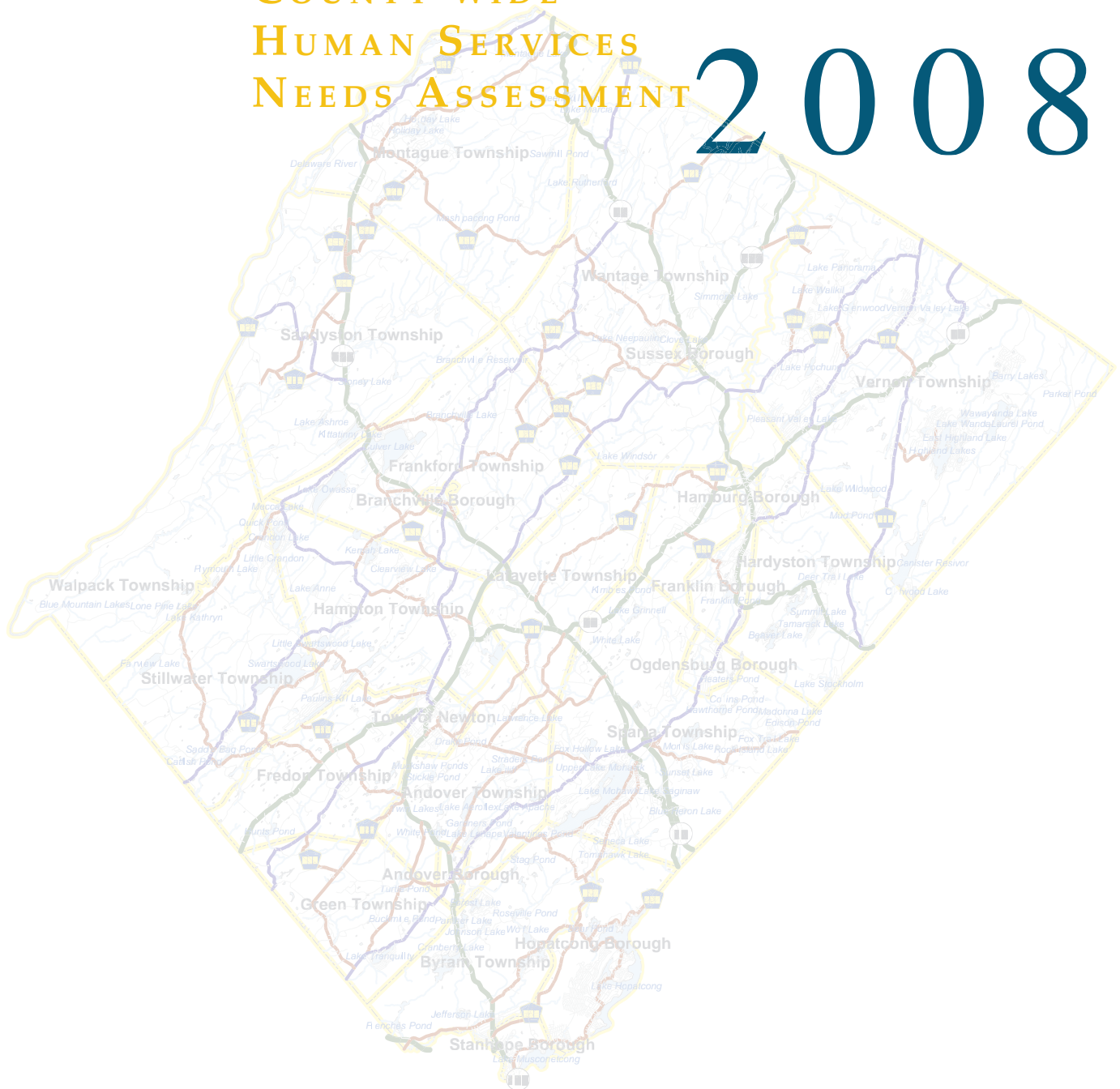


County of Sussex

COUNTY-WIDE HUMAN SERVICES NEEDS ASSESSMENT

2008



Sussex County

GLEN VETRANO, DIRECTOR
JEFFREY M. PARROTT, DEPUTY DIRECTOR
PHILLIP R. CRABB
HAROLD J. WIRTHS
SUSAN M. ZELLMAN

County of Sussex

Glen Vetrano
Director

Jeffrey M. Parrott
Deputy Director

Phillip R. Crabb
Freeholder

Harold J. Wirths
Freeholder

Susan M. Zellman
Freeholder



Board of Chosen Freeholders



Sussex County Administrative Center
One Spring Street
Newton, N.J. 07860



TEL: (973) 579-0210
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April 8, 2009

Dear Citizens of Sussex County:

The Sussex County Board of Chosen Freeholders is pleased to present to you the 2008 Human Services Needs Assessment. The first County-wide report was published in 2003. A copy of these documents can be found on the County website at www.sussex.nj.us.

Our objective, through the collection and analysis of comprehensive County-wide data, was to identify and prioritize the existing and emergent needs of the people who reside in our County and then direct our investments where they can do the most good.

We give special recognition to the Human Services Advisory Council for its leadership and to the Department of Human Services, Division of Community and Youth Services for administration and oversight of this project. The collective efforts of all involved made completion of the study possible. Additionally, the Board wishes to express its appreciation to the many Sussex County agencies, professional groups, and citizens who participated in focus groups for their commitment and dedication. We thank them.

It is our sincere hope that this Needs Assessment will serve as a tool to improve the quality of life for all who live and work in Sussex County.

