

County-Wide Human Services



Needs Assessment

2012

2012 Board of Chosen Freeholders

Phillip R. Crabb, Director

Parker Space, Deputy Director

Richard A. Vohden

Susan M. Zellman

Richard A. Zeoli



RESOLUTION RE: ACCEPTANCE AND UTILIZATION OF THE 2012
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 2012 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 Stephen R. Gruchacz, Sussex County Department of Human Services; Melissa Latronica, Sussex County Division of Community and Youth Services; Cindy Everitt, HSAC Chairperson.

Certified as a true copy of
the Resolution adopted by
the Board of Chosen Freeholders
on the day of , 2012.



DEPARTMENT OF HUMAN SERVICES
Sussex County Administrative Center
One Spring Street
Newton, New Jersey 07860
Telephone: (973) 579-0559
FAX: (973) 579-9894

STEPHEN R. GRUCHACZ
Administrator

County of Sussex

October 2012

Dear Members of the Sussex County Board of Chosen Freeholders, Health and Human Services Colleagues and Residents:

A County-wide Needs Assessment and strategic planning of this nature was last completed in 2008. That Assessment identified the existing human services environment in Sussex County, identified gaps in services and prioritized those areas based on input from consumers, focus groups, professionals within community agencies and County staff. The outcome from that process resulted in various structural and process improvements within the Department related to coordinating, monitoring and evaluating human services throughout the community.

There have been key initiatives and improvements resulting from the 2008 County-wide Needs Assessment Recommendations:

Recommendation 1: Achieve Success Through Shared Services

In 2011, Sussex County merged with Warren County and Hunterdon County to become the first Tri-County Continuum of Care (C of C) in the state. The Warren, Sussex, Hunterdon C of C is committed to ending homelessness in its three counties. Various strategies have been utilized including a community-based process of identifying needs, annually submitting an application to HUD for McKinney-Vento homeless assistance funding, and developing and selecting programs in order to meet the community needs. Through such action steps as creating a consolidated Ten Year Plan to End Homelessness, the Tri-County C of C will be maximizing impact and resources and reducing duplication of efforts.

The initiation of the Sussex County Transitional Care Program (TCP) has resulted in shared services between Newton Medical Center, community providers and physician groups.

The restructure of youth services programs to include a home detention program and shared services program for youth shelter and secure detention has led to improved services for the youth of the county and lower cost.

Recommendation 2: Improve Customer Service

Every county-funded agency is monitored throughout the year to ensure contract compliance, customer service and cultural competency. Customer satisfaction surveys and exit questionnaires are reviewed by the contract administrators. Recommendations, if needed, are written into the completed Human Services Advisory Council monitoring report to be approved and voted on by the full Council.

Recommendation 3: Moving Beyond Boundaries – Increase Transportation and Healthcare Access

The Human Services Advisory Council (HSAC) has been active in educating and advocating for eligible consumers to be able to utilize Logisticare as a transportation resource. HSAC members have participated in public hearings regarding transportation for Sussex County residents and have been in discussion with Logisticare administration to improve transportation access.

With Newton Memorial Hospital merging with the Atlantic Health System in 2011, additional options for medical care have been created for Sussex County residents.

In 2012, the Department introduced the "Sussex County Transitional Care Program." This program increases healthcare access to Medicare recipients in the county.

Skylands Ride received a grant for professional transportation planning services. A firm from Boston was hired to review and assess the entire community transportation system and make recommendations on ways to increase efficiency and improve overall service

to the residents of Sussex County. As a result, the old Loop public transportation service was changed to Skylands Connect, which provides bus service in both directions every 75 minutes from Newton through Andover, Sparta, Ogdensburg, Franklin, Hamburg and Sussex. Another new service is the New Freedom feeder service that will take Sussex County residents from Newton to the Netcong transit hub, from which they can take a train or bus anywhere they would like to go, allowing residents to take public transportation out of the county to a destination other than New York City for the first time.

Recommendation 4: Utilize Technology to Increase Awareness and Accessibility

The Sussex County Department of Human Services has been striving to increase the community's awareness of available resources and programs and increase accessibility to these resources. Sussex County's website has been dramatically improved to increase transparency of county government operations, update information in a timely manner and dedicate efforts to connect with the community. Sussex County distributes a monthly electronic newsletter, operates a Facebook page and sends county news and updates via Twitter.

Recommendation 5: Change the Housing Paradigm

Due to these challenging times, the Department of Human Services has been looking at new and innovative ways to create additional affordable housing opportunities for Sussex County residents through shared services. In March 2012, the Warren, Sussex and Hunterdon Continuum of Care (C of C) was awarded a total of \$305,217 in new funding to create twelve permanent, affordable housing units. The Continuum was also awarded \$247,827 in renewal funding, which goes to support existing permanent and supported housing programs. All of the residents will have access to supportive services such as job training, educational services, case management and transportation, among other supports.

Recommendation 6: Advocate on a State Level

After meeting with community partners on a regular basis, the Sussex County Mental Health Board has recognized that there is a current shortage of mental health outpatient and psychiatry services for residents in need. The Board is advocating on a state level with the New Jersey Department of Human Services, Division of Mental Health and Addiction Services for additional funding and resources in these two areas.

Sussex County is represented on the NJ Human Services Directors Association, NJ State Human Services Advisory Council, NJ Area on Aging, NJ Welfare Directors Association, NJ Association of County Youth Services Commissions, NJ Association of County Mental Health Administrators and NJ Children's Interagency Coordinating Council (CIACC), among others.

My expectation is that this 2012 assessment of the needs of those who reside in Sussex County will have equally powerful results as we move forward. As we plan and approve programs in 2013, we will be focusing on the development of evidence based programs, funding the top five priorities identified in the Assessment, and addressing the eight total recommendations of the Assessment.

The 2012 County-wide Needs Assessment would not be possible without the candid input of consumers who greatly rely on the comprehensive human service programs in Sussex County. Professionals throughout our community who have dedicated themselves to both providing human services and assisting in the planning and monitoring of these services cannot have a value placed on their contribution. Lastly, County staff members who work each day to ensure that partnerships between the community and government result in positive outcomes for citizens are to be applauded.

These three groups offer a unique and real time perspective that is essential to understanding the opportunities and challenges throughout Sussex County.

It is through this assessment process that we will continue to evaluate current programs, assess emerging needs and improve the quality of life in our community.

Sincerely,

Stephen R. Gruchacz, Administrator
Sussex County Department of Human Services

Table of Contents

Acknowledgements	7
Executive Summary	8
Background	16
Process Model	18
Research	19
Sussex County Profile	20
Needs Survey	56
Focus Groups	60
Strategic Analysis	69
Priority Areas	72
Recommendations for Action	73

Index of Attachments

2012 Budget Appropriations by Source	75
Focus Group Discussion Guides	
Families at Risk of Abuse/Neglect	76
Aging Out Youth	80
Persons with Developmental Disabilities	84
Homeless/Low Income	89
Mental Health	94
Single Parents	99
Domestic Violence	104
Sexual Violence	108
Substance Abuse	111
Individuals with Disabilities	114
Elderly	120

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

JoAnn Tsonton, Consultant

Focus Group Partners

Brookside Terrace

Center for Evaluation and Counseling

Center for Prevention and Counseling

Domestic Abuse and Sexual Assault Services, Inc.

DAWN Center for Independent Living

Family Support Organization of Morris/Sussex

Manna House

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

Stephen R. Gruchacz, Administrator; Melissa Latronica, Director, Division of Community and Youth Services; Christine Florio, 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.

2012 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 2012. 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 identified and recommendations for action were created.

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, childcare and employment at a living wage. The third component was the facilitation of focus groups for specific target populations including individuals with mental illness, the elderly, single parents, families at risk of abuse and neglect, and aging out youth, 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 review the evaluation of data, identify priority areas of need and create recommendations for action.

Secondary Data Profile

Methodology

Data detailing the specifics of Sussex County was collected in a multitude of domains for analysis, including demographics, housing, health and mental health, education, employment, children and youth, older adults and addiction.

According to the most recent U.S. Census data of 2010, the population of Sussex County totaled 149,265, a 1.5% decrease from the 2005 population.

Demographics

- The population of Sussex County is 149,265
- The median age is 41.8
- Median household income is \$84,115
- The unemployment rate is 8.9%
- The mean travel time to work is 38 minutes
- 2,900 grandparents live with their grandchildren under 18 years old and out of these grandparents, 39% have financial responsibility for their grandchildren
- There are 14,484 residents with a disability living in Sussex County, 9.8% of the total population
- There are 8,956 Sussex County residents living below the poverty level.

The hourly wage needed to afford a Fair Market Rent (FMR) two-bedroom apartment in Sussex County is \$24.79.

Housing

- There are 62,000 housing units, an increase of 4.1% since 2008
- In Sussex County, 45% of mortgage owners, 26% of owners without mortgages and 64% of renters spend more than 30% or more of their household income on housing; a 22% increase for mortgage owners and a 20% increase for renters since 2005
- Median costs are \$2,224/mortgage and \$1,139/rental

Health Status

- There were 1,531 births in 2008, a decrease of 5% since 2004
- Sussex County ranks the fourth highest in the state for number of women who receive prenatal care throughout their pregnancy
- There are 170 people living with HIV/AIDS in the county; statewide Sussex County has the third lowest number of persons living with HIV/AIDS
- Cancer and heart disease are by far the leading causes of death

20.7% of residents ages 18+ are considered obese.

Mental Health and Substance Abuse

- 311 children were screened by Psychiatric Emergency Services in 2011, an 8% increase from the prior year
- There was a 10% increase of adults receiving partial care services from 2010 to 2011
- Out of the 1,748 substance abuse treatment admissions for Sussex County residents for 2010, heroin was reported in 45% of the total admissions as the primary drug, as compared to 40% for the state

Out of the total substance abuse treatment discharges for 2010, 39% reported to have a mental illness/substance abuse disorder.

Children and Youth

- From 2008 to 2010, the number of families receiving child care subsidies has increased by 46%
- 74.2% of eligible children (2,401) are receiving free or reduced price school lunch while only 11.3% of eligible children (355) are receiving free or reduced price school breakfast
- Sussex County has the fourth lowest number of high school dropouts in the state
- Sussex County has the fifth lowest rate of juvenile arrests statewide
- 343 children are receiving TANF benefits as of May 2012
- 2,220 children are receiving Food Stamp benefits (NJ SNAP) as of May 2012

Abuse and Neglect

- Sussex County had the lowest rate of out of home placements for 2011
- Reported domestic violence offenses for 2009 to 2010 increased by 14.34%
- Both the number of child abuse/neglect investigations and substantiations have increased

The number of child abuse/neglect substantiations (588) for 2010 is a 450% increase from the 2009 total (107).

Crime

- The 2010 crime rate was 12.6 victims for every 1,000 residents, an increase of 3% from the prior year
- Violent crimes decreased by 10% while nonviolent crimes increased by 2%
- Sussex County has the second lowest violent crime rate
- There were a total of 3,922 adult arrests and 530 juvenile arrests in 2010

Human Services Needs Survey

Methodology

In March 2012, the Department of Human Services and the Human Services Advisory Council began to distribute a survey entitled the "Human Services Needs Survey." 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 April 30, 2012 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 June through August 2012, eleven focus groups were conducted by a trained moderator at various locations throughout the county. The focus groups were approximately 1 ½ to 2 hours long and represented the following target populations: the elderly; individuals with disabilities; children/families at risk of abuse, neglect and abandonment; victims of domestic violence; victims of sexual violence; single parents; individuals with developmental disabilities; aging out youth; individuals with mental illness; homeless and low income; and individuals affected by substance abuse.

The groups ranged in size from 5 participants to 50 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 and updated in 2008, were refined in 2012 by the committee.

Strategic Analysis

In August 2012, service providers were asked to participate as a group in a strategic planning session to review the evaluation of data, identify priority areas of need, and create recommendations for action. 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.

Priority Areas for Expanded Investment

At the conclusion of the analysis, the group utilized the data presented to prioritize the areas of service to be recommended for expanded investment. The following eight areas emerged as the top priorities:

1. Transportation
2. Mental Health Services
3. Subsidized Childcare and Special Needs Childcare
4. Respite Care
5. Affordable Housing
6. Employment Opportunities and Job Training
7. Increased Access to Healthcare and Dental Care
8. Community Education of Existing Resources and Increase Access to Human Services by Providing a More Efficient Delivery System

Current Funding Levels

Human Services funding in 2012 from county, state and federal sources totals \$20,875,661. The county's share is \$13,748,209, or 66% 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.

Recommendation 1: Increase Transportation Services in Sussex County

Recommendation 2: Increase Mental Health Services

Recommendation 3: Increase Child Care Subsidies for Families

Recommendation 4: Increase Respite Care for Children and Adults with Disabilities

Recommendation 5: Increase Supply of Affordable Housing

Recommendation 6: Improve Job Training and Employment Opportunities

Recommendation 7: Increase Healthcare and Dental Care Access

Recommendation 8: Promote Access to Human Services

There are many current challenges for human service agencies. The landscape of human services is shifting away from persons living in institutions to persons living in the community supported by wrap-around services which promote optimal functioning and self-direction. There are many budget cuts both on the federal and state levels. The New Jersey Department of Human Services is moving towards outcome-based contracting and emphasizes the necessity of agencies utilizing their resources in the most efficient way possible. Collaborations and partnerships are even more vital in these times as we strive to improve access to services and work together to build a myriad of supports around individuals and families in need.

Sussex County



Sussex County, a largely rural and forested area, is the northern most 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 23,943 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 twenty-five 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.

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

1998-1992

Income Maintenance
Transportation
Housing
Counseling
Protective Services
Emergency Basic Needs
Employment
Home Care
Alt Living Arrangements
Day Care

1992-1994

Transportation
Housing
Healthcare
Childcare
Employment
Education
Senior Services
Medical Insurance
Substance Abuse Treatment
Mental Health Treatment

2003

Employment
Preventive Education
Behavioral Health Services/
Healthcare Access
Child/Older Adult Care
Affordable Housing
Youth Services

2008

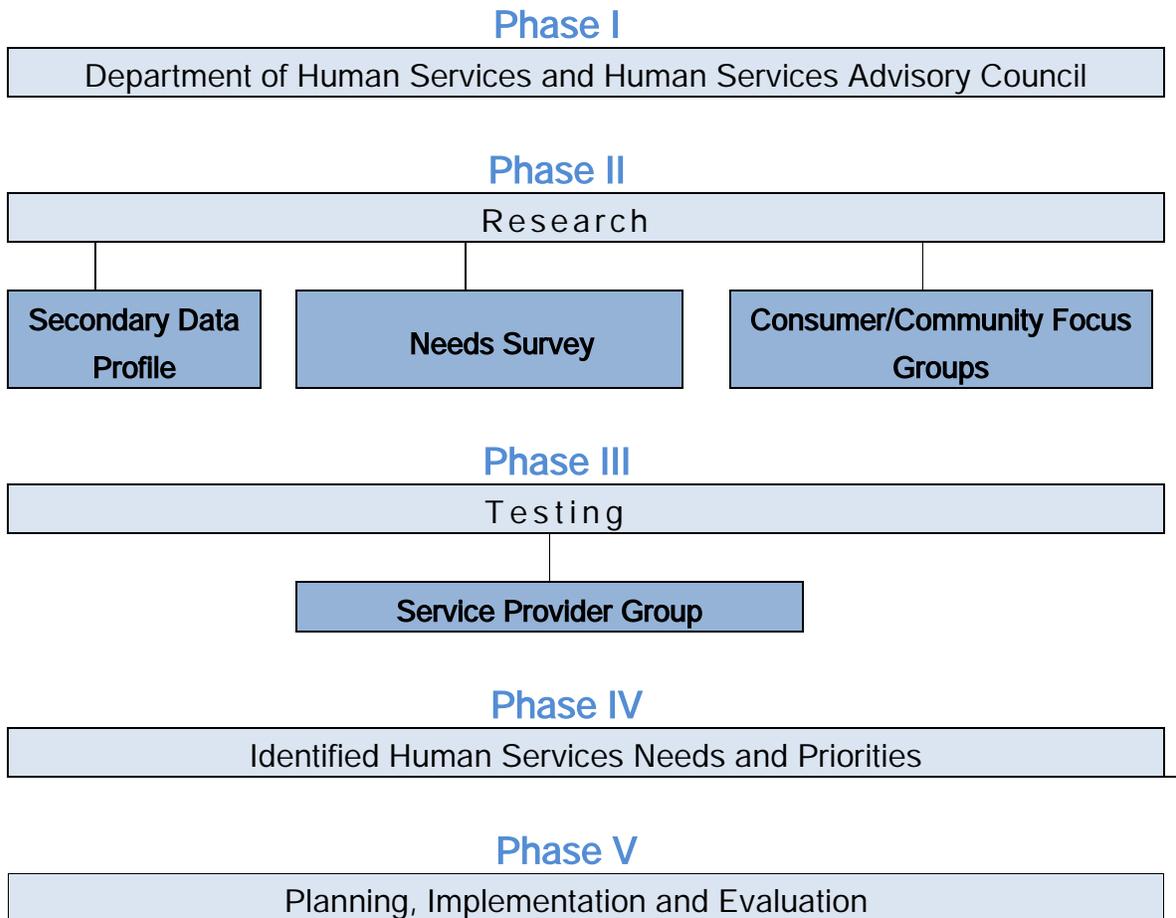
Affordable Housing
Behavioral Health Services/
Healthcare Access
Transportation
Subsidized Childcare/Respite Care
Youth Activities

2012

Transportation
Mental Health Services
Subsidized Childcare including Special Needs
Respite Care
Affordable Housing
Employment/Job Training Opportunities
Healthcare/Dental Care Access
Community Education of Available Resources/
Improvement of Delivery System

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, childcare and employment at a living wage.

The third component was the facilitation of focus groups for specific target populations including individuals with mental illness, the elderly, single parents, families at risk of abuse & neglect, and aging out youth, 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 review the evaluation of data, identify priority areas of need and create recommendations for action.

The following data provides a picture, based on objective sources profiling Sussex County demographics, employment, health and mental health, housing, education, crime, addiction, children and youth, older adults and social and community services.

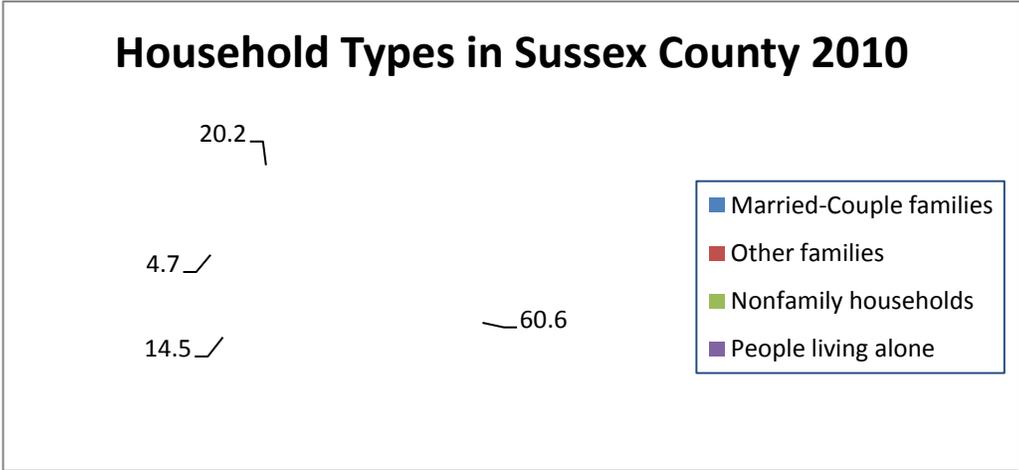
Population

According to the most recent U.S. Census data of 2010, the population of Sussex County totaled 149,265. This represents a 3.5% increase since the year 2000 when the population was 144,166, but a 1.5% decrease from the 2005 recorded population of 151,443. Sussex County's population ranks fifth lowest across the state of the twenty-one counties, with Salem County having the lowest population of 66,058 and Bergen County having the highest population of 906,541.

