded on June 8, 1753. It has twenty-four incorporated municipalities. The Town of Newton serves as the county-seat, while the Town of Vernon has the largest population with 22,993 residents. The highest natural elevation in the state is High Point, located in Montague Township, at 1,803 feet above sea level.

Prior to the 1960's, most of the county's economy was based on agriculture and the mining industry. After that time period, the county became a bedroom community which assimilated population shifts from the state's urban areas. It is estimated that 60% of residents work outside of the county, maintaining employment in the more suburban and urban areas of the state or in New York City.

Sussex County is governed by a five-member Board of Chosen Freeholders.

The mission of the Sussex County Department of Human Services is: "To improve the quality of life of Sussex County residents through an integrated approach to comprehensive services that meets the needs of individuals, families and communities."

Background

For more than 30 years, the Sussex County Human Services Advisory Council (HSAC) has been planning for and evaluating the needs of residents who rely on human services in order to advocate for funding and ensure access to essential services. As part of an initiative and a contractual obligation, in 1984, the HSAC began work on its first Comprehensive Human Services Plan, which covered the years of 1985 to 1988.

In 1987 the Comprehensive Human Services Plan, which covered the years 1988 to 1992, was updated and included community input on needs and funding gaps.

In 1991 the HSAC completed the 1992-1994 Plan Update in which specific goals were incorporated, such as achieving an improved efficiency and effectiveness of human services administration, operations and decision-making. Two significant additions to the Plan were a comprehensive resource inventory and budget analysis.

With the endorsement of the Board of Chosen Freeholders, the HSAC began another planning cycle in 2001. A county-wide needs assessment was undertaken, including an important component of consumer-based focus groups. In December 2002, the process was expanded to include health services. Completed in 2003, this Health and Human Services Needs Assessment was a product of multiple partnerships, including an all-volunteer twenty-four member Community Advisory Committee along with staff, volunteers and consultants from the Sussex County Community College.

In 2007, the HSAC Planning Committee began the groundwork for an update to the 2003 County-Wide Needs Assessment. In order to achieve this, the Department of Human Services contracted with GMP Consulting, Inc. to complete the updated Assessment for publication, including facilitation of focus groups, transcripts, report preparation and design.

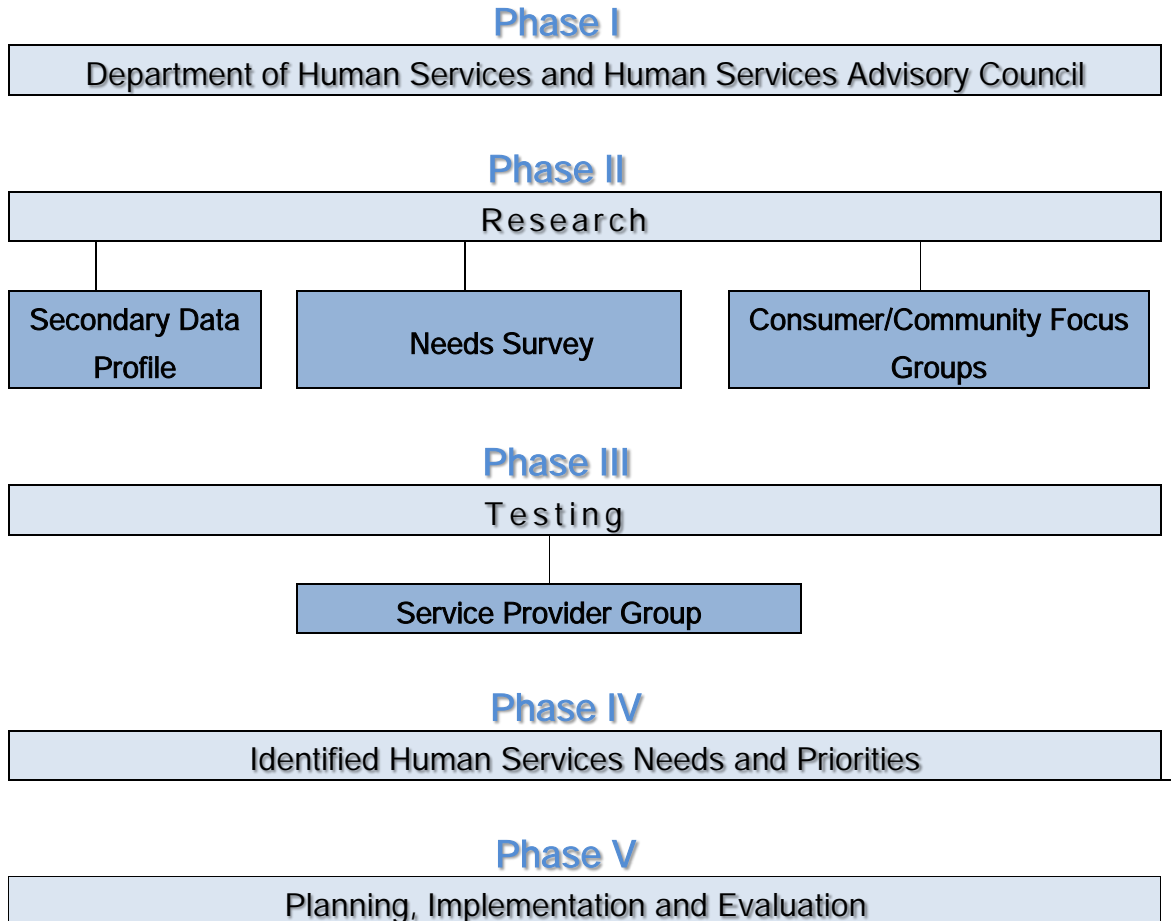
In 2012 the County-Wide Needs Assessment was again updated. The assessment included a survey regarding the human service needs of residents, eleven focus groups, as well as a human service provider's focus group to review the data collected and identify the needs they were observing in the community.

The following is a comparison of results from earlier studies with the most recent outcomes:

1988-1992	1992-1994
Income Maintenance	Transportation
Transportation	Housing
Housing	Healthcare
Counseling	Childcare
Protective Services	Employment
Emergency Basic Needs	Education
Employment	Senior Services
Home Care	Medical Insurance
Alternative Living Arrangements	Substance Abuse Treatment
Day Care	Mental Health Treatment
2003	2008
Employment	Affordable Housing
Preventive Education	Behavioral Health Services
Behavioral Health Services/Healthcare Access	Healthcare Access
Youth Services	Transportation
Child/Older Adult Care	Subsidized Childcare/Respite Care
Affordable Housing	Youth Activities
2012	2015
Community Education of Available Resources/ Improvement of Delivery System	Mental Health Services-emphasis on Psychiatry and Co-Occurring Substance Abuse
Mental Health Services	Transportation
Subsidized Childcare including Special Needs	Affordable Housing
Affordable Housing	Employment/Job training
Employment/Job Training Opportunities	Access to Healthcare and Dental Care- Emphasis on Medicaid Recipients/Uninsured
Healthcare/Dental Care Access	Case management for all Human services
Transportation	Centralized Screening/Information and Assistance
Respite Care	

Process Model

The process used for this Needs Assessment involved five phases.



Research

Four facets of research created the foundation for the County-Wide Human Services Needs Assessment. The first component was comprehensive, reliable data extracted from objective sources such as the U.S. Census, NJ Department of Education, NJ Department of Health, Uniform Crime Reports, NJ Department of Labor and Workforce Development, Social Security Administration and New Jersey Center for Health Statistics.

Secondly, there was the creation and distribution of a community survey to assess the current human services needs such as transportation, affordable housing, mental health, disability services and employment at a living wage. The 2015 survey also included a second section that asked about the accessibility to each of those services. The third component was the facilitation of focus groups for specific target populations including individuals with mental illness, the elderly, single parents, and substance abuse, among others.

Lastly a strategic session was held in which human service providers in the county were invited to participate as a group to review the evaluation of data and the identified priorities of need.

The following data provides a picture of Sussex County based on objective sources using demographics, employment, health and mental health, housing, education, crime, addiction, children and youth, older adults and social and community services. The demographics below are updated to the most current available. In some cases, data is available for 2014 and in many other cases, it is available only for 2013 or 2012. However, there are some pieces of information that come from the U.S. Census Bureau that are estimated in between full census years and other data that is neither updated nor estimated from one full census to the other, so certain demographics, while five years old, are actually the most current available.

Sussex County Profile

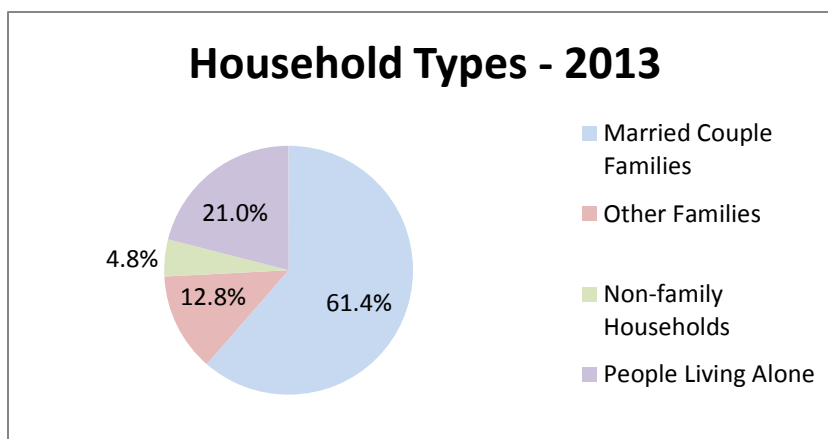
Population

According to the 2014 population estimate by the U.S. Census Bureau, the population of Sussex County is 144,909. This represents a 2.8% decrease since the year 2010 when the population was 148,869, and a 4.4% decrease from the 2005 estimated population of 151,443. Sussex County's population ranks fourth lowest across the state of the twenty-one counties, with Salem County having the lowest population of 64,715 and Bergen County having the highest population of 933,572.

Demographics

In 2013, there were 54,746 households in Sussex County. About 74.2% of those households were families, including both married-couple families (61.4%) and other families (12.8%). Female head of household families with no husband present with own children under the age of 18 comprise 4.4% of the other families' category. Nonfamily households composed 25.8% of all households in Sussex County, 21.0% of which were individuals living alone. There were 2,297 grandparents living with their grandchildren under 18 years old and out of those grandparents, 27.2% had financial responsibility for their grandchildren. Native residents of the United States comprised 92.6% of county residents and 69% were living in the state in which they were born. Foreign born residents made up 7.4% of Sussex County's population. Of this 7%, 66.9% were naturalized citizens and 97.3% came into the United States before the year 2010. 9,652 residents were veterans.

Chart 1 details the types of households in Sussex County in 2013.



U.S. Census. Census 2013. <http://www.census.gov>

Table 2 details the population change for each municipality.

Municipality Population Trends - Sussex County					
Municipalities	2000 Census		2013 Estimates		% Change in Municipal Population
	Total Population	% of Total County Population	Total Population	% of Total County Population	
Andover Borough	658	0.46%	592	0.40%	-10.0%
Andover Township	6,033	4.18%	6,181	4.23%	2.4%
Branchville Township	845	0.59%	821	0.56%	-2.9%
Byram Township	8,254	5.73%	8,162	5.59%	-1.1%
Frankford Township	5,420	3.76%	5,495	3.76%	1.4%
Franklin Borough	5,160	3.58%	4,937	3.38%	-4.3%
Fredon Township	2,860	1.98%	3,320	2.27%	16.0%
Green Township	3,220	2.23%	3,530	2.41%	9.6%
Hamburg Borough	3,105	2.15%	3,193	2.18%	2.8%
Hampton Township	4,943	3.43%	5,071	3.47%	2.6%
Hardyston Township	6,171	4.28%	8,088	5.54%	31.0%
Hopatcong Borough	15,888	11.02%	14,806	10.14%	-6.8%
Lafayette Township	2,300	1.60%	2,482	1.70%	7.9%
Montague Township	3,412	2.37%	3,795	2.59%	11.2%
Newton Township	8,244	5.72%	7,942	5.44%	-3.7%
Ogdensburg Borough	2,638	1.83%	2,329	1.59%	-11.3%
Sandyston Township	1,825	1.27%	1,932	1.32%	5.9%
Sparta Township	18,080	12.54%	19,944	13.66%	10.3%
Stanhope Borough	3,584	2.49%	3,522	2.41%	1.3%
Stillwater Township	4,267	2.96%	4,002	2.74%	-6.2%
Sussex Borough	2,145	1.49%	2,097	1.43%	-2.2%
Vernon Township	24,686	17.12%	22,993	15.75%	-6.9%
Walpack Township	41	0.03%	16	0.01%	-61%
Wantage Township	10,387	7.20%	11,242	7.70%	8.2%
Total	144,166		145,992		1.3%

U.S. Census. Census 2013. <http://www.census.gov>

The population in Hardyston Township grew by 31%, followed by three other municipalities which experienced an increase over 10%: Fredon (16%), Montague (11.2%) and Sparta (10.3%). Eleven out of the twenty-four municipalities experienced a decrease in population.

Age

There are 4.8% of Sussex County residents under the age of five years old, 17.2% between the ages of 5-18, 63.9% between the ages of 19-64 and 14.1% 65 years and older.

The median age in the county as of the 2013 census was 42 years old; this is a slight increase over the last median age reported in 2010 of 41. Sussex County is also above the current New Jersey median age of 39 years old. There is no updated data available for median age by municipality since 2010, but within the county in 2010, Walpack Township had the oldest population (median age of 56.5) while Sussex Borough (38.7) and Hamburg (38.9) had the youngest population, followed closely by Stanhope (39.5).

Table 3 shows the median ages for all 24 of the municipalities.

Municipality Median Ages for Sussex County (2010)					
Andover Borough	40.4	Hamburg Borough	38.9	Sandyston Township	43.7
Andover Township	45.1	Hampton Township	44.9	Sparta Township	41.5
Branchville Borough	42.8	Hardyston Township	43.4	Stanhope Borough	39.5
Byram Township	41.2	Hopatcong Township	40.2	Stillwater Township	43.8
Frankford Township	46	Lafayette Township	43.7	Sussex Borough	38.7
Franklin Borough	41.3	Montague Township	42.3	Vernon Township	40.5
Fredon Township	43.3	Newton Town	41.9	Walpack Township	56.5
Green Township	41.9	Ogdensburg Borough	40.6	Wantage Township	41.2

U.S. Census. Census 2010. <http://www.census.gov>

Race

Sussex County is not a racially diverse population. The 2014 population estimates show that of individuals reporting one race alone, 94.3% were white (including white Hispanics), 2.1% were Black or African American, .2% were American Indian and Alaska Native, 2% were Asian, and less than .1% were Native Hawaiian and Other Pacific Islander. Seven percent were Hispanic and 1.4% reported two or more races.

Chart 4 displays the racial distribution for the state and the county.

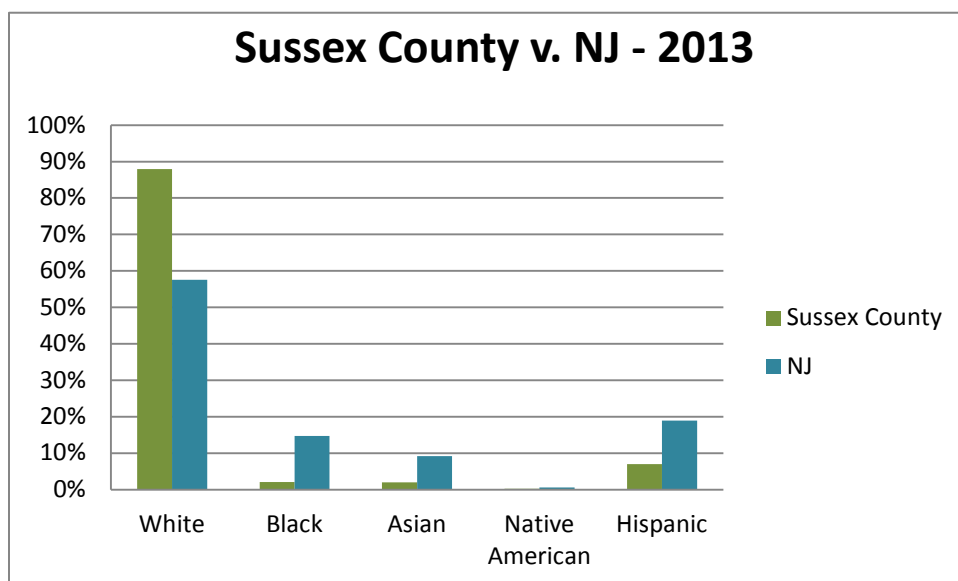


Table 5 shows the minority percentages per municipality.

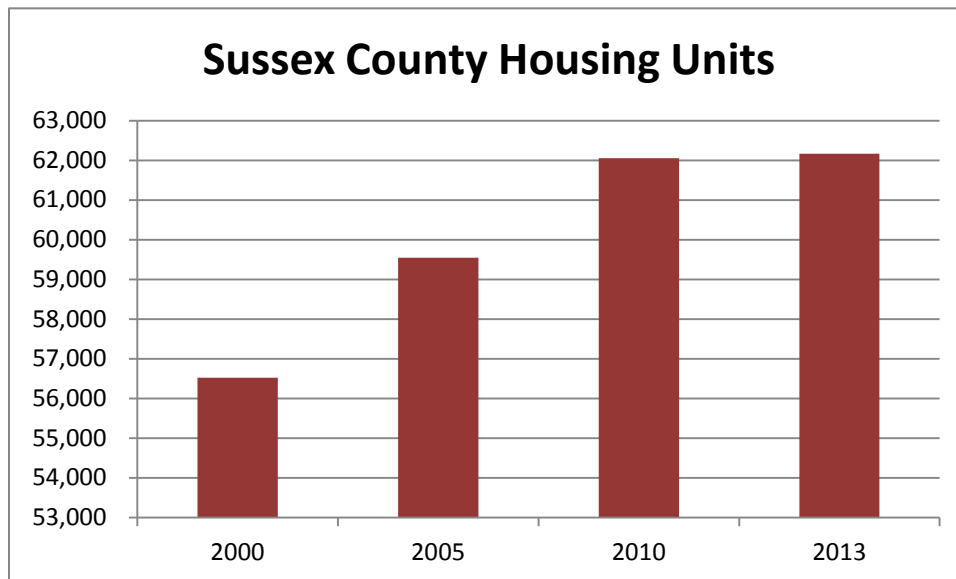
Minority Percentages per Municipality for Sussex County (2010)					
Andover Borough	8.3%	Hamburg Borough	8.7%	Sandyston Township	2.6%
Andover Township	8.4%	Hampton Township	3.6%	Sparta Township	5.8%
Branchville Borough	3.6%	Hardyston Township	8.4%	Stanhope Borough	8.6%
Byram Township	5.7%	Hopatcong Township	8.9%	Stillwater Township	2.9%
Frankford Township	3.7%	Lafayette Township	4.6%	Sussex Borough	9.0%
Franklin Borough	7.8%	Montague Township	7.7%	Vernon Township	4.8%
Fredon Township	4.0%	Newton Town	15.0%	Walpack Township	0.0%
Green Township	5.2%	Ogdensburg Borough	4.8%	Wantage Township	4.8%

U.S. Census. Census 2010. <http://www.census.gov>

Housing

The number of housing units continues to climb slightly. For 2013, Sussex County had a total of 62,167 housing units, an increase of 4.2% since 2008. Out of these units, 80.7% were in detached single-unit structures, 17.8% were in multi-unit structures and 1.4% were mobile homes. There were 13.4% of the total units reported as vacant.

Chart 6 details the housing growth for Sussex County.



U.S. Census. Census 2015. <http://www.census.gov>

Out of the total housing units, 84.7% were owner-occupied and 15.3% were renter occupied. The median monthly mortgage cost was \$2,337. The median monthly housing cost for owners without mortgages was \$934 and for renters it was \$1,189/month. There were 4.2% of households without access to a car and 0.6% of households without a phone. In terms of income spent on housing, 34% of mortgage owners, 26% of owners without mortgages, and 48% of renters report that they spend 30% or more of their household income on housing (30% is the nationally recommended standard for the cost of housing). Since 2009, this is an 11% decrease for mortgage owners and a 9% decrease for renters.

According to the National Low Income Housing Coalition, the 2014 Fair Market Rent (FMR) for New Jersey for a two-bedroom apartment is \$1,296. New Jersey ranks the fourth most expensive state in housing wage for a two-bedroom FMR. The income needed in order to

support that housing without paying more than 30% of one's income is \$52,081 annually or \$4,340 monthly. For a 40-hour work week, this translates into an hourly wage of \$24.92. In Sussex County, the hourly wage needed to afford a FMR two-bedroom apartment at \$1,265 is \$24.33. In New Jersey, the minimum wage as of January 2014 is \$8.25 an hour. A minimum wage earner in the state of New Jersey would have to work 121 hours a week, 52 weeks per year in order to afford a FMR two-bedroom apartment.

Sussex County continues to have one of the highest home foreclosure rates in the state. As of April, 2015, it was third, following Atlantic County and Burlington County.

Chart 7 shows the current distribution of foreclosures based on the number of active foreclosure homes in Sussex County, NJ.