Sincerely,

Glen Vetrano
Director

Jeffrey M. Parrott
Deputy Director

Phillip R. Crabb
Freeholder

Harold J. Wirths
Freeholder

Susan M. Zellman
Freeholder

RESOLUTION RE: ACCEPTANCE AND UTILIZATION OF THE 2008 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 Services 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 2008 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 THEREFORE RESOLVED that the Needs Assessment shall be utilized in the competitive contracting process to be initiated by the County for Grant-in-Aid and Peer Grouping funding; and

**RESOLUTION RE: ACCEPTANCE AND UTILIZATION OF THE 2008 COUNTY-WIDE
HUMAN SERVICES NEEDS ASSESSMENT (continued)**

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 services needs of the community in an effective and efficient manner; and

BE IT FURTHER RESOLVED that a certified copy of this Resolution be forwarded to Stephen R. Gruchacz, Administrator, Department of Human Services, Lorraine Hentz, Director, Division of Community and Youth Services, and Linda Pinto, Chair of the Human Services Advisory Council.

Certified as a true copy of the Resolution adopted by the
Board of Chosen Freeholders on April 8, 2009.



DEPARTMENT OF HUMAN SERVICES
Sussex County Administrative Center
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Newton, N.J. 07860
Telephone: (973) 579-0559
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STEPHEN R. GRUCHACZ
ADMINISTRATOR

County of Sussex

September 2008

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

The efforts and dedication of the Human Services Advisory Council (HSAC) to serve the people of Sussex County is evident in this initiative undertaken to assess the diverse human service needs of our growing Sussex County population.

A County-wide Needs Assessment and strategic planning of this nature was last completed in 2003. 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 2003 County-wide Needs Assessment:

- Consolidation of Sussex County's Para Transit Division into the Department of Human Services has improved access to transportation services for older adults, individuals with disabilities, citizens involved with a myriad of social services programs requiring transportation to and from work and child care programs, as well as the public at large.
- Improved coordination of mental health services to maximize the availability of care and completion of a Sussex County Mental Health Plan in conjunction with the Mental Health Board and Professional Advisory Committee.
- Homelessness prevention and homeless programs including applying for McKinney Vento funding, Manna House outreach, Point in Time Survey and Project Homeless Connect to address the needs of our citizen population.
- Outreach to faith-based and business sectors to provide education about human service needs in our community.



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STEPHEN R. GRUCHACZ
ADMINISTRATOR

County of Sussex

- The establishment of an improved decision making process for community funding through Requests for Proposal and monitoring of service funding.
- Increased county funding to begin to fill identified gaps in essential services.

My expectation is that this 2008 assessment of the needs of those who reside in Sussex County will have equally powerful results as we move forward.

The creation of the 2008 County-wide Needs Assessment would not be possible without the candid input of consumers who greatly rely on the comprehensive human services 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 valuable perspective that is essential to understanding the opportunities and challenges throughout Sussex County and ensuring that those in need are provided services in a respectful, professional and comprehensive fashion.

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,

A handwritten signature in black ink, reading 'Stephen R. Gruchacz'.

Stephen R. Gruchacz, Administrator

Sussex County Department of Human Services

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ACKNOWLEDGEMENTS

This report would not have been possible without the generous support of the community and the dynamic leadership of so many.

Special Thanks To

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

Focus Group Collaborators

Brookside Terrace

Capitol Care

DAWN CIL

Family Support Organization of Morris/Sussex

Manna House

Project Self-Sufficiency

SCARC

Sussex County Division of Senior Services

Sussex House, and

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

Sussex County Department of Human Services

Stephen Gruchacz, Administrator; Lorraine Hentz, Director, Division of Community and Youth Services; Christine Florio, Human Services Advisory Council Coordinator

The Sussex County Board of Chosen Freeholders

Gina Plotino, Project Manager, GMP Consulting, Inc.

Special thanks to everyone who participated by sharing their personal experiences.

2008 COUNTY-WIDE HUMAN SERVICES NEEDS ASSESSMENT

EXECUTIVE SUMMARY

“The need in our Sussex County community is great. The County-wide Human Services Needs Assessment has resulted in important insights that will help us to direct resources where they will do the most good.” - Stephen Gruchacz, Administrator

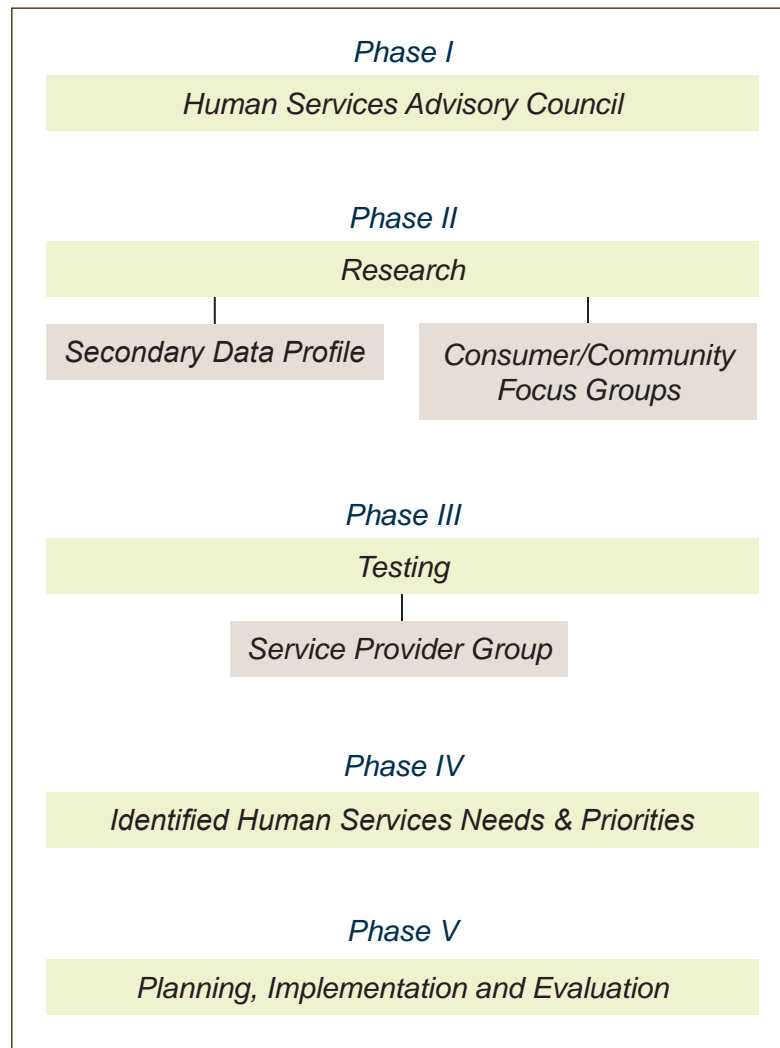
The unprecedented growth experienced by Sussex County over the last decade combined with a challenging economic climate, has resulted in an increased demand for health and human services. In order to respond to the needs expressed as well as to plan for needs which may emerge as a result of changing demographics, the Sussex County Human Services Advisory Council (HSAC) has lead the effort to conduct a county-wide assessment of need. The support of the Sussex County Department of Human Services and endorsement of the Board of Chosen Freeholders has been essential to our success in doing so.