Demographics

In 2010, there were 55,000 households in Sussex County. Over 75% of those households were families, including both married-couple families (61%) and other families (15%). 5% of the other families category encompasses a female head of household with no husband present with own children under the age of 18. 25% of all households in Sussex County were composed of nonfamily households, most of which were individuals living alone. 2,900 grandparents lived with their grandchildren under 18 years old and out of those grandparents, 39% had financial responsibility for their grandchildren. 94% of county residents were native residents of the United States and 70% were living in the state in which they were born. 8,506 residents were Veterans, 95.9% men and 4.1% women. Foreign born residents made up 7% of Sussex County's population. Of this 7%, 71% were naturalized citizens and 80% came into the United States before the year 2000.

Table 1 details the types of households in Sussex County in 2010.



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

Table 2 details the population change for each municipality.

Municipality Population Trends - Sussex County					
Municipalities	2000 Census		2010 Census		% Change
	Total Population	% of Total County Population	Total Population	% of Total County Population	
Andover Borough	658	0.46%	606	0.43%	-0.8
Andover Township	6,033	4.18%	6,319	4.30%	5
Branchville Township	845	0.59%	841	0.60%	0
Byram Township	8,254	5.73%	8,350	5.70%	1
Frankford Township	5,420	3.76%	5,565	3.70%	3
Franklin Borough	5,160	3.58%	5,045	3.40%	-0.2
Fredon Township	2,860	1.98%	3,437	2.20%	20
Green Township	3,220	2.23%	3,601	2.30%	12
Hamburg Borough	3,105	2.15%	3,277	2.30%	6
Hampton Township	4,943	3.43%	5,196	3.40%	5
Hardyston Township	6,171	4.28%	8,213	5.20%	33
Hopatcong Borough	15,888	11.02%	15,147	10.40%	-0.5
Lafayette Township	2,300	1.60%	2,538	1.60%	10
Montague Township	3,412	2.37%	3,847	2.50%	13
Newton Township	8,244	5.72%	7,997	5.50%	-0.3
Ogdensburg Borough	2,638	1.83%	2,410	1.70%	-0.9
Sandyston Township	1,825	1.27%	1,998	1.30%	9
Sparta Township	18,080	12.54%	19,722	12.60%	9
Stanhope Borough	3,584	2.49%	3,610	2.40%	1
Stillwater Township	4,267	2.96%	4,099	2.90%	-0.4
Sussex Borough	2,145	1.49%	2,130	1.40%	-0.1
Vernon Township	24,686	17.12%	23,943	16.70%	-0.3
Walpack Township	41	0.03%	16	0.00%	-0.61
Wantage Township	10,387	7.20%	11,358	7.50%	9
Total	144,166		149,265		3.5

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

The population in Hardyston Township grew by 33%, followed by three other municipalities which experienced an increase of over 10%: Fredon (20%), Montague (13%) and Green (12%). Nine out of the twenty-four municipalities experienced a decrease in population.

Age

5.3% of Sussex County residents are under the age of five years old, 21.20% are between the ages of 5-19, 61.60% are between the ages of 20-64 and 11.9% are 65 years and older.

The median age in the county currently is 41.8 years old; this is a small increase over the last median age reported in 2008 of 39.2. Sussex County is also slightly above the current New Jersey median age of 39 years old. Within the county, Walpack Township has the oldest population (in median population age of 56.5) while Sussex Borough (38.7) and Hamburg (38.9) have 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

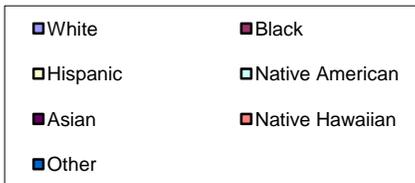
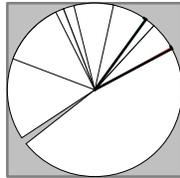
U.S. Census. Census 2010. <http://www.census.gov>

Race

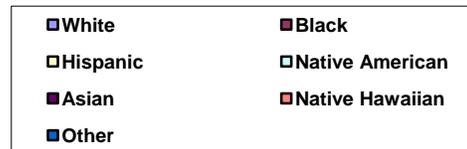
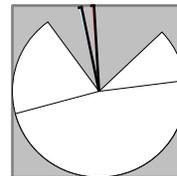
Sussex County is not a racially diverse population. In 2010, for individuals reporting one race alone, 95% were white, 2% were Black or African American, less than .5% were American Indian and Alaska Native, 2% were Asian, less than .5% were Native Hawaiian and Other Pacific Islander, and 1% were Other race. 7% reported to be Hispanic and 2% reported Two or more races.

Tables 4 and 5 display the racial distribution for the state and the county respectively.

New Jersey Racial Distribution 2010



Sussex County Racial Distribution 2010



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

Table 6 shows the minority percentages per municipality.

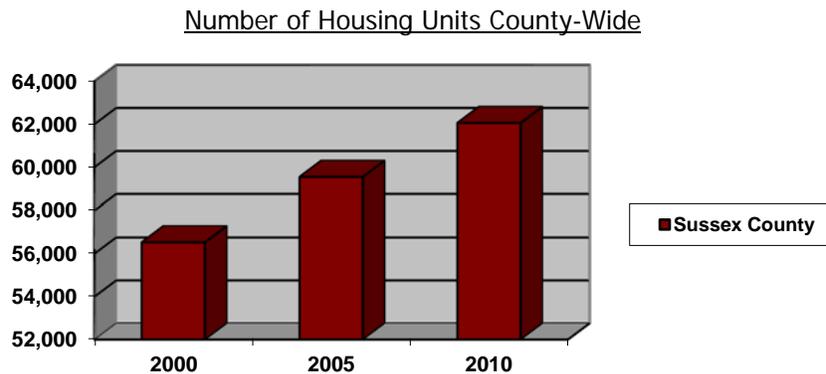
Minority Percentages per Municipality for Sussex County (2010)

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 increase. For 2010, Sussex County had a total of 62,000 housing units, an increase of 4.1% since 2008. Out of these units, 85% were in single-unit structures, 14% were in multi-unit structures and 1% were mobile homes. 12% of the total units were reported as vacant. **Table 7** details the housing growth for Sussex County.



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

Out of the total housing units, 55,000 were occupied with the breakdown of 85% owner-occupied and 15% rented occupied. Out of the owner occupied units, 78% had a mortgage with a median monthly housing cost of \$2,224. The median monthly housing costs for owners without mortgages was \$859 and for renters it was \$1,139. 3% of households did not have access to a car and 1% of households did not have a phone. 45% of mortgage owners, 26% of owners without mortgages, and 64% 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 2005, this is a 22% increase for mortgage owners and a 20% increase for renters.

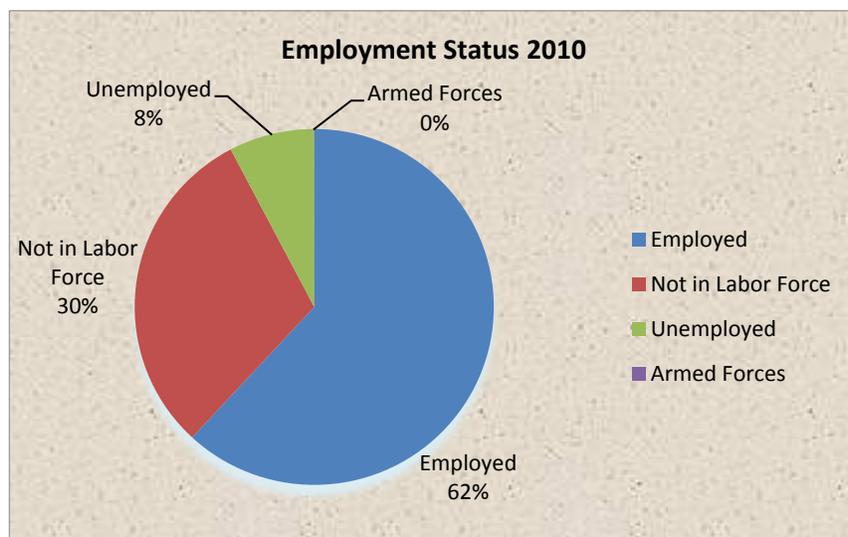
According to the National Low Income Housing Coalition, the 2012 Fair Market Rent (FMR) for New Jersey for a two-bedroom apartment is \$1,302. New Jersey ranks the fourth most expensive state in housing wage for a two-bedroom FMR.

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 \$25.04. In Sussex County, the hourly wage needed to afford a FMR two-bedroom apartment is \$24.79. In New Jersey, the minimum wage as of January 2012 is \$7.25 an hour. A minimum wage earner in the state of New Jersey would have to work 138 hours a week, 52 weeks per year in order to afford a FMR two-bedroom apartment.

Workforce

In 2010, the total population of residents ages 16 and over in Sussex County was 118,420. 62% were employed and 30% were not currently in the labor force. Of those in the labor force, 7.7% were unemployed. Of those employed, 79% were private wage and salary workers, 14% federal, state or local government workers, and 7% were self-employed in their own business.

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



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

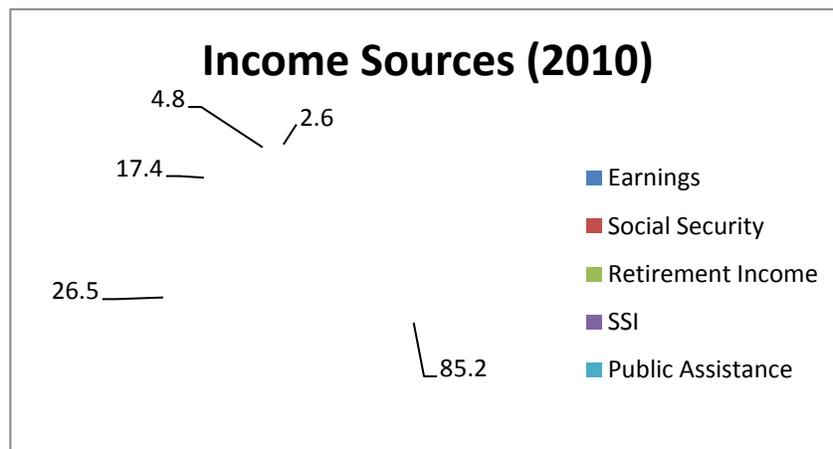
According to the New Jersey Department of Labor and Workforce Development as of May 2012, the unemployment rate for Sussex County was 8.9%, in comparison to New Jersey's unemployment rate of 9.6%. Statewide, Hunterdon County had the lowest unemployment rate of 6.9%, while Cumberland County had the highest rate of 13%. Sussex County had the tenth lowest unemployment rate.

The median income of households for Sussex County was \$84,115, with 16% earning \$150,000 or more and 5% earning below \$15,000 a year. There remains a significant difference in the median income for men and women; men earn \$67,124 as compared to women who earn \$46,563.

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

84% of workers drove alone to work while 6% carpooled. 2% utilized public transportation, .6% walked, 1.4% used other means, and 5.9% worked from home.

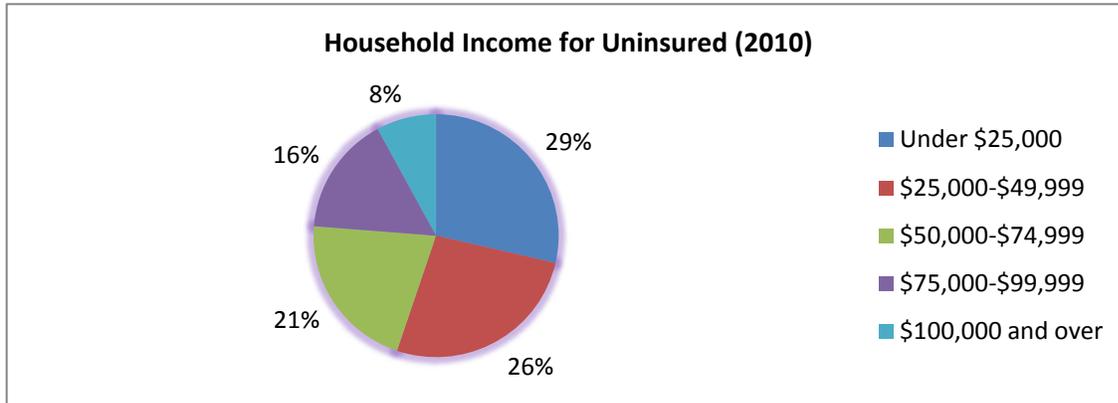
Table 9 shows the various income sources of county residents.



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

In 2010 among the civilian noninstitutionalized population in Sussex County, 92% of residents were reported to have health insurance coverage, while 8% did not have coverage. For those with insurance, 81% reported private coverage and 21% reported having public coverage.

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

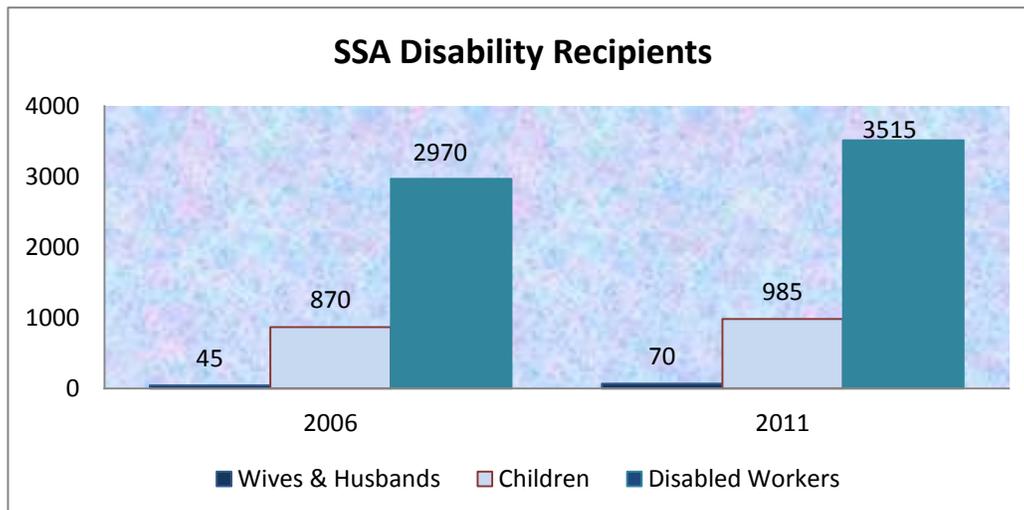


U.S. Census. Census 2010. <http://www.census.gov>

Social Security Administration Disability/Social Security Income (SSA/SSI)

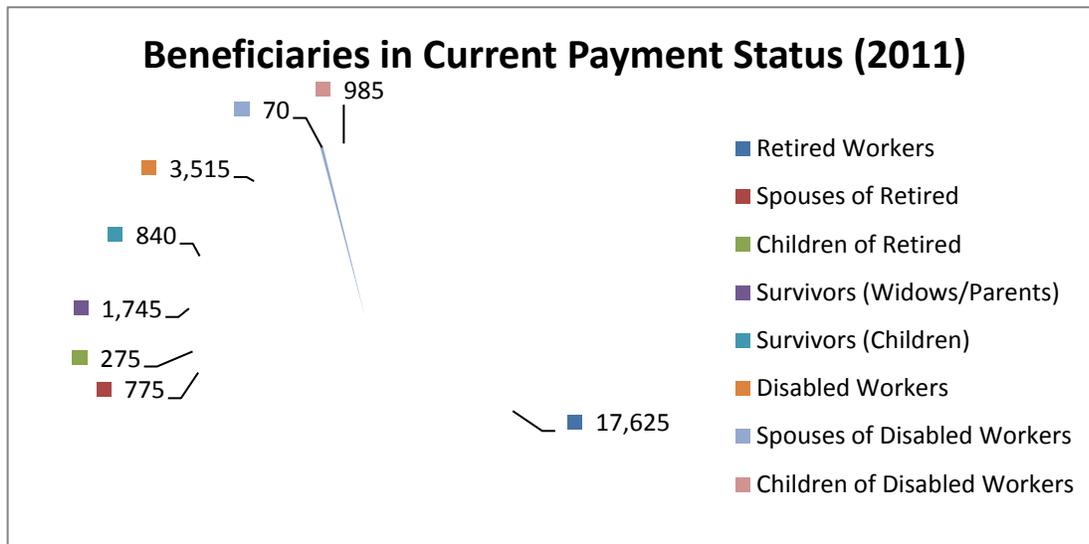
SSA Disability recipients are categorized in three groups- wives & husbands, children and disabled workers.

Table 11 shows that there has been a 56% increase in wives & husbands receiving SSA, a 14% increase in children receiving SSI and a 19% increase for disabled workers receiving SSA.



Social Security Administration. http://www.ssa.gov/policy/docs/statcomps/oasdi_sc/2011/nj.html

Table 12 details the number of Sussex County beneficiaries in current-payment status by type of benefit.



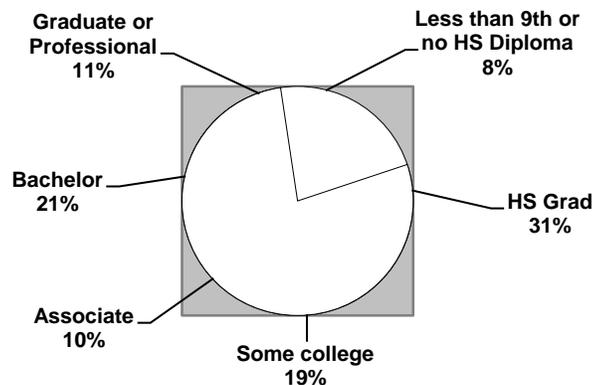
Social Security Administration
http://www.ssa.gov/policy/docs/statcomps/oasdi_sc/2011/nj.html

Educational Attainment

For the county's population ages 25 years and over, 91.9% are high school graduates or have attained a higher level of education, compared to 88% statewide. 60.9% have attended college in some capacity, 21.2% obtained a Bachelors degree, and 10.9% have gone on to graduate and professional level course work.

Table 13 details the educational attainment for individuals ages 25 and over in Sussex County in 2010.

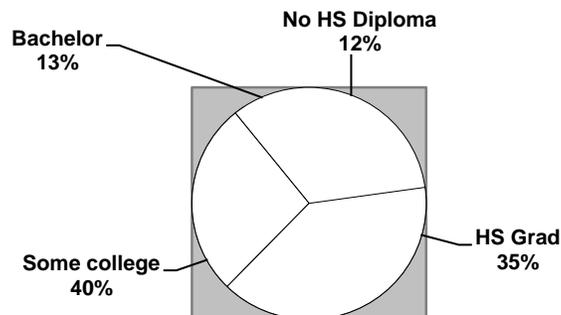
County Education Attainment 25+ years old (2010)



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

Table 14 details the educational attainment for individuals ages 18-24 in Sussex County in 2010.

County Education Attainment 18-24 years old (2010)



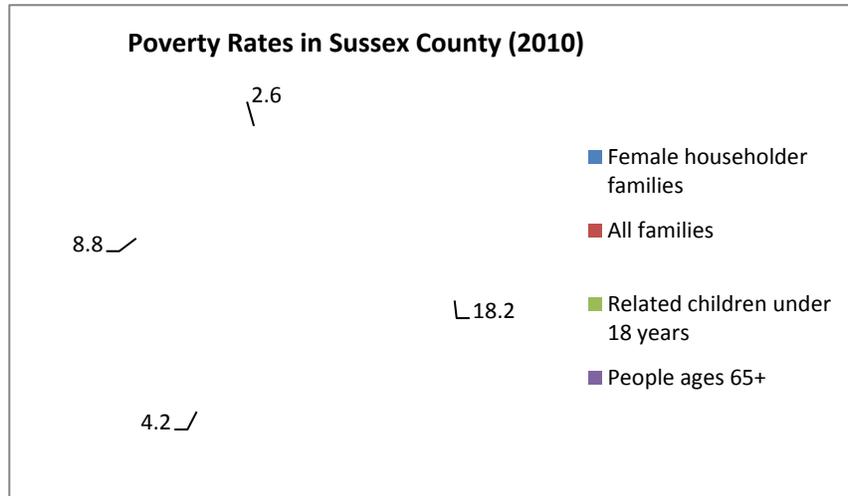
U.S. Census. Census 2010. <http://factfinder.census.gov>

Poverty

6% of Sussex County residents were in poverty in 2010, an increase from 2008 when 4% of all residents were reported to be in poverty. 10% of all residents in the state of New Jersey were in poverty in 2010. In Sussex County, 18% of all families with a female head of household with no husband present, 4% of all families, 9% of related children under the age of 18, and 3% of people ages 65 and over had incomes below the poverty level. For the state of New Jersey, 24% of all families with a female head of household with no husband present, 8% of all families, 14% of related children under the age of 18, and 7% of all people ages 65 and over had incomes below the poverty level.