Pre Foreclosures

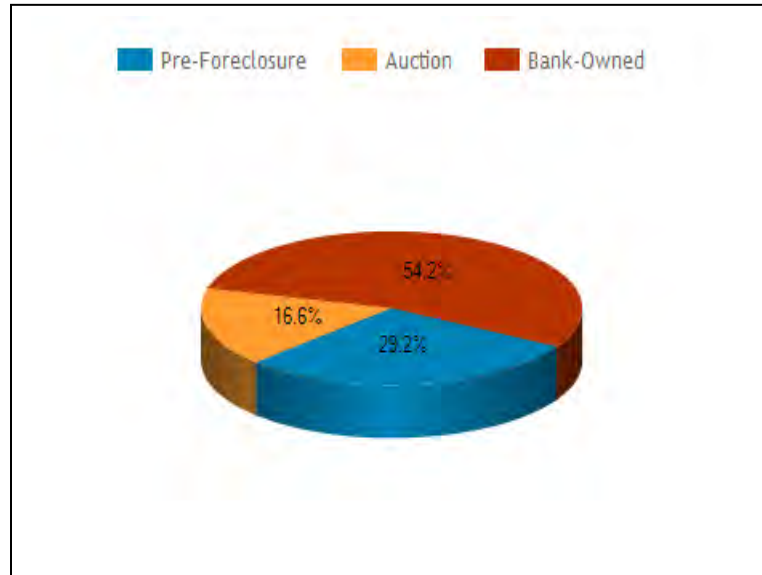
Prior Month	Prior Year
2.8 %	64.4 %

Auction

Prior Month	Prior Year
48.1 %	180.0 %

Bank Owned

Prior Month	Prior Year
470.8 %	585.0 %

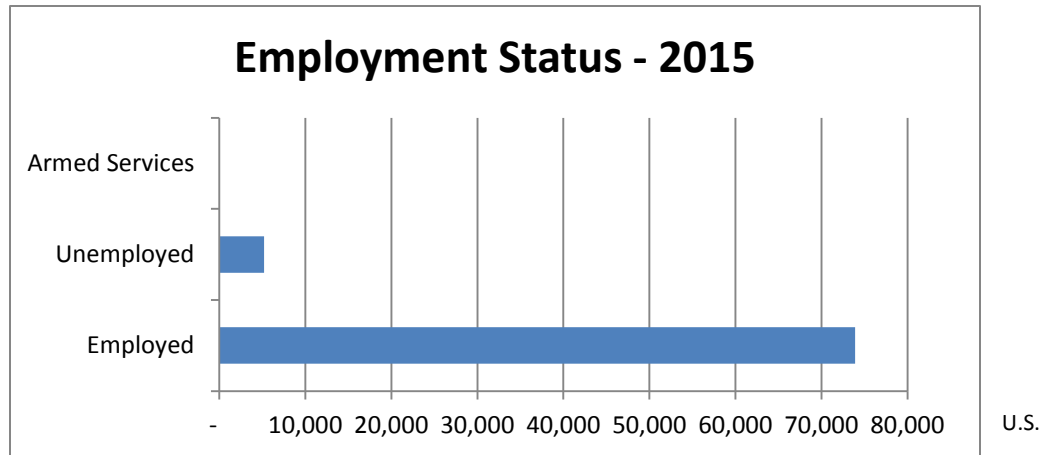


Realty Trac. July 2015. <http://www.realtytrac.com/statsandtrends/foreclosuretrends/nj/sussex-county>

Workforce

In 2013, the total estimated population of residents ages 16 and over in Sussex County was 118,313. Of these, 70.7% were employed and 29.3% were not currently in the labor force. Of those in the labor force, 6.3% were unemployed at the end of 2013. Of those employed, 79.4% were private wage and salary workers, 14.1% federal, state or local government workers, and 6.4% were self-employed in their own business.

Chart 8 details the employment status of county residents ages 16+.



Census2015. <http://www.census.gov>

According to the New Department of Labor and Workforce Development as of March 2015, the unemployment rate for Sussex County was 6.6%, in comparison to New Jersey's unemployment rate of 6.8%. Statewide, Hunterdon County had the lowest unemployment rate of 4.9%, while Cape May County had the highest rate of 16.8%. Sussex County had the eighth lowest unemployment rate.

Income

The median income of households for Sussex County was \$87,335, with 18.4% earning \$150,000 or more and 5.2% earning below \$15,000 a year. There remains a significant difference in the median income for men and women from 2010 to 2013. The median wage has gone up by \$1784 for men and decreased for women by \$155. The wage gap in New Jersey is greatest in Sussex and Monmouth counties.

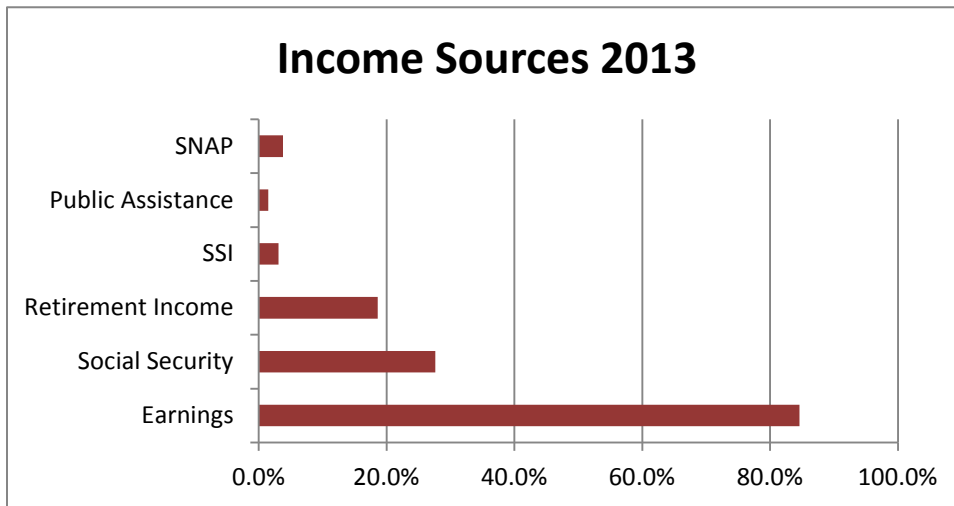
Commuting

To get to work, 83.2% of workers drive alone while 7% carpool, 0.7% utilize public transportation, 0.8% walk, 1.4% use other means, and 6% work from home.

The mean travel time to work for Sussex County residents is 38 minutes.

Income and Insurance

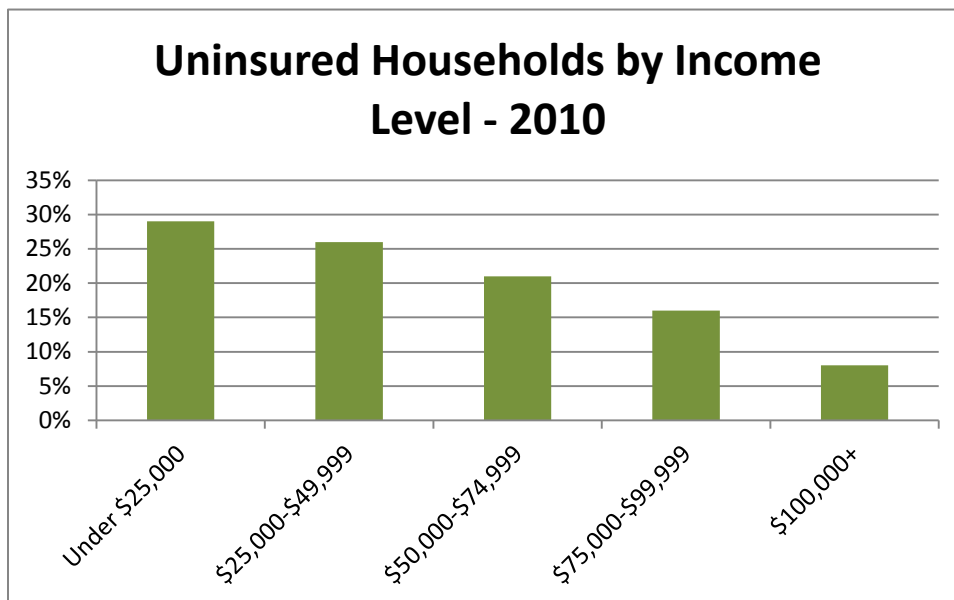
Chart 9 shows the various income sources of county residents.



U.S. Census. Census 2013. <http://www.census.gov>

In 2013 among the civilian noninstitutionalized population in Sussex County, an estimated 91.4% of residents were reported to have health insurance coverage, while 8.6% did not have coverage. For those with insurance, 82.2% reported private coverage and 20% reported having public coverage.

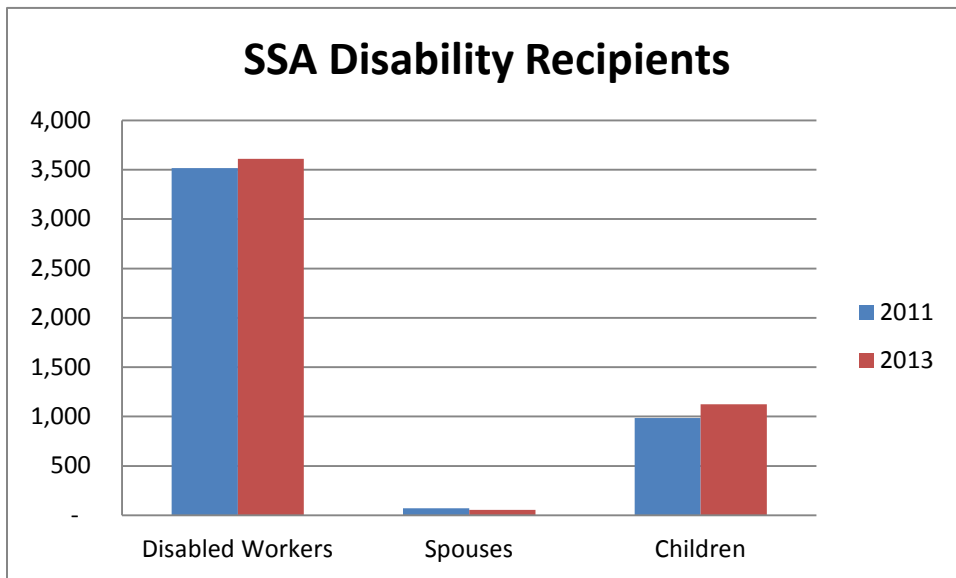
Chart 10 displays the income breakdown for the uninsured in Sussex County.



U.S. Census. Census 2010. <http://www.census.gov>

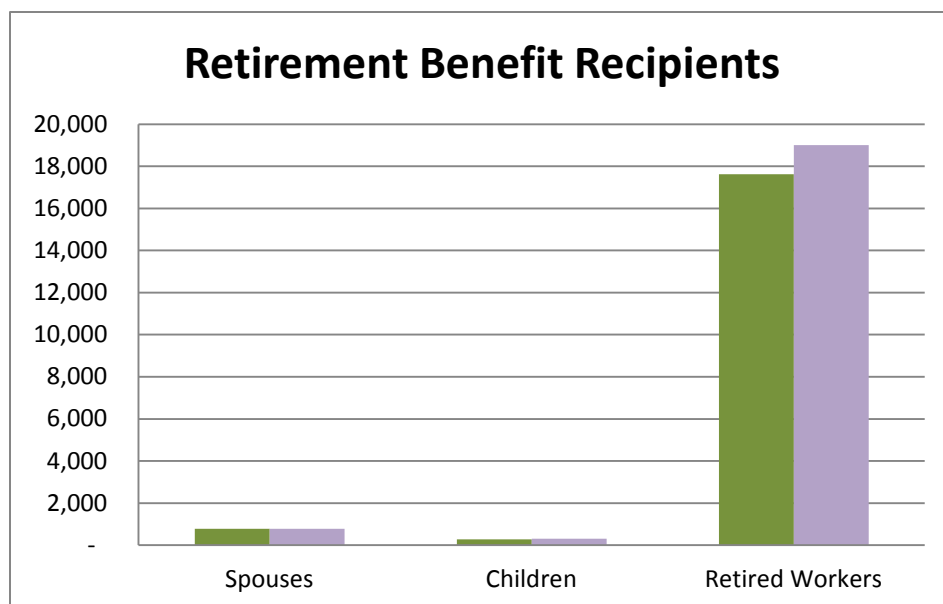
Social Security Administration (SSA) Disability recipients are categorized in three groups- wives & husbands, children and disabled workers.

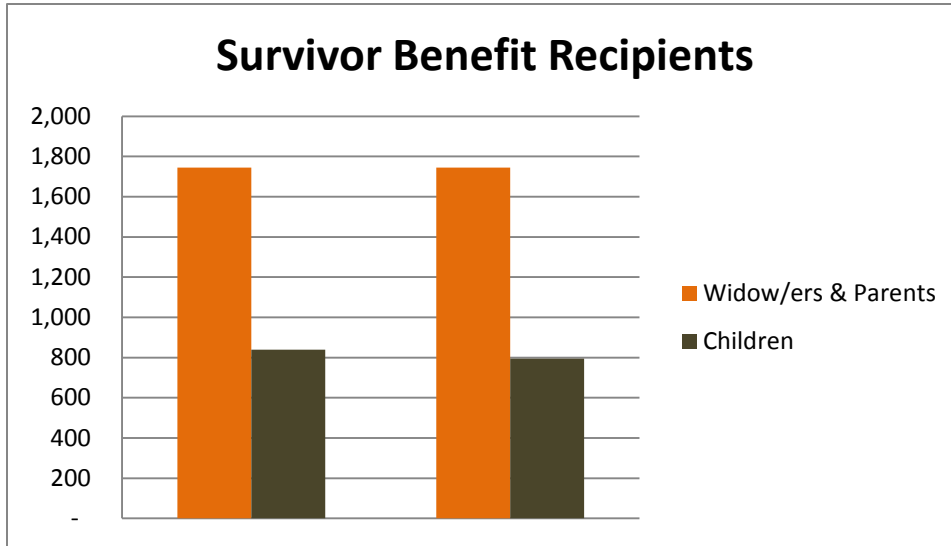
Chart 11 shows that there has been a 29% decrease in spouses receiving SSA, a 14% increase in children receiving SSI and a 2% increase for disabled workers receiving SSA.



Social Security Administration, http://www.ssa.gov/policy/docs/statcomps/oasdi_sc/2013/nj.html

Charts 12 and 13 detail the number of Sussex County beneficiaries in current-payment status by type of benefit.



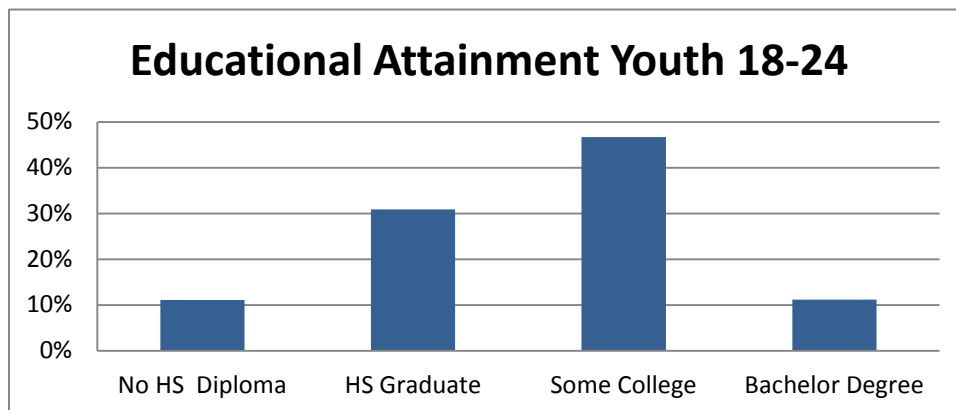


Social Security Administration http://www.ssa.gov/policy/docs/statcomps/oasdi_sc/2013/nj.html

Educational Attainment

For the county's population ages 25 years and over in 2013, 93.4% were high school graduates or attained a higher level of education, compared to 88.1% statewide. There were 62.2% attending college in some capacity, 21.8% obtaining a Bachelor's degree, and 10.6% going on to graduate and professional level course work. These figures are consistent with the findings reported in the 2012 Human Services Needs Assessment.

Chart 14 details the educational attainment for individuals ages 18-24 in Sussex County in 2013.



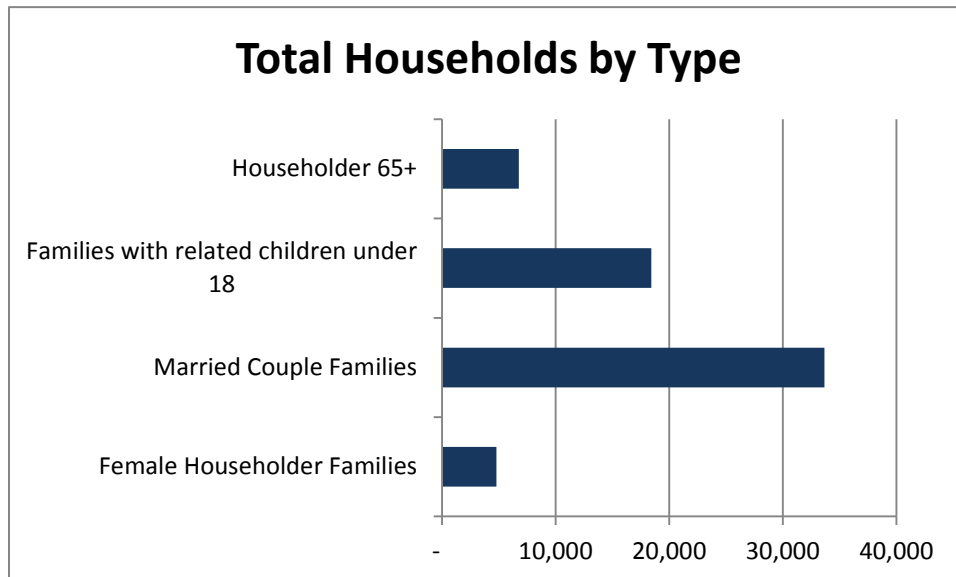
U.S. Census. Census 2013. <http://factfinder.census.gov>

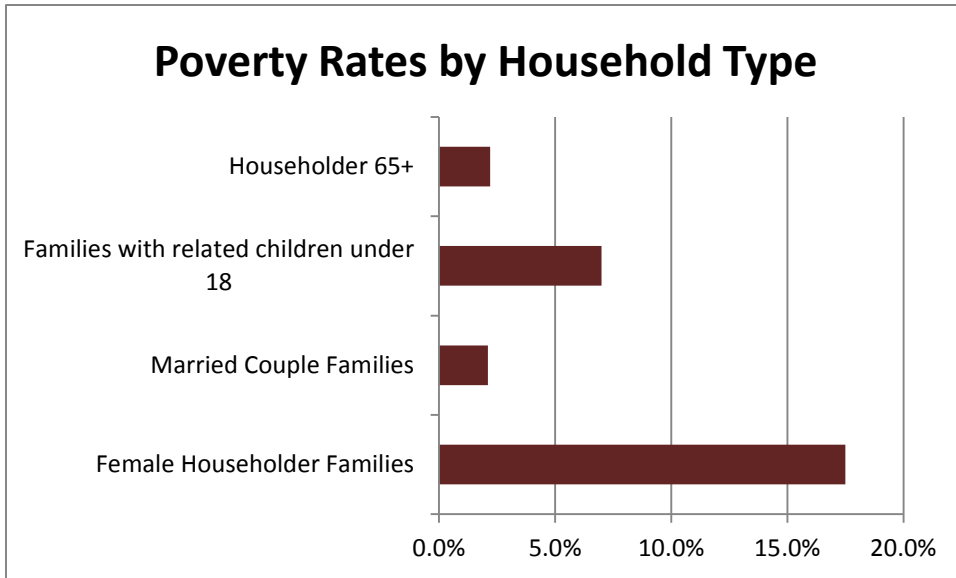
Poverty

In 2013, 5.7% of Sussex County residents were below poverty guidelines, an increase from 2008 when 4% of all residents were reported to be in poverty. Statewide, 10.4% of all residents were in poverty in 2013. In Sussex County, 17.5% of all families with a female head of household with no husband present, 4.1% of all families, 7% of related children under the age of 18, and 4% of people ages 65 and over had incomes below the poverty level. For the state of New Jersey, 23.3% of all families with a female head of household with no husband present, 7.9% of all families, 12.2% of related children under the age of 18, and 7% of all people ages 65 and over had incomes below the poverty level.

Approximately 3.7% of Sussex County households (2,004) were receiving food stamps in 2013, in comparison to approximately 7% of households statewide (214,973). In 2013, 71% of eligible county children (2,584 children) were receiving free or reduced price school lunches while only 14% of eligible county children (511 children) were receiving free or reduced price school breakfast.

Charts 15 and 16 detail households by type and poverty rates by household type in Sussex County.

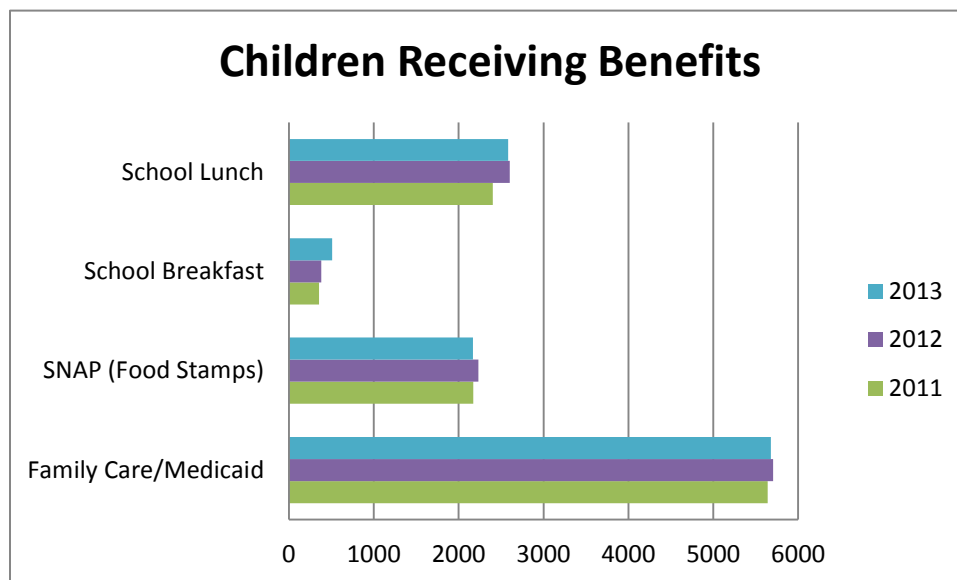




U.S. Census 2013. <http://factfinder.census.gov>

There are 8,275 Sussex County residents living below the poverty level.

Chart 17 details eligible Sussex County children receiving various government benefits for the years 2011-2013.