We have built on the methodology utilized in 2003 to collect and analyze data in such a way that insures the reliability and integrity of published results. Our vision is, *“A Sussex County community where individuals and families are able to access the health and human services they need.”* Our goal: *“To prioritize the needs of vulnerable population groups in Sussex County and guide health and human services agencies and the County in meeting them.”*

To assist with facilitation of the consumer-based focus groups, data analysis, and the compilation of this document, the County Department of Human Services contracted with GMP Consulting, Inc.

Process Model

The model used to guide the HSAC in accomplishing its goal involved a five phase process.



Research

A three pronged methodology for the collection of data established the foundation for a comprehensive approach to the county-wide needs assessment. The analysis and assessment of need was based on the collection of profile data from objective sources such as the U.S. Census, Uniform Crime Reports, and the NJ Department of Education and the facilitation of focus groups organized by targeted populations including single parents, the elderly, the homeless and medically needy, the mentally ill, individuals with disabilities, families of the developmentally disabled, families in crisis, and aging out youth.

Additionally, human services providers participated in strategic planning sessions to align priorities in the delivery of human services with changing conditions and new opportunities. Professionals from the field evaluated the current state of affairs in Sussex County based on the profile data collected, looked at events and trends, and conducted a SWOT analysis (Strengths, Weaknesses, Opportunities and Threats). They identified issues and concerns that emerged consistently throughout the process to help determine priority areas of need and recommendations for action.

SECONDARY DATA PROFILE

Methodology

Data from sources recognized for accuracy and reliability was compiled. No data from special interest and/or advocacy groups was used. Objective data profiling Sussex County demographics, employment, health and mental health, housing, education, crime, addiction, children and youth, older adults, and social and community services was gathered for analysis.

Since 2000, Sussex County has experienced a 6% increase in population. This at a time when the population of the State of New Jersey decreased by 5%.

There is a growing minority population in Sussex County (9%). The largest ethnic group is Hispanics.

Demographics

- The population of Sussex County is 151,443
- The median age is 39.2
- Median household income for a family of four is \$74,420
- The unemployment rate is 3.9% and is highest for 16-19 year olds
- 59.2% of the Sussex labor force works outside the county
- On average, residents travel 36.9 minutes to work
- There are 14,245 adults 65+. Of those 1,681 are grandparents living with their grandchildren. Six hundred forty five of them are responsible for their grandchildren
- There are 17,979 individuals with disabilities living in Sussex County, 11.8% of the total population

The Fair Market Rate for a two bedroom apartment in Sussex County is \$1,103 which requires an annual salary of \$44,120 for the cost of housing to be 30% of income.

Housing

- There were 55,000 occupied housing units in 2005
- Statewide, Sussex County is third in the percentage of households paying more than 30% of their income for housing (the nationally recommended standard for the cost of housing)
- Median housing costs are \$1,790/mortgage and \$1,065/rental

Health Status

- There were 1,601 live births in 2004, a 10% decrease from 2000
- Sussex County ranks first statewide in women receiving prenatal care during the first trimester (90%)
- There are 134 cases of HIV/AIDS
- Heart disease and cancer are the leading causes of death

14.6% of the adult population required alcohol and drug treatment.

Mental Health and Substance Abuse

- There was a 33% increase in emergency screening services, a 7% decrease in partial care and a 1% decrease in outpatient services
- 14.6% of the adult population required substance abuse treatment
- From 1999 to 2003, the number of injection drug users for Sussex County increased from 200 to 566 people

Overall admissions to the JDC are down 6.1%, and the average length of stay is down 16.4%.

Children and Youth

- The number of parents receiving New Jersey Cares for Kids (NJCK) child care subsidies increased by 46%
- 2,410 students receive free or reduced cost lunches
- School based incidences of violence/vandalism increased 5%. Incidents of substance abuse increased 23%

Between 2001 and 2004, Sussex County was one of five in the State where the number of child abuse referrals increased every year.