Approximately 5% of Sussex County households (2,448) were receiving food stamps in 2010, in comparison to approximately 7% of households statewide (214,973). In 2011, 74.2% of eligible county children (2,401 children) were receiving free or reduced price school lunches while only 11.3% of eligible county children (355 children) were receiving free or reduced price school breakfast.

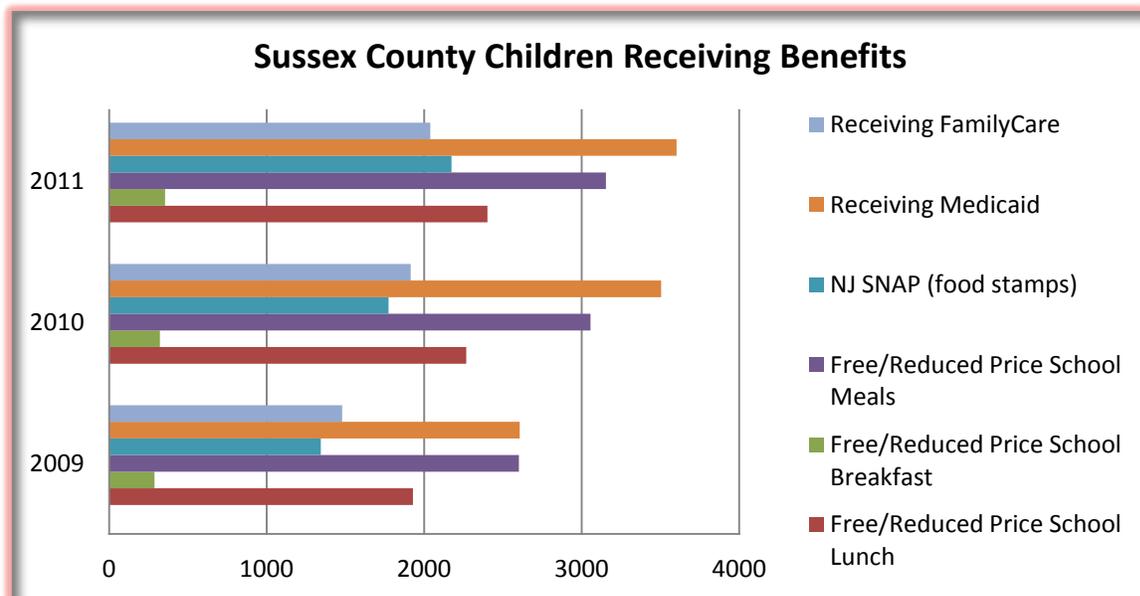
Table 15 details the poverty rates of specific populations in Sussex County.



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

There are 8,956 Sussex County residents living below the poverty level.

Table 16 details eligible Sussex County children receiving various government benefits for the years 2009-2011.



New Jersey Kids Count County Data 2012; <http://datacenter.kidscount.org/data/bystate/stateprofile>

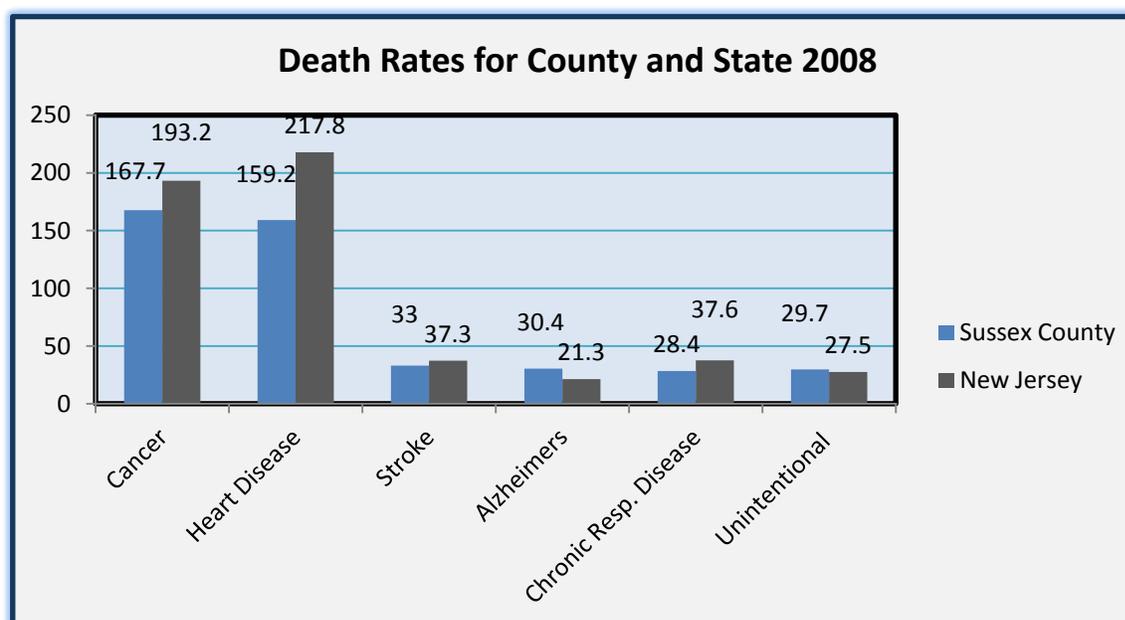
Death Rates

In 2008, there were 972 deaths in Sussex County, as compared to 69,352 statewide. The leading causes of death in the county were cancer (254) and heart disease (241), consistent with the findings in the 2008 Human Services Needs Assessment. **Table 17** shows both the death statistics and the death rates by age (deaths per 100,000 population.)

Death Statistics by Age (2008)			Death Rates by Age (2008)		
Age	Sussex County	New Jersey	Age	Sussex County	New Jersey
Under 1 Year	6	595	Under 1 Year	**	535.1
1-4 Years	1	85	1-4 Years	**	19.0
5-14 Years	1	102	5-14 Years	**	9.0
15-24 Years	10	638	15-24 Years	**	57.7
25-34 Years	15	917	25-34 Years	**	83.2
35-44 Years	26	1,894	35-44 Years	107.0	147.2
45-54 Years	83	4,634	45-54 Years	294.7	343.4
55-64 Years	127	7,402	55-64 Years	658.0	762.3
65-74 Years	175	10,361	65-74 Years	1864.7	1756.7
75-84 Years	234	19,244	75-84 Years	4660.4	4825.7
85+ Years	294.0	23,480	85+ Years	14114.3	14044.6
Total	972	69,352	Total	641.9	800.5

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

Table 18 profiles the death rate by leading causes of death (deaths per 100,000 population.)



New Jersey Center for Health Statistics. <http://www4.state.nj.us/dhss-shad/query/result/mort/MortStateICD10/Count.html>

Birth Rates

In 2008, there were 1,531 births in Sussex County, a decrease of 5% from 1,601 births reported in 2004. In New Jersey, there were a total of 112,428 births. Statewide, Sussex County had the fifth lowest number of births; this ranking is consistent with the 2004 findings.

Tables 19 and 20 detail the racial breakdown of births in the county and the state respectively.

Birth Statistics for Sussex County				
	2007		2008	
Race	# of Births	Birth Rate*	# of Births	Birth Rate*
White	1,349	9.9%	1,300	9.6%
Black	31	11.1%	26	8.7%
Hispanic (of any race)	111	12.6%	141	15.6%
Asian/Pacific Islander	47	15.1%	45	13.9%
Other Races, non-Hispanic	**	**	**	**

Birth Statistics for New Jersey				
	2007		2008	
Race	# of Births	Birth Rate*	# of Births	Birth Rate*
White	53,419	9.8%	50,848	9.4%
Black	17,295	14.8%	16,816	14.4%
Hispanic (of any race)	29,513	21.5%	28,723	20.4%
Asian/Pacific Islander	10,990	16.7%	11,251	16.6%
Other Races, non-Hispanic	850	50.8%	1,023	60.6%

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

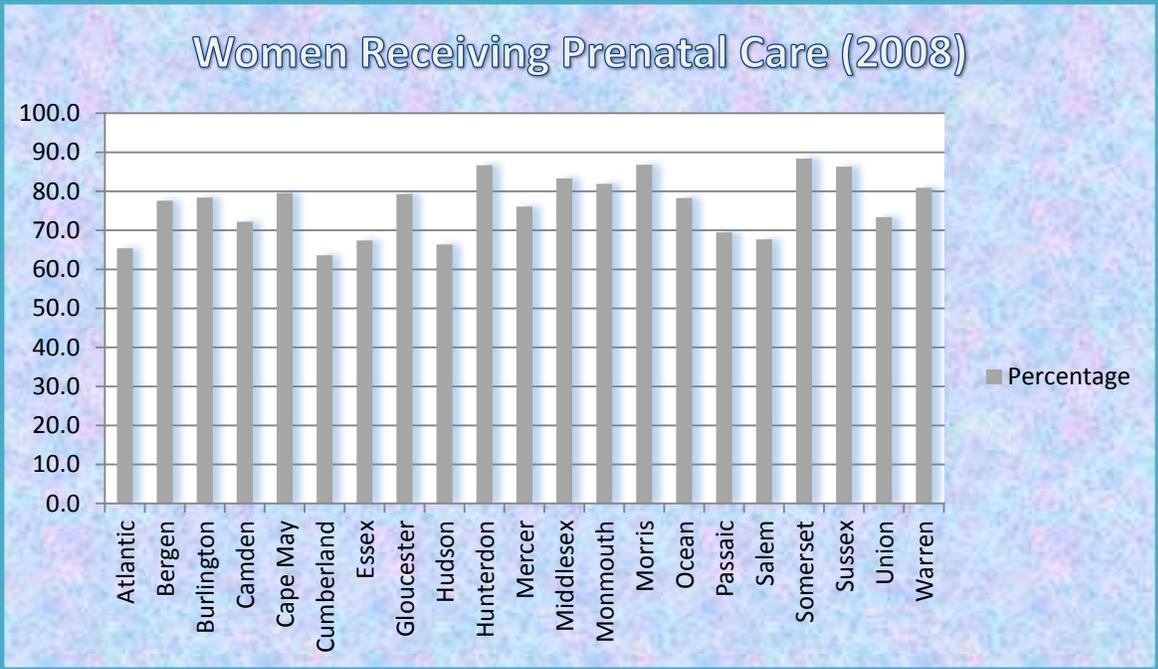
**Figure is too small to meet the standards of reliability or precision.

New Jersey Center for Health Statistics

<http://www4.state.nj.us/dhss-shad/query/result/bithg/BirthPopCnty/BirthRate.html>

In 2008, 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 in the same year was 86.3%; this was significantly higher than the statewide average of 75.6%.

Table 21 details the percentage of women receiving prenatal care for this time period by county.



New Jersey Kids Count 2012
<http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=NJ&ind=2155>

Physical Activity, Health, and Obesity

As of 2009, according to the New Jersey Department of Health, nearly one out of four (24.1%) New Jersey adults are obese and New Jersey has the highest obesity rate in the nation among low-income children, ages 2-5 (17.3%). It is also reported that nearly one out of three (31%) children ages 10-17 are either overweight or obese in New Jersey.

In the state, only one out of four adults (26.4%) eats and drinks the recommended five or more servings of fruits and vegetables daily and less than half (47.5%) of New Jersey adults engage in 30 or more minutes of moderate physical activity per day on five or more days per week.

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

Table 22 reports the percentage of persons ages 18 and older by county who are considered obese.



Sexually Transmitted Diseases

There were 147 reported cases of sexually transmitted diseases in Sussex County in 2010. 133 cases were Chlamydia, 12 cases were Gonorrhea, and 2 cases were diagnosed as Syphilis. The total is 94% higher than the reported total cases of 76 in the year 2005.

Table 23 details the reported cases of sexually transmitted diseases in Sussex County for the years 2007 through 2010.

Reported Sexually Transmitted Diseases Morbidity-Sussex County				
	2007	2008	2009	2010
Syphilis	3	5	1	2
Gonorrhea	11	7	9	12
Chlamydia	117	75	85	133
Total	131	87	95	147

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. Sussex County continues to have one of the lowest rates of tuberculosis in the state. For 2011, there was only one case reported in Sussex County while there were 331 reported cases statewide.

Table 24 details the reported cases of tuberculosis in Sussex County for the period 2005 through 2011, as compared to cases statewide.

Tuberculosis Morbidity Cases/Case Rate* (cases per 100,000 Population)							
	2011	2010	2009	2008	2007	2006	2005
Sussex County	1/0.7	1/0.7	2/1.3	1/1.0	1/1.0	1/0.6	3/1.9
New Jersey	331/3.8	405/4.6	405/4.7	422/4.9	467/5.4	508/5.8	485/5.6

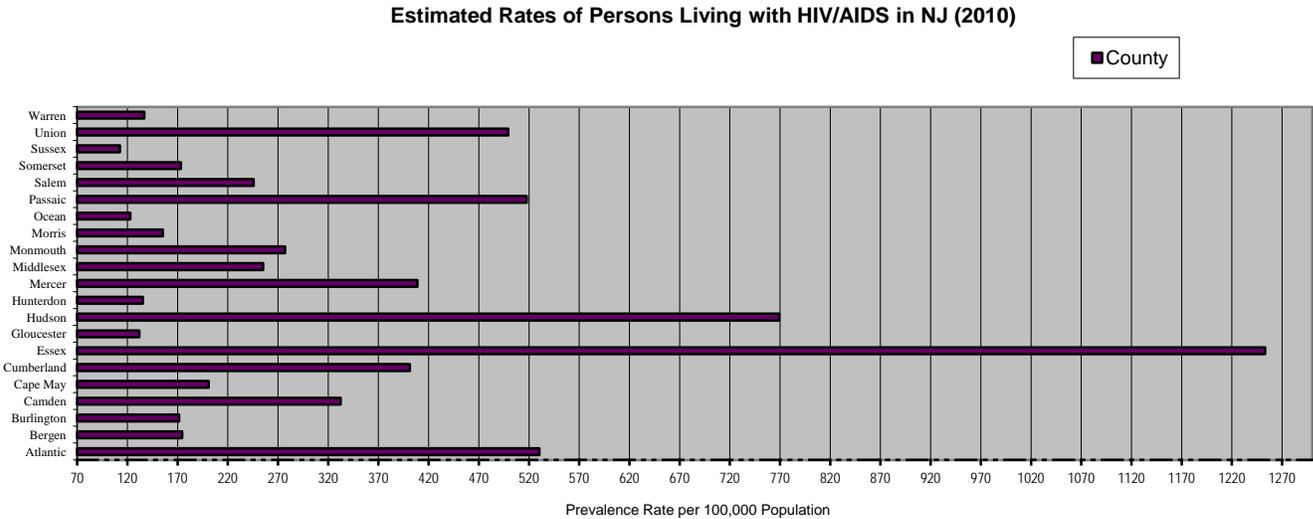
New Jersey Center for Health Statistics
<http://www4.state.nj.us/dhss-shad/indicator>

HIV/AIDS

As of December 31, 2010, there were 35,688 persons living with HIV/AIDS in New Jersey. There were 170 persons living with HIV/AIDS in Sussex County; 37% of persons were female and 63% were male. 42% were between the ages of 45 and 54. As of the same time period, there were a total of 260 reported HIV/AIDS cases and deaths combined in Sussex County. 7 persons were under the age of 13.

Statewide, Sussex County had the third lowest number of persons living with HIV/AIDS (170). Warren had the lowest (150), Salem had the second lowest (163 persons), while Essex County had the highest with 9,644 persons living with HIV/AIDS.

Table 25 displays the estimated rates of persons living with HIV/AIDS by county for 2010.

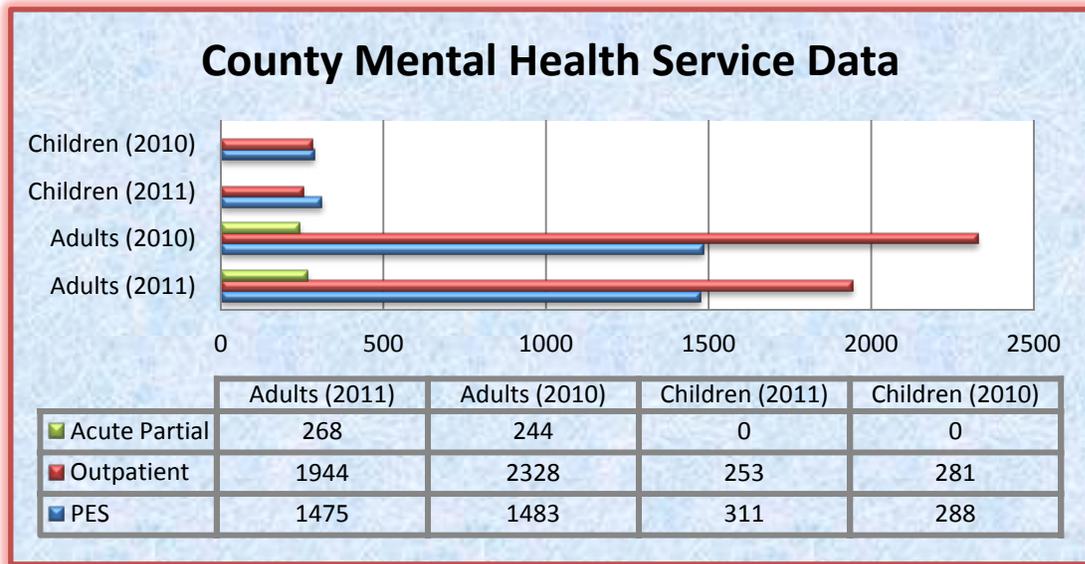


New Jersey Center for Health Statistics
<http://www.state.nj.us/health/aids/rep/rep/images/njmap>

Mental Health

For the time period 2010 to 2011, there was an 8% increase in children receiving Psychiatric Emergency Services (PES), while there was a 10% decrease of children receiving outpatient services. For this same time period in regard to adult services, there was a 1% decrease in Psychiatric Emergency Services (PES), a 17% decrease in outpatient services, and a 10% increase in acute partial services. Both PES and Outpatient services are available to children and adults; however, Acute Partial Care services are only for adults, as represented in the data.

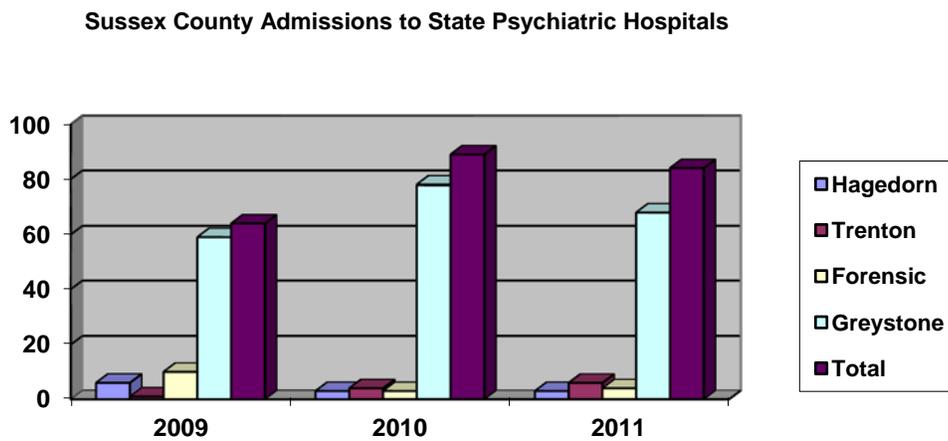
Table 26 details Psychiatric Emergency Services (PES), Outpatient and Acute Partial Care services data for 2010 and 2011.