New Jersey Kids Count County Data; <http://datacenter.kidscount.org/data/bystate/stateprofile>

Death Rates

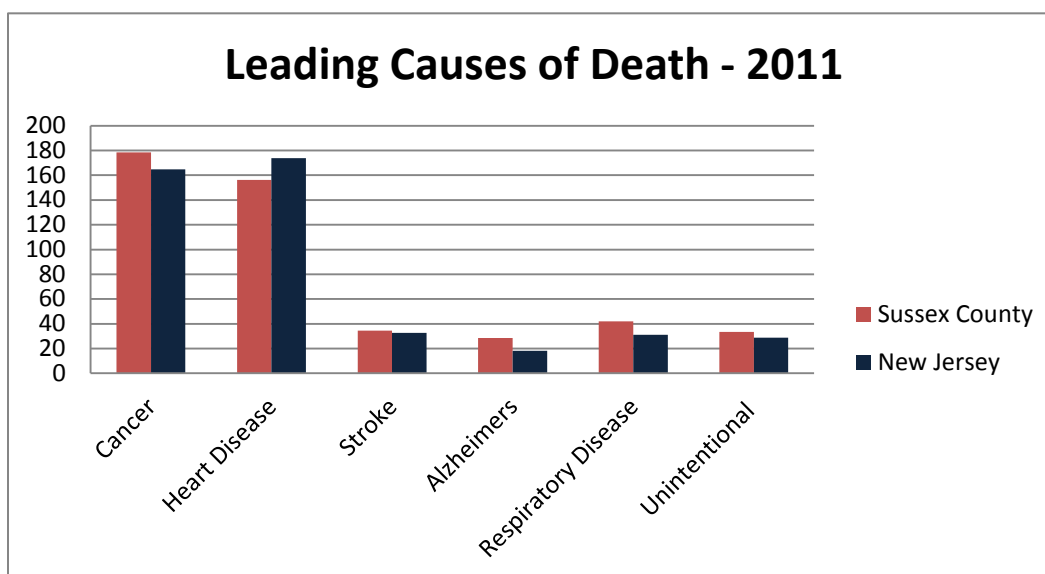
In 2011, there were 1,087 deaths in Sussex County, as compared to 69,987 statewide. The leading causes of death in the county were cancer (178) and heart disease (156).

Table 18 shows the death statistics for 2008 and 2011.

Deaths by Age (2008)			Deaths by Age (2011)		
Age	Sussex County	New Jersey	Age	Sussex County	New Jersey
Under 1 Year	6	595	Under 1 Year	3	531
1-4 Years	1	85	1-4 Years	0	87
5-14 Years	1	102	5-14 Years	1	109
15-24 Years	10	638	15-24 Years	15	684
25-34 Years	15	917	25-34 Years	16	1040
35-44 Years	26	1,894	35-44 Years	16	1646
45-54 Years	83	4,634	45-54 Years	82	4617
55-64 Years	127	7,402	55-64 Years	178	7961
65-74 Years	175	10,361	65-74 Years	216	10,510
75-84 Years	234	19,244	75-84 Years	225	18,043
85+ Years	294.0	23,480	85+ Years	335	24,759
Total	972	69,352	Total	1087	69,987

New Jersey Center for Health Statistics; <http://www4.state.nj.us/dhss-shad/query>

Chart 19 profiles the death rate by leading causes of death (deaths per 100,000 population.) The table compares the county to the state. Cancer and heart disease are by far the most common causes of death in the county and in the state.



New Jersey Center for Health Statistics

<http://www4.state.nj.us/dhss-shad/query/result/mort/MortStateICD10/Count.html>

Birth Rates

In 2011, there were 1,341 births in Sussex County, a decrease of 12.4% from 1,531 births reported in 2008. In New Jersey, there were a total of 105,474 births. Statewide, Sussex County had the third lowest number of births, a change from 2008 when it had the fifth lowest birth rates in the state.

Tables 20 and 21 detail the racial breakdown of births in the county and the state respectively.

Birth Statistics for Sussex County				
	2008		2011	
Race	# of Births	Birth Rate*	# of Births	Birth Rate*
White	1,300	9.6%	1,167	8.8%
Black	26	9.4%	33	11.7%
Hispanic (of any race)	141	15.3%	107	10.7%
Asian/Pacific Islander	45	15.5%	25	8.2%
Other Races, non-Hispanic	7	**	9	**

*Birth rate is the # of live births per 1,000 persons in the population.

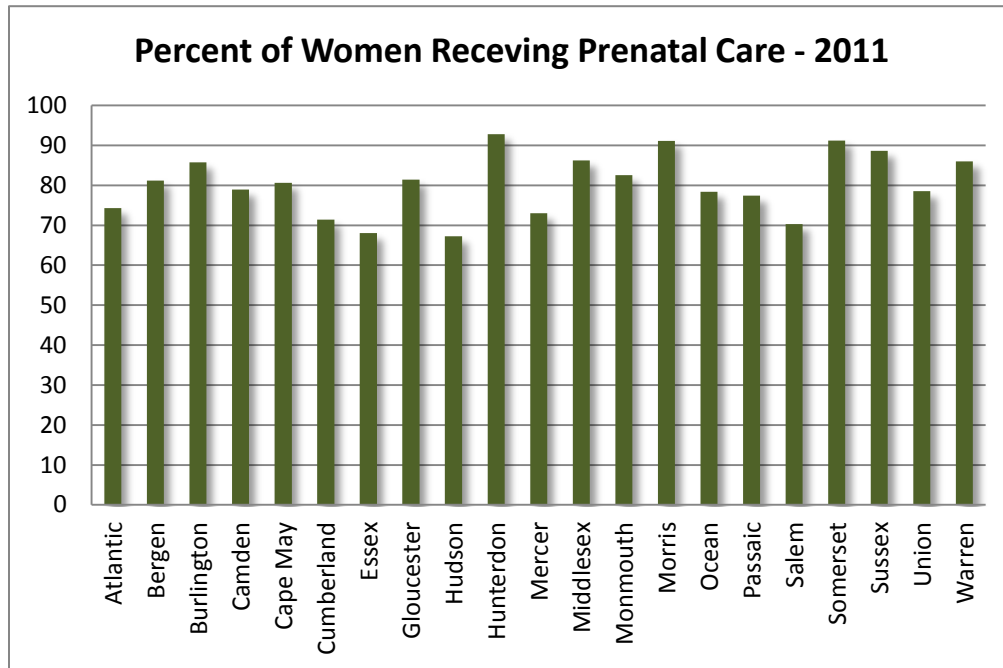
**Figure is too small to meet the standards of reliability or precision.

New Jersey Center for Health Statistics

Birth Statistics for New Jersey				
	2008		2011	
Race	# of Births	Birth Rate*	# of Births	Birth Rate*
White	50,848	9.5%	48,701	9.3%
Black	16,816	14.5%	15,586	13.2%
Hispanic (of any race)	28,723	19.6%	27,958	17.4%
Asian/Pacific Islander	11,251	15.7%	11,704	14.9%
Other Races, non-Hispanic	1,023	62.7%	1,496	89.3%

In 2011, Sussex County ranked fourth highest in the state for the number of women who received prenatal care throughout their pregnancy. Sussex County's percentage of women who received prenatal care in their first trimester was 89.6%; this was significantly higher than the statewide average of 78.5%.

Chart 22 details the percentage of women receiving prenatal care for this time period by county.



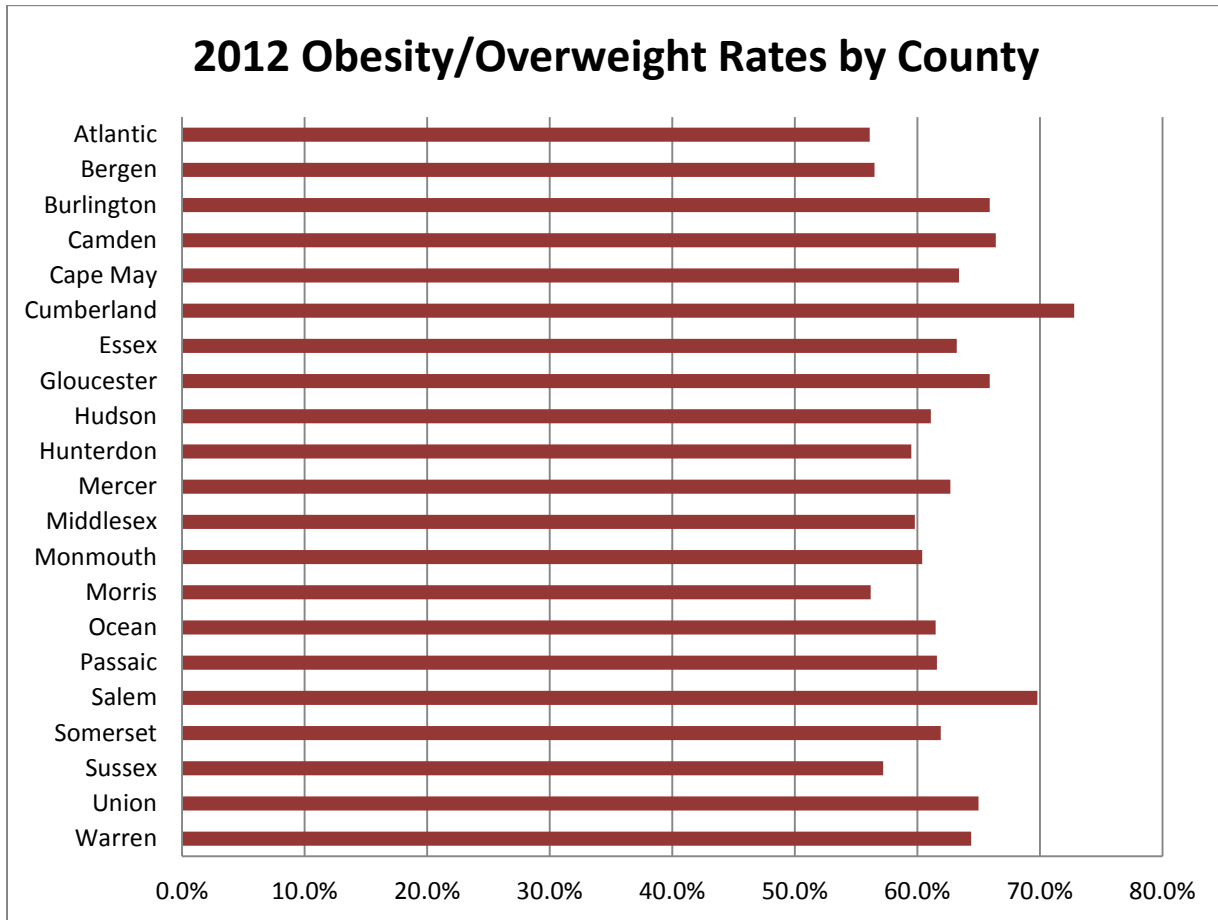
New Jersey Kids Count 2015
<http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=NJ&ind=2155>

Physical Activity, Health, and Obesity

According to the New Jersey Center for Health Statistics, a person is considered overweight if their body mass index (BMI) is over 25, and obese if their BMI is over 30.0.

As of 2013, according to the New Jersey Department of Health, more than one out of four (26.3%) New Jersey adults are obese, ranking 39th out of 50 states. However, the estimated percentage of adults who are either overweight or obese in Sussex County is more than half of all adults (57.2%), but still the fourth lowest county in the state.

Chart 23 reports the percentage of persons ages 18 and older by county who are considered either overweight or obese.



NJ State Health Assessment Data, www26.state.nj.us

In 2011, New Jersey had the second highest obesity rate in the nation among low-income children, ages 2-4 (16.6%), but this is a decline from 17.9% in 2008. It is also reported that obesity rates for youth 10-17 dropped to 10.0% from 15% in 2007, and New Jersey now ranks 50th in the nation in obesity rates for this age group. As of 2013, obesity rates for high school students have also dropped to a low of 8.7%.

Sexually Transmitted Diseases

There were 190 reported cases of sexually transmitted diseases in Sussex County in 2012. 166 cases were chlamydia, 13 cases were gonorrhea, and 1 case was diagnosed as syphilis. The total is almost double the reported total cases of 76 in the year 2005, and up 22% from 2010.

Table 24 details the reported cases of sexually transmitted diseases in Sussex County for the years 2012 and 2013.

Reported Sexually Transmitted Diseases		
	2012	2013
Syphilis	166	183
Gonorrhea	13	4
Chlamydia	1	3
Total	180	190

New Jersey Center for Health Statistics
<http://www4.state.nj.us/dhss-shad/indicator>

Tuberculosis

The number of reported cases of tuberculosis in Sussex County has remained consistently low since 2005, but has climbed slightly since 2011. Sussex County continues to have one of the lowest rates of tuberculosis in the state. For 2013, there were three cases reported in Sussex County, up from 1 in 2011, while there were 302 reported cases statewide, which is a drop from 2011.

Table 25 details the reported cases of tuberculosis in Sussex County for the period 2008 through 2013, as compared to cases statewide.

Tuberculosis Cases/Rate (per 100,000 population)						
	2008	2009	2010	2011	2012	2013
Sussex County	1/1.0	2/1.3	1/0.7	1/0.7	2/1.3	3/2.0
New Jersey	422/4.9	405/4.7	405/4.6	331/3.8	302/3.4	320/3.6

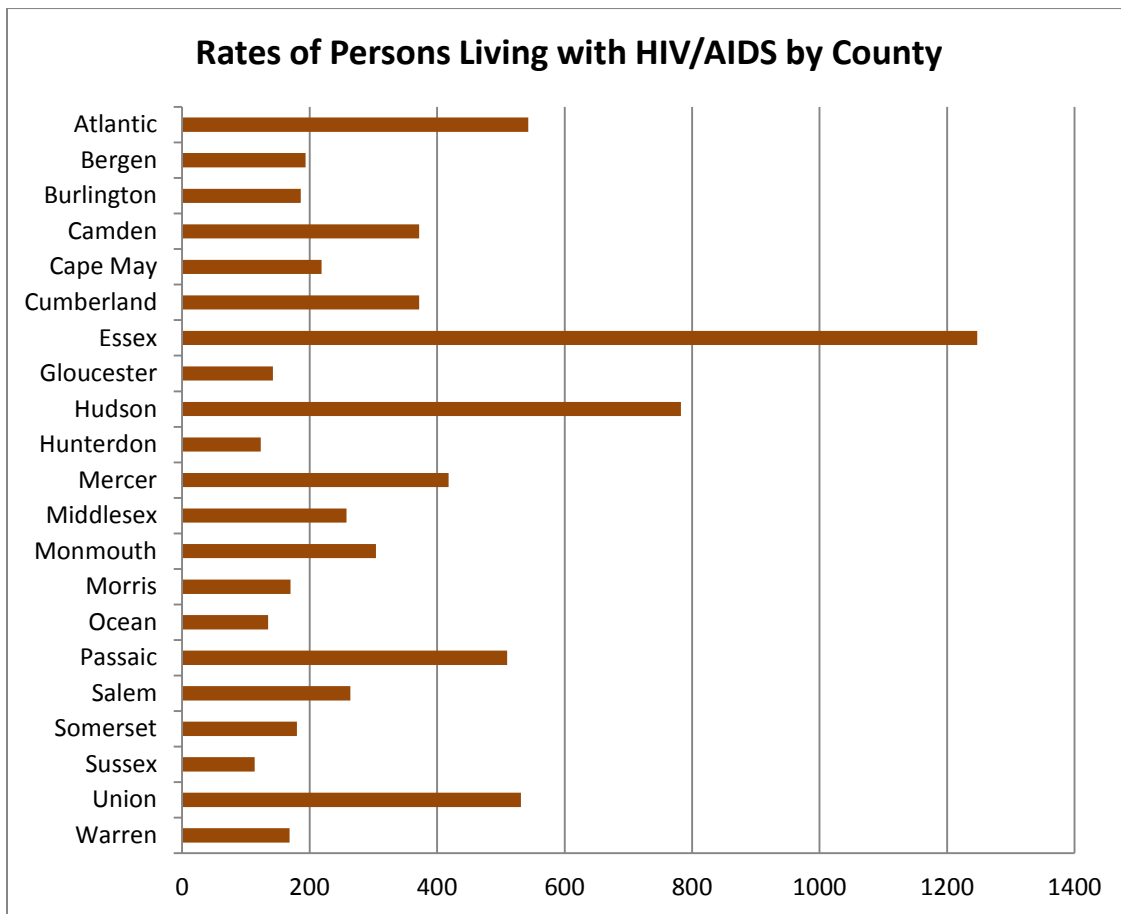
New Jersey Center for Health Statistics

HIV/AIDS

As of December 31, 2014, there were 38,075 persons living with HIV/AIDS in New Jersey. There were 96 persons living with HIV and 70 persons living with AIDS in Sussex County; 65.0% of all individuals with either HIV or AIDS were male and 35.0% were female. Of the 166 cases, 17.5% were in people between the ages of 35 and 44, 42.2% in people between the ages of 45 and 54, and 34.3% were over 55. As of the same time period, there were a total of 127 reported HIV/AIDS cases and deaths in Sussex County.

Statewide, Sussex County had the second lowest rate of persons living with HIV/AIDS (110) and the lowest rate per 100,000 people. Hunterdon had the lowest number of persons living with HIV/AIDS (156) while Essex County had the highest with 9,766.

Chart 26 displays the estimated rates of persons living with HIV/AIDS by county for 2014.



New Jersey Center for Health Statistics
<http://www.state.nj.us/health/aids/repa/images/njmap>

Mental Health

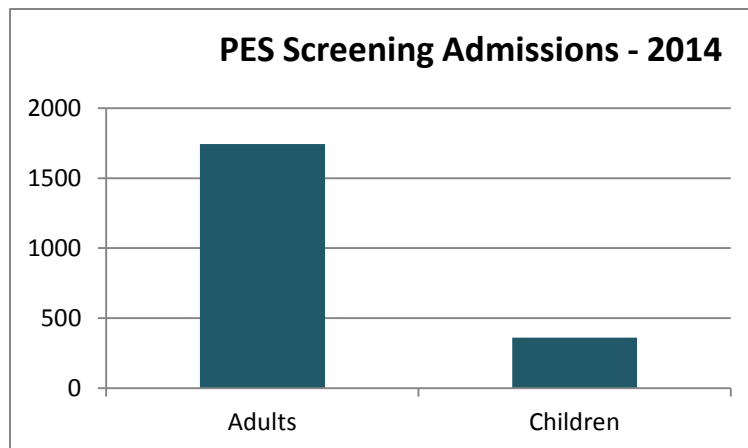
According to Newton Medical Center, in 2014 there were 1,745 Psychiatric Emergency Services (PES) screening admissions for adults and 362 screening admissions for children. Records indicate that 254 of 577 (44%) of 2014 admissions to the Inpatient Behavioral Health unit had co-occurring substance use and mental health disorders. The following list shows these in order of prevalence, and demonstrates that depressive disorders comprise the majority:

- Depressive Disorders = 43.8% (117 cases)
- Bipolar disorders = 23.2% (62)
- Anxiety disorders = 14.6% (39, mostly post-traumatic stress disorder)
- Psychotic disorders = 11.6% (31, mostly paranoia/delusional and schizoaffective)
- Other mood disorders = 3.4% (9)
- Impulse control disorders = 0.7% (2)
- All other disorders = 2.6% (7)

Co-occurring substance abuse disorders are listed below in order of prevalence, showing that alcohol abuse remains the most frequent diagnosis:

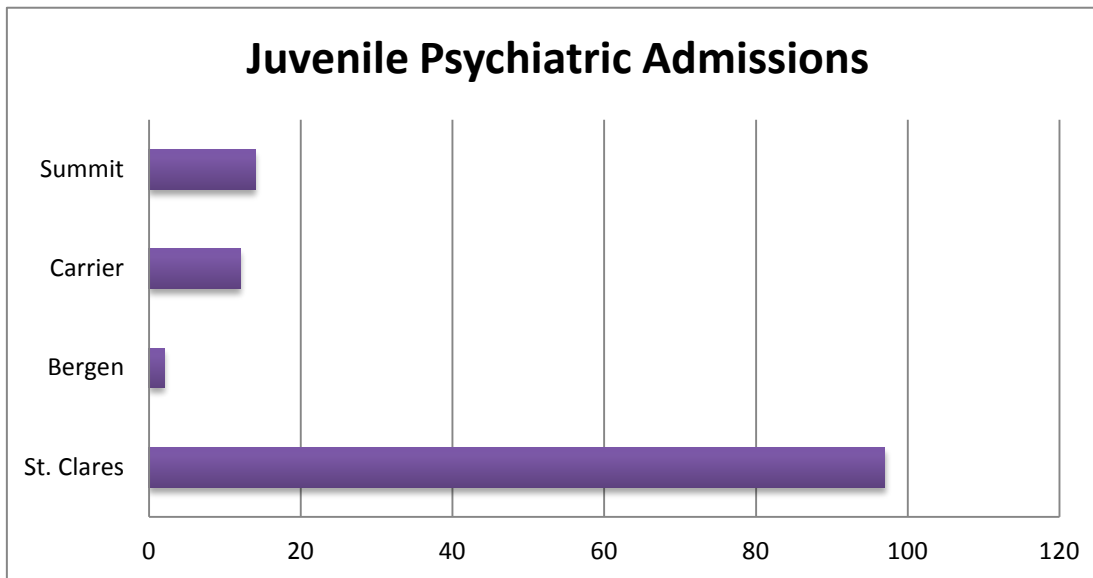
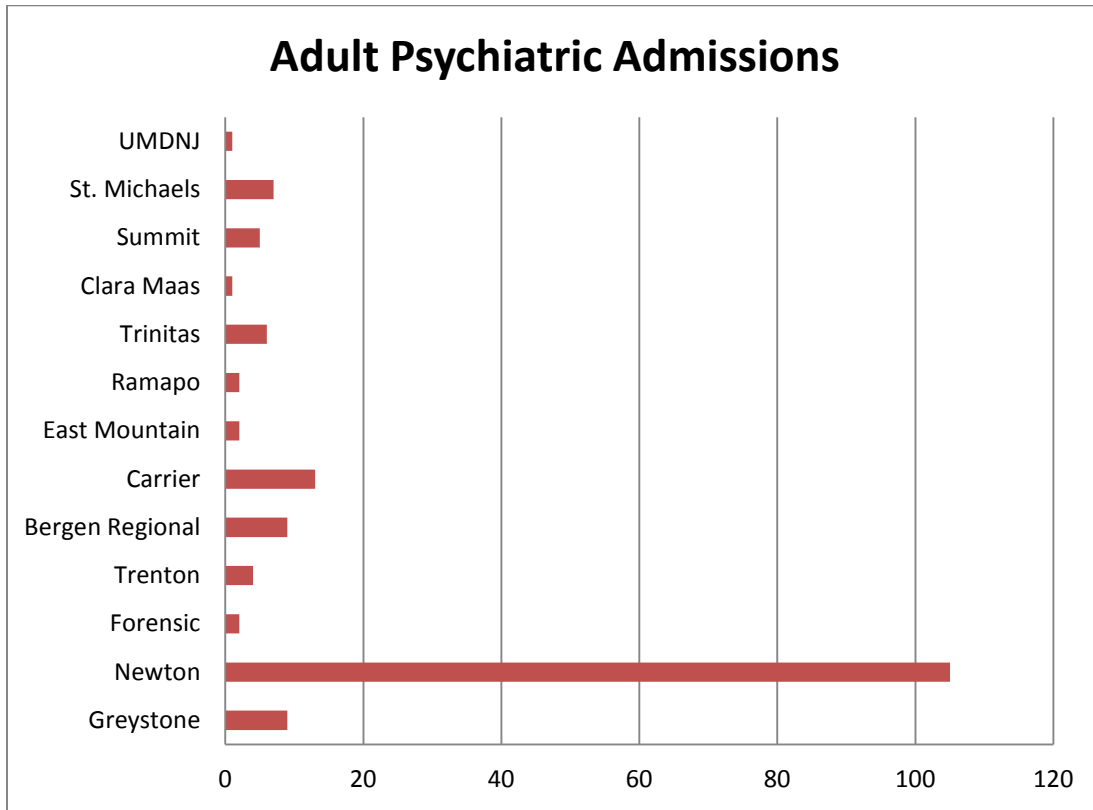
- Alcohol = 60.2% (153 cases)
- Cannabis = 28.7% (73)
- Opioids = 21.6% (55)
- Unspecified = 13.4% (34)
- Cocaine = 4.3% (11)
- Amphetamines = 3.1% (8)
- Sedatives-hypnotics = 2.8% (7)

Chart 27 details Psychiatric Emergency Services (PES) data for 2014.