Abuse and Neglect

- Out-of-home placements are down from 2001 to 2005
- The total number of Family Crisis Intervention Unit cases is down 34.9%. Cases involving “serious threat to safety of the juvenile” increased by 12% from 2000 to 2003
- The number of reported domestic violence offenses is down 23.84% from 2003 to 2005

Crime

- For 2005, the crime rate in Sussex County is 11.8 victims per 1000 residents. Violent crimes have decreased by 23%, while non-violent crimes have increased by 3%

FOCUS GROUPS

Methodology

Focus groups provide a powerful means to evaluate services or test assumptions. Their value is not quantitative but indicative. Consumer based focus groups were brought together over a two-month period in April and May 2008. Participants represented eight targeted populations including the mentally ill, the homeless/low income/medically needy, older adults, individuals with disabilities, families of the developmentally disabled, families in crisis, single parents, and aging out youth.

Focus groups were scheduled for 1 ½ hours at convenient locations throughout the county. The groups averaged 17 participants. Discussion questions and surveys were first developed in 2003 and reused to provide a base for comparison over time. Each session was audio taped to insure the accurate recording of focus group outcomes.

The outcome of the focus group process is a collection of insightful life experiences that reflect the day to day challenges faced by those whose need for human services is clearly articulated. Key issues to emerge include:

- Barriers to access and limited service availability
- The lack of affordable housing (particularly in areas close to essential human services)
- Limited transportation services

-
- The need to travel outside of Sussex County for specialty medical care
 - The desire for jobs within the county that pay a living wage
 - Social isolation felt by many stigmatized by their need for supportive services and public assistance.

Strategic Analysis

Service providers were invited to participate as a group in strategic planning sessions organized to review the evaluation of data, identify priority areas of need, and craft recommendations for action. The group was asked to share their expertise in response to two sets of questions leading into a SWOT analysis.

The first question posed to the providers was, *“Hearing the comments from the focus groups, what does it say to you about the health and human services needs of Sussex County residents?”*

Responses included discussion of the following:

- The need to revisit attitudes and sensitivity toward those we serve.
- The inadequacy of resources for mental health, child care subsidies, respite for families with special needs, and residential placements.
- The life threatening consequences of substance abuse in Sussex County.

Following that discussion, a second set of questions were posed including: *“What trends are emerging? What is missing from the comments? What must be taken into consideration to move forward?”*

Responses to this discussion included:

- The emergent dynamic of families forced to move in together because of financial crisis and the impact such a step has on eligibility for services.
- The limited availability of bi-lingual services and the difficulty in finding bi-lingual staff to change that gap in service.
- The reality that non-profit costs are going up and that government cutbacks and reductions in charitable giving may result in non-profits being forced to pass fees for service onto their clients.

Then out of an examination of strengths, weaknesses, opportunities and threats, the group identified the following as consistent themes among all population groups in need:

- Doctors who accept Medicaid are hard to find in Sussex County.
- The cost of housing is out of reach for many.
- There are few inexpensive and/or available youth activities.
- Navigating the social service system is difficult, even when you work in it.
- Transportation is a barrier – limited to week day business hours and to the county boundary line.
- Child care is increasingly unaffordable and virtually non-existent for children with special needs.
- The wait for mental health services is a month long, even in a crisis.
- Coordination between mental health and substance abuse treatment is needed.
- There are limited programs for offenders (abuse/violence).

Priority Areas for Expanded Investment

Five priority areas for expanded investment emerged as a result of this process. They are:

- Affordable Housing
- Behavioral Health Services/Healthcare Access
- Transportation
- Subsidized Child care/Respite care
- Youth Activities

Current Funding Levels

Current levels of funding total \$24,009,078, representing a combined investment of county, state and federal sources. The portion appropriated by Sussex County for human services is \$11,420,586.

RECOMMENDATIONS FOR ACTION

The HSAC has endorsed a set of recommendations for action that meets their assigned goal. In doing so, they have addressed the question, *“With consideration to all you now know about the health and human services needs of Sussex County residents, what recommendations would you make to focus on the priorities and to achieve the desired outcomes?”*

Recommendation 1: Achieve Success Through Shared Services

Recommendation 2: Improve Customer Service

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

Recommendation 4: Utilize Technology to Increase Awareness and Accessibility

Recommendation 5: Change the Housing Paradigm – Increase Affordable Housing

Recommendation 6: Advocate on a State Level

Conclusion

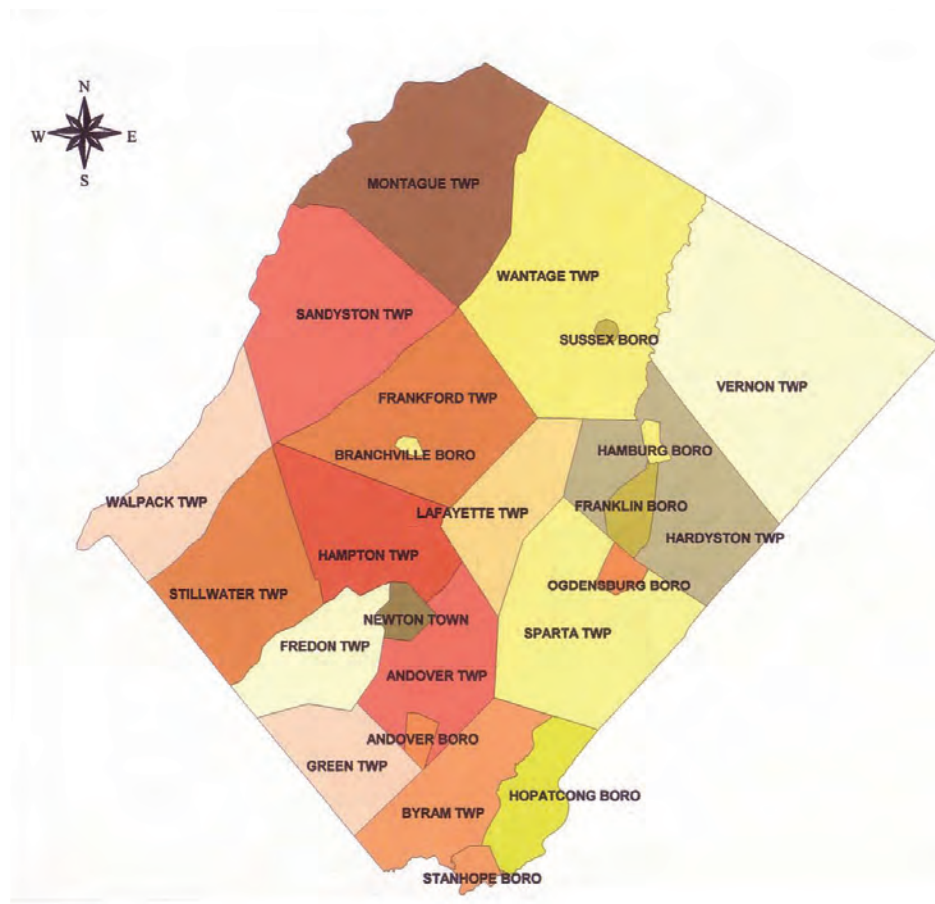
The Countywide Needs Assessment has as its exclusive focus the human services needs of the residents of Sussex County and builds upon earlier strategic planning efforts aimed at strengthening the service delivery system. Progress has been made.