Newton Medical Center, Newton, NJ

Psychiatric Admissions

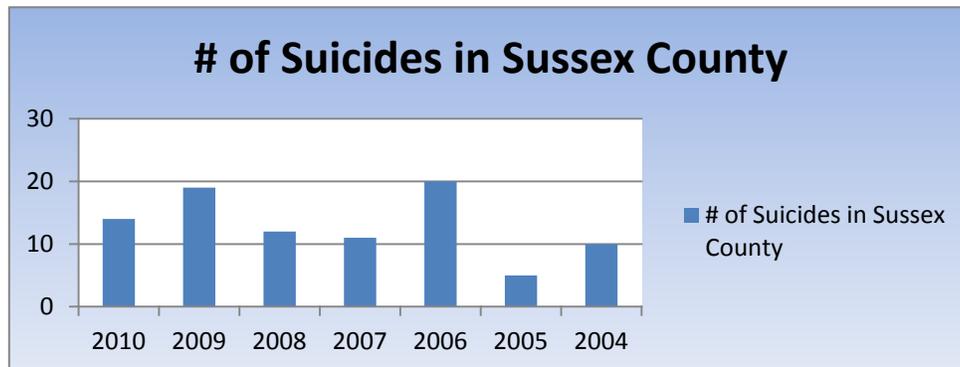
Table 27 displays the admissions of Sussex County residents to state psychiatric hospitals for the years 2009, 2010 and 2011.



Sussex County Adjusters Office, Newton, NJ

Suicide Deaths

According to the Medical Examiner's Office, there were 14 reported suicides in Sussex County for the time period January to October 2010. Over the last seven years or more, the number of known suicides has fluctuated. **Table 28** details the number of suicides in Sussex County since 2000.

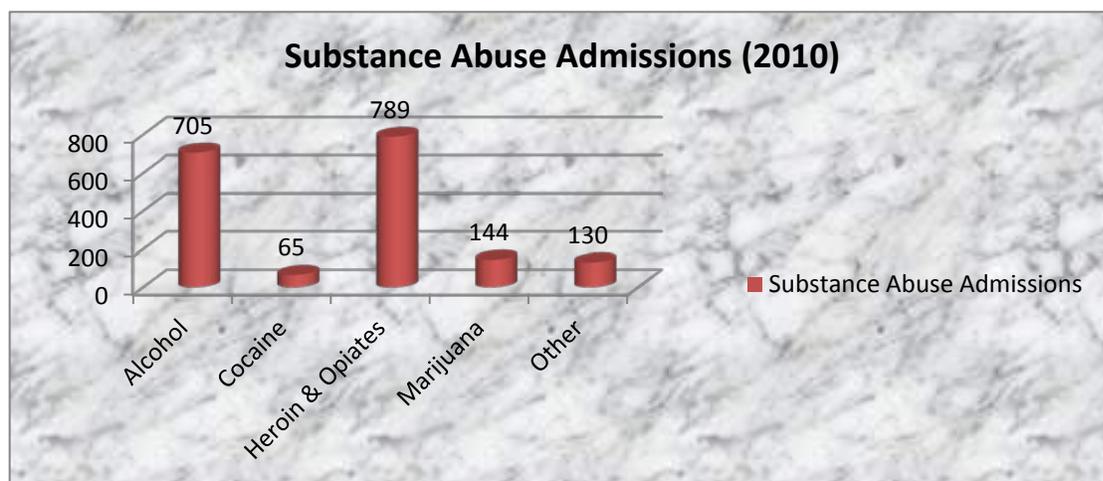


Medical Examiners Office

Drug and Alcohol Abuse

According to the New Jersey Substance Abuse Monitoring System (NJ-SAMS), in 2010, there were 1,748 Sussex County residents admitted into substance abuse treatment; 1,202 were unduplicated admissions. Out of the total admissions, the primary drug reported with the highest percentage was heroin (45%), as compared to the statewide percentage of 40%.

Table 29 details the primary drug for the substance abuse admissions for 2010.



New Jersey Department of Human Services. "Substance Abuse Overview 2010 Sussex County."

Out of the total 2010 admissions of Sussex County residents, the top three referral sources were: self-referral with 39%, the Criminal Justice system with 18% and the Intoxicated Drivers Resource Center (IDRC) with 16%. 62% reported prior treatment. 61% of total persons admitted were male and 39% were female. 41% were 24 years of age or younger and 67% were never married. 62% of persons admitted were either unemployed (33%) or not in the labor force (29%). 57% were treated within the county. The highest percentage of care was outpatient at 29% with intensive outpatient close behind with 20%. Suboxone was utilized in 18% of the treatments. 58% of persons admitted reported to have no insurance coverage. 74% stated that they smoke tobacco and 32% reported as intravenous drug users.

Out of all of the Sussex County residents discharged from substance abuse treatment for 2010, 75% reported not using alcohol or drugs at their discharge and 62% completed their treatment plan. 21% quit or dropped out of treatment. Out of all discharges, 39% were listed as having a mental illness/co-occurring disorder.

The three municipalities reported with the highest substance abuse treatment program admissions were: Newton (314), Hopatcong (187) and Vernon (185). These three towns make up 40% of the total admissions for 2010 for Sussex County residents. Sparta and Sussex follow closely behind with 157 admissions and 131 admissions respectively.

Drug Arrests/DWI Arrests

For 2009, the number of DWI arrests for Sussex County was 563. This is 16% lower than the 671 arrests in 2003, 21% lower than the 707 arrests in 2004 and 26% lower than the total arrests of 755 in 2005. 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 30 details the adult DWI arrests comparing Sussex County to the state.

Adult DWI Arrests					
	2003	2004	2005	2009	% Change
SC DWI Arrests	671	707	755	563	-16.00%
NJ DWI Arrests	28,054	28,692	29,151	27,604	-2.00%

NJ Department of Human Services. "Substance Abuse Overview 2010 Sussex County."

In 2010, 535 clients went through the Sussex County Intoxicated Driver Resource Center (IDRC) program or were monitored by the Sussex County IDRC. According to the Intoxicated Driving Program 2010 Statistical Summary Report prepared by the New Jersey Department of Human Services, Division of Mental Health and Addiction Services, Sussex County had the highest percentage of 18-25 year olds attending the IDRC (28%). Out of this age group, the top three towns of residency reported are: Newton at 11.6%, and both Highland Lakes and Sparta, each at 10.1%.

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 .15%, and two or more lifetime alcohol-related offenses. Statewide, Sussex County had the second highest referral rate (64%), with Morris County having the highest referral rate (70.5%).

Table 31 details drug arrests in Sussex County for the years 2009 and 2010.

Sussex County Drug Arrests								
Sale/Manufacture Arrests			Possession/Use Arrests			Total		
2009	2010	% change	2009	2010	% change	2009	2010	% change
87	104	20%	474	427	-10%	561	531	-5%

New Jersey State Police. "Uniform Crime Report 2010."
<http://www.state.nj.us/njsp/info/ucr2010/pdf/2010>

Domestic Violence

The number of domestic violence offenses reported to police for the time period 2009 to 2010 in Sussex County has increased by 14.34%. Domestic violence arrests have also increased for this time period by 4.58%. Harassment and assault were the most common offenses; this is consistent with the findings in the 2008 Human Services Needs Assessment. Burglary, Criminal Mischief, Assault and Harassment were the offenses that increased during this time period.

Table 32 details the number of domestic violence offenses by type.

Domestic Violence Offenses			
	2009	2010	% Change
Assault	426	477	11.97%
Burglary	2	9	350.00%
Criminal Mischief	57	75	31.58%
Criminal Restraint	2	1	-50.00%
Criminal Sexual Contact	0	0	**
Criminal Trespassing	7	5	-28.57%
False Imprisonment	0	0	**
Harassment	773	895	15.78%
Homicide	1	1	0.00%
Kidnapping	0	1	**
Lewdness	0	0	**
Sexual Assault	6	3	-50.00%
Stalking	6	3	-50.00%
Terroristic Threats	38	37	-2.63%
County Total	1318	1507	14.34%
Arrests	349	365	4.58%

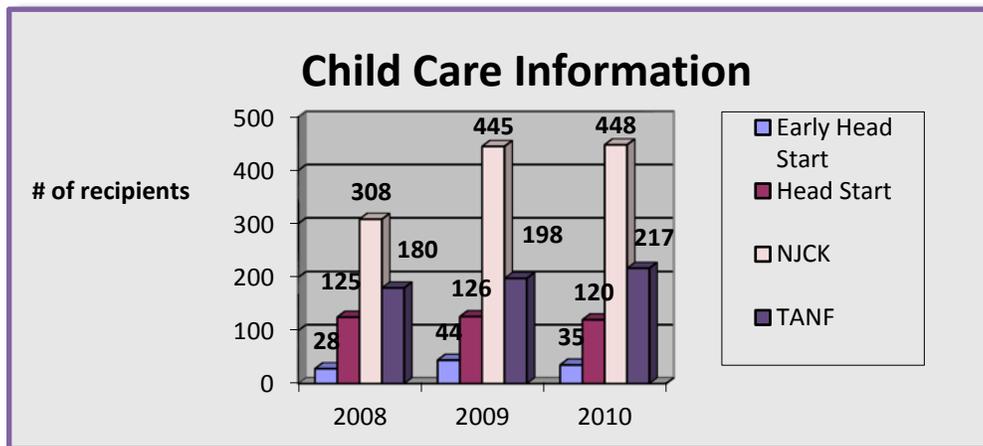
New Jersey State Police. "Uniform Crime Report 2010: Domestic Violence Report.

From 2009 to 2010, the number of domestic violence restraining orders in Sussex County increased by 11%, from 35 orders in 2009 to 39 orders in 2010. The total arrests involving domestic violence restraining orders increased by 5%, from 59 arrests to 62 arrests.

Children and Youth

From 2008 to 2010, both the number of families and TANF families receiving child care subsidies through the New Jersey Cares for Kids state program have increased. The enrollment for Head Start programs in Sussex County has remained consistent, while the enrollment for Early Head Start programs increased in 2009 and then decreased in 2010.

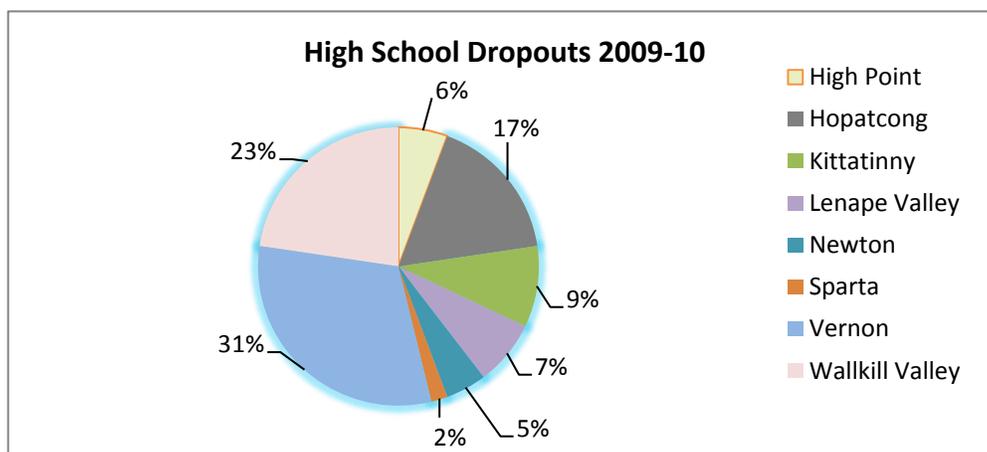
Table 33 displays the above child care information for Sussex County.



NORWESCAP Child and Family Resources Services and Head Start

School Dropouts

Sussex County has 27 public school districts and 9 high schools. For the 2010-2011 school year, there were 24,113 enrollments. For this same year, 106 students dropped out of high school. 11 students dropped out in the 9th grade, 17 dropped out in the 10th grade, 25 dropped out in the 11th grade, 39 dropped out in the 12th grade and 14 dropped out of special education. Statewide, Sussex County had the fourth lowest number of dropouts. Hunterdon County had the lowest with 57.5, Salem and Cape May both at 76 dropouts, and Warren County had the third lowest with 83 dropouts. Essex County had the highest number for the state, totaling 1,536 dropouts. **Table 34** details the school dropouts by district for the 2009-2010 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 will be 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 will use four years of data for first-time freshmen who enter high schools in September 2007 and graduated as the class of 2011. The 2007 freshmen plus “transfers in” minus “transfers out” over the four year period will be divided into the number of 2011 graduates. For this calculation, students who dropout remain in the cohort.

The district with the highest graduation rate is Sparta with 96.98%, while Vernon Township High School ranks the lowest with a 60.73% graduation rate.

Table 35 details the 2011 graduation rates for the high schools in Sussex County.

2011 Graduation Rates - Sussex County					
High Point	89.44%	Hopatcong	87.82%	Kittatinny	93.51%
Lenape Valley	91.30%	Newton	86.55%	Sparta	96.98%
Sussex County	96.97%	Vernon	60.73%	Walkkill Valley	93.40%
Technical					

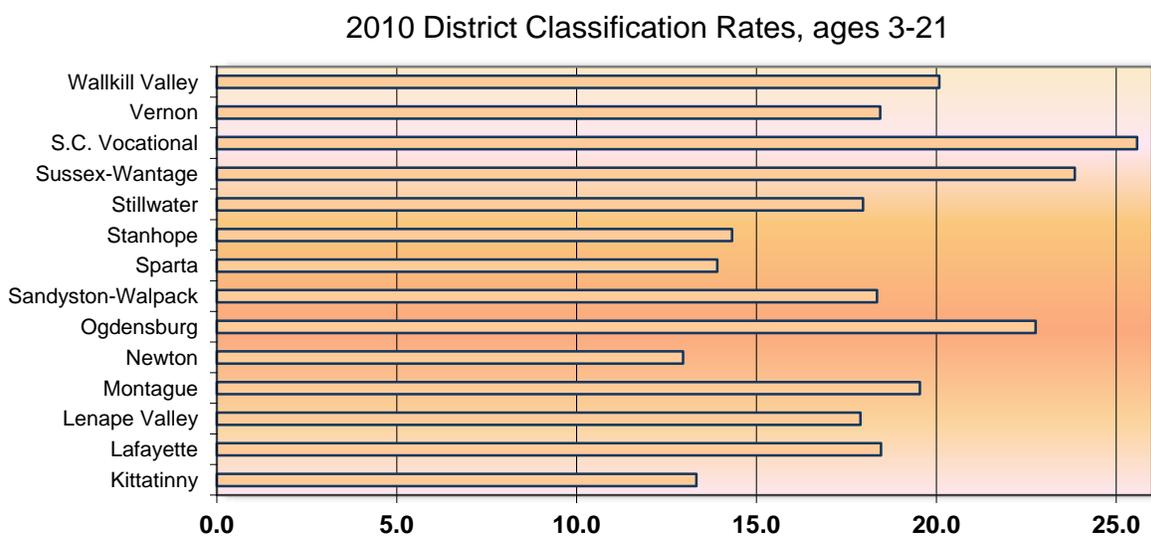
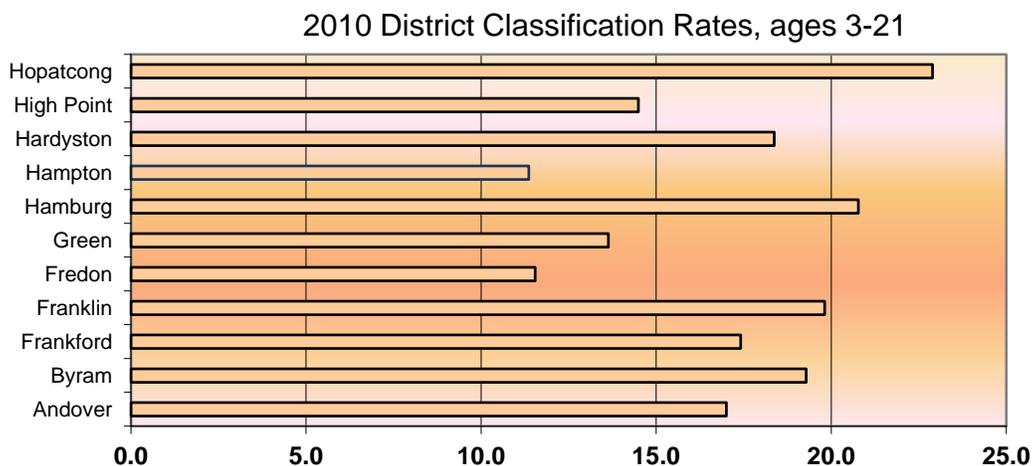
New Jersey Department of Education.
<http://www.state.nj.us/education/data>

For the time period 2006 to 2010, 93% of Sussex County residents ages 25 years and older were high school graduates, compared to 87.3% for the state of New Jersey. For the same time period, New Jersey reported 34.6% of its residents ages 25 and older attained a Bachelors degree or higher, compared to 31.4% for Sussex County.

In 2011, 86% of Sussex County students passed the 11th grade State Achievement Test, compared to 82% for the state.

Special Education

The New Jersey Department of Education provides data on special education classification and enrollment for each district by county. Countywide, the Sussex County Technical School continues to have the largest special education eligible population (25.58%), consistent with the 2008 Human Services Needs Assessment findings. Other districts with eligibility percentages larger than 20% include Hopatcong, Hamburg, Ogdensburg, Sussex-Wantage and Wallkill Valley. **Tables 36 and 37** show the percentage of students, by district, who are eligible for special education services.



New Jersey Department of Education. <http://www.nj.gov/education/specialed/data2010.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. For the 2010-11 school year, High Point Regional High School had the highest total number of incidences (84), 58 incidences in school violence alone, while Vernon Township High School had the second highest number of total incidences (50).

Table 38 details the number of school based incidences in each of Sussex County's public school districts.

School Based Incidences (2010/11)						
	Enrollment	Violence	Vandalism	Substance Abuse	Weapons	Total
Andover Reg	641	1	0	0	1	2
Byram Twp	1,027	2	1	0	1	4
Frankford Twp	583	3	0	0	0	3
Franklin Boro	515	2	0	1	0	3
Fredon Twp	335	0	0	0	0	0
Green Twp	491	0	0	0	0	0
Hamburg Boro	275	0	0	0	1	1
Hampton Twp	388	1	0	0	2	3
Hardyston Twp	721	5	0	0	0	5
High Point Reg	1,128	58	7	19	0	84
Hopatcong	2,113	18	5	5	0	28
Kittatinny Reg	1,144	1	1	7	1	10
Lafayette Twp	257	1	0	0	0	1
Lenape Valley Reg	825	11	3	4	0	18
Montague	296	0	0	0	0	0
Newton town	1,525	20	3	11	0	34
Ogdensburg Boro	283	4	1	0	0	5
Sandyston-Walpack	157	2	0	0	0	2
Sparta Twp	3,873	10	2	13	1	26
Stanhope Boro	382	6	0	0	0	6
Stillwater Twp	373	5	0	0	0	5
Sussex-Wantage Reg	1,459	21	1	0	3	25
Sussex County Vocational	584	7	4	6	0	17
Vernon Twp	3,180	36	1	10	3	50
Wallkill Valley Reg	773	6	0	5	0	11
Total	23,328	220	29	81	13	343

New Jersey Department of Education. "Violence, Vandalism and Substance Abuse in NJ Schools."
<http://www.nj.gov/education/schools/vandv/index.html>

Juvenile Arrests

For this study juvenile arrests are broken down 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
- Drug and alcohol offenses include any drug abuse violations, driving under the influence and liquor law violations
- Public policy 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

Table 39 details the juvenile arrest distribution for the years 2008, 2009 and 2010.