Newton Medical Center, 2014, Newton, NJ

Chart 28 shows the adult psychiatric admissions by hospital, and Chart 29 shows the juvenile psychiatric admissions.



Drug and Alcohol Abuse

According to the New Jersey Substance Abuse Monitoring System (NJ-SAMS), in 2014, there were 763 unduplicated clients and 1,172 substance abuse treatment admissions of Sussex County residents. Out of the total admissions, the primary drug reported with the highest percentage was heroin (52%), as compared to the statewide percentage of 35% for the same drug.

Chart 30 details Sussex County substance abuse admissions for 2014 by Municipality and Primary Drug.

Sussex County	Primary Drug														Total	
	Alcohol		Cocaine/ Crack		Heroin		Other Opiates		Marijuana /Hashish		Other Drugs		Unknown		N	%
	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
Andover Boro	14	4	1	4	19	3	2	3			1	7	3	4	40	3
Branchville Boro	6	2			27	5			1	1	2	13	4	5	40	3
Byram Twp.					8	1	2	3							10	1
Frankford Twp.	4	1			8	1	1	1					1	1	14	1
Franklin Boro	18	5	1	4	37	6	6	8	3	4	1	7	2	3	68	6
Fredon Twp.					1	0	1	1							2	0
Green Twp.					4	1									4	0
Hamburg Boro	20	6	3	13	21	4	6	8	4	6	2	13	4	5	60	5
Hampton Twp.					2	0			1	1					3	0
Hardyston Twp.	3	1	1	4	7	1	3	4					1	1	15	1
Hopatcong Boro	25	7	3	13	50	9	5	6	8	11	2	13	8	11	101	9
Lafayette Twp.	8	2	1	4	2	0	2	3	4	6			2	3	19	2
Montague Twp.	3	1			6	1	3	4	2	3					14	1
Newton Town	62	18	3	13	80	14	12	15	6	8	3	20	7	10	173	15
Ogdensburg Boro	2	1			9	2			3	4			2	3	16	1
Sandyston Twp.	6	2			2	0	1	1	1	1			1	1	11	1
Sparta Twp.	38	11			43	7	2	3	6	8			6	8	95	8
Stanhope Boro	22	7	2	8	29	5	3	4	6	8			5	7	67	6
Stillwater Twp.	1	0			3	1							1	1	5	0
Sussex Boro	40	12	5	21	80	14	12	15	10	14	2	13	7	10	156	13
Vernon Twp.	37	11			74	13	11	14	9	13	1	7	5	7	137	12
Wantage Twp.	10	3	1	4	19	3	6	8	2	3	1	7	3	4	42	4
Not Stated	17	5	3	13	43	7	1	1	5	7			11	15	80	7
Total	336	100	24	100	574	100	79	100	71	100	15	100	73	100	1172	100

New Jersey Department of Human Services. "Substance Abuse Overview 2013 Sussex County."

Out of the total 2014 admissions of Sussex County residents, the top three referral sources were: self-referral with 34%, the criminal justice system with 30% and the Intoxicated Drivers Resource Center (IDRC) with 15%. Of the 763 individuals admitted, 68% of total persons were male and 32% were female; 26% were 24 years of age or younger and 85% were single or

divorced and 61% percent of individuals were either unemployed (31%) or not in the labor force (30%). Sixty-nine percent were treated within the county. The highest percentage of care was outpatient at 30% with intensive outpatient second at 27%. Suboxone was utilized in 9% of the treatments. Seventy-one percent of those admitted had no insurance coverage. Tobacco use was reported at 73% and 45% reported intravenous drug use, up sharply from 2010 (32%).

The three municipalities with the highest substance abuse treatment program admissions reported were: Newton (173), Sussex (156) and Vernon (137). These three towns make up 40% of the total admissions for 2014 for Sussex County residents. Hopatcong and Sparta follow closely behind with 101 admissions and 95 admissions respectively.

Drug Arrests/DWI Arrests

For 2013, the number of DWI arrests for Sussex County was 487. This is 13.5% lower than the 563 arrests in 2009, 35.5% lower than the total arrests of 755 in 2005, 31.1% lower than the 707 arrests in 2004 and 27.5% lower than the 671 arrests in 2003. Statewide, Sussex County had the third lowest DWI arrests. Salem County had the lowest with 315 arrests and Warren had the second lowest with 366 arrests. Monmouth County had the highest number of DWI arrests totaling 2,369.

Table 31 details the adult DWI arrests comparing Sussex County to the state.

Adult DWI Arrests					
	2003	2005	2009	2013	% Change from 2009
SC DWI Arrests	671	755	563	487	-16.00%
NJ DWI Arrests	28,054	29,151	27,604	24,313	-11.9%

NJ Department of Human Services. "Substance Abuse Overview 2013 Sussex County."

In 2014, 468 clients went through the Sussex County Intoxicated Driver Resource Center (IDRC) program and another 136 were referred. According to the Intoxicated Driving Program 2013 Statistical Summary Report, prepared by the New Jersey Department of Human Services, Division of Mental Health and Addiction Services, Sussex and Monmouth Counties tied for the second highest percentage of 18-25 year olds attending the IDRC (30.3%).

A client may be referred to a treatment program or a self-help group following an evaluation completed as part of the IDRC program. Criteria for a referral include a screening score, BAC (Blood Alcohol Concentration) level at or above 0.15%, and two or more lifetime alcohol-related offenses criteria. Statewide, Sussex County had the second highest referral rate (64%), with Morris County having the first highest referral rate (70.5%).

Table 32 details drug arrests in Sussex County for the years 2010 through 2013.

Sussex County Drug Arrests											
Sale/Manufacture Arrests				Possession/Use Arrests				Total			
2010	2011	2012	2013	2010	2011	2012	2013	2010	2011	2012	2013
104	69	144	115	427	454	448	388	531	523	592	503

New Jersey State Police. "Uniform Crime Report 2013."
<http://www.state.nj.us/njsp/info/ucr2013/pdf/2013>

Domestic Violence

The number of domestic violence offenses reported to police for the time period 2009 to 2011 in Sussex County dropped by .9%. Domestic violence arrests have also decreased by 8.2%. Harassment and assault were the most common offenses; Criminal mischief and harassment were the only statistically significant areas of increase.

Table 33 details the number of offenses by type.

Domestic Violence Offenses				
	2009	2010	2011	Change
Assault	426	477	473	-0.9%
Burglary	2	9	4	-55.6%
Criminal Mischief	57	75	87	16.0%
Criminal Restraint	2	1	2	50.0%*
Criminal Sexual Contact	0	0	2	200%*
Criminal Trespassing	7	5	5	0%
False Imprisonment	0	0	3	300%*
Harassment	773	895	862	3.7%
Homicide	1	1	0	-100%*
Kidnapping	0	1	1	0%
Lewdness	0	0	0	0%
Sexual Assault	6	3	3	0%
Stalking	6	3	2	-33.3%
Terroristic Threats	38	37	33	-10.8%
Total Reports	1318	1507	1449	-3.8%
Total Arrests	349	365	335	-8.2%

*Not statistically valid due to small numbers
 New Jersey State Police. "2011 Domestic Violence Report"

From 2010 to 2011, the number of domestic violence restraining orders in Sussex County decreased by 20.5%, from 39 orders in 2010 to 31 orders in 2011. The total arrests involving domestic violence restraining orders decreased by 26%, from 62 arrests to 46 arrests.

Data below provided by: Domestic Abuse and Sexual Assault Intervention services (DASI)

2012

2,850 shelter bed nights

972 hotline calls

Individuals served:

Nonresidential – 396 females + 30 males = 426

Shelter – 50 adults + 63 children = 113

Transitional Living program – 6 adults + 6 children = 12

Total = 551

2013

2,514 shelter bed nights

1,180 hotline calls

Individuals served:

Nonresidential – 308 females + 20 males = 328

Shelter – 41 adults + 52 children = 93

Transitional Living program – 5 adults + 7 children = 12

Total = 433

2014

1,027 bed nights (note shelter was closed for several months of the year)

1,679 hotline calls

Individuals served:

Nonresidential 362 females + 13 males = 375

Shelter – 24 adults + 20 children = 44

Transitional Living program – 5 adults + 8 children = 13

Total = 432

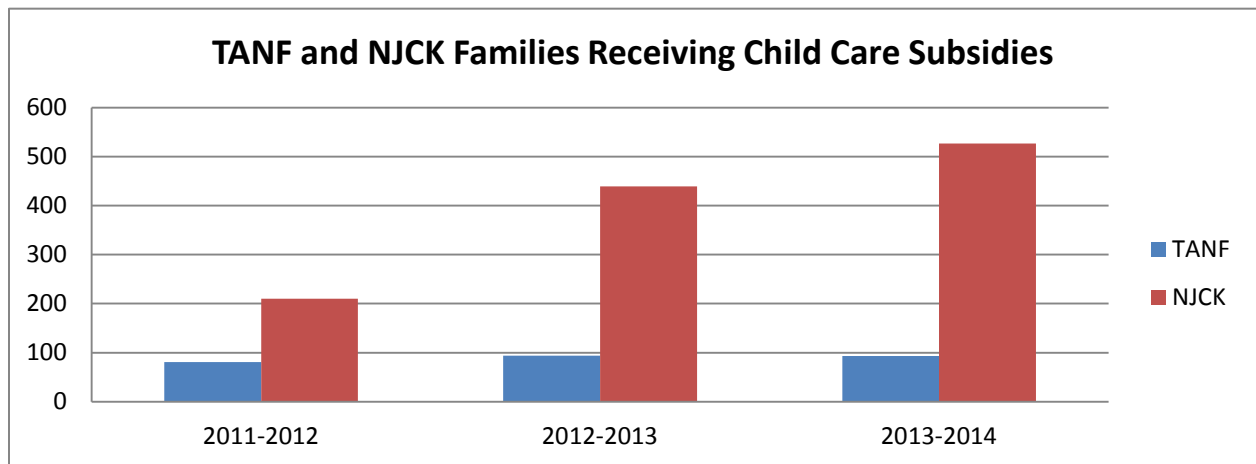
Domestic Abuse and Sexual Assault Intervention Services (DASI) provides a program called “DECIDE,” an educational intervention program for abusive individuals that offers case management services, an education group, community education and professional in-service training. According to data provided by DASI, in fiscal year 7/1/13-6/30/14, there were 42 unduplicated contacts, 35 active group participants, and nine individuals that completed the program. In fiscal year 7/1/14-6/30/15, there were 112 unduplicated contacts, 68 active group participants and 22 individuals that completed the program.

Sexual Assault

Table 33 shows data provided by Domestic Abuse and Sexual Assault Intervention services (DASI) on the number of individuals who were served through Sexual Violence Victim/Survivor services:

Served	Male	Female	Total
2012	9	97	106
2013	8	108	116
2014	5	96	101

Children and Youth



From 2011 to 2014, the number of families receiving child care subsidies through the New Jersey Cares for Kids (NJCK) state program has increased. The number of TANF families receiving subsidies increased from 2011-2012, but leveled off over the next two years.

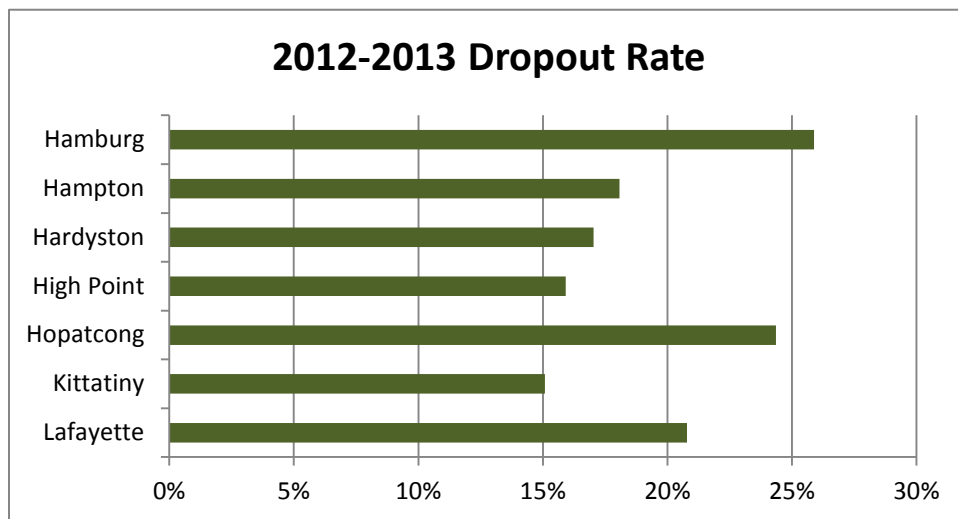
Chart 34 displays the above child care information for Sussex County.

NORWESCAP Child and Family Resources Services and Head Start

School Dropouts

Sussex County has 25 public school districts and includes nine high schools. For the 2012-2013 school year, there were 22,297 enrollments. For this same year, 65 students dropped out of high school. One student dropped out in 8th grade, 10 students dropped out in the 9th grade, 16 dropped out in the 10th grade, 20 dropped out in the 11th grade and 18 dropped out in the 12th grade. Statewide, Sussex County had the third lowest number of dropouts. Hunterdon County had the lowest with 50 and Cape May is second with 62 dropouts. Essex County had the highest number for the state, totaling 1,295 dropouts.

Chart 35 details the school dropouts by district for the 2012-2013 school year.



New Jersey Department of Education. <http://www.state.nj.us/cgi-bin/education/data/drp.pl>

School Graduations

Starting with the 2011 graduating class, New Jersey started using the new federally required adjusted cohort graduation rate to calculate graduation rates across the state. In order to calculate 2011 graduates, according to the New Jersey Department of Education, the formula uses four years of data for first-time freshmen who enter high schools in September 2007 and graduated as the class of 2011. The number of 2011 graduates is divided by the number of 2007 freshmen plus "transfers in" minus "transfers out" over the four year period. For this calculation, students who dropout remain in the cohort.

The district with the highest graduation rate is Sparta with 96.98%, while High Point Regional High School ranks the lowest with an 86.92% graduation rate.

Table 36 details the 2013 graduation rates for the high schools in Sussex County.

2013 Graduation Rates- Sussex County					
High Point	86.92%	Hopatcong	88.33%	Kittatinny	96.00%
Lenape Valley	92.38%	Newton	87.56%	Sparta	97.02%
Sussex County Tech School	96.95%	Vernon	93.94%	Walkkill Valley	88.12%

New Jersey Department of Education.
<http://www.state.nj.us/education/data>

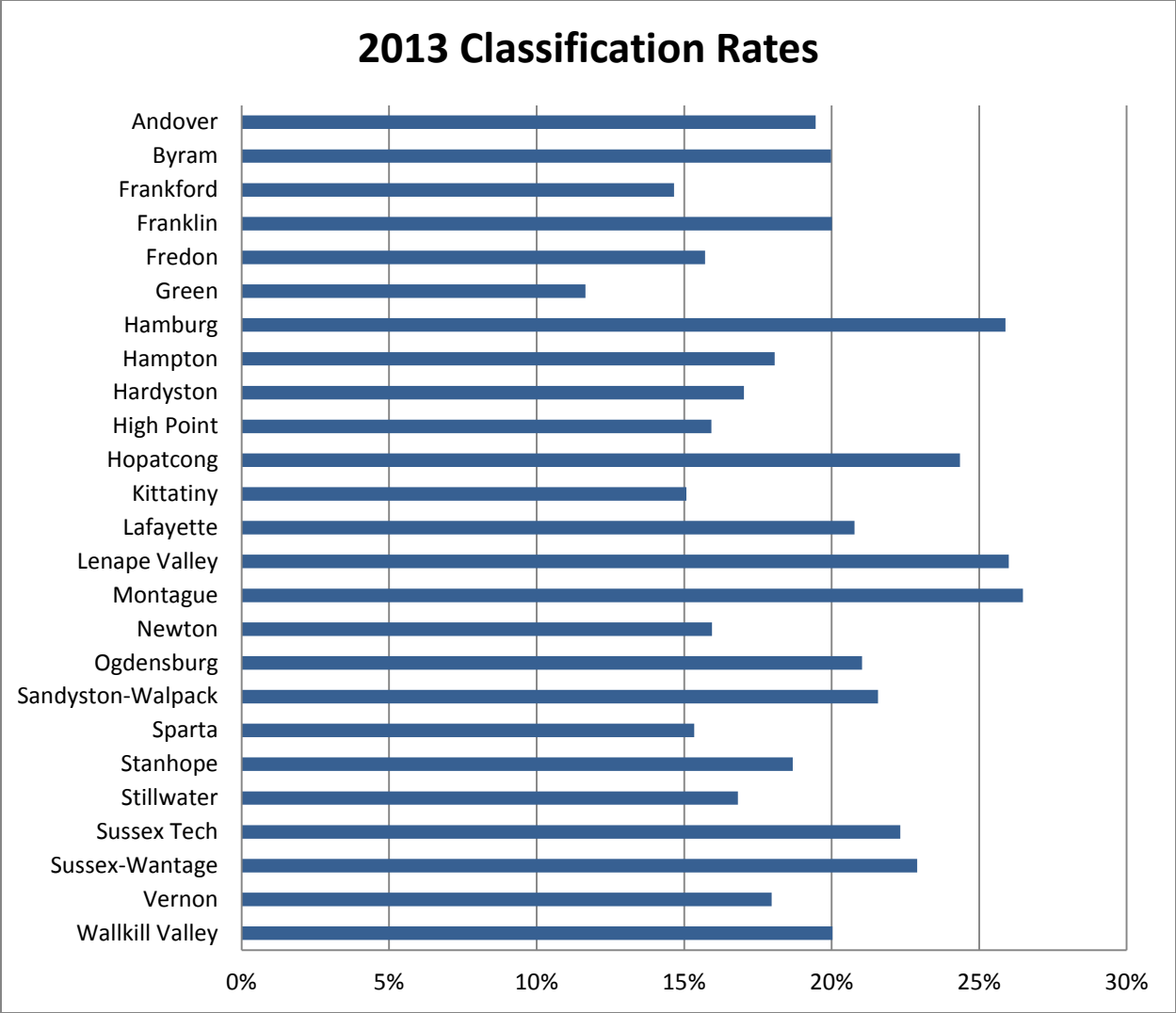
For the time period 2006 to 2013, 94% of Sussex County residents ages 25 years and older were high school graduates, compared to 88.5% for the state of New Jersey. For the same time period, 24.9% of Sussex County residents ages 25 and older attained a Bachelor's degree or higher, compared to 36.6% for New Jersey as a whole.

In 2011, 93% of Sussex County students passed the 11th grade State Achievement Test in language and 80% passed in math, compared to 90% in language and 75% in math for the state.

Special Education

The New Jersey Department of Education provides data on special education classification and enrollment for each district by county.

Chart 37 shows the percentage of students by district who are eligible for special education services. Countywide, Montague surpassed the Sussex County Technical School in having the largest special education eligible population (26.48%). Other districts with eligibility percentages larger than 20% include Franklin (20%), Hopatcong (24.4%), Hamburg (25.9%), Lafayette (20.8%), Ogdensburg (21.0%), Sandyston-Walpack (21.6%), Sussex-Wantage (22.9%) and Walkkill Valley (20.1%).



New Jersey Department of Education. <http://www.nj.gov/education/specialed/data2013.htm>

Incidences of School Violence

Public schools throughout the state are required to report the incidences of school-based violence, vandalism, substance abuse and weapons.

Table 38 details the number of school based incidences in each of Sussex County's public school districts. Vernon Township High School had the highest total number of incidences (43), including 25 incidences in school violence, and High Point Regional High School had the second highest number of total incidences (41), also with 25 incidents of violence.