However, there is much that still needs to be accomplished as evidenced by the data contained in this study. Gaps in essential services and emerging needs have been identified. The HSAC endorsed recommendations for action create a framework for renewed efforts to improve the quality of life for all who live and work in our Sussex County community.

SUSSEX COUNTY

Sussex County is the northern most county in New Jersey, located in the Skylands Region. It is one of the State's most scenic areas boasting the beauty of the rugged Kittatinny Mountains, the heavily wooded Highlands, hundreds of natural and man-made lakes, and endless acres of parkland. There are 24 incorporated municipalities. The Town of Newton serves as the county seat.

The county is bordered by New York State, the Delaware River, and Warren, Morris and Passaic Counties. It is 60 miles from Manhattan.



VISION

A Sussex County Community where individuals and families are able to access the health and human services they need.

GOAL

To prioritize the needs of vulnerable population groups in Sussex County and guide health and human services agencies and the County in meeting them.

BACKGROUND

For more than 20 years the Sussex County Human Services Advisory Council (HSAC) has examined the problems, needs and patterns of funding that have influenced the delivery of essential services to its most vulnerable residents. In 1984, the HSAC began work on its first Comprehensive Human Services Plan covering the period 1985 to 1988. The introduction of strategic planning was an initiative of the NJ Department of Human Services and was a contractual obligation for the receipt of state funding in support of the HSAC.

In 1987 the HSAC updated its plan for the period 1988-1992 and for the first time incorporated community based input focused on human service problems, needs and funding patterns.

In 1991 the purpose and goals for the 1992-1994 plan update were further refined. Goals included the improvement of the delivery and coordinating of human services for the client, the need to influence the use of dollars and resources for human services, and achieving an improved efficiency and effectiveness of human services administration, operations, and decision-making. The 1992-1994 plan also evaluated the impact of earlier efforts by highlighting recommendations that were implemented. They selected appropriate timelines and methodologies to fulfill those recommendations not yet realized. Finally, a comprehensive resource inventory and budget analysis was added.

Then in 2001, with the endorsement of the Board of Chosen Freeholders, the HSAC began planning for a county-wide needs assessment of human services issues and concerns. The process was expanded to include health services in 2002. Sussex County Community College stepped forward to manage the project, offering the services of its Institutional Research Department. The College's resources proved invaluable and served to ensure the integrity of the data collected. For the first time focus groups were conducted. The groups provided priceless insights into the day to day struggles faced by so many in our community.

BACKGROUND (continued)

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

1988-1992

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 Child/Respite Care
Youth Activities

PRIORITIES

Priority was assigned based on an analysis of the data collected during each phase of the process and reflect unmet/emerging need of significant consequence.

1. Affordable Housing
2. Behavioral Health Services/Healthcare Access
3. Transportation
4. Subsidized Childcare/Respite care
5. Youth Activities

BACKGROUND (continued)