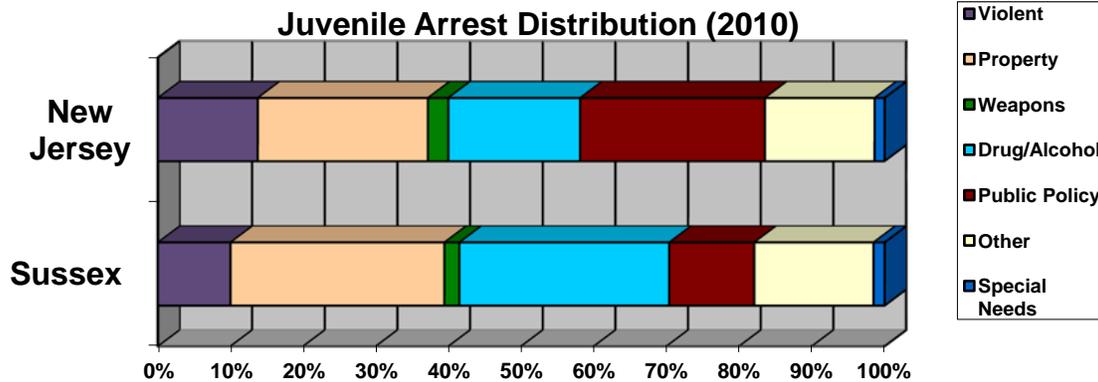
NATURE AND EXTENT OF DELINQUENCY

County Juvenile Arrests by Offense Category, 2008, 2009 and 2010

Offense Categories	2008		2009		2010		% Change in Number of Arrests 2008-2010
	Number	% of All Juvenile Arrests	Number	% of All Juvenile Arrests	Number	% of All Juvenile Arrests	
Violent Offenses	69	9.5%	76	13.4%	53	10.0%	-23.2%
Weapons Offenses	18	2.5%	16	2.8%	11	2.1%	-38.9%
Property Offenses	222	30.6%	138	24.4%	156	29.4%	-29.7%
Drug/Alcohol Offenses	185	25.5%	137	24.2%	153	28.9%	-17.3%
Special Needs Offenses	107	14.7%	2	0.4%	8	1.5%	-92.5%
Public Policy & Status Offenses	38	5.2%	58	10.2%	62	11.7%	63.2%
All Other Offenses	87	12.0%	139	24.6%	87	16.4%	0.0%
GRAND TOTAL OF JUVENILE ARRESTS	726	100%	566	100%	530	100%	-27.0%

Uniform Crime Report (New Jersey), 2008, 2009 and 2010

The distribution of juvenile arrests for Sussex County is significantly different from the state in the areas of drug/alcohol and property. **Table 40** details the juvenile arrest distribution for both Sussex County and New Jersey in 2010.



New Jersey State Police. <http://www.state.nj.us/njsp/info/ucr2010/index.html>

There are five 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 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 (2010)							
		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	#	77	436	0	2	15	530
	%	14.5	82.3	0	0.4	2.8	
New Jersey	#	14,991	24,353	319	175	570	40,408
	%	37.1	60.3	0.8	0.4	1.4	

New Jersey State Police: "Uniform Crime Report 2010: State and County Arrest Summary." <http://www.state.nj.us/njsp/info/ucr2010/index.html>

Juvenile Detention

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.

Table 42 details the number of Sussex County juveniles in detention in 2010 and includes the average daily population and the average length of stay.

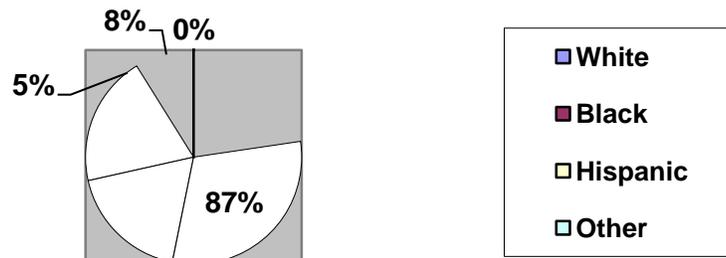
Juvenile Detention Data			
Admissions	2009	2010	% Change
Male	77	43	-44.2%
Female	21	18	-14.3%
Total	98	61	-37.8%
Average Daily Population			
Male	3.7	2	-45.9%
Female	1	.4	-60.0%
Total	4.7	2.4	-48.9%
Average Length of Stay			
Male	17.5	16.7	-4.6%
Female	16.8	8.9	-47.0%
Total	17.3	14.4	-16.8%

New Jersey Juvenile Justice Commission. "Statistics on Juveniles in Detention Facilities 2010."

Males represent 71% of the total juvenile detention population for 2010, a decrease of 7.9% from the 2007 data when males were 78.2% of the total.

Table 43 details the racial distribution of Sussex County juveniles in detention in 2010.

Racial Distribution of Juveniles in Detention (2010)



New Jersey Juvenile Justice Commission. "Statistics on Juveniles in Detention Facilities 2010."

Juveniles Placed with the Juvenile Justice Commission

Table 44 details the number of juveniles placed by the Sussex County Superior Court into the Detention Commitment Program.

Detention Commitment Programs (2010)			
	Male	Female	Total
Admissions	19	5	24
Average Daily Population	0.6	0.1	0.7
Average Length of Stay	12.4	5.4	11
Child Care Days	236	27	263

New Jersey Juvenile Justice Commission. 'Statistics on Juveniles in Detention Facilities - 2010.'

Child Abuse and Neglect

Both the number of child abuse/neglect investigations and the number of child abuse/neglect substantiations increased from 2009 to 2010 in Sussex County and in New Jersey.

Investigations increased by 9% for Sussex County and 5% for the state. Substantiations increased by 450% for Sussex County and 1% for the state.

Table 45 compares the number of investigations and substantiated cases in Sussex County with those of the state (2006-2010).

Number of Child Abuse/Neglect Investigations					
	2006	2007	2008	2009	2010
Sussex County	1,545	1,751	1,575	1,553	1,679
New Jersey	83,325	89,194	80,351	89,287	93,699
Number of Child Abuse/Neglect Substantiations					
	2006	2007	2008	2009	2010
Sussex County	141	206	114	107	588
New Jersey	11,038	9,942	9,015	9,286	9,326

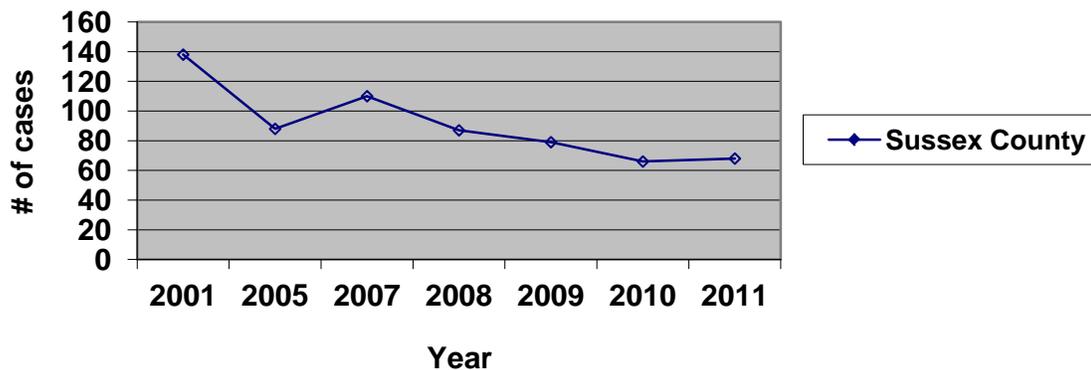
New Jersey Kids Count Data 2012; <http://datacenter.kidscount.org/data/bystate/stateprofile>

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 2011, Sussex County had the lowest rate (2) of out-of-home placements (68 children) along with Bergen, Hunterdon, Middlesex, Monmouth, Morris, Ocean, and Somerset counties (rate is per 1,000 children under age 18).

Table 46 details the out-of-home placement for Sussex County for the years 2001 through 2011.

County Out of Home Placements



New Jersey Kids Count Data 2012; <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 2008, there were no births to girls under the age of 15, 14 births to girls ages 15-17 years old, and 30 births to girls ages 18-19 years old. **Table 47** 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 2008.



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

Families in Crisis

The Sussex County Superior Court, Chancery Division – Family Part compiles data on the number and type of cases handled by the Family Crisis Intervention Unit (FCIU). Family crises are defined in six categories including serious threat to the well-being/physical safety to the juvenile, serious conflict between the parent/guardian and the juvenile, unauthorized absence of a juvenile for more than 24 hours, truancy, disorderly/petty disorderly persons offenses diverted to FCIU, and other.

Table 48 shows the FCIU caseload by category, petitions filled by type and referrals made by type for the year 2011.

<u>FCIU 2011 Caseload by Category</u>		
Categories	2011	
	Number	% of Total Caseload
Serious threat to the well-being/physical safety of juvenile	19	9.79%
Serious conflict between parent/guardian and juvenile	95	48.97%
Unauthorized absence by a juvenile for more than 24 hours	6	3.09%
Truancy	13	6.70%
Disorderly/Petty Disorderly Persons offense diverted to FCIU	0	0.00%
Other	61	31.44%
TOTAL CASELOAD	194	100.00%
<u>FCIU 2011 Petitions Filed by Petition Type</u>		
Categories	2011	
	Number	% of Total Caseload
Juveniles/Family Crisis	0	0%
Out-of-Home	3	
TOTAL PETITIONS FILED	3	2%
<u>FCIU 2011 Referrals by Referral Type</u>		
Categories	2011	
	Number	% of Total Caseload
Referrals made to DYFS	6	3.09%
Referrals made to Substance Abuse Program	2	1.03%
Referrals made to other Outside Agencies	169	87.11%
TOTAL REFERRALS	177	91.24%

Older Adults

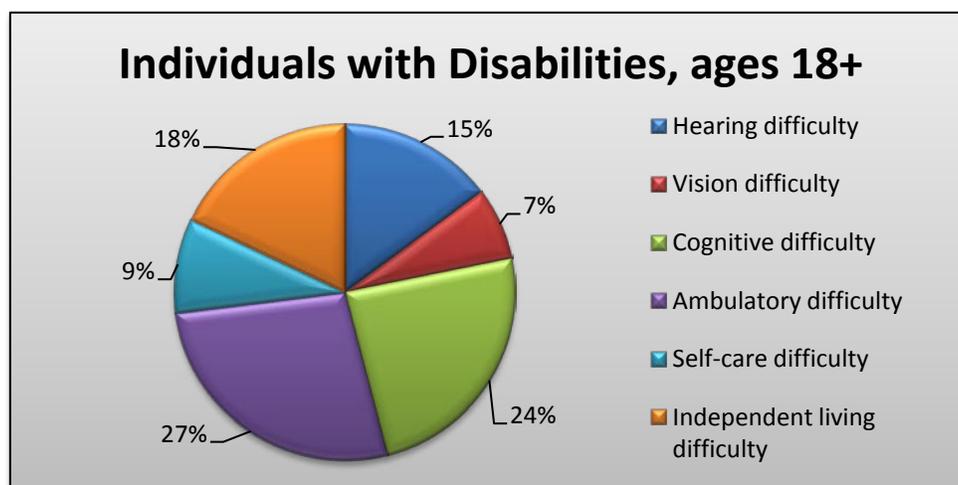
According to the 2010 American Community Survey, 16.5% or 27,066 residents of Sussex County are 60 years of age or older. 22% of all households in the county have one or more people 65 years of age or older. Out of the total households in the county of the householder living alone (11,482), 1,233 households are comprised of males 65 years and older and 2,800 are comprised of females 65 years and older. 4,158 of persons ages 65 years and older report that they have a disability, a 13% decrease from the findings in the 2008 Human Services Needs Assessment.

In Sussex County, 2,900 grandparents live with their grandchildren under the age of 18; out of these grandparents, 39% have financial responsibility for their grandchildren.

Individuals with Disabilities

As of 2010, there were a total of 14,484 county residents with a disability, which is 9.8% of the total population. This is a 20% decrease from the findings from the 2008 Human Services Needs Assessment in which 17,976 residents reported a disability (11.8% of the total population). According to the 2010 American Community Survey, 17.6% of Sussex County Veterans reported a disability.

Table 49 details the disability characteristics of individuals with a reported disability in 2010.



U.S. Census. Census 2010. <http://www.factfinder2.census.gov>

Crime

For 2010, the crime rate for Sussex County was 12.6 victims for every 1,000 residents, an increase of 3% from 2009. A total of 1,885 Crime Index Offenses were reported to the police of Sussex County, a 2% increase from 2009. The nonviolent crimes increased by 2% while the violent crimes decreased by 10%. There were decreases in murder, rape, robbery and aggravated assaults for the time period 2009 to 2010. There were 4,452 arrests (3,922 adult & 530 juvenile) in Sussex County in 2010, a 10% decrease from the previous year.

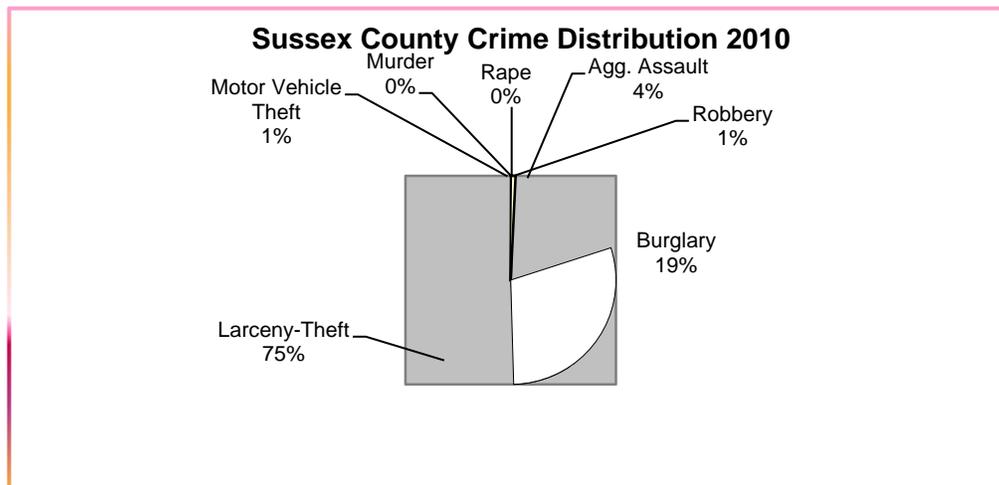
Table 50 details crime index trends for Sussex County for the period January - June 2010/2011.

Sussex County Crime Index Trends January - June 2010/2011

	Murder	Rape	Robbery	Aggravated Assault	Violent Crime Total	Percent Change
2010	1	1	2	41	45	
2011	0	2	6	30	38	
	Burglary	Larceny-Theft	Motor Vehicle Theft	Non-Violent Crime Index	Total Crime Index	2
2010	134	727	15	876	921	
2011	150	723	26	899	937	
	Arson	Domestic Violence Offenses	Bias Incidents Reports			
2010	2	687	4			
2011	3	623	1			

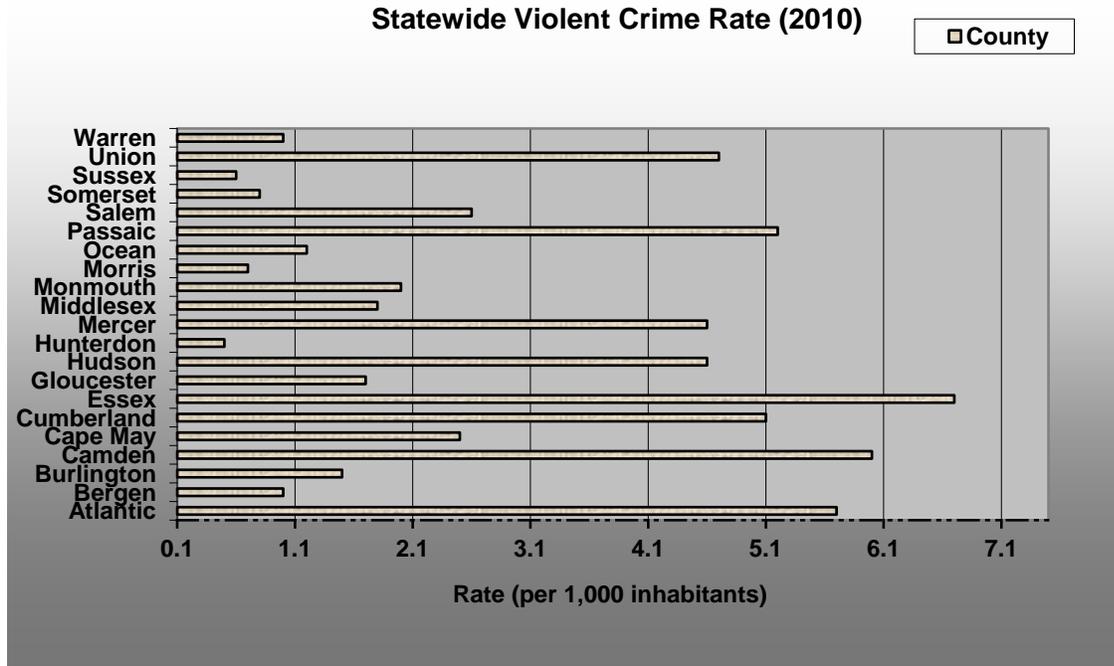
New Jersey State Police. "Crime Index Trends-Six Month Update."
<http://www.state.nj.us/njsp/info/stats.htm#cit>

For 2010, Sussex County had the third lowest total crime rate in the state (12.6). Hunterdon County had the lowest with 8.7 and Morris County with 11.5. Statewide the crime rate overall was 24 (crime rate per 1,000 inhabitants). **Table 51** provides a breakdown of the types of crimes committed in 2010 in Sussex County.



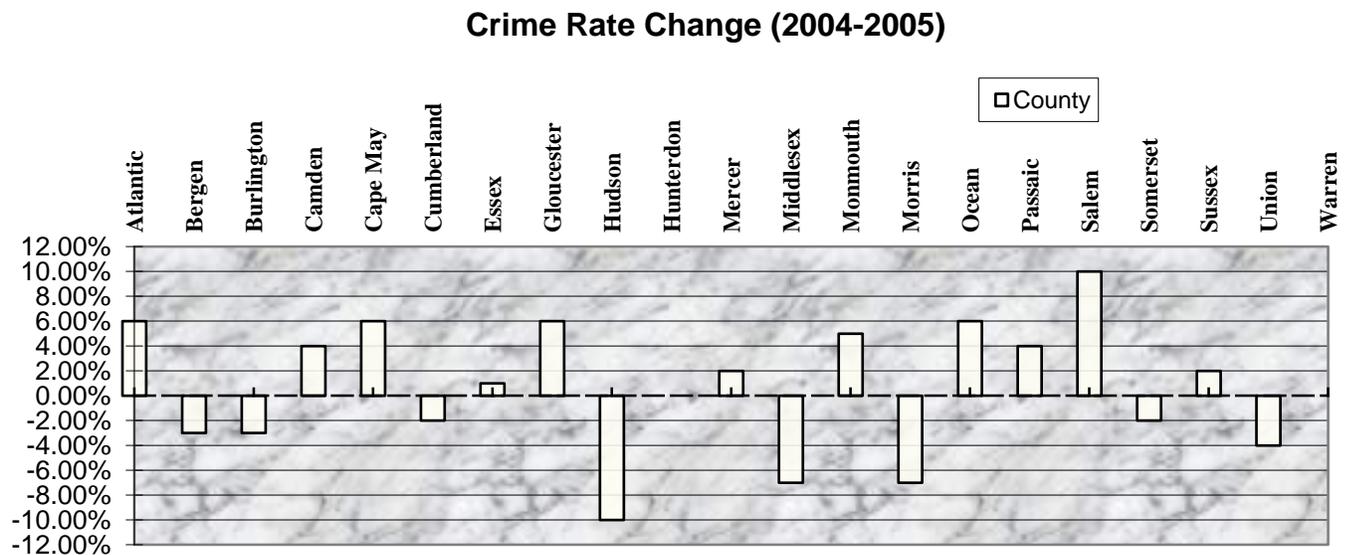
New Jersey State Police. "Uniform Crime Report 2010." <http://www.state.nj.us/njsp/info/stats.htm#cit>

Sussex County had the second lowest violent crime rate (0.6) in the state, after Hunterdon County (0.5). Statewide, the rate was 3.1. **Table 52** charts the statewide violent crime rate for 2010.



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

Table 53 charts the statewide crime rate change by county for the years 2009 to 2010.



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

Human Services Needs Survey

In March 2012, members of the Sussex County Human Services Advisory Council released a community survey to capture the human service needs of county residents, entitled the "Human Services Needs Survey." 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, food, medical care, healthcare insurance, transportation, and childcare. The survey provided opportunities for the general community to provide valuable feedback as to what their current human service needs are. The survey was available to complete through April 30, 2012 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 1,381 surveys were completed by Sussex County residents. There was representation from all twenty-four municipalities in the county. The three towns with the largest response was Newton with 18% of the total response (249 surveys), Vernon with 12.7% (176 surveys), and Sparta with 7.2% (100 surveys). The town with the lowest response was Walpack (.1%) with 2 surveys completed.

Out of the twenty-two needs presented in the survey, the top five needs identified were dental services, employment at a living wage, emergency financial assistance for basic needs, food for self and/or family and recreation/social opportunities for all ages. 39.7% of survey respondents (549 people) indicated that they do not have dental care and 18.2% reported that dental services are currently needed. 36.1% of respondents reported that they have employment at a living wage, while 40.40% of respondents (557 people) indicated that they do not have employment at a living wage. 16.2% of respondents (224 people) currently need emergency financial assistance for basic needs.