School Based Incidences (2012-13)							
	Enrollment	Violence	Vandalism	Weapons	Substance Abuse	HIB	Total
Andover Regional	566	2	4	0	0	3	9
Byram Township	960	3	1	0	0	10	13
Frankford Township	540	0	0	0	0	5	5
Franklin Borough	490	1	1	0	0	0	2
Fredon Township	323	1	0	0	0	2	2
Green Township	485	0	0	0	0	6	6
Hamburg Borough	275	0	0	0	0	2	2
Hampton Township	346	1	0	1	0	2	4
Hardyston Township	758	3	1	3	0	8	12
High Point Regional	1,005	25	3	0	8	5	41
Hopatcong	1,902	3	1	0	3	11	18
Kittatinny Regional	1,098	6	0	0	4	18	28
Lafayette Township	253	0	0	0	0	3	3
Lenape Valley Regional	775	11	2	0	3	4	20
Montague	264	0	0	0	0	0	0
Newton	1,356	14	1	1	15	8	38
Ogdensburg Borough	306	3	0	0	0	4	7
Sandyston-Walpack	149	0	0	0	0	1	1
Sparta Township	3,362	0	0	1	14	18	32
Stanhope Borough	356	0	0	0	0	0	0
Stillwater Township	352	0	1	0	0	3	4
Sussex-Wantage Regional	1,310	16	1	1	2	9	29
Sussex County Technical	718	1	0	2	2	3	8
Vernon Township	3,626	25	3	2	4	11	43
Wallkill Valley Regional	692	6	7	0	4	0	17
TOTAL	22,267	121	26	11	59	136	344

<http://www.nj.gov/education/schools/vandv/index.html>

Juvenile Arrests

Juvenile arrests fall into seven categories- violent offenses, property offenses, weapons offenses, drug/alcohol offenses, public policy offenses, special needs offenses, and other offenses. The definitions are as follows:

- Violent offenses include murder, rape, aggravated assault, robbery, kidnapping, manslaughter and simple assault.
- Property offenses include burglary, larceny-theft, motor vehicle theft, forgery & counterfeiting, fraud, embezzlement, stolen property and criminal/malicious mischief.
- Weapons offenses include weapons possession and operation.

- Alcohol and other drug offenses include any drug abuse violations, driving under the influence and liquor law violations
- Public order offenses include racketeering, gambling, corruption, disorderly conduct, vagrancy, curfew and loitering and runaways
- Special needs include arson, prostitution and commercialized vice, sex offenses and offenses against family and children
- Other offenses are any other offenses excluding traffic offenses

For 2013, Sussex County had the second lowest rate of juvenile arrests statewide. There were a total of 199 juvenile arrests in the county (130 males and 69 females). Sussex County has continued to experience a decrease in total juvenile arrests, dropping from 726 in 2008 to 530 in 2010 and to 199 in 2013.

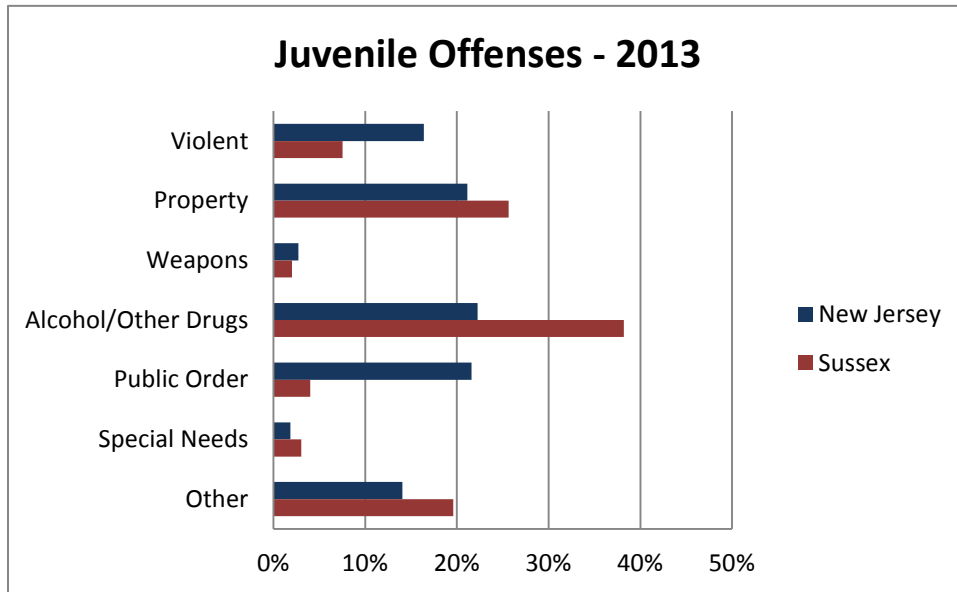
Table 39 details the juvenile arrest distribution for the years 2008, 2010, 2012 and 2013.

NATURE AND EXTENT OF DELINQUENCY									
County Juvenile Arrests by Offense Category									
Offense Categories	2008		2010		2012		2013		% Change in Arrests 2008-2013
	#	% of All Juvenile Arrests	#	% of All Juvenile Arrests	#	% of All Juvenile Arrests	#	% of All Juvenile Arrests	
Violent Offenses	69	9.5%	53	10.0%	26	7.4%	15	7.5%	-78.3%
Weapons Offenses	18	2.5%	11	2.1%	7	2.0%	4	2.0%	-77.8%
Property Offenses	222	30.6%	156	29.4%	76	21.7%	51	25.6%	-77.1%
Alcohol/Other Drug Offenses	185	25.5%	153	28.9%	126	35.9%	76	38.2%	-59.0%
Special Needs Offenses	107*	14.7%	8	1.5%	11	3.1%	6	3.0%	-94.4%*
Public Order & Status Offenses	38	5.2%	62	11.7%	48	13.7%	8	4.0%	-79.0%
All Other Offenses	87	12.0%	87	16.4%	57	16.2%	39	19.6%	55.2%
TOTAL ARRESTS	726	100%	530	100%	351	100%	199	100%	-72.6%

Uniform Crime Report (New Jersey), 2008, 2010, 2012, 2013

*2008 was an anomalous year in this category, and has questionable validity.

Chart 40 details the juvenile arrest distribution for both Sussex County and New Jersey in 2013. In comparison, the distribution of juvenile arrests for Sussex County is significantly different from the state in almost all areas. Property offenses are 5% higher in Sussex County, alcohol/other drug offense are 16% higher, and public order offenses are 18% lower.



New Jersey State Police: "Uniform Crime Report 2013: State and County Arrest Summary."
<http://www.state.nj.us/njsp/info/ucr2013/index.html>

There are a number of ways in which juvenile cases are handled. Some cases are handled within the police department and the youth is released. Other youth may be referred to a juvenile conference committee (JCC), juvenile court or the probation department. They may be referred to a welfare agency, another police agency, or they may be referred to criminal or adult court.

Table 41 details the police disposition of the juveniles taken into custody in Sussex County and compares their dispositions to those of juveniles statewide.

Police Disposition of Juveniles - 2013							
		Handled within Department & Released	Referred to Juvenile Court or Probation Department	Referred to Welfare Agency	Referred to Other Police Agency	Referred to Criminal or Adult Court	Total Police Disposition of Juveniles
Sussex County	#	63	136	0	0	0	199
	%	31.7	68.3	0	0	0	
New Jersey	#	7,858	16,005	294	175	222	24,554
	%	32.0	65.2	1.2	0.7	.9	

New Jersey State Police: "Uniform Crime Report 2013: State and County Arrest Summary."
<http://www.state.nj.us/njsp/info/ucr2013/index.html>

Juvenile Detention & Detention Alternatives

According to the Juvenile Justice Commission of the State of New Jersey, six counties have closed their juvenile detention centers since 2008. These counties are now sending juveniles requiring secure detention to nearby county detention facilities. Sussex County, which closed its facility in December 2009, is sending juveniles needing secure detention to the Morris County Juvenile Detention Center. However, it also developed a detention alternatives program which provides the court system with a system of graduated sanctions ranging from mandatory participation in community-based programs to secure detention at the Juvenile Detention Center, the highest level of sanction.

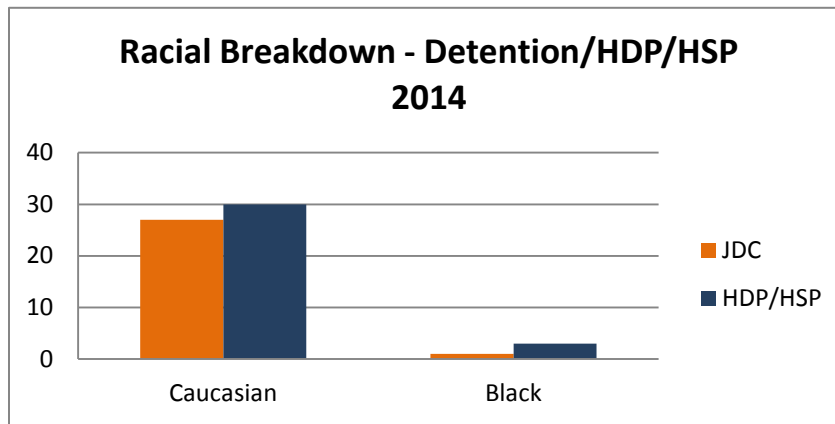
The Comprehensive Adolescent Program (CAP), is a 90 day intervention program that provides life skills, positive decision making, anger management and other interventions to help youth stay out of the juvenile justice system. Home Supervision Program (HSP) started in 2013 as a step-up from the CAP program and provides in-home monitoring several times a week along with other conditions with which participants must comply in order to avoid further involvement with the courts. The Home Detention Program (HDP) or "bracelet" program requires youth to be monitored 24/7 and provide daily in-home supervision by detention alternatives officers. Out-of-county shelter is for youth who cannot remain in their homes but do not require secure detention, and secure detention is the highest level of sanction ordered by the courts for youth who pose a risk to self or others.

Table 42 details the number of Sussex County juveniles in detention and detention alternatives from 2010 to 2014 and includes the average length of stay as well as the percentage of change from 2010 or first available year to 2014. Males represent 93.1% of the total juvenile secure detention population for 2014, an increase of 29.7% from 2010 when males were 70.5% of the total. Overall, males comprised 82.2% of the population in detention, the youth shelter, or HDP/HSP.

Detention Alternatives Admissions						
	2010	2011	2012	2013	2014	% Change
Morris County Detention Center						
Male	43	51	41	32	27	-40.9%
Female	18	9	8	5	2	-88.9%
Total	61	60	49	37	29	-41.7%
Average Length of Stay - Days	15	21	23	17	20	+33.3%
Morris County Youth Shelter						
Male	Data not avail.		9	7	6	-33.3%
Female	Data not avail.		1	2	5	+500%
Total	Data not avail.		10	9	11	+10%
Average Length of Stay - Days	Data not avail.		16	25	14	-12.5%
Home Detention Program/Home Supervision (HDP only for 2010-11, combined 2012-13)						
Male	51	44	26	33	27	-47.1%
Female	13	5	9	2	6	-63.9%
Total	54	49	35	35	33	-38.9%
Average Length of Stay - Days	32	44	37	25	23	-28.2%
Comprehensive Adolescent Program (started in 2012)						
Total Youth			29	38	50	+72.4%

Sussex County Detention Alternatives Program

Chart 43 details the racial distribution of Sussex County juveniles in detention/HDP/HSP in 2014.



Sussex County Detention Alternatives Program

Crime

For 2013, the crime rate (per 1,000 inhabitants) for Sussex County was 10.8 victims for every 1,000 residents, a decrease of 19.1% from 2012. A total of 1,510 Crime Index Offenses were reported, a 20.3% decrease from 2012. Nonviolent crimes decreased by 20% and violent crimes decreased by 27%.

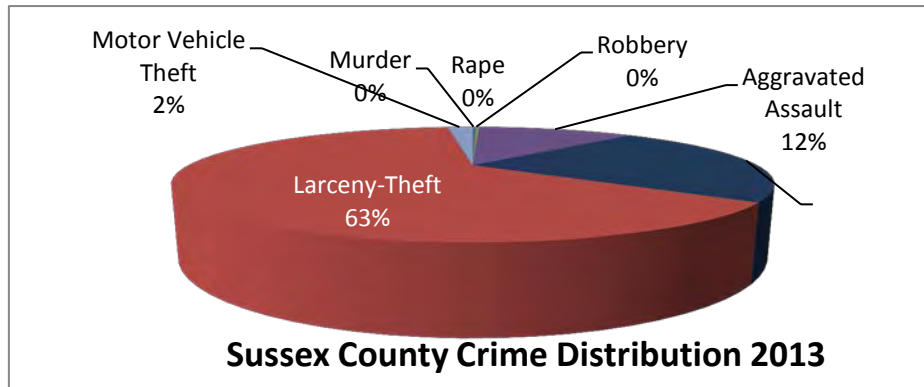
Murder remained the same in 2013 as in 2012 with 1 arrest for murder in each year. Rape decreased from 1 in 2012 to 0 in 2013; robbery decreased from 16 in 2012 to 1 in 2013; and burglary decreased from 115 in 2012 to 99 in 2013. Aggravated assaults remained static at 5 for both 2012 and 2013. There were 3,758 arrests (3,559 adult and 199 juvenile) in Sussex County in 2013, a 7% decrease in adult arrests and a 43.4% decrease in juvenile arrests from the previous year.

Table 44 details actual arrests for specific crimes in Sussex County for 2010-2013.

Offense	2010	2011	2012	2013
Murder	1	0	1	1
Rape	0	1	1	0
Robbery	8	10	16	1
Aggravated Assault	53	46	50	50
Violent Crime Total	62	57	68	52
Burglary	138	123	115	99
Larceny-Theft	312	282	348	272
Motor Vehicle Theft	6	10	5	8
Non-Violent Crime Total	456	415	468	379

New Jersey State Police. "Unified Crime Reports"
<http://www.state.nj.us/njsp/info/stats.htm#cit>

Chart 45 provides a breakdown of the percentage by type of crimes for which arrests were made in 2013 in Sussex County.



New Jersey State Police. "Uniform Crime Report 2013." <http://www.state.nj.us/njsp/info/stats.htm#cit>

Sussex County tied with Hunterdon County for the lowest violent crime rate (0.4) in the state. Statewide, the rate was 2.9. For 2013, Sussex County had the second lowest total crime rate (violent and non-violent crimes combined) in the state (10.2). Hunterdon County had the lowest with 8.4. Statewide the crime rate overall was 21.8.

Chart 46 charts the statewide violent crime rate (rate per 1,000 inhabitants) for 2013.

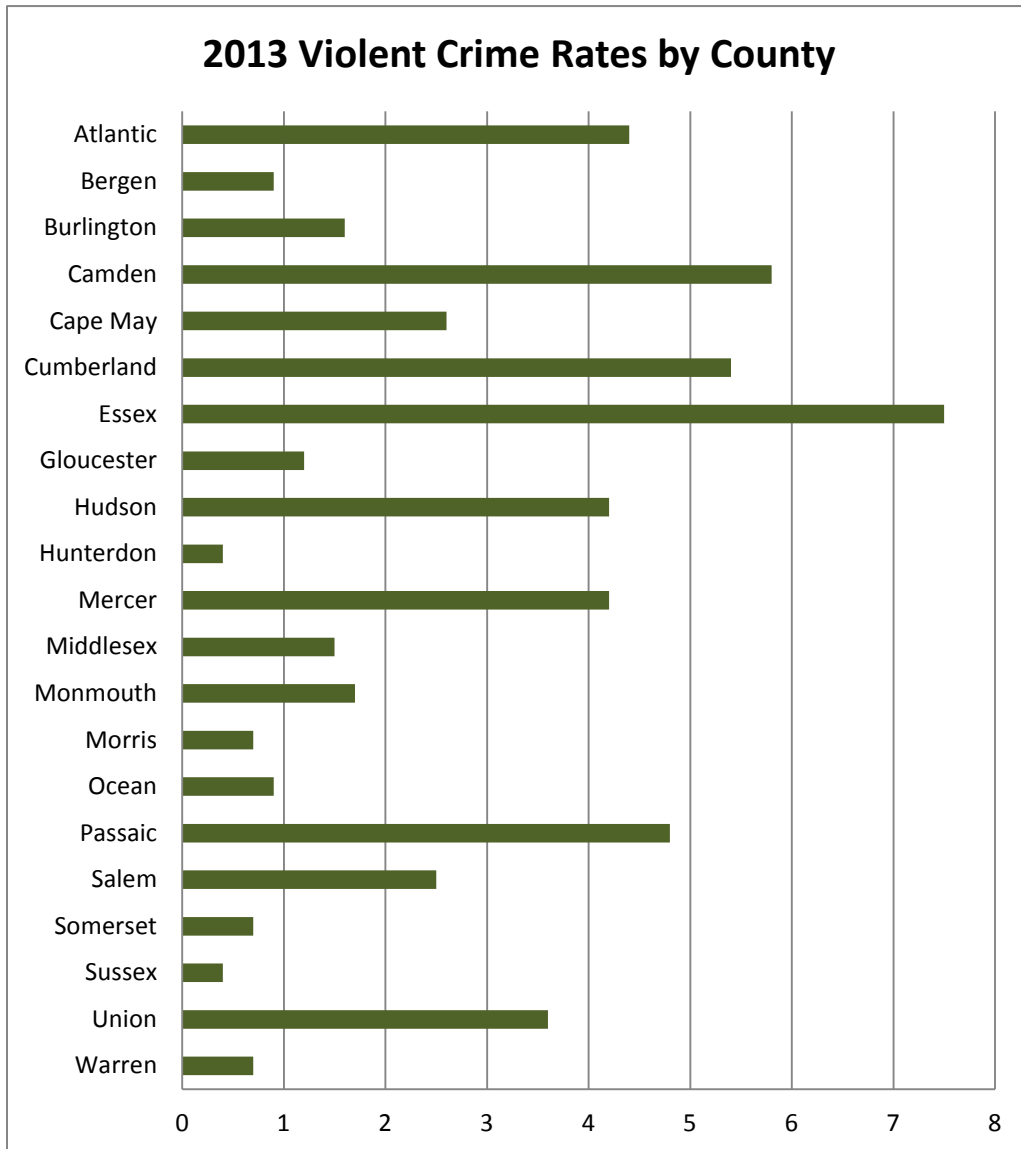
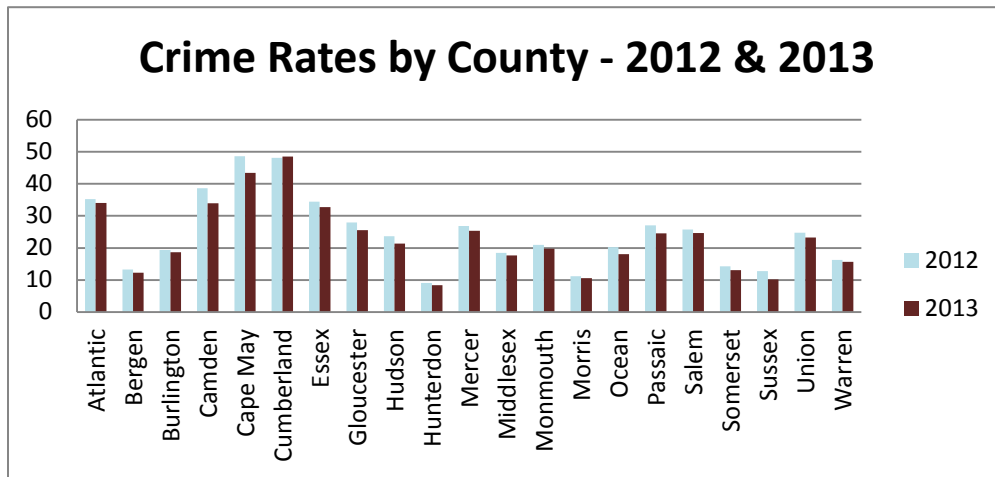


Chart 47 charts the statewide crime rate change by county for the years 2012 to 2013.



New Jersey State Police: “County Offense & Supplementary Data Overview
<http://www.state.nj.us/njsp/info/stats>

Child Abuse and Neglect

The number of child abuse/neglect investigations increased from 2009 to 2012 in Sussex County, but decreased in 2013. Child abuse/neglect substantiations increased sharply in 2012 but remained fairly static in 2013.

Investigations decreased by 1.9% for Sussex County from 2009 to 2013 and increased by 5.8% for the state. Substantiations increased by 72.9% for Sussex County and 28.9% for the state for the same period.

Table 48 compares the number of investigations and substantiated cases in Sussex County with those of the state (2009-2013).

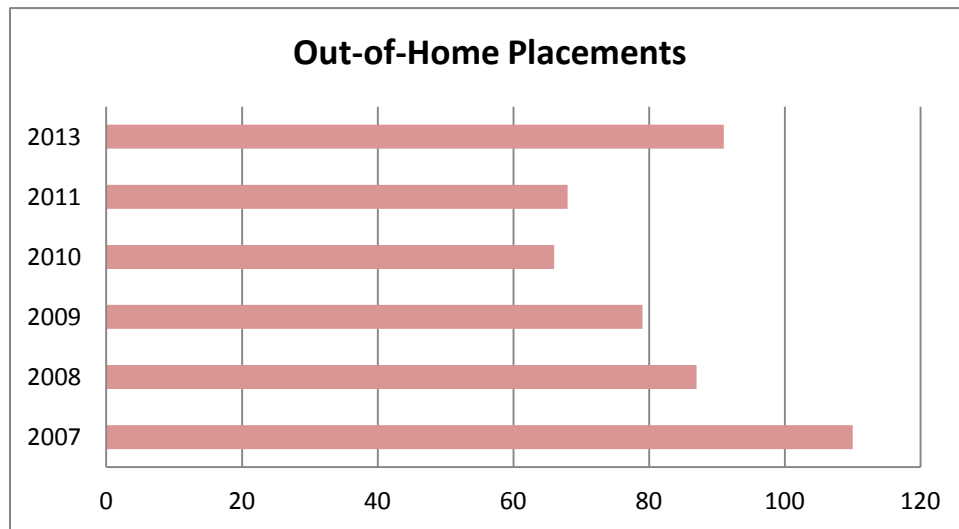
Number of Child Abuse/Neglect Investigations				
	2009	2010	2012	2013
Sussex County	1,553	1,679	1,735	1,525
New Jersey	89,287	93,699	92,924	94,486
Number of Child Abuse/Neglect Substantiated Cases				
	2009	2010	2012	2013
Sussex County	107	100	184	185
New Jersey	9,286	9,326	9,250	11,972

New Jersey Kids Count Data 2015; <http://datacenter.kidscount.org/data/bystate/stateprofile>

Out of Home Placements

Children who are placed in out-of-home settings are those who often lack a stable and nurturing home life. Possible settings in the county for out-of-home placements are foster care or residential care. For 2013, Sussex County had the second lowest rate of out-of-home placements (91). Hunterdon had the lowest at 40.