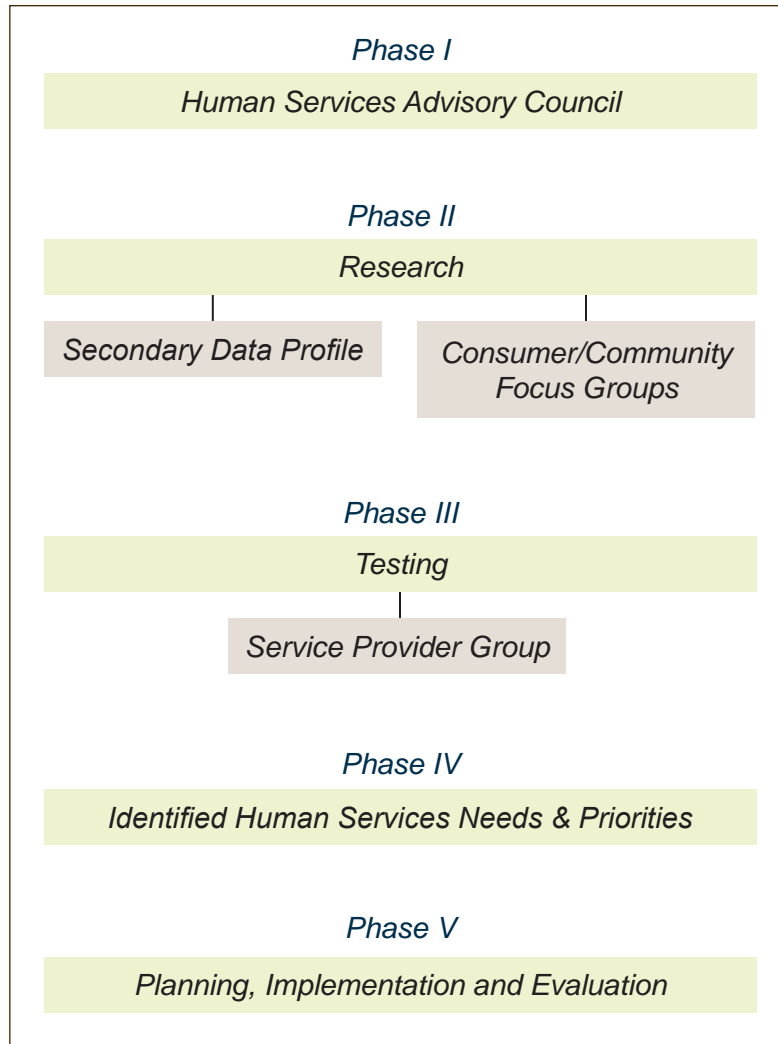
CURRENT FUNDING LEVELS

Human services funding in 2008 from county, state and federal sources totals \$24,009,078. The county's share is \$11,420,586, or 48%, of the total investment in human services.

Additionally, \$8,758,884 in state and federal resources such as Medicaid, Temporary Assistance for Needy Families, and Food Stamps are received directly by clients as a result of programs and services administered by the Sussex County Division of Social Services and human services providers (government and non-profit).

PROCESS MODEL

A process model was developed to guide the compilation of needs assessment data as well as the development of a strategic plan of action for implementation and evaluation by the HSAC in partnership with the Department of Human Services and the support and endorsement of the Sussex County Board of Chosen Freeholders.



RESEARCH

The methodology for the collection of data consolidated statistical facts with life experiences of those who use Sussex County's social services and the professionals who provide those services. Incorporation of these three essential components established the

foundation for the comprehensive approach to the county-wide needs assessment designed by the Department of Human Services and its Human Services Advisory Council (HSAC).

The analysis and assessment of need performed by the HSAC was based on the collection of profile data from objective sources such as the U.S. Census, New Jersey Department of Education, New Jersey Center for Health Statistics, New Jersey Department of Human Services, Uniform Crime Reports, New Jersey Department of Children and Families, and the New Jersey State Police.

The facilitation of eight focus groups organized by targeted populations including single parents, the elderly, the homeless and medically needy, individuals with mental illness, individuals with disabilities, families of the developmentally disabled, families in crisis and aging out youth, provided testimonial of actual life experiences with existing County services. Additionally, human services providers participated in similar sessions to review profile data and discuss the current social trends that they are witnessing daily. Their unique professional perspective reinforced the group's ability to consider focus group participants' comments, formulate a priority list of needs, and recommend realistic future action.

METHODOLOGY

The compilation of data from sources recognized for their accuracy and reliability was prepared for analysis by the Division of Community and Youth Services. No data from special interest and/or advocacy groups was used.

The following provides a profile of the Sussex County resident based on objective data 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, as of 2005, the population in Sussex County totaled 151,443. The county population is the fifth lowest in the State of New Jersey. Population density is also one of the lowest in the state.

Demographics

Population within the county continues to climb and since 2000, Sussex County has experienced a 6% growth in population. There are 55,000 households in the county. Over 75% of those are families, including both married-couple families (66%) and other families (10 %).

The population in Hardyston Township has grown by 28.2%, followed by four other municipalities that have experienced an increase of over 10% – Fredon (16.1%), Hamburg (14.9%), Montague (12.5%) and Wantage (10.2%). Two of 24 municipalities experienced a slight decrease in population – Branchville and Ogdensburg. Walpack Township's population remained unchanged.

Table 1 details the population change for each municipality. Vernon Township is the most heavily populated municipality in the county. Hardyston Township has seen the greatest growth.

Municipality Population Trends - Sussex County						
Municipalities	1990 Census	2000 Census		2005 Estimate		% Change
	Total Population	Total Population	% of Total County Population	Total Population	% of Total County Population	
Andover Borough	712	658	0.46%	661	0.43%	**
Andover Township	5,424	6033	4.18%	6522	4.30%	8.1
Branchville Township	851	845	0.59%	844	0.60%	-0.01
Byram Township	8,109	8254	5.73%	8687	5.70%	4.4
Frankford Township	5,114	5420	3.76%	5687	3.70%	4.9
Franklin Borough	4,977	5160	3.58%	5233	3.40%	1.4
Fredon Township	2,763	2860	1.98%	3321	2.20%	16.1
Green Township	2,709	3220	2.23%	3542	2.30%	10
Hamburg Borough	2,566	3105	2.15%	3567	2.30%	14.9
Hampton Township	4,438	4943	3.43%	5210	3.40%	5.4
Hardyston Township	5,275	6171	4.28%	7914	5.20%	28.2
Hopatcong Borough	15,586	15888	11.02%	16001	10.40%	0.7
Lafayette Township	1,902	2300	1.60%	2503	1.60%	8.8
Montague Township	2,832	3412	2.37%	3840	2.50%	12.5
Newton Township	7,521	8244	5.72%	8416	5.50%	2.1
Ogdensburg Borough	2,722	2638	1.83%	2631	1.70%	-0.3
Sandyston Township	1,732	1825	1.27%	1919	1.30%	5.2
Sparta Township	15,098	18080	12.54%	19318	12.60%	7.2
Stanhope Borough	3,398	3584	2.49%	3701	2.40%	3.3
Stillwater Township	4,253	4267	2.96%	4397	2.90%	3
Sussex Borough	2,201	2145	1.49%	2189	1.40%	2.1
Vernon Township	21,211	24686	17.12%	25540	16.70%	3.5
Walpack Township	67	41	0.03%	41	0.00%	0
Wantage Township	9,487	10387	7.20%	11446	7.50%	10.2

U.S. Census. Census 2000.