18.6% of all respondents report that they do not have enough food in their household; 14.5% report that they currently need food. 16.7% indicated that they are currently receiving assistance with food for themselves and/or their family. Out of the total respondents, 63.3% state that they have enough food for themselves and/or their family.

29.40% of all respondents indicated that they do not have enough or are in need of recreation/social opportunities for all ages in Sussex County.

In regards 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	149	10.8%
Food for yourself/family	200	14.5%
Emergency Financial Assistance for basic needs	224	16.2%
Transportation	131	9.5%
Employment at a Living Wage	237	17.2%
Medical Care	136	9.8%
Healthcare Insurance	152	11%
Prescription Medication that you can afford	145	10.5%
Medical/Social Services after discharge from hospital/facility	63	3.8%
Dental Services	252	18.2%
Mental Health Services	89	6.4%
Disability Services	81	5.9%
Substance Abuse Services	22	1.6%
Education/ Job training	151	10.9%
Legal Assistance	115	8.3%
Childcare	63	4.6%
After-school/evening programs for youth	103	7.5%
Recreation/Social Opportunities for all ages	188	13.6%
Services for Seniors to remain Independent	77	5.6%
Immigration Services	22	1.6%
Services in my Language	17	1.2%
GLBTQ sensitive services	29	2.1%

At the bottom of the survey there was a section in which respondents could provide feedback on human service needs in Sussex County. 219 people provided comments. Some of the common themes include more families living with extended family members in order to make ends meet and the financial and caregiving struggles that accompany this life choice, the need for additional jobs that pay a living wage, the need for healthcare insurance, need for extended transportation services, lack of recreational/social opportunities especially for young adults, and the burden of having to travel outside of the county for medical and specialty medical care.

I can't afford dental or health insurance for myself or my family.

Thanks for taking time to get a
needs assessment

I currently afford services needed - if I had a major repair or illness, we would be challenged.

I am the parent of a child with mental health issues. I am the person who has to provide continued support services financially, housing, etc. or my son would be on the street.

Sussex County is in desperate need for social opportunities for our youth.

Transportation is the greatest need, followed by job training/job opportunities.

Please think about each of the needs listed below and then, using the responses provided, tell us your current experience in each area for you and your family. This survey is for Sussex County residents only. Please fill out this survey only once.

Town where you live: _____

	Currently have	Currently don't have	Currently need	Currently have w/ assistance	N/A
Housing that you can afford	<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"/>
Emergency financial assistance for basic needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment at a living wage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical care	<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"/>
Prescription medication that you can afford	<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, med. transport, etc.)	<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"/>
Mental Health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse services	<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"/>
Legal assistance	<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"/>
After-school and evening programs for children, youth and teens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation/social opportunities for all ages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services for seniors to remain living at home	<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"/>
Services in my language (sign language, Braille, languages other than English)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GLBTQ sensitive services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I go to the emergency room rather than to a primary care physician. yes no

Comments:

If you need further assistance with any needs listed above, please call 2-1-1, an information and referral line or go to www.nj211.org

*****Please return completed survey by April 30, 2012 to:** Sussex County Administrative Center, Dept. of Human Services,
One Spring Street, Newton, NJ 07860 or fax to 862-268-8013.***

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 three months, from June through August 2012, eleven focus groups were conducted by a trained moderator at various locations in the county. The focus groups were approximately 1 ½ to 2 hours long and represented the following target populations: the elderly, individuals with disabilities, children/families at risk of abuse, neglect and abandonment, victims of domestic violence, victims of sexual violence, single parents, individuals with developmental disabilities, aging out youth, individuals with mental illness, homeless and low income, and individuals affected by substance abuse.

The groups ranged in size from 5 participants to 50 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 increased advertising efforts of available human services in Sussex County
- The necessity of affordable housing, accessible transportation and subsidized childcare in order for many low-income families to succeed, including extended transportation on evenings and weekends and childcare/respite for special needs children and their families
- The continued burden of having to often travel outside of the county for specialty medical services and/or doctors who accept Medicaid for many populations of the county
- Lack of psychiatry and outpatient mental health services for both adults and children
- Need for increased employment and job training opportunities here in the county

The Elderly

Twenty-seven older adults participated in this focus group; there were seven men and twenty women. 71% were either married or widowed, 60% were 71 years of age or older and 100% indicated that they have insurance that covers some or all of their medical care. One person indicated that she lives in a senior community while everyone else lives independently.

78% indicated that they can obtain their prescriptions at a reasonable cost. 97% reported that they feel safe living in Sussex County. They described issues and concerns that included:

- Inadequate transportation services throughout the county to fulfill their needs, both medically and socially
- Barrier to accessing services because of confusing and cumbersome paperwork and applications that need to be completed
- Uncertainty as to how to access home health services if the need arises
- Inadequate supply of affordable housing for seniors in the county

Our children cannot afford to live here
so too many of us are on our own.

Families in Crisis

There were nine participants in this focus group, ranging in ages from 26 to 65, the majority women between the ages of 46-55. They spoke about:

- Importance of families being informed about early intervention services for their children
- Inadequate child mental health services, specifically lack of child psychiatry in the county
- Need for increased advertising of available human services so that families can access the help they need when they need it ex. finding out about the NJ Children's System of Care after a year of searching for help and their children were experiencing severe symptoms
- Desire to have integration of medical care and mental health care for their children
- Need for additional crisis intervention resources and support groups for parents of special needs children
- Huge costs of childcare for low-income families and the lack of childcare and respite care for special needs children

There are too many hurdles in the way to get help.

Homeless/Low Income/Medically Needy

Sometimes it is a choice between eating
and scrips (prescriptions) for people.

Fifty men and women participated in the homeless/low income focus group, ranging in ages from 18 to over 65 years old. The majority of the participants were women. The participants reported multiple current housing situations including living in an emergency shelter, in subsidized housing, temporarily with friends/family, living on the streets, living in a boarding house, and in a house which is currently in foreclosure. Common themes of the focus group include:

- Need for evening and weekend transportation in order to accommodate shift jobs for low-income families and individuals
- Need for extended childcare hours to accommodate shift jobs as well
- Easily accessible job training and assistance in securing employment
- Lack of children's mental health services, especially access to child psychiatry
- Difficulty in finding enough doctors in Sussex County who accept Medicaid
- Cost and burden of having to travel outside of the county for specialty medical services
- Concerns about receiving the same level and quality of medical care through their Medicaid benefits of those who have private insurance

What am I going to do when my Temporary Rental Assistance (TRA) runs out?

I keep trying to find a job.

Single Parents

My child's daycare closes before I even get out of work.

Thirteen single parents participated in this focus group, two men and eleven women, ranging in ages from 18 to over the age of 65. Most of the participants had children between the ages of 5 – 12. The experiences and the needs they spoke about were:

- Burden and high cost of having to often travel out of county for medical specialty care
- Accessible and affordable childcare is a top priority, including additional assistance with childcare so that single parents can further their education
- Need for extended transportation for evenings and weekends because most of the shifts being offered are second and third shifts
- Request for one centralized place to obtain information about all human services available in Sussex County
- Frustration over not being able to afford registration fees for various sports and the like so that their children can access these extra-curricular activities

I owe everyone money.

As a single parent if I were to work, my entire paycheck would be going to daycare.

Individuals with Disabilities

There were sixteen participants, nine women and seven men, ranging in age from 18 years of age to over 65 years of age. 38% were between the ages of 26 and 35 years old. 50% of the participants were parents, while 50% were individuals with disabilities representing their own needs and experiences. The participants' living situations varied, from owning their own home, to living with family, to renting an apartment and to being cared for in a nursing home.

Create a road map, a how-to manual for parents
to secure housing for their disabled children.

The concerns that were expressed included:

- Need for increased transportation services for employment and medical care
- Desire to have additional job training opportunities
- Frustration over not finding out about available services when they needed them and requesting to have human services better advertised in various venues in the county
- Cost involved and the distance that family members have to travel on a regular basis in order to ensure their loved one's medical, dental, mental health, etc. needs are met
- Additional day program opportunities in the county
- Inadequate supply of affordable and accessible housing options for individuals with disabilities and parents' fear over what will happen to their sons and daughters if they do not secure housing for them ahead of time

Make it easy to know about
options- one internet sign-up site.

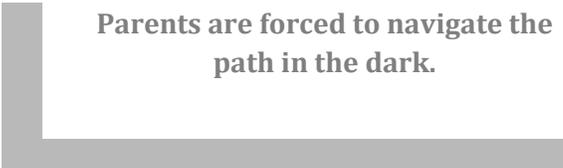
**Timing. My help finally came through
but it literally took years.**

Persons with Developmental Disabilities and their Families

There were sixteen participants in this focus group, 57% of the participants were parents/guardians while the other participants included siblings, advocates and individuals with developmental disabilities representing their own needs. The age of their disabled loved one ranged from 5 years of age to 65 years of age. 40% live with their family, 40% live in a group home and 20% live on their own. The group responded to questions and raised the following issues:

- Need for a "flow chart" for all human services on the county level and on the state level in which their loved ones could be eligible for and able to access

-
- Desire to have increased coordination of information and communication between the schools, especially the child study team, and parents of individuals with developmental disabilities to ensure that their sons and daughters are linked to supportive services integral to their healthy adult development and their future including financial, social, educational, etc.
 - Need for better integration of care for their loved one, including primary care doctor and all specialties including mental health, neurologist, etc.
 - Lack of mental health services in the county, especially access to a psychiatrist for dually diagnosed persons



Parents are forced to navigate the path in the dark.

- Need for increased transportation services, including evenings and weekends
- High cost of having to often travel out of county for specialty medical and dental services (cost of gas, lost wages) and expensive medical equipment not covered by insurance for their loved ones
- Lack of socialization opportunities for individuals with developmental disabilities
- Insufficient child care for special needs children, respite care and day programs
- Lack of summer camps for special needs children in Sussex County
- Overwhelming waiting lists for independent living for their sons and daughters
- Lack of behavioral supports for the family when a child has behavioral problems
- Need for job training and assistance in securing employment

There is so much diverse knowledge in all of these systems that we need a road map.

The future planning for your child is always on your mind unless your child is in a group home.

Individuals with Mental Illness

There were forty-six participants in the focus group for individuals with mental illness. 74% were women and 26% were men. 42% were between the ages of 46 - 55 years old, 24% between the ages of 56 – 65, 20% were 65 years of age or older, and 14% were between 26 years of age and 46 years of age. Participants reported suffering from the following diagnoses: Depression, Anxiety, Bipolar Disorder, Schizophrenia, and Post-Traumatic Stress Disorder. 13% reported that they suffer from both mental health and substance abuse issues. 67% indicated that they were currently receiving treatment for their mental health issue(s), while 33% were not actively in treatment. 89% had insurance for mental health treatment, while 11% had no insurance to cover mental health treatment.

50% of the group reported that they are only receiving five minutes per appointment with their psychiatrist and they expressed their dissatisfaction with the shortness of the visits. Participants in the group also expressed the following concerns:

- Inadequate supply of mental health services, especially outpatient and psychiatry for both adults and children, to meet the needs of the community; participants indicated extreme need for child psychiatry
- Lack of mental health professionals who accept Medicaid in the county
- Too strict and short time limits of psychiatry time
- Inadequate advertising of available human services in Sussex County
- Need for increased transportation services for employment opportunities, mental health treatment, etc.

I have been on the waiting list for a
psychiatrist for months.

- Request for agency professionals to show more compassion and sensitivity when individuals are reaching out for help and applying for services
- Stigma that is often attached to mental illness has been very debilitating for some individuals suffering and most report having experienced discrimination at one point or another from the community at large. Some participants feel that there is a greater stigma surrounding certain diagnoses than others, such as borderline personality
- Request for ongoing education for the community on what mental illness is
- Need for integration of medical care and mental health care

What we have in Sussex County is
not really advertised well.

A lot of this is trial and error.
It is persistence until you get the information.

Aging Out Youth

Five adolescents, three males and two females, ranging in age from 14 to 18 participated in this focus group. Three adolescents were still in high school, one was in the process of obtaining his GED and one was enrolling in community college in the fall.

I haven't done an activity in so long.

Overall, the group was not aware of most of the human services available in the county or how to access services if the need arises. Only one teen knew how to access and has used the Sussex County Transit System, Skylands Ride. The teen that had utilized Skylands Ride stated that he researched this transportation resource himself and that no one helped him. The majority could not list any positive activities available in the county for youth except to go out to eat at local establishments; however, most expressed a desire to get involved if there were structured, positive, social activities for their age group in the local area. The majority expressed concerns about securing employment which would enable them to be self-sufficient and provide for their necessities due to the current economic situation. Some of the needs expressed were:

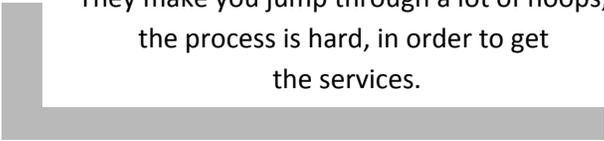
- Need for more job programs to receive hands on training and employment skills
- Better advertising of local human services for times of need
- More opportunities for youth to engage in positive activities in the county especially after school and on the weekends

I've seen DYFS at my house
since I was four years old.

Domestic Violence and Abuse/Sexual Violence and Abuse

Five women, ages 18 years of age to 45 years of age, provided important feedback on these two topics: domestic violence and sexual violence. The participants were in agreement that in general, county residents do not know where to go to find out about services and how to access them. One participant stated that she just searched the web until she found a link for a safe place for victims of domestic violence. Through the domestic violence emergency shelter she stayed in, she was informed of a myriad of human services in the county. She just wished that there had been a central place or an easier method to find out about what is available when people are in need. Some common themes emerged including:

- Need for a concerted effort to make the county resources more widely known
- Too much paperwork at first to get what you need which can be overwhelming in a time of crisis



They make you jump through a lot of hoops;
the process is hard, in order to get
the services.

- Need for supports for survivors offered in the county such as additional support groups and Dialectical Behavior Therapy (DBT)
- Need for subsidized childcare and additional affordable housing opportunities
- Request for earlier prevention education efforts with elementary and middle school students regarding sexual abuse and domestic violence

Families and Adults Affected by Substance Abuse or Addiction

Eighteen individuals, 12 women and 6 men, participated in this focus group, ranging in age from 36 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, especially for the underinsured or uninsured. The majority was in agreement that thirty days of sobriety is not enough and a barrier to long-term sobriety is that people are not able to remain in treatment long enough due to financial and insurance constraints. One participant mentioned that losing a driver's license in such a rural county can really lead to more of a downward spiral. The participants discussed the following needs:

-
- Need for accessible and affordable wrap-around services to coincide with the substance abuse treatment
 - Establishment of Sober living programs and halfway houses located in the county in which individuals in recovery, after coming out of formal treatment, could transition back into the community with the supports they need

It is not simple to find substance abuse treatment because when you are in a crisis, you don't know where to go for help.

- Need for individuals to work with a case manager to establish a continuum of care before they leave the detoxification setting in order to increase the chance of success
- Need for increased transportation services so that people can get to treatment and childcare facilities
- Need for additional affordable housing options and subsidized childcare
- Request for increased prevention education efforts in the schools and community

The collateral damage that is happening to everyone around is devastating.

Strategic Analysis

In August 2012, service providers were asked to participate as a group in a strategic planning session organized to review the evaluation of data, identify priority areas of need, and create recommendations for action. 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 identified consistent themes among the population groups in need:

- 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 can be added which would enable more residents to have access to the public transportation system. In order to improve access to additional employment opportunities, the second need is to provide transportation on evenings and weekends. Throughout the focus groups, many families reported the tremendous burden to have to travel outside of the county on a regular basis to access medical specialists who accept Medicaid. The third need is to expand the out-of-county transportation capacity.
- There is a severe shortage of mental health services in Sussex County, especially Psychiatry and Outpatient Services. In almost every focus group, mental health services emerged as a top need for both children and adults. Many focus group participants reported their symptoms or their child's symptoms having to reach an acute level before they could be served. There is a severe lack of available psychiatry in the county, evidenced by most participants reporting they have been on a waiting list for a psychiatrist for months. For those participants who have been able to access a psychiatrist, the reported average session time is five minutes.
- For the single parents' focus group, family members of developmentally disabled group, families in crisis group, low-income group, substance abuse group and the mental health focus group, safe, affordable childcare is an enormous need. Many participants reported the overwhelming cost of childcare as a major barrier in their success and the inability to access childcare as negatively affecting their quality of life. Subsidized childcare can enable people to expand their employment opportunities, receive job training, and further their education in order to attain self-sufficiency. Parents of children with special needs also report a need for affordable childcare in the county. It was reported in the focus groups that most daycares are not currently equipped to handle children with special needs.

-
- Respite care emerged as a need for parents of children with special needs, including physical disabilities, developmental disabilities, behavioral issues or mental health issues. Because of the high costs of respite care, most families in the focus groups are not able to access this service on their own. Constant care of their loved one with no breaks affects many families' quality of life in areas such as employment, medical, social, and mental health among others. The access to affordable respite care would eliminate some of the barriers in families achieving a well-balanced, healthy life.
 - 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. 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.
 - The unemployment rate in Sussex County is 8.9%. 40.40% of the Human Services Needs Survey respondents (557 people) indicated that they do not have employment at a living wage. There is a current need for both employment opportunities and job training opportunities here in the county, for adolescents and adults.
 - 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. It would be more cost-efficient with an expanded transportation system in which residents in need were able to access their primary care doctor during regular business hours.

-
- Throughout the focus groups, many participants continually stated that they wished they had known about services earlier and they requested a “road map”, “flow chart” or directory outlining the various resources available in Sussex County. There was a consensus that people are mostly finding out about human services by word of mouth and informal networking, not by consistent advertising or through a central location. To go a step further, most of these participants also needed assistance in accessing the resources; for example, navigating the system and completing large applications. They found the process to often be overwhelming and the paperwork cumbersome. The participants stated that it should not be such a grueling process to find out what 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, and stated that this has been a deterrent to going back for help. Increased advertising efforts and improved service delivery should enable people to receive services when they really need them and prevent unnecessary acute levels of care.

Priority Areas for Expanded Investment

At the conclusion of the analysis, the group was asked to prioritize areas of service to be recommended for expanded investment. The following eight areas emerged as the top priorities:

1. Transportation
2. Mental Health Services
3. Subsidized Childcare and Special Needs Childcare
4. Respite Care
5. Affordable Housing
6. Employment Opportunities and Job Training
7. Increased Access to Healthcare and Dental Care
8. Community Education of Existing Resources and Increase Access to Human Services by Providing a More Efficient Delivery System

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.

Recommendation 1: Increase Transportation Services in Sussex County

The recommendation is to expand the current public transportation system to include additional routes and expand the hours of service to evenings and weekends.

Recommendation 2: Increase Mental Health Services

The recommendation is to increase mental health services especially Psychiatry and Outpatient services for both adults and children and to advocate on local and state levels for additional funding opportunities to increase capacity in these areas.

Recommendation 3: Increase Child Care Subsidies for Families

The recommendation is to increase the child care subsidies for families and advocate for additional childcare opportunities for children with special needs.

Recommendation 4: Increase Respite Care for Children and Adults with Disabilities

The recommendation is to increase respite care opportunities for the families of children and adults with disabilities.

Recommendation 5: Increase Supply of Affordable Housing

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

Recommendation 6: 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 7: 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 8: Promote Access to Human Services

The recommendation is to provide ongoing education to the community about available human services and develop a workgroup to address systemic issues in its delivery system. The goals should be to improve access to and eliminate barriers in receiving human services in Sussex County.