Chart 49 details the out-of-home placement for Sussex County for the years 2007 through 2014.

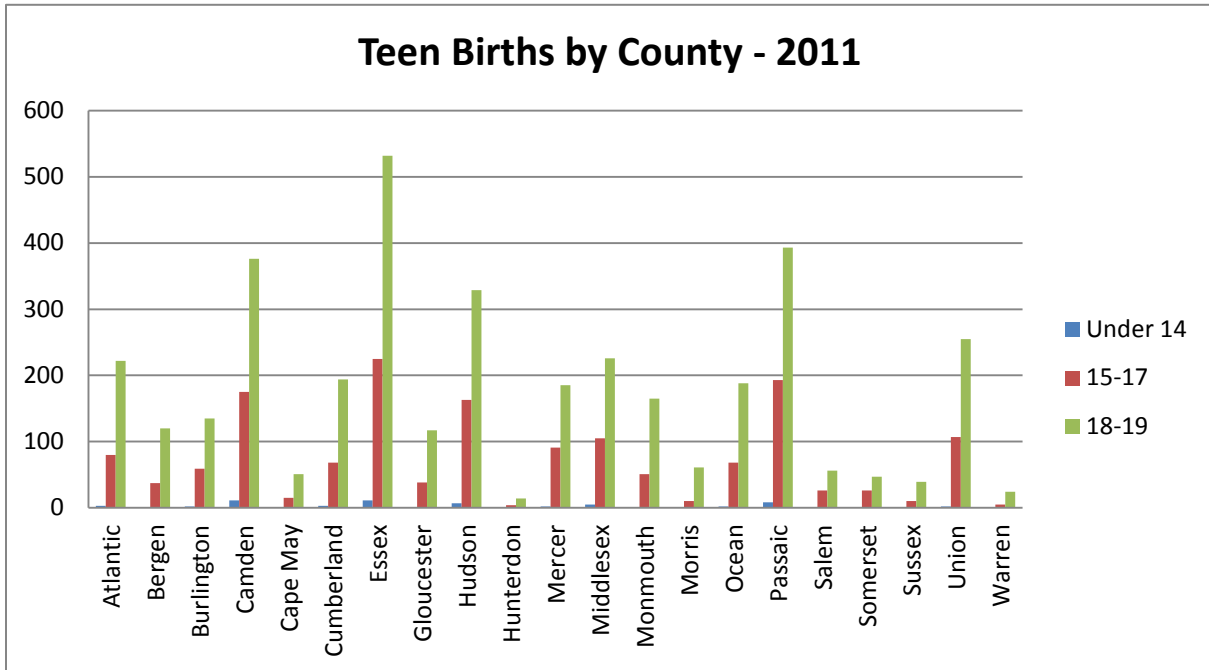


New Jersey Kids Count Data 2014; <http://datacenter.kidscount.org/data/bystate/stateprofile>

Births to Teens

The number of births to girls ages 10-19 has declined for both Sussex County and New Jersey. In Sussex County in 2011, there were no births to girls under the age of 15, 10 births to girls ages 15-17 years old, and 39 births to girls ages 18-19 years old.

Chart 50 shows the number of teen births for girls from under 15 years old to 19 years old for all of the 21 counties in the state for 2011.



New Jersey Center for Health Statistics
<http://www4.state.nj.us/dhss-shad/query/result/birth/BirthBirthCnty/Count.html>

Older Adults

According to 2013 US Census estimates, 19.4% or 28,734 residents of Sussex County are 60 years of age or older and 23.8% of all households in the county have one or more people 65 years of age or older.

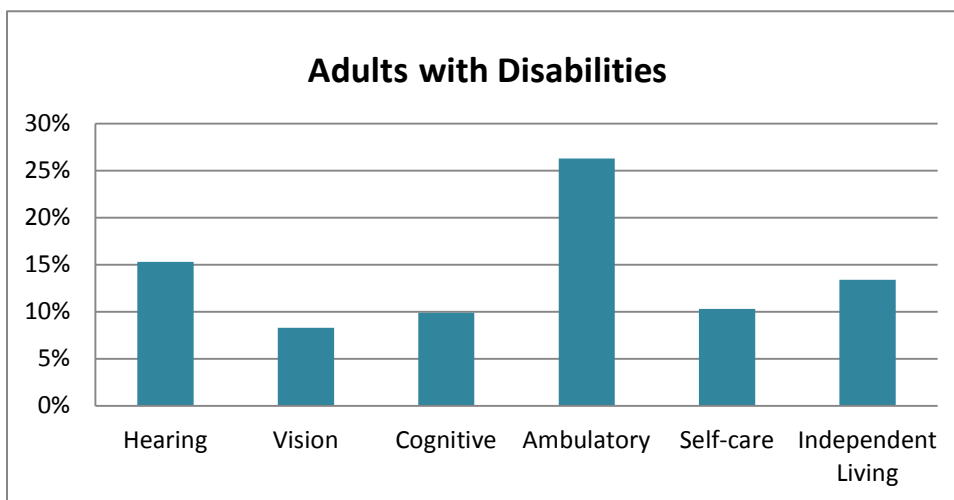
In 2010, out of the total households in the county with the householder living alone (11,497), 1,233 households are comprised of males 65 years and older and 2,800 are comprised of females 65 years and older. In a 201% increase from the findings in the 2008 Human Services Needs Assessment, 8,390 of persons ages 65 years and older report that they have a disability.

In Sussex County, 2,297 grandparents live with their grandchildren under the age of 18; out of these grandparents, 27% have financial responsibility for their grandchildren.

Individuals with Disabilities

As of 2013, there was an estimated 13,480 county residents with a disability, which is 9.2% of the total population. This is a 25.1% decrease in numbers from the findings from the 2008 Human Services Needs Assessment in which 17,976 residents reported a disability (11.8% of the total population). However, an increasing number of those with disabilities are over age 65. According to the 2013 American Community Survey, an estimated 11.0% of Sussex County Veterans have a disability.

Chart 51 details the disability characteristics of individuals with a reported disability in 2013.



U.S. Census. Census 2015. <http://www.factfinder2.census.gov>

Human Services Needs Survey

In April 2015, members of the Sussex County Human Services Advisory Council released a community survey to capture the human service needs of county residents, entitled the "Sussex County Human Services Needs Survey 2015." Community members were asked whether or not their needs were currently met in important facets of their lives and which areas were of top priority as a current need. Identified topics included basic needs such as housing, medical care, job training and employment opportunities, transportation, and mental health services. The second facet of the survey included questions on the accessibility to these services. The survey was available to complete through May 15, 2015 and in two forums, electronically, utilizing SurveyMonkey and on paper.

The survey was advertised and made available through numerous local human service agencies, in county newspapers, on the Sussex County website, in all county libraries, and in county hospitals and medical clinics among other venues. County residents were also able to request a paper copy of the survey to be mailed to their home. A total of 554 surveys were completed by Sussex County residents.

A majority of the surveys were filled out by females (78.70%) and the majority age range was 45-54 years old (24.37%). The top three zip codes that were shown were: the Newton area, 07860 (29%), Sussex/Wantage, 07461 (15%), and Sparta, 07871 (10%). Equal numbers of respondents were married or single, living in their own home (49.10%) and not caregivers to a family member. The average number of people that were living within each household is 2 people and the average number of people within the household over 18 years old is 2 people. Almost 30% of people who took this survey said that their yearly income is less than \$15,000.

Within the households, 35% have 1 person employed, while 42% have no one unemployed. Approximately 80% of households have no one that is retired. A majority of people said that there is no one in their household with a part time job (67%) and a majority of people said that there is one person in their household with a full time job (39%).

Out of the 30 needs presented in the survey, the top five needs identified were financial savings set aside for emergency one time use, emergency financial assistance for one time needs, affordable housing, dental services, and food for themselves/family. The results indicated that 38.27% of survey respondents (212 people) were currently in need of financial savings set aside for emergency one time use; 30.51% reported needing one time emergency financial

assistance; 22.20% currently need affordable housing; 19.31% are in need of dental services, and 18.77% currently need food for themselves/family.

In regard to other needs that were presented in the survey, 63.6% reported that they have housing that they can afford, 66% reported that they have medical care, 68.4% have health insurance, 60.2% have prescription medication that they can afford, 72% have transportation, 35% have mental health services and 14.4% have substance abuse services. 14.3% indicated that they use the emergency room rather than go to a primary care physician while 85.7% stated that they use a primary care physician for their medical needs.

Currently Need		
	Number of Respondents	Percentage
Housing that you can afford	123	22.20%
Food for yourself/family	104	18.77%
Emergency financial assistance for basic needs	169	30.51%
Transportation	85	15.34%
Education/Job training	92	16.61%
Access to primary medical care	49	8.84%
Healthcare Insurance	62	11.19%
Prescription medication that you can afford	47	8.48%
Medical/Social services after discharge from hospital/facility	24	4.33%
Dental services	107	19.31%
Mental Health services	65	11.73%
Disability services	57	10.29%
Substance Abuse services	20	3.61%
Financial savings set aside for emergency use	212	38.27%
Legal Assistance	78	14.08%
Childcare	64	11.55%
After-school recreation programs for youth	79	14.26%
Recreation/Social programs for adults	84	15.16%
Services available to remain Independently at home	53	9.57%
Immigration services	12	2.17%
Access to medical specialists	53	9.57%
GLBTQ sensitive services	7	1.26%
Sexual assault/abuse services	10	1.81%
Respite care services	50	9.03%
Childcare	58	10.47%
Caregiver services and support	79	14.26%
Social Services	65	11.73%
Tobacco cessation	37	6.68%
Domestic violence	14	2.53%
Anger management	25	4.51%
Social security services	48	8.66%

Below is the information gathered about the general health of the population.

General Health Questions

- About 12% of people go to the emergency room rather than their primary care physician when they are sick.
- In general, how would you say your health is?
 - Excellent - 14.80%
 - Very Good - 27.98%
 - Good - 32.49%
 - Fair - 17.87%
 - Poor - 6.86%
- How long has it been since you last visited a doctor for a check-up?
 - Within a month - 21.30%
 - 1 to 6 months - 43.32%
 - 7 to 12 months - 10.11%
 - 1 to 2 years - 16.79%
 - Over 2 years - 8.48%
- A majority (75.99%) said that there was a time within in the last year where they needed a doctor and couldn't see one. This is due to the following reasons:
 - Unable to take time for myself -15.67%
 - Cost - 44.03%
 - Insurance - 22.39%
 - Transportation - 11.94%
 - Work Schedule - 5.97%

“Anyone that is low income or Medicaid, does not have access to medical doctors.”

Sussex County Human Services Needs Survey 2015

This survey is for Sussex County residents only. Please fill out this survey only once.

Gender _____ **Age** _____ **Town** _____ **Zip Code** _____ **Marital Status:** Single Married

Residence: Own Home Rent Apartment/House Subsidized Housing Live with Family Member Shelter

Homeless Other _____ **Number of people in Household** _____ **How many are 18 and over** _____

Yearly Household Income: Less than \$15,000 \$15,000 - \$24,999 \$25,000 - \$39,999
 \$40,000 - \$59,999 \$60,000 - \$75,000 Over \$75,000

Are You a Caregiver (providing unpaid assistance to a dependent family member)? Yes No

Employment: Within household how many are employed: _____ How many are unemployed? _____ How many are retired? _____

How many part time jobs are held? _____ How many full time jobs are held? _____

Think about each of the necessities and services listed below and then, using the check boxes provided, please tell us 1) The status, based on your family's need, and 2) How confident you are that you can access the service?

	Needs Met on Our Own	Currently Have w/ Assistance	Currently Need	Doesn't Apply to Me	Confident I Know How to Access These Services	Unsure How to Access These Services	Unable to Access Because I Can't Afford
Housing that you can afford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food for yourself/your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency <u>financial savings</u> for one time needs (utilities; car repair; home repair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependable Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation/Social Programs for Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After-school Rec Programs for Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Needs Met on Our Own	Currently Have w/ Assistance	Currently Need	Doesn't Apply to Me	Confident I Know How to Access These Services	Unsure How to Access These Services	Unable to Access Because I Can't Afford
Disability Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Services/Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services Available to Live Independently at Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency <u>financial assistance</u> for one time needs (utilities; fuel oil; car repairs; home repairs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and Substance Abuse Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Abuse Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault/Abuse Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger Management Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Primary Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Medical Specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco Cessation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigration Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical/Social Services after discharge from hospital/facility (home health aide; transport; etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQI Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 1) I go to the emergency room rather than to a primary care physician. Yes No
- 2) In general, how would you say your health is: Excellent Very Good Good Fair Poor
- 3) About how long has it been since you last visited a doctor for a check-up? _____
- 4) Was there a time in the last year when you needed to see a doctor and couldn't? Yes No

5) *If Yes, what stood in your way?* Unable to take time for myself Cost Insurance Transportation
 Work Schedule Other _____ *****Please return completed survey by May 15, 2015 to:** Sussex County Administrative Center, Dept. of Human Services, One Spring Street, Newton, NJ 07860 or fax to 862-268-8014 or email to sbalzano@sussex.nj.us *****If you would rather take this survey online, please copy and paste this web link:**
<https://www.surveymonkey.com/r/SussexCounty2015>

Focus Groups

Client-centered focus groups are another integral component of the Needs Assessment. Focus groups are important tools in which the community can openly and anonymously voice their needs and concerns about particular topics in a structured setting. Over a period of two months, from July through August 2015, eight focus groups were conducted at various locations in the county. The focus groups were approximately one to two hours long and represented the following target populations: the elderly, individuals with disabilities, single parents, individuals with mental illness, substance abuse, human services, and providers in a monthly homeless coordination meeting.

The groups ranged in size from 10 participants to 40 participants. Outreach materials to recruit participants were distributed through numerous county advisory boards and committees, including the Human Services Advisory Council.

Key issues to emerge include:

- Need for centralized screening for information, assistance and linkage to all human services.
- The necessity of jobs with a livable wage, affordable housing, and accessible transportation in order for many low-income families to succeed.
- The continued burden of having to travel outside of the county for specialty medical services and/or doctors who accept Medicaid.
- Lack of mental health services for both adults and children with an emphasis on psychiatry and co-occurring substance abuse.
- General case management for all human services.

The Elderly

The Division of Senior Services conducted nine Focus Groups, which reached out to over 470 seniors throughout Sussex County. The elderly participants in the focus groups felt that the greatest areas of concerns and issues encompassed the following areas: 1) the cost of housing and maintaining a home and property, including more options for affordable housing; 2) lack of transportation or having access to transportation resulting in social isolation and the inability to get out of the county, especially for medical purposes; 3) caregiver services; due to reliance on other individuals to meet their daily needs, specifically regarding home maintenance and transportation; 4) the need to maintain or increase recreational activities for seniors; and 5) the lack of vision, dental and hearing coverage under Medicare. They felt the priorities were:

- Affordable housing for individuals 60 and older.
- Home maintenance/repairs for homeowners.
- Transportation to access health care, food, shopping, social services and other needs of older adults.
- Nutrition programming including congregate nutrition, home delivered meals, meal preparation and food shopping assistance.
- Health and wellness services.
- Caregiver support services.

Human Services

“Mental health! The services needed are really hard to find in Sussex County.”

Eleven men and women participated in the general human service focus group, ranging in ages from 26 to over 65 years old. The majority of the participants were women. The participants reported many needs such as affordable or subsidized housing, jobs with better pay and/or advancement as well as transportation issues. Common themes of the focus group include:

- More pick up stops on route for bus services, as Sussex County is very rural.
- Need for flexible daycares; as it is very difficult to coordinate finding a job and then finding a daycare that will accommodate the hours.
- Job opportunities in general, but also with a decent wage and advancement opportunities.
- Lack of children’s mental health services, especially access to child psychiatry.
- Difficulty in finding enough doctors in Sussex County who accept Medicaid along with the cost and burden of having to travel outside of the county for specialty medical services.

“How are people supposed to get off TANF or welfare if they aren’t getting paid enough at their job to do so?”

Sixteen providers during a monthly Homeless Coordination meeting participated in a general human services focus group. Common themes of the focus group include:

- Lack of accessibility to mental health treatment
- Need for subsidized housing/housing vouchers.
- Increased substance abuse prevention services.
- Need for a men's shelter in Sussex County.
- Access to employment; jobs which pay a living wage.
- Legal services for low income individuals especially to assist in child support cases.
- Access to medical care and specialists; especially for low income individuals.
- Transportation.

Single Parents

“You have to work a certain number of hours to qualify for childcare subsidies.”

Eleven single parents participated in this focus group; all eleven were women, ranging in ages from 18 to 45. All except one participant had children under the age of 13. The experiences and the needs they spoke about were:

- Lack of Medicaid providers, especially specialists in Sussex County.
- Burden and high cost of having to travel out of county for medical specialty care.
- Accessible and affordable childcare, including access to subsidies that assist with part-time employment as full time job opportunities are scarce.
- Need for additional transportation options that include more bus stops.
- Request for one centralized place to obtain information about all human services available in Sussex County.
- Employment opportunities that are flexible and stable.

“I have a child with a disability and could not find any specialist in Sussex County that accepted my insurance.”

Individuals with Disabilities

There were 29 participants, seventeen women and twelve men, ranging in age from under 5 years of age to over 65 years of age. Approximately 50% of the participants were between the ages of 26 and 55 years old. Approximately 65% of the participants were parents and/or caregivers, while 20% were individuals with disabilities representing their own needs and experiences. The participants' living situations varied and included, owning their own home, living with family, renting an apartment and living in a group home or a shared home.

“Logisticare is designed to inhibit people from receiving transportation.”

The concerns that were expressed included:

- Frustration in learning about/accessing a central access point for navigating resources.
- Access to medical care and specialists that accept Medicaid, including the cost and burden of traveling out of county to receive medical care, especially specialists and dentists.
- Increased transportation for employment, day programs and medical care.
- Respite care; and services to increase self-sufficiency due to limited services that inhibit an individual with disabilities from obtaining independence in the community.
- Case management services to provide assistance in the ongoing needs of an individual with disabilities throughout their life.
- Job sampling and job coaching in the community to offer better options when transitioning to adult, specifically for 18-21 year olds.
- Insufficient affordable and accessible housing options for individuals with disabilities.

“It’s exhausting, you can’t keep up.”

Most services are covered by Medicaid; it’s finding the providers that accept it that is the challenge.”

“Transportation provided by family often causes a hardship on them, especially in relation to holding a full time job.”

Individuals with Mental Illness

There were 26 participants in the focus group for individuals with mental illness, 94% of which were women and 6% of which were men. Of them, 22% were between 26 and 45 years of age, 33% were between 46 and 55 years of age, 22% were between 56 and 65 years of age and 22% were 65 years of age or older. Participants reported suffering from the following diagnoses: depression, anxiety, bipolar disorder, schizophrenia, borderline personality disorder, post-traumatic stress disorder and mental health combined with substance abuse. 83% indicated that they were currently receiving treatment for their mental health issue(s) and 78% had insurance for mental health treatment; however 28% reported they could not afford the deductible and 22% reported they could not afford the co-pay. Participants in the group also expressed the following concerns:

- Inadequate access to mental health services, especially psychiatry for both adults and children.
- Long waiting lists for psychiatry and counseling; need ongoing long term counseling to prevent an emergency/crisis.
- Lack of mental health professionals who accept Medicaid in the county.
- Time with psychiatrist too short and impersonal due to lack of psychiatry services in the county causing individuals to be given phone appointments, receiving diagnosis and prescriptions over the phone.

**“Anyone that is low income or Medicaid,
does not have access to doctors.”**

- Ongoing general case management to assist with the many needs that arise, including assistance with human service applications, housing, coordination of medical care, transportation and other needs.
- Increase community education and outreach to educate school systems, social service agencies, and the community in general about mental illness.

**“Need more outreach in the community because most of the
information and services I have found is from word of mouth.”**

- Need for increased transportation services for employment opportunities, mental health treatment, including out of county transportation as many providers are not accessible in Sussex County.
- Centralized place to call and find out about all services available and a publicized resource directory because individuals reported that it is very difficult to find out about services in Sussex County and it took a lot of effort and a lot of searching

“If you don’t have a counselor in conjunction with the psychiatrist, you are not getting the help you need.”

Families and Adults Affected by Substance Abuse or Addiction

Twelve individuals, 11 women and 1 male, participated in this focus group, ranging in age from 18 years old to over the age of 65. 73% were between the ages of 46 to 55. The majority of the group was overwhelmingly in agreement that there are not enough substance abuse treatment options located in Sussex County. The majority were in agreement that once an individual left a treatment facility, there were no continued care/services and that the individual was just expected to be better. A majority of the participants also felt that there needed to be a central location to find out about services, as well as long term case management. The participants discussed the following needs:

- Establishment of a detox and substance abuse treatment center in Sussex County. Individuals have to leave the county to obtain treatment and consequently are away from their support network. Treatment centers outside of the county are not aware of services available in Sussex County and therefore do not make appropriate referrals.
- Establishment of halfway houses and sober living houses located in the county. After coming out of formal treatment, individuals in recovery could transition back into the community with the supports they need.

“People are discharged from facilities out of county that know nothing about our county and what services are available.”

- Need for ongoing long term case management. Individuals are learning how to cope with their sobriety while at the same time trying to secure employment, housing and live

independently in the community. There needs to be a continuum of care in order to increase the chance of success.

- Community outreach and education is needed in order to reduce stigma and increase prevention.
- Support services for families dealing with substance abuse and addiction issues.

“Addiction is a family disease.”

“We need more long term help; 12 step and 30 day programs are not enough.”

Children and Families at Risk of Abuse and Neglect

Providers from Norwescap, Project Self-Sufficiency, and Family Partners of Morris and Sussex Counties attended this group. Participants agreed that there is a need for mental health and behavioral health services for children. All participants reported the need for case management and community education on how to access services.

Strategic Analysis

In August 2015, service providers were asked to participate as a group in the review of data collected, the evaluation of data and the identified priorities of need. The session was held in the Sussex County Administrative Center in the Freeholder Meeting Room and was well attended by human service professionals and county government representatives. Sussex County profile data, results from the Human Services Needs Survey and focus group outcomes were presented to the group.