<http://www.census.gov/census2000>

Age

The age distribution of Sussex County residents is a bell shaped curve in appearance. The majority of citizens fall into a narrow, definable range with populations trailing off to the left and right. 44.7% of all citizens are in the age range of 25 to 54 years old. The age range of 24 and younger represents 34.4% of the population while citizens 55+ represent 21% of the population (those over 65 represent 9.5% of the population).

The median age in Sussex County is 39.2 years old. Sussex County is slightly above the New Jersey median age of 38 years old, and is the ninth oldest county (in median population age), in the state. Within the county, Walpack Township has the oldest population (in median population age) and Hamburg and Ogdensburg are the youngest followed closely by Vernon.

The northwestern and central portions of the county serve as home for a slightly older population, while the northeastern and southern areas have residents with a younger median age.

Table 2 shows the median ages for all 24 of the municipalities.

Municipality Median Ages for Sussex County (2000)					
Andover borough	40.2	Hamburg borough	35	Sandyston Township	40.4
Andover Township	38.3	Hampton Township	39.8	Sparta Township	37.8
Branchville borough	41.7	Hardyston Township	38.4	Stanhope borough	36.8
Byram Township	36.3	Hopatcong Township	35.7	Stillwater Township	37.2
Frankford Township	40.8	Lafayette Township	38.9	Sussex borough	36.1
Franklin borough	36.7	Montague Township	37	Vernon Township	35.4
Fredon Township	39.3	Newton town	37.6	Walpack Township	49.3
Green Township	36.3	Ogdensburg borough	35	Wantage Township	36.3

U.S. Census. Census 2000.

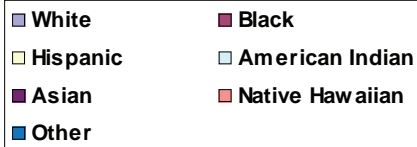
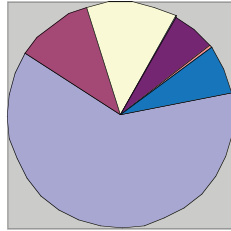
<http://www.census.gov/census2000>

Race

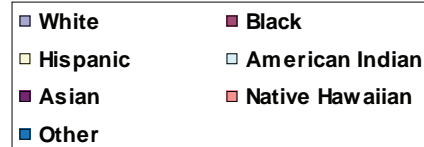
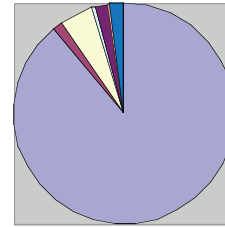
Sussex County is not a racially diverse population. However, the minority population has increased by 2% since the last census data bringing it to 9%. In comparison, the statewide minority population now sits at 37% reflecting an overall increase of 3% since last recorded. 5% of the population in Sussex County identify themselves as Hispanic, while 2% are African American.

Tables 3 and 4 display the racial distribution for the county and state respectively.

**New Jersey Racial Distribution
2005**



**Sussex County Racial
Distribution 2005**



U.S. Census. Census 2000.
<http://factfinder.census.gov>

Table 5 – Minority percentages per Municipality for Sussex County

Minority Percentages per Municipality for Sussex County (2000)					
Andover borough	7.1%	Hamburg borough	9.2%	Sandyston Township	3.1%
Andover Township	8.7%	Hampton Township	4.2%	Sparta Township	5.2%
Branchville borough	2.2%	Hardyston Township	6.9%	Stanhope borough	9.2%
Byram Township	6.4%	Hopatcong Township	11.0%	Stillwater Township	3.5%
Frankford Township	3.0%	Lafayette Township	4.9%	Sussex borough	5.5%
Franklin borough	7.8%	Montague Township	7.0%	Vernon Township	6.0%
Fredon Township	4.2%	Newton town	10.3%	Walpack Township	0.0%
Green Township	5.9%	Ogdensburg borough	6.0%	Wantage Township	5.1%

U.S. Census. Census 2000.
<http://www.census.gov/census2000>

Housing

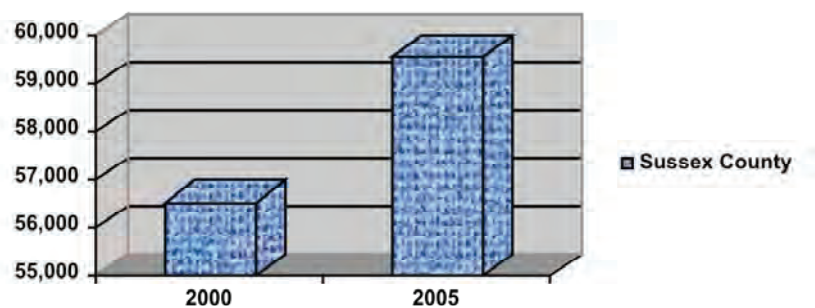
The number of new homes being built in Sussex County continues to increase. With a total of 59,546 housing units (15% of which were built since 1990). 86% are single unit dwellings, 13% are multi-unit structures and 1% is mobile homes. 85% are owner occupied while the remaining 15% are rentals. 4% of households do not own a car and 2% are without a phone.

Housing costs consume nearly a third of the household income for many residents of Sussex County. 37% of mortgage owners, 27% of owners without mortgages, and 54% 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). Sussex County ranks third in the state for the highest percentage of households putting more than 30% of their income towards housing costs.