Conclusion

The 2012 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 Assessment also incorporates new components and strategies. 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 Department of Human Services			
2012 Budget Appropriations by Source			
	Total	Federal & State	County
<i>Current Fund</i>			
Community Services	84,971	0	84,971
County Grant-In-Aid	193,251	0	193,251
County Nutrition Program	123,546	0	123,546
Homestead	8,119,329	0	8,119,329
Human Services Administration	388,548	0	388,548
Juvenile Detention Center	748,959	0	748,959
Mental Health Administration	24,833	12,000	12,833
Senior Services	189,134	0	189,134
Social Services Administration	907,076	0	907,076
Social Services Services	151,318	0	151,318
Social Services SSI	361,181	361,181	0
Social Services TANF	115,895	0	115,895
Transit	470,204	0	470,204
Veterans Interment	13,244	0	13,244
Youth Shelter Home	198,294	0	198,294
<i>Social Services Fund</i>			
Social Services Administration	4,435,893	2,753,824	1,682,069
<i>Federal and State Grant Fund</i>			
County Comprehensive Alcoholism & Drug Abuse (Chapter 51)	333,472	290,799	42,673
Federal Transit Administration (FTA) Section 5310	7,442	7,442	0
Federal Transit Administration (FTA) Section 5311 - (6/11-6/12)	440,444	330,333	110,111
Federal Transit Administration (FTA) Section 5311- (6/12-6/13)	698,154	523,616	174,538
Human Services Advisory Council (HSAC)	79,862	63,836	16,026
Intoxicated Driver Resource Center (IDRC)	114,743	114,743	0
Job Access Reverse Commute (JARC)	276,965	276,965	0
Juvenile Accountability Block Grant (JABG)	7,251	6,526	725
Municipal Alliance to Prevent Alcoholism & Drug Abuse	202,452	202,452	0
Older Americans' Act (OAA) Area Plan Contract (APC)	701,334	701,334	0
Peer Grouping	105,229	105,229	0
Personal Assistance Services Program (PASP)	59,805	59,805	0
Recreational Opportunities for Individuals with Disabilities (ROID)	29,325	23,860	5,465
Senior Citizen & Disabled Residents Transportation Assistance Program (SCDRTAP):			
Administration	182,251	182,251	0
Operating	388,813	388,813	0
Social Services for the Homeless (SSH)	99,409	99,409	0
State/Community Partnership & Family Court Services	373,777	373,777	0
State Health Insurance Program	27,472	27,472	0
Title III State Aid Reimbursement	58,000	58,000	0
Transportation Block Grant	62,661	62,661	0
Veterans' Transportation Program	14,250	14,250	0
Work First NJ (WFNJ) Special Initiatives & Transportation	50,000	50,000	0
Youth Incentive Program (YIP)	36,874	36,874	0
Total Funding	20,875,661	7,127,452	13,748,209

Sussex County Human Services
Focus Group Discussion Guide-
Children and families at risk of abuse, neglect and abandonment

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 children and families at risk of abuse and/or neglect 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 also ask that you keep anything that is said in this meeting confidential as well so that everyone can feel comfortable speaking out.

I would first like to go over a few basic ground rules that will help the group run as smoothly as possible. I do want to mention that the session is being audio taped. The reason I am taping the session is because I can't listen and write notes fast enough and I want to make sure I report everyone's feedback and opinions. Also, I like to incorporate quotes in the reports I prepare to emphasize certain points, themes, etc. I can again reassure you, however, that no names are used in the report.

Being that we are taping the session, it is important that we have one person speaking at a time. 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 comprised of a combination of open discussion and responding to closed-ended questions as stated in the survey document.

Before we get started, does anyone have any questions?

A. 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

B. Perceptions of Area Resources

I am now going to ask you a series of statements to which I would like you to tell me whether or not you agree, and how strongly you feel about each one. You will be using a 1 to 5 scale, with 1=Strongly Disagree to 5=Strongly Agree. After we vote on each of the statements, we will discuss the group results and the topic in detail.

1. I feel there is enough help in Sussex County for children who are at risk or are the victims of abuse and/or neglect. (Vote 1-5)

- What, if any, resources are lacking in Sussex County?
- Are there any resources/services in particular that you find beneficial and would like to see more of?

2. I feel there is enough help in Sussex County for families who are at risk or are the victims of abuse and/or neglect. (Vote 1-5)

- Do families get the proper attention needed to cope with abuse/neglect issues or do you feel that the services focus only on the individual victim?
- Do you have any suggestions as to how to improve services in this area?

3. I feel that residents in Sussex County know where to go if they need help with abuse and/or neglect issues. (Vote 1-5)

- How did you learn about what services were available in Sussex County?

4. When in an abuse or neglect crisis situation, I have a place/person to go to for help. (Vote 1-5)

- Are there enough services to help 'in the moment' of a crisis situation?
 - If you have gotten services, were your needs met?

5. There is enough treatment for the abusers in the county. (Vote 1-5)

- Are there enough services for those committing the abuse/neglect in the county?

C. Avenues for change

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

I will again ask several questions for you to respond to individually, followed by a discussion on each.

1. There is enough education in the county on how to prevent abuse. (Vote 1-5)

- Do you feel more education is needed for parents, couples not yet in trouble?
- What suggestions do you have about how to best educate those at risk?

2. I feel people in the area do not try to hide the problem of abuse and are out 'in the open' with it. (Vote 1-5)

- Is this an issue that is still kept 'in the closet'?
- How do we best reach victims of abuse and/or neglect without making them too ashamed or embarrassed to ask for help?
- Do you think there is room for improvement in the level of awareness within Sussex County?

3. The schools (including preschools, child care centers and schools) are well trained in dealing with students who are the victims of abuse and/or neglect. (Vote 1-5)

- What role does/should the schools play in identifying/supporting students who are the victims of abuse or neglect?

4. Do you have suggestions on how the county can best address the needs of children and families of abuse?

D. 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 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?

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-Aging out youth

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 area youth in Sussex County. In particular, we wanted to talk with area youth who are no longer with the Department of Children and Families or those who will soon be discharged from the department.

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 also ask that you keep anything that is said in this meeting confidential as well so that everyone can feel comfortable speaking out.

I would first like to go over a few basic ground rules that will help the group run as smoothly as possible. I do want to mention that the session is being audio taped. The reason I am taping the session is because I can't listen and write notes fast enough and I want to make sure I report everyone's feedback and opinions. Also, I like to incorporate quotes in the reports I prepare to emphasize certain points, themes, etc. I can again reassure you, however, that no names are used in the report. Being that we are taping the session, it is important that we have one person speaking at a time. 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 feed- back on, so I may need to cut some discussions and move on.

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

A. Demographics

The first thing I'm going to ask you to do is to 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.

1. What is your gender?

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

2. What is your age?

- a. 16
- b. 17
- c. 18
- d. 19
- e. other age _____

3. Are you still enrolled in school?

- a. Yes
high school _____ GED _____ Technical School _____ College _____
- b. No, I have graduated
- c. No, I have dropped out of school

B. General Youth Issues

I am now going to ask you a series of questions. You will need to vote using your key-pads. I am going to show you a series of statements to which I would like you to tell me whether or not you agree, and how strongly you feel about each one. You will be using a 1 to 5 scale, with 1=Strongly Disagree to 5=Strongly Agree. After we vote on each of the questions, we talk about the group results and then have a discussion on the particular topic.

1. Do you feel there are enough activities for youth in Sussex County? (Vote 1-5)

- How do you spend your time?

2. I am sure that I will have enough money to survive on over the next few years. (Vote 1-5)

- Where do you plan on getting your money?

-
- Do you have plans to get a job? Do you feel you know how to search for a job? How will you get the necessary job skills?

3. I am able to buy needed clothing and shoes. (Vote 1-5)

- What/who do you rely on to purchase needed clothing and shoes?
- Do you know of opportunities to make it possible for all Sussex County residents to get needed clothing?

4. For the most part, I know where I will be living in the next few years. (Vote 1-5)

- Do you have any concerns about your housing in the next few years?
- How will you pay for your housing?

5. When in a crisis situation, I have a place/person to go to for help. (Vote 1-5)

- Are there enough services to help 'in the moment' of a crisis situation?

C. Specific Issues of “aging out” Youth

The next series of questions specifically relate to the services provided by area agencies. We will again be using a 1 through 5-agreement scale.

1. I feel like I could get assistance from area social service agencies if I needed it. (Vote 1-5)

- Do you feel there are services that are easily available for you?
- Are there any specific services that are no longer available to you that you would like to have?

2. If involved with DYFS/CMO/YCM, I have been informed of what services are available to me after the age of 18. (Vote 1-5 or Not Applicable)

- What is your understanding of this transition?
- Are you concerned about this transition?
- What would you suggest to the county as to how they can best prepare someone for this transition?

D. General Access Issues

1. Have you ever used any local social service agencies for assistance?

Yes No

- What agencies/services have you used?
- How did you find out about those agencies/services?
- Is information about assistance easy to get or does it require a great deal of “searching around?”

2. Do you find it difficult to find and get assistance in Sussex County?

- Yes No I don't know

3. Do you feel it is easy or difficult for someone new entering 'the system' to find help in Sussex County?

- What barriers, if any, do you see to finding assistance in Sussex County?
 - What suggestions do you have to making it easier for those in need to get assistance?
- Yes No I don't know

Do you feel there is enough health insurance coverage for you and/or your family member(s)?

- Does your family have health insurance? Prescription drug insurance?
If so, does your prescription drug insurance cover the medicines you and your family need?
- Are there any special services/treatment that you/your family member need that are not covered by his/her insurance?
- Are all the medical services you need available in Sussex County?
- Is there anything that prevents you and your family member(s) from getting medical/health care provider(s)?

4. Do/does you/your family member (the aging out youth) have one person they think of as their personal doctor or healthcare provider?

- Yes No I don't know.

- Are you satisfied with the continuity of care you/your family member(s) is/are receiving?
- Is there anything that prevents you and your family member(s) from having one primary care provider?
- Do/does you/your family member (the aging out youth) have regular check-ups with a family doctor?

E. 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 for area youth, 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 Developmental 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 the developmentally disabled in Sussex County. All of you have a family member with special needs and we hope you can share some of your thoughts on some of your experiences.

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 also ask that you keep anything that is said in this meeting confidential as well so that everyone can feel comfortable speaking out.

I would first like to go over a few basic ground rules that will help the group run as smoothly as possible. I do want to mention that the session is being audio taped. The reason I am taping the session is because I can't listen and write notes fast enough and I want to make sure I report everyone's feedback and opinions. Also, I like to incorporate quotes in the reports I prepare to emphasize certain points, themes, etc. I can again reassure you, however, that no names are used in the report. Being that we are taping the session, it is important that we have one person speaking at a time. 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 responding to closed-ended survey questions. Before we get started, does anyone have any questions?

A. 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 developmental disabilities?

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

2. What is your relationship to your family member with the developmental 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 developmental 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 _____

B. Needs of the individual with the disability

I am now going to ask you a series of questions. After we vote on each of the questions, we will view the group results and then have a discussion on that particular topic.

1. Have you ever used any local social service agencies for assistance?

Yes No

- What agencies/services have you used?
- How did you find out about those agencies/services?

2. Do you find it difficult to find and get assistance in Sussex County?

Yes No I don't know

- Do you feel it is easy or difficult for someone new entering 'the system' to get help in Sussex County?
- What barriers, if any, do you see to finding and getting assistance in Sussex County?
- What suggestions do you have to making it easier for those in need to get assistance?

3. Was there a time in the past 12 months when you/your family member needed medical care and couldn't find it?

Yes No I don't know

- Do you feel there is enough health insurance for the developmentally disabled in Sussex County?
- Does your family have health insurance? Prescription drug insurance?
If so, does your prescription drug insurance cover the medicines you and your family need?
- Are there any special services/treatment that you/your family member need that are not covered by his/her insurance?

-
- Are all the medical services you need available in Sussex County? If not, how often and far do you have to travel to receive the care that you or your family member needs?
 - Is there anything that prevents you and your family member(s) from getting medical/health care provider(s)?

4. Does your family member have one person they think of as their personal doctor or healthcare provider?

Yes No I don't know

- Are your/your family member's medical needs met by a primary care doctor?
- Are there factors that prevent you/your family member from having one primary care provider?
- Does your family member have regular check-ups with a family doctor?

5. There is adequate transportation in Sussex County for the developmentally disabled. (Vote 1-5 OR N/A if not able to answer)

Strongly Disagree (1) Disagree (2) Neither Agree nor Disagree (3)

Agree (4) Strongly Agree (5)

- Who typically transports your family member to appointments, outings, etc?
- Have you been able to get reliable transportation for yourself/family member with developmental disabilities?

What services do you/your family member have to travel out of the county to receive and how often?

- Is cost an issue in getting transportation?
- Do you have any suggestions on how the county might improve transportation services for the developmentally disabled?

6. I am satisfied with the schooling/programming my family member receives. (Vote 1-5 OR N/A if not able to answer)

Strongly Disagree (1) Disagree (2) Neither Agree nor Disagree (3)

Agree (4) Strongly Agree (5)

- For those with school-aged children, are their needs being met in school?
- For the adults, does Sussex County have enough day programs/centers, for individuals with developmental disabilities to have social interaction, stimulation, learning, etc.?

C. Family member needs

The next question is about your needs, not exclusively the needs of the person with the disability. We will vote on the question like we did in the previous section and then we will discuss.

1. There is enough support in the county for family members/caregivers of those with a developmental disability. (Vote 1-5)

- Strongly Disagree (1) Disagree (2) Neither Agree nor Disagree (3)
 Agree (4) Strongly Agree (5)

- If you feel like you need a support group or someone to talk to, would you know where to go?
- When you need help/or with your family member, do you know who to call or where to go for help?
- Are there any services that would make it easier for the family members of those with developmental disabilities?

2. When in a crisis situation, I have a place/person to go to for help. (Vote 1-5)

- Strongly Disagree (1) Disagree (2) Neither Agree nor Disagree (3)
 Agree (4) Strongly Agree (5)

- Are there enough services to help 'in the moment' of a crisis situation?

3. I know who will care for my disabled family member once I am no longer able to care for him/her. (Vote 1-5)

- Strongly Disagree (1) Disagree (2) Neither Agree nor Disagree (3)
 Agree (4) Strongly Agree (5)

- Do you have future plans for who will care for your adult disabled family member once you are no longer able to?

What are some barriers in this planning?

D. 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 the developmentally disabled 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. Thank you again and have a great afternoon/evening.

Sussex County Human Services

Focus Group Discussion Guide- Homeless/Low income/Medically needy

First of all, I want to thank you for taking time out of your schedule to participate this morning/afternoon/evening. This is a discussion group to talk about the housing and medical needs of homeless individuals 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 a list of participants' names will be held in strict confidence among the organizers of the group. I also ask that you keep anything that is said in this meeting confidential as well so that everyone can feel comfortable speaking out.

I would first like to go over a few basic ground rules that will help the group run as smoothly as possible. I do want to mention that the session is being audio taped. The reason I am taping the session is because I can't listen and write notes fast enough and I want to make sure I report everyone's feedback and opinions. Also, I like to incorporate quotes in the reports I prepare to emphasize certain points, themes, etc. I can again reassure you, however, that no names are used in the report. Being that we are taping the session, it is important that we have one person speaking at a time. 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 responding to closed-ended survey questions.

Before we get started, does anyone have any questions?

A. 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

3. What is your current housing situation?

- a. Have own home _____ in foreclosure _____ at risk of foreclosure
- b. Rent a house
- c. Rent an apartment
subsidized _____ yes _____ no
- d. Currently living in a shelter
- e. Currently living on the streets, outside, in a car or abandoned building
- f. Temporarily with friends or family
- g. Other _____

4. Do you have children under the age of 18 living with you?

- a. Yes
- b. No

5. Are you a single income household?

- a. Yes
- b. No

6. Do you have medical insurance that pays for some or all of your medical care?

- a. Yes
- b. No

B. Perceptions of Medical Resources

I am now going to show you a series of statements to which I would like you to tell me whether or not you agree, and how strongly you feel about each one. You will be using a 1 to 5 scale, with 1=Strongly Disagree to 5=Strongly Agree. After we vote on each of the statements, we will view the group results and then have a discussion on the particular topic.

1. I feel there is adequate medical care for low-income residents of Sussex County. (Vote 1-5)

- What, if any, services are lacking in Sussex County?
- Are there any resources/services in particular that you find helpful and would like to see more of?
- Of the services you have used, what were their pros and cons?

2. Medical care is easy to get to in Sussex County for those on a limited income. (Vote 1-5)

- Is there anything that prevents individuals from finding and getting medical care in Sussex County?
- Does a lack of transportation make it harder to get medical care in Sussex County?

3. I feel there is equal medical treatment for all county residents (e.g., equal services for all income levels, all ages, etc.). (Vote 1-5)

- Do you think that low-income individuals in Sussex County get the same medical services that everyone else gets?
- Do you have any suggestions to help residents get equal medical services?

4. I know where to go if I need help in getting needed medical care. (Vote 1-5)

- How did you learn about what services were available in Sussex County?
- What are your suggestions on how to best inform residents of where to find help?
- Are you familiar with current services available to area consumers?

5. I feel there is adequate insurance coverage for prescriptions among low-income residents in Sussex County. (Vote 1-5)

- What is your experience with the insurance coverage for low-income residents in Sussex County?

C. Perceptions of Housing Issues

We are now going to discuss housing issues. We will go through a series of agree/disagree statements like we did in the previous sections and then will go back and discuss each individually.

1. There is enough affordable housing for low-income residents of Sussex County. (Vote 1-5)

- Do you feel there is enough low-income housing?
- What stops people from getting housing assistance?

2. The buildings in low-income housing in Sussex County are generally suitable and not in need of major repair. (Vote 1-5)

- Do you feel the housing is of good quality or substandard?
- What, in particular, is the biggest need?

3. I am able to pay the utility bills each month. (Vote 1-5 or Not applicable if do not have own housing)

- Do you feel there are enough assistance programs within Sussex County to help with utility bills?
- Are there particular utilities where the need is the greatest(e.g., heating in winter, etc.)?

4. Does not being able to come up with the security deposit a barrier in you obtaining housing?

5. I am able to buy needed food each month. (Vote 1-5)

- Do you know of opportunities and ways to make it possible for all Sussex County residents to get enough food?

6. I am able to buy needed clothing and shoes. (Vote 1-5)

- Do you know of opportunities and ways to make it possible for all Sussex County residents to get enough clothing?

7. In general, I feel Sussex County residents are well informed as to how to obtain housing assistance if needed. (Vote 1-5)

- Where do you learn about housing assistance?
- Is information about housing assistance easy to find or does it require a great deal of “searching around”?

D. Concluding Thoughts

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

1. Are there any major issues among low-income residents of Sussex County that we have not covered?
2. If you had one suggestion for Sussex County Human Services about what they can do to best meet the needs of low-income residents, what would that suggestion be?
3. 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-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. I do want to mention that the session is being audio taped. The reason I am taping the session is because I can't listen and write notes fast enough and I want to make sure I report everyone's feedback and opinions. Also, I like to incorporate quotes in the reports I prepare to emphasize certain points, themes, etc. I can again reassure you, however, that no names are used in the report. Being that we are taping the session, it is important that we have one person speaking at a time. 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?

A. 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

3. For how many years have you 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

4. What is your 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: _____

5. Are you receiving treatment?

- a. Yes
- b. No

6. Do you have insurance for your mental health treatment?

- a. Yes
- b. No

7. If you have insurance, can you afford your co-payment?

- a. Yes
- b. No

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

- a. Yes
- b. No

B. Perceptions of Area MH Resources

I am now going to give you a series of statements to which I would like you to tell me whether or not you agree, and how strongly you feel about each one. You will be using a 1 to 5 scale, with 1=Strongly Disagree to 5=Strongly Agree. After we vote on each of the statements, we will view the group results and then have a discussion on that particular topic.

1. I feel there are enough treatment services in Sussex County for individuals with mental health issues. (Vote 1-5)

- What, if any, services are missing in Sussex County?
- How easy/difficult is it to find and get mental health services in Sussex County?
- Are there any resources/services in particular that you find helpful and would like to see more of?

2. Do you think everyone who received mental health services in Sussex County are given equal mental health treatment? (e.g., equal services for all income levels, all ages, all mental health issues/ diagnoses, etc.). (Vote 1-5)

- Do you have any suggestions to help promote equal mental health services for all residents of Sussex County?

3. I feel there is good communication/awareness about mental health services available in Sussex County. (Vote 1-5)

- How did you learn about what services were available in Sussex County?

-
- Do you think there is a need for improvement in helping people in Sussex County become aware of mental health services in the county?

4. When in a crisis situation, I have a place/person to go to for help. (Vote 1-5)

- Are there enough services to help 'in the moment' of a crisis situation?