The group confirmed consistent themes among the population groups in need:

- There is a severe shortage of mental health services in Sussex County, especially psychiatry and co-occurring substance abuse. In almost every focus group, mental health services emerged as a top need for both children and adults. Many focus group participants reported that their symptoms or their child’s symptoms had to reach an acute level before they could be served. Some focus group participants reported having to go back to Greystone due to decompensation after not being able to secure a psychiatrist or therapy appointment. There is a severe lack of available psychiatry in the county, evidenced by most participants reporting they have been traveling out of the county for services, or on a waiting list for months. Those that have accessed a

psychiatrist report often not being able to obtain an appointment or receiving a phone appointment to diagnosis and prescribe medications. The participants also voiced the need for agencies to be able to serve clients with both a mental illness and substance abuse disorder.

- The current transportation system in Sussex County is not able to meet the needs of the community. The biggest need in this area is to expand capacity so that additional routes and stops can be added to enable residents' access to the public transportation system. Transportation is needed to improve access to medical care as well as employment. In a rural community like Sussex County, it is extremely difficult to live independently without access to transportation. Throughout the focus groups, many individuals and families reported the tremendous burden of traveling outside of the county on a regular basis to access medical specialists who accept Medicaid.
- Case management was brought up in a majority of the focus groups including Mental Health, Individuals with Disabilities, Substance Abuse, and Human Services. It was also reiterated by local providers at a homeless coordination meeting as a top need. Case management provides the coordination of community services to help people to become independent, healthy and safe and to help people be able to support themselves and their families. Case managers are utilized to meet the needs of high service users and to reduce or eliminate duplication, overlap and fragmentation. Many participants reported needing assistance in accessing resources; they found the process to be overwhelming and the paperwork cumbersome. The participants stated that it should not be such a grueling process to find out which services they are eligible for, where to go and what documents to have in order to get what they need. Unfortunately, some participants reported negative experiences when applying for services, including insensitivity of agency staff, stating that this has been a deterrent to going back for help.
- The current supply of affordable housing in the county is inadequate to meet the needs of the community, as expressed by multiple focus group populations, as well as survey results. Having to consistently pay more than 30% of the total household's income towards housing costs is a burden and affects the resources available to provide other necessities such as food, clothes, electricity, fuel and childcare. Sussex County is one of the top five counties in NJ for highest foreclosure rates.

- According to the New Department of Labor and Workforce Development, as of March 2015, the unemployment rate for Sussex County was 6.6%. All focus groups reported a lack of employment opportunities in Sussex County. The consensus was the job availability that does exist includes jobs that are part time instead of full time, have no advancement opportunities, and do not pay a living wage.
- There are not enough doctors who accept Medicaid in the county, including primary care, medical specialists, mental health providers and dentists. There are some providers who will not accept any additional Medicaid patients and there are simply many doctors who do not accept Medicaid at all. The lack of providers willing to accept Medicaid in the county can lead to many negative and costly results including residents regularly using the local emergency rooms for standard, non-emergency medical treatment and compromised health for both children and adults in this community when medical attention is needed and not received. Having to travel for long periods of time outside of the county to access a specialist is a burden on the family as well as the individual.
- Throughout the focus groups, many participants continually stated that they wished they had known about services earlier and are requesting centralized screening for all resources available in Sussex County. Centralized screening provides a multitude of information and services to an individual in need. The idea is to provide a convenient and efficient one stop shop for information, referrals and linkages to human services, as well as the availability of a comprehensive human service directory. When someone is vulnerable or in crisis, it can be more than overwhelming to try to find help and people do not know where to go. Individuals reported making one call and being referred somewhere else, only to be told, "We don't do that" and given yet another number. Individuals reported feeling passed around and requested that there be one place that is capable and knowledgeable to connect all the dots and provide direction.

Priority Areas for Expanded Investment

At the conclusion of the analysis, the group was presented with priority areas of service to be recommended for expanded investment. The following seven areas emerged as the top priorities:

1. Mental Health Services (emphasis on psychiatry and co-occurring substance abuse)
2. Transportation
3. Affordable Housing
4. Employment Opportunities and Job Training
5. Increased Access to Specialists/Healthcare and Dental Care
6. Case Management for all Human Services
7. Centralized Screening for Human Services

Recommendations for Action

In order to address the endorsed priority areas, a set of recommendations for action have been created which answer the question, "What recommendations would you make to focus on the priorities and to achieve the desired outcomes?" Human service partners are encouraged to work to maintain all current sources of funding, vigorously pursue all new sources of income and strive for continued collaborations including joint grant applications in order to achieve the desired outcomes. Cross training amongst providers is recommended in order to refer other agencies/programs that are the most advantageous to the individual and also to decrease duplication of services. It is recommended that provider agencies continually educate their staff on all available resources in Sussex County in order to provide appropriate linkage to services for clients whom call for assistance with needs outside of the specific agency's purview.

Recommendation 1: Increase Mental Health Services

The recommendation is to increase mental health services, especially psychiatry services. There is also a need to increase mental health services and accessibility for those clients with a co-occurring substance abuse disorder.

Recommendation 2: Increase Transportation Services in Sussex County

The recommendation is to expand the current public transportation system to include additional routes, increase the number of stop locations, and extend hours to evenings and weekends.

Recommendation 3: Increase Supply of Affordable Housing

The recommendation is to maintain the current affordable housing and pursue future affordable housing opportunities to increase supply.

Recommendation 4: Improve Job Training and Employment Opportunities

The recommendation is to advocate for additional employment opportunities in Sussex County and look for funding opportunities for job training programs for adolescents and adults.

Recommendation 5: Increase Healthcare and Dental Care Access

The recommendation is to have a unified advocacy effort to secure additional Medicaid providers in Sussex County for medical care, including specialty care, mental health and dental care to meet the needs of the community.

Recommendation 6: Provide Case Management in All Areas of Human Services

The recommendation is to provide case management for all human services in order to coordinate community services and help people become independent, healthy, safe and able to support themselves and their families. Case managers are utilized to meet the needs of high service users and to reduce or eliminate duplication, overlap and fragmentation.

Recommendation 7: Promote Access to Human Services through Centralized Screening

The recommendation is to provide a convenient and efficient “one stop shop” for information, referrals and linkages to human services, as well as the availability of a comprehensive human service directory. The goal is to improve access and eliminate barriers in receiving human services in Sussex County.

Conclusion

The 2015 County-Wide Human Services Needs Assessment builds upon the earlier strategic planning efforts of the partnership of the Sussex County Department of Human Services and the Human Services Advisory Council (HSAC). The Department of Human Services and the HSAC have the framework moving forward for renewed efforts to improve the quality of life of Sussex County residents.

Sussex County of Human Services			
2015 Budget Appropriations by Source			
	Total	Federal & State	County
<i>Current Fund</i>			
Community Services	195,881		195,881
County Grant-In-Aid	193,250		193,250
County Nutrition Program	176,320		176,320
Human Services Administration	331,974		331,974
Juvenile Detention Center	736,414		736,414
Mental Health Administration	24,833	5,833	19,000
Senior Services	270,028		270,028
Social Services Administration	1,008,401		1,008,401
Social Services	153,646		153,646
Social Services SSI	1,452,559	1,089,419	363,140
Social Services TANF	837,999	773,745	64,254
Youth Shelter Home	208,766		208,766
<i>Social Services Fund</i>			
Social Services Administration	4,353,410	2,601,628	1,751,782
<i>Federal and State Grant Fund</i>			
County Comprehensive Alcoholism & Drug Abuse (Chapter 51)	374,601	299,681	74,920
Federal Transit Administration (FTA) Section 5310	300,000	150,000	150,000
Federal Transit Administration (FTA) Section 5311 (7/1/14-6/30/15)	974,752	738,564	236,188
Federal Transit Administration (FTA) Section 5311 (7/1/15-12/31/15)	461,754	350,065	111,689
Grotta Grant	90,000	90,000	0
Human Services Advisory Council (HSAC)	79,862	63,836	16,026
Intoxicated Driver Resource Center (IDRC)	96,000	96,000	0
Job Access Reserve Commute (JARC)	220,000	110,000	110,000
Juvenile Accountability Block Grant (JABG)/JJC State Community Part.	368,500	368,500	0
Municipal Alliance to Prevent Alcoholism & Drug Abuse	210,366	210,366	0
Newton Medical Center Transition Care	265,000	165,000	100,000
Older Americans' Act (OAA) Area Plan Contract (APC)	681,489	681,489	0
Personal Assistance Services Program (PASP)	15,203	15,203	0
Senior Citizen & Disabled Residents Transportation Program (SCDRTAP)			
SCDRTAP Administration	87,700	87,700	0
SCDRTAP Operating	345,827	345,827	0
Social Services for the Homeless	143,967	143,967	
State Health Insurance Program	31,000	31,000	0
Title III State Aid Reimbursement	58,000	58,000	0
Transportation Block Grant	29,621	29,621	
Veterans' Transportation Program	9,000	9,000	
Youth Incentive Program (YIP)	36,874	36,874	0
TOTAL FUNDING	14,822,997	8,551,318	6,271,679

Human Services

Focus Group Discussion Guide – General Human Services

First of all, I want to thank you for taking time out of your schedule to participate this morning/afternoon/evening. As you know, this is a discussion group about the general human service needs in Sussex County.

I am _____ from _____. This session will last approximately one and a half hours. The biggest thing I want to emphasize is that all of your comments will be kept confidential, so I ask that you please be honest with your responses and share your true opinions. Your names will not be used in any way in the report.

I would first like to go over a few basic ground rules that will help the group run as smoothly as possible. I ask that you respect every person's right to his or her own opinion. Each person has a unique perspective, and even though an opinion or experience may be different from yours, it is still valid. Lastly, my responsibility is to facilitate the group. There may be some topics that we could talk about for hours, but we have a number of issues that I want to get your feedback on, so I may need to cut some discussions and move on.

The session will be a combination of open discussion and closed-ended survey questions. Before we get started, does anyone have any questions?

Demographics

The first thing I'm going to ask you to do is give me a little background information. Again, this is not used to identify any individual respondent. It is simply done as a way of knowing more about the group. Please circle the appropriate response.

1. What is your gender?

- a. Male
- b. Female
- c. Transgender

2. What is your age range?

- a. 15-17
- b. 18-25
- c. 26-35
- d. 36-45
- e. 46-55
- f. 56-65
- g. Over 65

During this session, we are going to ask questions related to the Human Service needs of the community. I ask that each of you answer individually and then we will discuss your answers as a group.

1. What resources and services do you feel individuals/families need most? Why do you feel it is a needed service or resource?
2. What barriers keep individuals from finding or using services?
3. Do you feel Sussex County is lacking in any services?

I am now going to ask about specific needs/services in our community.

1. Do you feel there is affordable housing in Sussex County? Are you aware of any one time financial assistance for utilities or home repair?
2. Do you feel there are services in place to assist individuals/families in purchasing food?
3. Do you feel Sussex County has adequate transportation?
4. Can you tell me about job opportunities available in Sussex County?
5. How do you feel about educational and job training programs?
6. Do you feel healthcare is affordable, including the cost of insurance, deductibles, co-pays, prescriptions, and dental?
7. Tell me about any barriers in accessing medical care.
8. Do you feel Sussex County has adequate mental health services?
9. What can you tell me about affordable childcare in Sussex County?
10. Do you feel there are recreational programs or social programs available for both youth and adults?
11. What can you tell me about the availability of legal services in Sussex County?

Concluding Thoughts

We are now going to wrap up the group with a few "big picture" questions.

1. If you had one suggestion for Sussex County Human Services about what services are needed in the community, what would that suggestion be?
2. Is there anything that I did not cover that you feel is important and would like to share?

This concludes our session. All of your feedback will be very helpful. The sponsors of this group appreciate that you were willing to give your time and participate this afternoon/evening. Thank you again and have a great afternoon

Sussex County Human Services
Focus Group Discussion Guide - Mental Health

First of all, I want to thank you for taking time out of your schedule to participate this morning/afternoon/evening. As you know, this is a discussion group about the mental health needs in Sussex County.

I am _____ from _____. This session will last approximately one and a half hours. The biggest thing I want to emphasize is that all of your comments will be kept confidential, so I ask that you please be honest with your responses and share your true opinions. Your names will not be used in any way in the report.

I would first like to go over a few basic ground rules that will help the group run as smoothly as possible. Each person has a unique perspective, and even though an opinion or experience may be different from yours, it is still valid. Lastly, my responsibility is to facilitate the group. There may be some topics that we could talk about for hours, but we have a number of issues that I want to get your feedback on, so I may need to cut some discussions and move on.

The session will be a combination of open discussion and closed-ended survey questions. Before we get started, does anyone have any questions?

Demographics

The first thing I'm going to ask you to do is give me some background information. Again, this is not used to identify any individual respondent. It is simply done as a way of knowing more about the group.

1. What is your gender?

- a. Male
- b. Female
- c. transgender

2. What is your age range?

- a. 18-25
- b. 26-35
- c. 36-45
- d. 46-55
- e. 56-65
- f. Over 65

1. If you or a family member have a mental illness, how many years have you/they had a mental illness/mental health issue?

- a. Less than 1 year
- b. 1-3 years
- c. 4-6 years
- d. 7-10 years
- e. More than 10 years

2. What is your/their primary diagnosis/mental health issue?

- a. Depression
- b. Bipolar Disorder
- c. Anxiety Disorder
- d. Schizophrenia
- e. PTSD (Post Traumatic Stress Disorder)
- f. Mental health combined with substance abuse

g. No diagnosis: general or situational issues

h. Other: _____

3. Are you/they receiving treatment?

- a. Yes
- b. No

4. Do you/they have insurance for your mental health treatment?

- a. Yes
- b. No

5. If you/they have insurance, can you afford your deductible?

- a. Yes
- b. No

6. If you/they have insurance, can you afford your co-payment?

- a. Yes
- b. No

7. If you/they have insurance, can you afford your prescriptions?

- a. Yes
- b. No

8. If you/they have insurance, does it limit you to a certain amount of visits/sessions each year?

- a. Yes
- b. No

Perceptions of Area Mental Health Resources

1. Do you feel there are enough treatment services in Sussex County for individuals with mental health issues?
2. How easy/difficult is it to find and get mental health services in Sussex County?
3. What, if any, services are missing in Sussex County?
4. Are there any resources/services in particular that you find helpful and would like to see more of?
5. How did you learn about what services were available in Sussex County?
6. When in a crisis situation, do you have a place/person to go to for help?
7. Are there enough services to help in a crisis situation?
8. Is your family receiving support or education?
9. Do you have any suggestions on the best way to educate the public about mental health?
10. Do you feel like you have been discriminated against in the workplace, at school or college, or in the emergency room because of your mental health issues?

General Access Issues

We are now going to discuss non-mental health issues with regard to all of you. I want to cover issues related to quality of life that are not necessarily mental health issues, but may be aspects of your life on which your mental health issues have an effect. We will go through a series of questions like we did in the previous sections.

1. Do you have suggestions on how to improve the quality of life in Sussex County for those with mental health issues?
2. Have you ever used any local social service agencies for assistance?
3. What agencies/services have you used?
4. How did you find out about those agencies/services?
5. Is information about assistance easy to find or does it require a great deal of "searching around?"
6. Do you find it difficult to access and obtain assistance in Sussex County?
7. What barriers, if any, do you see finding and getting assistance in Sussex County?
8. What suggestions do you have to make it easier for those in need to get assistance?

Concluding Thoughts

We are now going to wrap up the group with a few "big picture" questions.

1. If you had one suggestion for Sussex County Human Services about what they can do to contribute to mental health issues in the community, what would that suggestion be?
2. Is there anything that I did not cover that you feel is important and would like to share?

That concludes our session. All of your feedback will be very helpful. The sponsors of this group appreciate that you were willing to give of your time and participate this afternoon/evening. Thank you again and have a great afternoon/evening.

Sussex County Human Services
Focus Group Discussion Guide - Single parents

First of all, I want to thank you for taking time out of your schedule to participate this morning/afternoon/evening. As you know, this is a discussion group about the single parents' needs in Sussex County.

I am _____ from _____. This session will last approximately one and a half hours. The biggest thing I want to emphasize is that all of your comments will be kept confidential, so I ask that you please be honest with your responses and share your true opinions. Your names will not be used in any way in the report.

I would first like to go over a few basic ground rules that will help the group run as smoothly as possible. Each person has a unique perspective, and even though an opinion or experience may be different from yours, it is still valid. Lastly, my responsibility is to facilitate the group. There may be some topics that we could talk about for hours, but we have a number of issues that I want to get your feedback on, so I may need to cut some discussions and move on.

The session will be a combination of open discussion and closed-ended survey questions. Before we get started, does anyone have any questions?

Demographics

The first thing I'm going to ask you to do is to give me some background information. Again, this is not used to identify any individual respondent. It is simply done as a way of knowing more about the group.

1. What is your gender?

- a. Male
- b. Female
- c. Transgender

2. What is your age range?

- a. 18-25
- b. 26-35
- c. 36-45
- d. 46-55
- e. 56-65
- f. Over 65

3. How many children under the age of 5 do you have?

- a. One
- b. Two
- c. Three or more
- d. None

4. How many children ages 5-12 do you have?

- a. One
- b. Two
- c. Three or more
- d. None

5. How many children ages 13-17 do you have?

- a. One
- b. Two
- c. Three or more
- d. None

Needs of the Children

1. As a single parent, do you have difficulty insuring your children?
2. Are there enough doctors in the area that accept your child/children's insurance?
3. Are you able to get childcare for your child/children?
4. What barriers, if any, exist in Sussex County regarding childcare?
5. Who do you rely on if you need someone to watch your child?
6. Are you able to get a babysitter for non-work related activities such as therapy, support groups, etc.?
7. What barriers, if any, exist in Sussex County regarding babysitting services?
8. Who do you rely on if you need someone to watch your child for non-work related activities?
9. Are you able to afford clothing and shoes for your child?
10. If not, how do you obtain clothing?
11. Do you feel the teachers/administrators are helpful to single parents with school related issues (parent-teacher conferences, etc.)?
12. Does your child's school provide after-school programs for students?
13. Are there enough activities for children to participate in Sussex County?

14. Is there a YMCA, Boy/Girl Scout troop, organized baseball/softball team, etc. that your child can participate in?
15. What would prevent you from having your child participate in these programs?
16. Have you ever used any programs such as a mentoring program in the area?
Are such programs available in your area?

Parental Needs

1. Are there enough jobs in the area that are flexible enough to meet the needs of a single parent?
2. What do you think you need to help you maintain your employment and meet the needs of your family?
3. Do the responsibilities of a single parent interfere with your ability to have a job?
4. Are there any services that would make it easier for working single parents?
5. Do I know where to go for help in dealing with parenting issues?
6. Do you feel parenting classes would be helpful for single parents to deal with the demands placed on them?
7. Do you feel Sussex County is lacking in any needed services?
8. What barriers, if any, exist in getting help in Sussex County?

9. Do you have suggestions on how to improve the quality of life in Sussex County?

Concluding Thoughts

We are now going to wrap up the group with a few “big picture” questions.

1. If you had one suggestion for Sussex County Human Services about what they can do to contribute to single parent issues in the community, what would that suggestion be?
2. Is there anything that I did not cover that you feel is important and would like to share?

That concludes our session. All of your feedback will be very helpful. The sponsors of this group appreciate that you were willing to give of your time and participate this afternoon/evening. Thank you again and have a great afternoon/evening.

Sussex County Human Services
*Focus Group Discussion Guide -
Persons with Disabilities and Their Families*

First of all, I want to thank you for taking time out of your schedule to participate this morning/afternoon/evening. As you know, this is a discussion group about the needs of persons with disabilities in Sussex County.

I am _____ from _____. This session will last approximately one and a half hours. The biggest thing I want to emphasize is that all of your comments will be kept confidential, so I ask that you please be honest with your responses and share your true opinions. Your names will not be used in any way in the report.

I would first like to go over a few basic ground rules that will help the group run as smoothly as possible. Each person has a unique perspective, and even though an opinion or experience may be different from yours, it is still valid. Lastly, my responsibility is to facilitate the group. There may be some topics that we could talk about for hours, but we have a number of issues that I want to get your feedback on, so I may need to cut some discussions and move on.

The session will be a combination of open discussion and closed-ended survey questions. Before we get started, does anyone have any questions?

Demographics

The first thing I'm going to ask you to do is to give me some background information. Again, this is not used to identify any individual respondent. It is simply done as a way of knowing more about the group.

1. What is your gender/gender of the person with disabilities?

- a. Male
- b. Female
- c. Transgender

2. What is your relationship to your family member with the disability?

- a. Self
- b. Caregiver
- c. Parent of the disabled individual
- d. Sibling of the disabled individual
- e. Grandparent of the disabled individual
- f. Aunt/Uncle of the disabled individual
- g. Child of the disabled individual
- h. Other relationship _____

3. What is the age of the person(s) in your family with the disability?

- a. Under 5
- b. 5-10
- c. 11-15
- d. 16-17
- e. 18-25
- f. 26-35
- g. 36-45
- h. 46- 55
- i. 56-65
- j. Over 65

4. Where do you/the person with disabilities live?

- a. Long term care facility/nursing home
- b. Group home/supervised home

- c. With family
- d. Own home
- e. Institution
- f. Foster home
- g. Other _____

Needs of the individual with the disability

1. Have you ever used any local social service agencies for assistance?
2. What agencies/services have you used?
3. How did you find out about those agencies/services?
4. Do you find it difficult to find and get assistance in Sussex County?
5. What barriers, if any, do you see to finding and getting assistance in Sussex County?
6. What suggestions do you have to making it easier for those in need to get assistance?
7. For those with school-aged children with disabilities, are their needs being met in school?
8. For the adults, does Sussex County have enough day programs/centers, for individuals with developmental disabilities to have social interaction, stimulation, learning, etc.?

Medical Care

1. Was there a time in the past 12 months when you/your family member needed medical care and couldn't find it?
2. Does your family have health insurance? Prescription drug insurance?
3. If so, does your prescription drug insurance cover the medicines you and your family need?
4. Are there any special services/treatment that you/your family member need that

are not covered by his/her insurance?