5. I feel there is enough support available for the family members of mental health consumers. (Vote 1-5)

- Do you see any educational or supportive needs for the family members of consumers in Sussex County that are not being met?

6. I am comfortable sharing with others that I have mental health issues. (Vote 1-5)

- Do you feel there is a stigma attached to mental illness?
- Do you have any suggestions on the best way to educate the public about mental health?
- Have you ever been discriminated against in the workplace, at school or college, or in the emergency room because of your mental health issues?

C. 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. Taking everything into consideration, overall how would you rate the community in which you live?

Very Poor Poor Average Good Excellent

- What influenced your rating?
- Do you have suggestions on how to improve the quality of life in Sussex County?

2. Have you ever used any local social service agencies for assistance?

Yes No

- What agencies/services have you used?
- How did you find out about those agencies/services?

-
- Is information about assistance easy to find or does it require a great deal of “digging around?”

3. Do you find it difficult to access and obtain assistance in Sussex County?

Yes No I don't know

- Do you feel it is easy or difficult for someone new entering ‘the system’ to find help in Sussex County?
- What barriers, if any, do you see to finding and getting assistance in Sussex County?
- What suggestions do you have to making it easier for those in need to get assistance?

4. Do you have one person you think of as your personal doctor or healthcare provider?

Yes No

5. Do you ever use the emergency room as your primary care physician?

Yes No

D. 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 needs of single parents 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 do want to mention that the session is being audio taped. The reason I am taping the session is because I can't listen and write notes fast enough and I want to make sure I report everyone's feedback and opinions. Also, I like to incorporate quotes in the reports I prepare to emphasize certain points, themes, etc. I can again reassure you, however, that no names are used in the report. Being that we are taping the session, it is important that we have one person speaking at a time. 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 responding to closed-ended survey questions. Before we get started, does anyone have any questions?

A. 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

B. Needs of the Children

I am now going to show you a series of statements to which I would like you to tell me whether or not you agree, and how strongly you feel about each one. You will be using a 1 to 5 scale, with 1=Strongly Disagree to 5=Strongly Agree. After we vote on each of the statements, we will view the group results and then have a discussion on the particular topic.

1. I am able to get affordable health insurance for my child/children. (Vote 1-5)

- As a single parent, do you have difficulty insuring your child/children?
- Are there enough doctors in the area that accept your child's/children's insurance?

2. There are enough affordable child care services in Sussex County. (Vote 1-5 or N/A if children too old for child care)

- Are you able to get child care for your child/children?
- What barriers, if any, exist in Sussex County regarding child care?
- Who do you rely on if you need someone to watch your child?

3. There are enough affordable babysitting services in Sussex County. (Vote 1-5 or N/A if children too old for babysitting)

- Are you able to get a babysitter for non-work related activities such as therapy, support group, etc.?
- What barriers, if any, exist in Sussex County regarding babysitting services?
- Who do you rely on if you need someone to watch your child for non-work related activities?

3. I am able to buy needed clothing and shoes for my child/children. (Vote 1-5)

4. The schools in the area are sensitive to the needs of children of single-parent homes. (Vote 1-5 or N/A if no children in school)

- Do you feel the teachers/administrators are helpful to single parents with any school related issues (e.g., parent-teacher conferences, etc.)? Do you feel that you are treated differently by teachers/administrators because you are a single parent?
- Does your child's school provide after-school programs for the students? If not, would you be interested in such a program?

5. There are enough activities for my child/children to participate in Sussex County. (Vote 1-5)

- Is there a YMCA, Boy/Girl Scout troop, organized baseball/softball team etc. that your child can participate in?
- What would prevent you from having your child participate in these programs/activities (e.g., transportation, costs, etc.)?

6. My child/children have an adult of the opposite gender than I who they can count on for guidance and support. (Vote 1-5 or N/A if no children in school)

- Does your child/children have a male/female role model present in their lives?
- Have you ever used any programs such as a mentoring program in the area? Are such programs available in your area?

C. Parental needs

The next series of questions relate to your needs, not exclusively the needs of the child. We will go through a series of agree/disagree statements like we did in the previous sections.

1. There are enough jobs in the area that are flexible regarding the schedules of single parents. (Vote 1-5)

- Do you feel area employers are willing to be flexible in meeting the needs of single parents?
 - What do you think you need to help you maintain your employment and meet the needs of your family?
- Do the responsibilities of being a single parent interfere with your ability to have a job?
- Are there any services that would make it easier for working single parents?

2. When I need help dealing with parenting issues, I know who to go to for help. (Vote 1-5)

- Do you feel parenting classes would be helpful for single parents on how to deal with the demands placed on them? To your knowledge, are such classes already offered in the area?

D. General Issues

We will again be using the keypads to register your votes on several topics

1. Do you feel your community is lacking any needed services?

Yes No

- What, if any, services do you feel are lacking?

2. Taking everything into consideration, overall how would you rate the community in which you live?

Very Poor Poor Average Good Excellent

- What influenced your rating?
- Do you have suggestions on how to improve the quality of life in Sussex County?

3. Do you feel it is difficult to find or get assistance in Sussex County?

Yes No Not sure

- What barriers, if any, do you feel exist in getting help when needed Sussex County?

E. 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-
Individuals, children and families at risk of domestic violence and abuse

Introduction

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 children and families at risk of domestic violence and abuse 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 also ask that you keep anything that is said in this meeting confidential as well so that everyone can feel comfortable speaking out.

I would first like to go over a few basic ground rules that will help the group run as smoothly as possible. I do want to mention that the session is being audio taped. The reason I am taping the session is because I can't listen and write notes fast enough and I want to make sure I report everyone's feedback and opinions. Also, I like to incorporate quotes in the reports I prepare to emphasize certain points, themes, etc. I can again reassure you, however, that no names are used in the report.

Being that we are taping the session, it is important that we have one person speaking at a time. 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 comprised of a combination of open discussion and responding to closed-ended questions as stated in the survey document.

Before we get started, does anyone have any questions?

A. 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

- How did you learn about what services were available in Sussex County?

In general do residents in Sussex County know where to go if they need help with domestic violence and/or abuse issues?

- What, if any, resources are lacking in Sussex County?
- Are there any resources/services in particular that you find beneficial and would like to see more of?
 - Do children/families get the proper attention needed to cope with family violence issues or is the focus more on the individual (perpetrator)?
- Do you have any suggestions how to improve services in this area?
- Are there enough services to help 'in the moment' of a crisis situation?
 - If you have accessed services, were all of your needs met?

-
- Are there enough services for those committing the domestic violence/abuse?

Personnel of most agencies in the county understand my safety issues and my need for confidentiality. True or false - elaborate

Avenues for change

- More education is needed for parents, couples, teens not yet in trouble? True or false - elaborate
- What suggestions do you have as to how to best educate those at risk?
- How can we best reach victims of domestic violence without having their shame and embarrassment prevent them from seeking help?
- Do you perceive there to be room for improvement in the level of awareness of domestic violence within Sussex County?

Is this an issue that is still kept 'in the closet'?

How often does substance abuse including alcohol play a role in the violence/abuse that you have experienced?

Have you encountered problems with someone not getting treatment for substance abuse/alcohol?

The schools and daycare centers are well trained in dealing with students who are living in homes where there is domestic violence. True or false - elaborate

- What role does/should schools play in identifying/supporting students who are living in homes where there is domestic violence?

County middle schools and high schools are well trained in dealing with students who are involved in abusive dating relationships.

What role does/should the schools play in identifying/supporting students who are victims of abusive dating relationships?

If you had one suggestion for Sussex County Human Services about how they can best address the issue of domestic violence, what would that suggestion be?

Is there anything that I did not cover that you feel is important and would like to share? (Can be unrelated to this topic.)

Sussex County Human Services
Focus Group Discussion Guide-
Individuals, children and families at risk of sexual violence and abuse

Introduction

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 children and families at risk of sexual violence and abuse 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 also ask that you keep anything that is said in this meeting confidential as well so that everyone can feel comfortable speaking out.

I would first like to go over a few basic ground rules that will help the group run as smoothly as possible. I do want to mention that the session is being audio taped. The reason I am taping the session is because I can't listen and write notes fast enough and I want to make sure I report everyone's feedback and opinions. Also, I like to incorporate quotes in the reports I prepare to emphasize certain points, themes, etc. I can again reassure you, however, that no names are used in the report.

Being that we are taping the session, it is important that we have one person speaking at a time. 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 comprised of a combination of open discussion and responding to closed-ended questions as stated in the survey document.

Before we get started, does anyone have any questions?

A. 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

- How did you learn about what services were available in Sussex County?

In general do residents in Sussex County know where to go if they need help with sexual violence and/or abuse issues?

- What, if any, resources are lacking in Sussex County?
- Are there any resources/services in particular that you find beneficial and would like to see more of?
 - Do children/families get the proper attention needed to cope with sexual violence issues or is the focus more on the individual (perpetrator)?
- Do you have any suggestions how to improve services in this area?
- Are there enough services to help 'in the moment' of a **crisis** situation?
 - If you have accessed services, were all of your needs met?

-
- Are there enough services for those committing the sexual violence/abuse?

Personnel of most agencies in the county understand my safety issues and my need for confidentiality. **True or false - elaborate**

Did agency staff that you have worked with understand the impact and effects that sexual violence had on you and your family?

Avenues for change

- More education is needed for parents, couples, teens to identify potential perpetrators of sexual violence and unsafe situations? **True or false – elaborate**

Any suggestions about how to best educate vulnerable populations (disabled, teens, elderly, children)

- How can we reach victims of sexual violence giving consideration to the fact that self-blame, shame and embarrassment often prevent them from seeking help?

- What do you think the level of awareness of sexual violence is with the general population of Sussex County?

Is this an issue that is still kept 'in the closet'?

How often does substance abuse including alcohol play a role in the violence/abuse that you have experienced?

Have you encountered problems with someone not getting treatment for substance abuse/alcohol?

- What role does/should schools play in identifying/supporting students who are victims of sexual violence/abuse?

If you had one suggestion for Sussex County Human Services about how they can best address the issue of sexual violence, what would that suggestion be?

Is there anything that I did not cover that you feel is important and would like to share? Can be unrelated to this topic.

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 needs of families and adults at risk of substance abuse or addiction 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 also ask that you will keep anything that is said in this meeting confidential as well so that everyone can feel comfortable speaking out.

I would first like to go over a few basic ground rules that will help the group run as smoothly as possible. I do want to mention that the session is being audio taped. The reason I am taping the session is because I can't listen and write notes fast enough and I want to make sure I report everyone's feedback and opinions. Also, I like to incorporate quotes in the reports I prepare to emphasize certain points, themes, etc. I can again reassure you, however, that no names are used in the report.

Being that we are taping the session, it is important that we have one person speaking at a time. 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 comprised of a combination of open discussion and responding to closed-ended questions as stated in the survey document.

Before we get started, does anyone have any questions?

A. 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

B. Perceptions of Area Resources

I am now going to ask you a series of statements to which I would like you to tell me whether or not you agree, and how strongly you feel about each one. You will be using a 1 to 5 scale, with 1=Strongly Disagree to 5=Strongly Agree. After we vote on each of the statements, we will discuss the group results and the topic in detail.

1. I feel there is enough help in Sussex County for families who are dealing with substance abuse and addiction issues. (Vote 1-5)

- 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?
- Do you have any suggestions as to how to improve services in this area?

2. I feel there is enough help in Sussex County for single adults who are dealing with substance abuse and addiction issues. (Vote 1-5)

- Do you have any suggestions as to how to improve services in this area?

3. I feel that residents in Sussex County know where to go if they need help with substance abuse and addiction issues. (Vote 1-5)

- How did you learn about what services were available in Sussex County?

4. When in a substance abuse or addiction crisis situation, such as an overdose, I know where to go to for help. (Vote 1-5)

- Are there enough services to help 'in the moment' of an overdose situation?
 - If you have accessed services, were your needs met?

C. Avenues for change

1. There is enough education in the county on how to prevent substance abuse? (Vote 1-5)

- Do you feel more education is needed for parents? For single adults?
- What suggestions do you have as to how to best educate those at risk?

2. I feel people in Sussex County do not try to hide the problem of substance abuse and are out 'in the open' with it. (Vote 1-5)

- Is this an issue that is still kept 'in the closet'?
- How can we best reach those affected by substance abuse or addiction without having their shame and embarrassment prevent them from seeking help?
- Do you perceive there to be room for improvement in the level of awareness within Sussex County regarding addiction and recovery?

4. Do you have suggestions on how the county can best address the needs of families and adults affected by substance abuse or addiction?

D. 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 -
Individuals 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 individuals with disabilities in Sussex County. We hope you can share some of your thoughts on some of your experiences.

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 also ask that you keep anything that is said in this meeting confidential as well so that everyone can feel comfortable speaking out.

I would first like to go over a few basic ground rules that will help the group run as smoothly as possible. I do want to mention that the session is being audio taped. The reason I am taping the session is because I can't listen and write notes fast enough and I want to make sure I report everyone's feedback and opinions. Also, I like to incorporate quotes in the reports I prepare to emphasize certain points, themes, etc. I can again reassure you, however, that no names are used in the report. Being that we are taping the session, it is important that we have one person speaking at a time. 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 responding to closed-ended survey questions. Before we get started, does anyone have any questions?

A. 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. Relationship to individual with disability?

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

3. What is your age or the age of the individual you are representing?

- 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 or the individual that you are representing live?

- a. Own home
- b. Rent
- c. Long term care facility/nursing home
- d. With family
- e. Group home/supervised home
- f. Institution
- g. Foster home
- h. Other _____

B. Needs of the individual with the disability

1. Have you ever used any local social service agencies for assistance?

- Yes No

• What agencies/services have you used? _____

• How did you find out about those agencies/services? _____

2. Do you find it difficult to find and get assistance in Sussex County?

- Yes No I don't know

• What barriers, if any, do you see to finding and getting assistance in Sussex County?

• What suggestions do you have to making it easier for those in need to get assistance?

3. Was there a time in the past 12 months when you/your family member needed medical care and couldn't find it?

- Yes No I don't know

-
- Does your family have health insurance?

Yes No I don't know

- Does your family have Prescription drug insurance?

Yes No I don't know

If so, does your prescription drug insurance cover the medicines you and your family need?

Yes No I don't know

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

Yes No I don't know

- Are all the medical services you need available in Sussex County?

Yes No I don't know

If not, how often and far do you have to travel to receive the care that you or your family member needs?

- Is there anything that prevents you and your family member(s) from getting medical/health care provider(s)?

Yes No I don't know

4. Does you/your family member have one person they think of as their personal doctor or healthcare provider?

Yes No I don't know

- Are your/your family member's medical needs met by a primary care doctor?

Yes No I don't know

- Are there factors that prevent you/your family member from having one primary care provider?

Yes No I don't know

-
- Does your family member have regular check-ups with a family doctor?

Yes No I don't know

5. There is adequate (accessible) transportation in Sussex County for people with disabilities.

Yes No I don't know

- Who typically transports you/your family member to appointments, outings, etc?

- Have you been able to get reliable transportation for yourself/family member?

Yes No I don't know

- What services do you/your family member have to travel out of the county to receive and how often?

- Is cost an issue in getting transportation?

Yes No I don't know

- Do you have any suggestions on how the county might improve transportation services for individuals with disabilities?

6. I am satisfied with the schooling/programming my family member receives.

- For those with school-aged children, are their needs being met in school?

Yes No I don't know

- For the adults, if applicable, are you satisfied with your day program?

Yes No I don't know

If there are barriers to accessing a day program, please comment here: _____

C. Family member needs

1. There is enough support in the county for family members/caregivers caring for an individual with a disability.

Yes No I don't know

• If you feel like you need a support group or someone to talk to, would you know where to go?

Yes No I don't know

• When you need help, do you know who to call or where to go for help?

Yes No I don't know

2. When in a crisis situation, I have a place/person to go to for help.

Yes No I don't know

• Are there enough services to help 'in the moment' of a crisis situation?

Yes No I don't know

D. Concluding Thoughts

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 the survey. All of your feedback will be very helpful. Thank you again.

Sussex County Human Services
Focus Group Discussion Guide-Elderly

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 older adults 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 do want to mention that the session is being audio taped. The reason I am taping the session is because I can't listen and write notes fast enough and I want to make sure I report everyone's feedback and opinions. Also, I like to incorporate quotes in the reports I prepare to emphasize certain points, themes, etc. I can again reassure you, however, that no names are used in the report. Being that we are taping the session, it is important that we have one person speaking at a time. 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?

A. 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

2. What is your age range?

- a. 55-60
- b. 61-65
- c. 66-70
- d. 71-75
- e. 76-80
- f. 81-85
- g. Over 85

3. What is your current marital status?

- a. Single
- b. Married
- c. Divorced
- d. Separated
- e. Widowed

4. Do you have insurance that covers some or all of your medical care?

- a. Yes
- b. No

5. I currently live in a nursing home or retirement/senior community.

- a. Yes
- b. No

B. Medical Care for the Elderly

Below is a series of statements. Using a 1 to 5 scale, with 1=Strongly Disagree to 5=Strongly Agree, please rate each statement.

1. I am able to get my prescriptions at a reasonable cost. (Vote 1-5)_____

- Any suggestions on how to address the issues of expensive prescription costs for seniors? _____

2. I can easily understand the paperwork and other processes that go along with my insurance coverage. (Vote 1-5)_____

- Do you find the paperwork confusing and a barrier to getting insurance? Yes _____ No _____
- Would you find it helpful to have assistance with interpreting the various forms and procedures? Yes _____ No _____

3. I know how to obtain home health services if the need arose. (Vote 1-5)_____

- Do you understand what services home health has to offer? Yes _____ No _____
- Do you know if your insurance covers home health services? Yes _____ No _____

4. I know where to go if I need help dealing with feelings of depression, anxiety, etc. (Vote 1-5)_____

- Do you feel there are enough counseling resources for seniors in the county? Yes _____ No _____

5. I am able to get transportation to medical appointments. (Vote 1-5)_____

- Do you feel there are enough transportation services in the county for older adults? Yes _____ No _____
- Is the transportation of high quality or substandard? Yes _____ No _____

6. The nursing homes in the area are of high quality. (Vote 1-5)_____

- What are your thoughts on the quality of care given in area nursing homes? _____

- Do you feel there are enough nursing homes for all income levels? Yes _____ No _____
- Are there any barriers that make it difficult to get into an area nursing home? _____

C. Non-medical issues

Below is a series of agree/disagree statements like in the previous sections.

1. Housing (non-nursing home) in Sussex County is affordable for older adults. (Vote 1-5) _____

- Aside from nursing homes, is there adequate housing for all income levels? Yes _____ No _____

2. There are adequate transportation services in the area. (Vote 1-5)

- Are area senior citizens able to access transportation for events such as attending the senior center, going for groceries, etc.? Yes _____ No _____
- Does the existing transportation accommodate for any physical limitations (e.g., wheelchairs, difficulty walking, etc.) Yes _____ No _____

3. I feel there are sufficient resources in Sussex County to help older adults to get food, groceries, etc. (Vote 1-5) _____

- Are you able to get needed groceries? Yes _____ No _____
- Is there an area “Meals on Wheels” program for the elderly that is easily accessible? Yes _____ No _____

4. Seniors in Sussex County have enough recreational activities at their disposal (e.g., Senior Centers, etc). (Vote 1-5) _____

- Are you aware of the senior-focused centers, activities in the area? Yes _____ No _____
- Are there factors that prevent older adults from participating in the existing services? Yes _____ No _____ If yes, what factors:

5. Most seniors in the area know how to access the Division of Senior Services (Office on Aging) if they needed help. (Vote 1-5) _____

- How aware of the Division of Senior Services are older adults in the county?

-
- What services, if any, are not being offered by the Division of Senior Services that you would like to see?

D. General Issues

1. Do you feel your community lacks any needed services?

- Yes No

What if any services do you feel are lacking?

2. Taking everything into consideration, overall how would you rate the community you live in?

- Very Poor Poor Average Good Excellent

• What influenced your rating? _____

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

3. Overall, do you feel safe where you live?

- Yes No

• If you don't feel safe, what can be done to increase your level of security? _____

E. Concluding Thoughts

1. If you had one suggestion for Sussex County Human Services about what they can do to best meet the needs of the older adults, what would that suggestion be? _____

2. Is there anything that I did not cover that you feel is important and would like to share?

Thank you for your feedback!