5. Are there any special services/treatment that you/your family member need that are not covered by his/her insurance?

Transportation

1. Is there adequate transportation in Sussex County for the developmentally disabled?
2. Who typically transports your family member to appointments, outings, etc.?
3. Are there any special services/treatment that you/your family member need that are not covered by his/her insurance?
4. What services do you/your family member have to travel out of the county to receive and how often?
5. Is cost an issue in getting transportation?
6. Do you have any suggestions on how the county might improve transportation services for the developmentally disabled?

Family member needs

The next question is about your needs, not exclusively the needs of the person with the disability.

- 1.) Do you feel there is enough support in the county for family members/caregivers of those with a developmental disability?
- 2.) If you feel like you need a support group or someone to talk to, would you know where to go?
- 3.) When you need help/ or help with your family member, do you know who to call or where to go for help?
- 4.) Are there any services that would make it easier for the family members of those with developmental disabilities?
- 5.) Are there enough services to help 'in the moment' of a crisis situation?
- 6.) Do you have future plans for who will care for your adult disabled family member once you are no longer able to?
- 7.) What are some barriers in this planning?

Concluding Thoughts

We are now going to wrap up the group with a few “big picture” questions.

1. If you had one suggestion for Sussex County Human Services about what they can do to best meet the needs of individuals with disabilities in the community, what would that suggestion be?
2. Is there anything that I did not cover that you feel is important and would like to share?

That concludes our session. All of your feedback will be very helpful. The sponsors of this group appreciate that you were willing to give of your time and participate this afternoon/evening. Thank you again and have a great afternoon/evening.

Sussex County Human Services
*Focus Group Discussion Guide -
Families and adults affected by substance abuse or addiction*

First of all, I want to thank you for taking time out of your schedule to participate this morning/afternoon/evening. As you know, this is a discussion group about the substance abuse needs in Sussex County.

I am _____ from _____. This session will last approximately one and a half hours. The biggest thing I want to emphasize is that all of your comments will be kept confidential, so I ask that you please be honest with your responses and share your true opinions. Your names will not be used in any way in the report.

I would first like to go over a few basic ground rules that will help the group run as smoothly as possible. Each person has a unique perspective, and even though an opinion or experience may be different from yours, it is still valid. Lastly, my responsibility is to facilitate the group. There may be some topics that we could talk about for hours, but we have a number of issues that I want to get your feedback on, so I may need to cut some discussions and move on.

The session will be a combination of open discussion and closed-ended survey questions. Before we get started, does anyone have any questions?

Demographics

The first thing I'm going to ask you to do is give me a little background information. Again, this is not used to identify any individual respondent. It is simply done as a way of knowing more about the group. Please circle the appropriate response.

1. What is your gender?

- a. Male
- b. Female
- c. Transgender

2. What is your age range?

- a. 15-17
- b. 18-25
- c. 26-35
- d. 36-45
- e. 46-55
- f. 56-65
- g. Over 65

Perceptions of Area Resources

1. Do you feel there is enough help in Sussex County for families who are dealing with substance abuse and addiction issues?
2. Do families get the proper attention needed to cope with substance abuse and addiction in the family or is the focus more on the individual who is addicted?
3. Do you have any suggestions as to how to improve services in this area?

4. Do you feel there is enough help in Sussex County for single adults who are dealing with substance abuse and addiction issues?
5. Do you feel there is enough help in Sussex County for youth who are dealing with substance abuse and addiction issues?
6. Do you have any suggestions as to how to improve services in this area?
7. Do you feel that residents in Sussex County know where to go if they need help with substance abuse and addiction issues?
8. How did you learn about what services were available in Sussex County?
9. Do you know where to go for help in a crisis situation, such as overdose?
10. Are there enough services to help in a crisis situation?
11. If you have accessed services, were your needs met?

Avenues for change

In this section I would like to talk about suggestions on how to best deal with the issue of substance abuse and addiction.

1. Is there enough education in the county on how to prevent substance abuse?
2. Do you feel more education is needed for parents? For single adults? For youth?
3. What suggestions do you have as to how to best educate those at risk?
4. Do you feel that Sussex County has a substance abuse problem?
5. Is this an issue that is still kept hidden?

6. How can we best reach those affected by substance abuse or addiction?
7. Do you feel there the level of awareness within Sussex County regarding addiction and recovery could be improved?
8. Do you have suggestions on how the county can best address the needs of families and adults affected by substance abuse or addiction?

Concluding Thoughts

We are now going to wrap up the group with a few “big picture” questions.

1. If you had one suggestion for Sussex County Human Services about how they can best address the issues of substance abuse or addiction, what would that suggestion be?
2. Is there anything that I did not cover that you feel is important and would like to share?

That concludes our session. All of your feedback will be very helpful. The sponsors of this group appreciate that you were willing to give of your time and participate this afternoon/evening. Thank you again and have a great afternoon/evening.

Sussex County Human Services
Focus Group Discussion Guide
Children and Families at Risk of Abuse

First of all, I want to thank you for taking time out of your schedule to participate this morning/afternoon/evening. As you know, this is a discussion group about the children and families at risk of abuse needs in Sussex County.

I am _____ from _____. This session will last approximately one and a half hours. The biggest thing I want to emphasize is that all of your comments will be kept confidential, so I ask that you please be honest with your responses and share your true opinions. Your names will not be used in any way in the report.

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- a. Male
- b. Female
- c. Transgender

2. What is your age range?

- a. 15-17
- b. 18-25
- c. 26-35
- d. 36-45
- e. 46-55
- f. 56-65
- g. Over 65

During this session, we are going to ask questions related to the needs of the community regarding issues of child abuse and neglect. I ask that each of you answer individually and then we will discuss your answers as a group.

Education and Prevention

- 1.) Do you feel more education is needed for parents to keep their children safe?
- 2.) What suggestions do you have about how to best provide education to keep kids safe?
- 3.) How do we best reach those affected by abuse or neglect?
- 4.) Do you think there needs to be greater awareness within Sussex County regarding these issues?

Perceptions of Area Resources

- 1.) How did you learn about what services were available in Sussex County?
- 2.) Are there enough services to help during a family crisis situation?
- 3.) Do you feel the school system is trained in identifying/supporting students and/or families who are the victims of abuse/neglect?
- 4.) When you reached out to a provider, how long did it take before you obtained services?
- 5.) Were there any barriers to accessing services?
- 6.) If you are utilizing community services, are those services meeting your needs?
- 7.) Were you able to maintain your needs when services ended?

Concluding Thoughts

- 1.) If you had one suggestion for Sussex County Human Services about how they can best address the issues of abuse, neglect and abandonment, what would that suggestion be?
- 2.) Is there anything that I did not cover that you feel is important and would like to share?

This concludes our session. All of your feedback will be very helpful. The sponsors of this group appreciate that you were willing to give your time and participate this afternoon/evening. Thank you again and have a great afternoon.

Sussex County Human Services
Senior Services Focus Group Questions:

Housing:

Demographics:

1. Are you able to maintain your home? (For example, can you keep it clean, mow the lawn, shovel the snow, do small repairs?)
2. Have you made plans or arrangements to move into a different living situation where you are not responsible for maintaining your own home?
3. Do you feel there are adequate housing options for seniors in Sussex County?
4. Do you need to learn more about the choice of living arrangements available to you?

Transportation:

Individuals over 65 using public transit

1. Do you have transportation to get where you need to go?
 - a. Do you drive?
 - b. Do you rely on family or friends to take you places?
 - c. Do you use public transportation?
 - i. If so, do you use Skylands Ride?
 - ii. Do you use taxis?
2. Are there places that you can't get to?

Health:

of uninsured, underinsured

1. Do you feel you have adequate health insurance to meet your needs?
2. Can you get your prescriptions filled?
 - a. If not, why not? (For example, I can't get to the pharmacy, my medicines are too expensive, etc.)
3. Can you get the medical treatment you need?
4. Have you been to the ER more than once in the last year? More than three times?
5. If you were admitted to the hospital in the last year, were you able to follow your discharge instructions? If not, why not?
 - a. Were you able to access all the services outlined in your discharge instructions?

Recreation/Social/Support

Health issues related to social and activity levels

1. Do you have enough opportunities for recreational and social activities?
2. What activities would you like to see more of?
3. How many of you engage in physical activities?

4. How many of you have family, friends or groups that support you in meeting your needs, such as shopping, shoveling, assistance with paying bills, running errands, etc.?
5. Do you ask your family, friends or groups for help when you need it?
6. Do you need more support and assistance?

Finances/Employment

of seniors in poverty

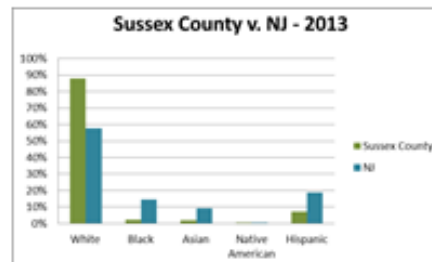
1. Do you have enough income to meet your needs?
2. Are you employed?
 - a. If so, are you employed because you want to be or because you have to be?
3. How many of you would like to work but can't find a suitable job?

2015 County Wide Needs Assessment

Department of Human Services
Division of Community and Youth Services
Human Services Advisory Council

Sussex County Demographics

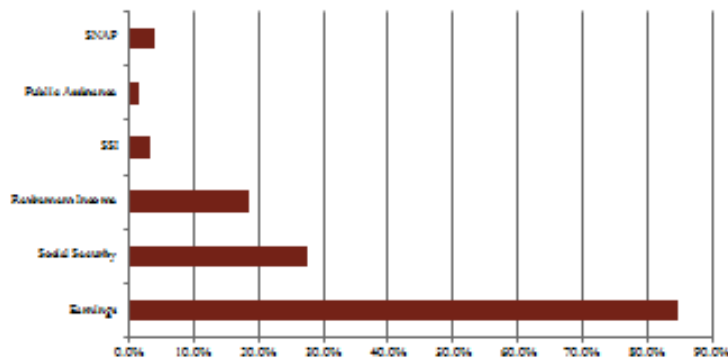
- According to the 2014 population estimate by the U.S. Census Bureau, the population of Sussex County is 144,909.
- In 2013, there were 54,746 households in Sussex County.
- For 2013, Sussex County had a total of 62,167 housing units, an increase of 4.2% since 2008.
- The median age in the county as of the 2013 census was 42 years old



Workforce

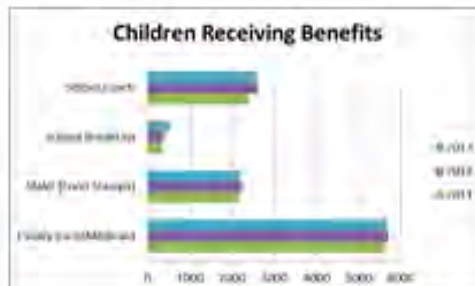
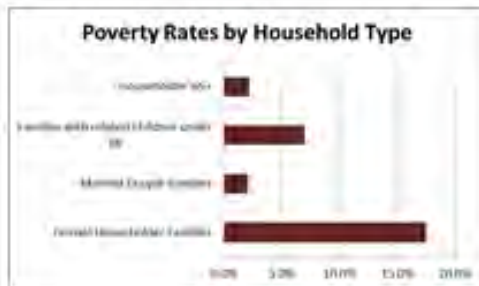
- In 2013, the total estimated population of residents ages 16 and over in Sussex County was 118,313. Of these, 70.7% were employed and 29.3% were not currently in the labor force.
- According to the New Jersey Department of Labor and Workforce Development as of March 2015, the unemployment rate for Sussex County was 6.6%, in comparison to New Jersey's unemployment rate of 6.8%.

Income Sources 2013



- The median income of households for Sussex County was \$87,335, with 18.4% earning \$150,000 or more and 5.2% earning below \$15,000 a year.

There are 8,275 Sussex County residents living below the poverty level.



U.S. Census, Census 2013

New Jersey Kids Count County Data

- The number of child abuse/neglect investigations increased from 2009 to 2012 in Sussex County, but decreased in 2013. Child abuse/neglect substantiations increased sharply in 2012 but remained fairly static in 2013.
- Investigations decreased by 1.9%% for Sussex County from 2009 to 2013 and increased by 5.8% for the state. Substantiations increased by 72.9% for Sussex County and 28.9% for the state for the same period
- Table 43 compares the number of investigations and substantiated cases in Sussex County with those of the state (2009-2013).

Number of Child Abuse/Neglect Investigations				
	2009	2010	2012	2013
Sussex County	1,552	1,679	1,725	1,525
New Jersey	89,287	92,699	92,924	94,486
Number of Child Abuse/Neglect Substantiated Cases				
	2009	2010	2012	2013
Sussex County	107	100	184	185
New Jersey	9,286	9,226	9,250	11,971

New Jersey Kids Count Data 2015; <http://datacenter.kidscount.org/data/bystate/stateprofile>

2015 Community Survey

- Out of the total amount of surveys returned, 554 were fully completed. A majority of the surveys were filled out by females (78.70%) and the majority age range was 45-54 years old (24.37%).
- Most people are equally married or single, living in their own home (49.10%) and are not a caregiver to a family member. The average number of people that were living within each household is, 2 people and the average number of people within the household being over 18 years old is, 2 people.
- Almost 30% of people who took this survey said that their yearly income is less than \$15,000. Within the households, 35% have 1 person employed, while 42% have 0 people unemployed. Approximately 80% of households reported having no retired individual. A majority of people said that there are 0 people in their household with a part time job (67%) and a majority of people said that there is 1 person in their household with a full time job (39%).

Significant Findings

Services that Respondents Currently Need

• Financial Savings Set Aside for an Emergency	38.27%
• Emergency Financial Assistance	30.51%
• Housing that you can Afford	22%
• Dental Services	19.31%
• Social Services	17.86%
• Education and/or Job Training	16.61%
• Dependable Transportation	15.34%
• Mental Health Services	11.73%
• Caregiver Services/Supports	10.47%
• Disability Services	10.29%

Significant Findings

- Accessibility is a huge factor when determining whether or not needs are being met. A plethora of people (around 50% for each need/service) responded through the survey saying that they were unable to access the services because they weren't sure how to actually access them.
- A majority (75.99%) said that there was a time within in the last year where they needed a doctor and couldn't see one. This is due to the following reasons:
 - Unable to take time for myself- 15.67%
 - Cost- 44.03%
 - Insurance- 22.39%
 - Transportation- 11.94%
 - Work Schedule- 5.97%

Below is a list of all needs assessed on the survey.

- 1) Financial Savings for an Emergency
- 2) One Time Emergency Financial Assistance
- 3) Housing That You Can Afford
- 4) Dental Services
- 5) Food For Yourself/ Your Family
- 6) Social Services
- 7) Education/ Job Training
- 8) Dependable Transportation
- 9) Recreation/ Social Programs For Adults
- 10) After school Recreation Programs For Youth
- 11) Legal Assistance
- 12) Mental Health Services
- 13) Childcare
- 14) Healthcare insurance
- 15) Caregiver Services/ Support

List of needs, continued.

- 16) Disability Services
- 17) Services Available to Live Independently
- 18) Access to Medical Specialists
- 19) Respite Services
- 20) Access to Primary Medical Care
- 21) Social Security Specialists
- 22) Prescription Medication
- 23) Tobacco Cessation Services
- 24) Anger Management Services
- 25) Medical/ Social Services After Hospital/ Facility Discharge
- 26) Alcohol and Substance Abuse Services
- 27) Domestic Violence
- 28) Immigration Services
- 29) Sexual Assault/ Abuse Services
- 30) LGBTQI

Focus Groups and Findings

Human Services

- **Transportation**

1. Transportation to school
 - a. Limited buses
 - b. Not enough sidewalks
2. Skylands Ride is limited
 - a. Pick up locations
 - b. Schedules

- **Mental Health**

- a. Access to Services
- b. Children's Mental Health Services
- c. Child Psychiatrists
- d. Education and Assistance in the School Systems

"Mental Health! The services needed are really hard to find in Sussex County!"

"Child Psychiatrists are nowhere to be found in Sussex County!"

Human Services

- Affordable Housing
- Case Management
- Job Availability
- Living Wages
- Emergency Assistance
- Access to Medical Services with Medicaid

“If you have bad credit they immediately turn you away.” (housing)

“How are people supposed to get off TANF or welfare if they aren’t getting paid enough at their job to do so.”

“Food pantries everywhere!”

Single Parents

- **Access to Medical Specialists that accept Medicaid**

“My child has a disability and there is no specialist in Sussex County that accepts her insurance.”

- **Transportation**

- County transportation often does not work with their schedules

“Bus stops are difficult to get to and sometimes I am on the bus for 20 minutes and sometimes I am on the bus for hours.”

- **Employment**

“Finding a job that is accommodating to my schedule of being a mother. I have to find a way to get them to daycare and also get to my job.”

- **Childcare**

- Issues with paying a full month of childcare for the slot instead of only when the childcare is needed.

“You have to work a certain number of hours to qualify for childcare subsidies.”

Individuals with Disabilities

- **Information and Assistance / Coordination**

- Most respondents reported that they were obtaining their information by word of mouth and not through a formal agency.
- Need for case management services and central access point in navigating the system and for awareness of resources.

“How are we going to connect individuals to services without having them call 25 places?”

- **Disabilities Resource Center**

- **Updated Resource Directory for Sussex County Disability Services**

“There needs to be a knowledgeable person that knows the services available to the disabled at the county level.”

“There is no one place to go to find services.”

- **Access to Care / Medical Specialists**

- **No Psychiatrists in Sussex County**

“Most services are covered by Medicaid; it’s finding the providers that accept it that is the challenge.”

Individuals with Disabilities

- **Respite Services**

“It’s exhausting, you can’t keep up.”

- **Community Education**

- Recommendation for an Annual Human Services Fair, including Disability Services.
- Education and Training in the Schools to assist parents navigate the system and access Disability Services.

- **Transportation**

“Logisticare is designed to inhibit people from receiving transportation.”

“Transportation provided by family often causes a hardship on them, especially in relation to holding a full time job.”

- **Self-Sufficiency**

- Limited services inhibits an individual with a disability from obtaining independence in the community.

Mental Health

- **Access to Psychiatry**

- Short visits
- Waiting lists
- Phone appointments to change medications
- Little to no relationship with the Psychiatrist

"I was supposed to follow up with the Psychiatrist two weeks after discharge from inpatient mental health, but I could not get an appt. for four months."

"You can't diagnose and give out medications in 15 minutes."

- **Child Services-** If involved with DCP & P, they have contracts with local agencies, but there is no services to link them to once they are no longer involved.

- **Counseling**

- Recognizing the importance of Peer Support

"If you don't have a counselor in conjunction with the Psychiatrist, you are not getting the help you need."

- **Transportation**

- **Affordable Housing**

Mental Health

- **Long Term Case Management**

- Need for case management services and central access point in navigating the system and for awareness of resources.

"We need long term ongoing services."

- **Updated Resource Guide for Sussex County**

- One place to call for information on Mental Health Services

- **Education and Outreach**

- Training in the Schools and Agencies, including sensitivity training for staff
- Community Education
- Advocacy

"Families don't know where to go; they may go to the school or their physician, but if they don't get the referral, they may not get the services."

"Need more outreach in the community because most of the information and services I have found is from word of mouth."

- **Lack of Medicaid Providers**

Substance Abuse

- **Centralized Location for Information and Assistance**

“When people want the help, they don’t always know where to go to get it.”

- **Long Term Case Management and Services**

“We need more long term help; 12 step and 30 day programs are not enough.”

- Job training, housing, life skills, etc.

- **Community Education and Prevention**

- Schools, Social Media, Community workshops and programs, police, doctors
- Awareness that Recovery requires life long support
- Reduce stigma

- **In County Detox and Inpatient Treatment Centers**

“People are discharged from facilities out of county that know nothing about our county and what services are available.”

- **Family Support**

“Addiction is a family disease.”

Domestic Abuse and Sexual Assault

2012

2,850 Shelter Bed Nights
972 Hotline Calls

Individuals served: 551

Non-Residential: 426

-Female: 396

-Male: 30

Shelter: 113

-Adults: 50

-Children: 63

Transitional: 12

-Adults: 6

-Children: 6

2013

2,514 Shelter Bed Nights
1,180 Hotline Calls

Individuals served: 433

Non-residential: 328

-Female: 308

-Male: 20

Shelter: 93

-Adults: 41

-Children: 52

Transitional: 12

-Adults: 5

-Children: 7

2014

1,027 Shelter Bed Nights
1,679 Hotline Calls

(shelter closed for several months)

Individuals served: 432

Non-residential: 375

-Female: 362

-Male: 13

Shelter: 44

-Adults: 24

-Children: 20

Transitional: 13

-Adults: 5

-Children: 8

Sexual Violence Victim/Survivor Services

2012: 106 Individuals served (97 females + 9 males)

2013: 116 Individuals served (108 females + 8 males)

2014: 101 Individuals served (96 females + 5 males)

Older Adults

- Sussex County has an estimated population (2013) of 145,740 citizens, of which approximately 30,482 are Senior Citizens (ages 60 – 100+), 20% of the population as per the U.S Census Bureau.
- The fastest growing population is the 60+ group. The American Community Survey 2009-2013, identifies 4.2% of individuals over 65 living at or below the federal poverty rate for those in family households. However, 15.2% of people over 65 living alone or with an unrelated individual live below the federal poverty rate.

Older Adults

- **Affordable Senior Housing**
 - Long waiting lists
- **Home Maintenance and Repairs for Homeowners**
 - Maintaining property
- **Transportation**
 - Access to Medical Care, Shopping, and Social Services
 - Social Isolation
 - Medical care outside of the county
- **Nutrition programming**
(home delivered meals, meal preparation, congregate nutrition)
- **Health and Wellness Services**
 - Social Isolation
 - Maintain or increase recreational activities
- **Caregiver Support Services**
 - Many respondents reported relying on others to meet their daily needs
(assistance in meeting their daily needs: housekeeping, food shopping, laundry, transportation, etc.)

Top Priorities

- Mental Health Services
 - Emphasis on Psychiatry
 - Co-occurring Substance Abuse
- Transportation
- Affordable Housing
- Access to Medical, Dental and Specialty Care for those with Medicaid and/or underinsured
- Employment and Job Training/ Jobs with a Living Wage
- Case Management for all Human Services
- Centralized Screening, Information and Assistance