There are 59,546 housing units in Sussex County. 15% were built since 1990.

According to the National Low Income Housing Coalition, the 2008 fair market rent for a two bedroom apartment in Sussex County is \$1,103. The annual income needed to support housing at that cost is \$44,120 (\$21.21/ hour). For a resident earning the minimum wage (\$7.15), the hours that would be required to be worked each week total 116. (Source: www.nlihc.org)

Table 6 details the growth in housing in Sussex County between 2000 and 2005.



U.S. Census

http://factfinder.census.gov/servlet/ACSSAFFacts?_event=&geo_id=05000US34037&g

Workforce

The total population of residents 16+ in Sussex County is 117,848. However, the number of residents considered part of the labor force is 83,269. Sussex County is approximately 2% of the state's total labor force.

The overall median income for a family of four is \$74,420. There is a noticeable difference in the median income for men and women; men earn \$59,952 compared with women who earn \$40,178.

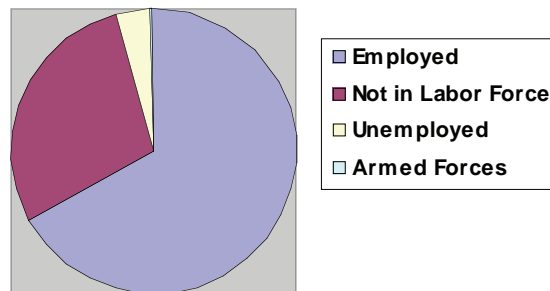
Median earnings in Sussex County are \$59,952 for males and \$40,178 for females.

The mean travel time to work is 36.9 minutes.

According to the New Jersey Transportation Planning Authority, 59.2% of the Sussex labor force works outside the county. On average, residents travel 36.9 minutes to work.

The annual average unemployment rate in the County for 2005 was 3.9%, leaving 3,300 residents of working age unemployed. Unemployment rates are highest among youth aged 16 - 19.

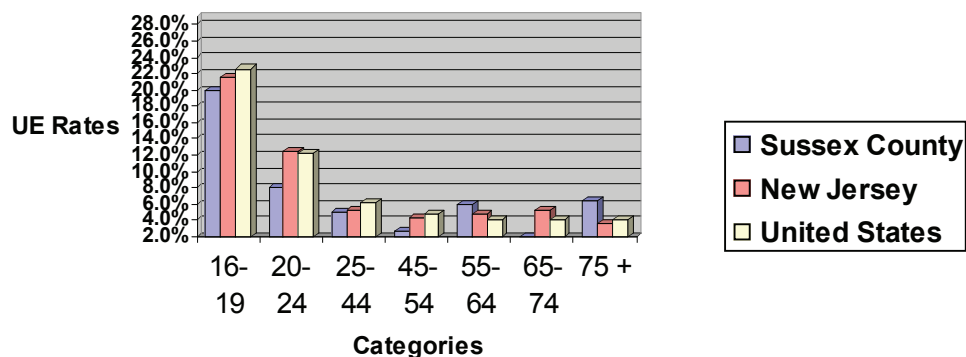
Table 7 details the employment status of Sussex County residents 16 and older. 78,542 are employed, 34,579 are not in the labor force, 4,574 are unemployed and 243 citizens are in the armed forces



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

Table 8 details the 2005 unemployment rate for seven age groups and compares Sussex County's unemployment rate to the state and country.

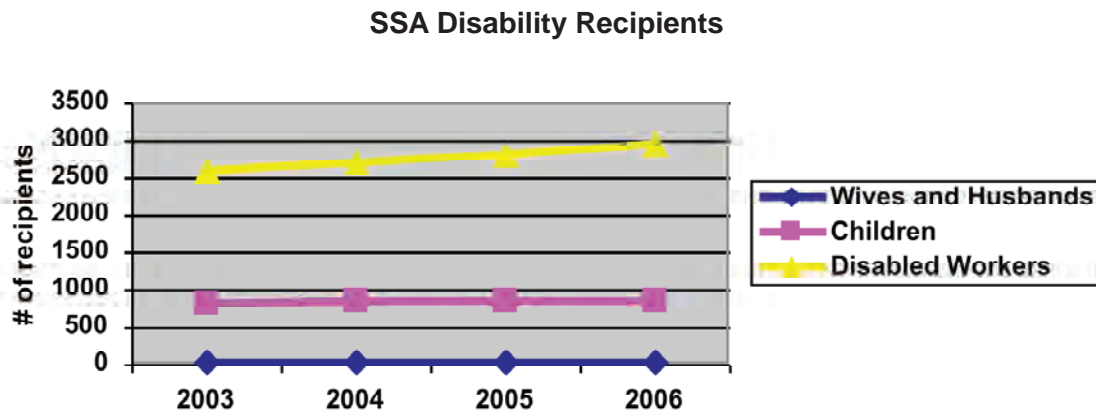
Unemployment Rates (2005)



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

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

SSA disability recipients are categorized in three groups - wives and husbands, children and disabled workers. **Table 9** shows that there has been a 15% increase in disabled workers, a 4% increase in children receiving SSI, and a decrease of 10% for wives and husbands receiving SSA.



Social Security Administration

http://www.ssa.gov/policy/docs/statcomps/oasdi_sc/2006/index.html

Educational Attainment

For the county's population 25 years old and over, 60% have attended college in some capacity. 21% have received a Bachelor's degree, while 11% have gone on to graduate and professional level course work. The overall high school graduation rate is 92%.

Over half (60%) of Sussex County residents ages 25 years and older attended college in some capacity, while 32% attained a Bachelor's degree or better. 92% attained a high school diploma.

Table 10 details the educational attainment for persons 25+ in Sussex County.

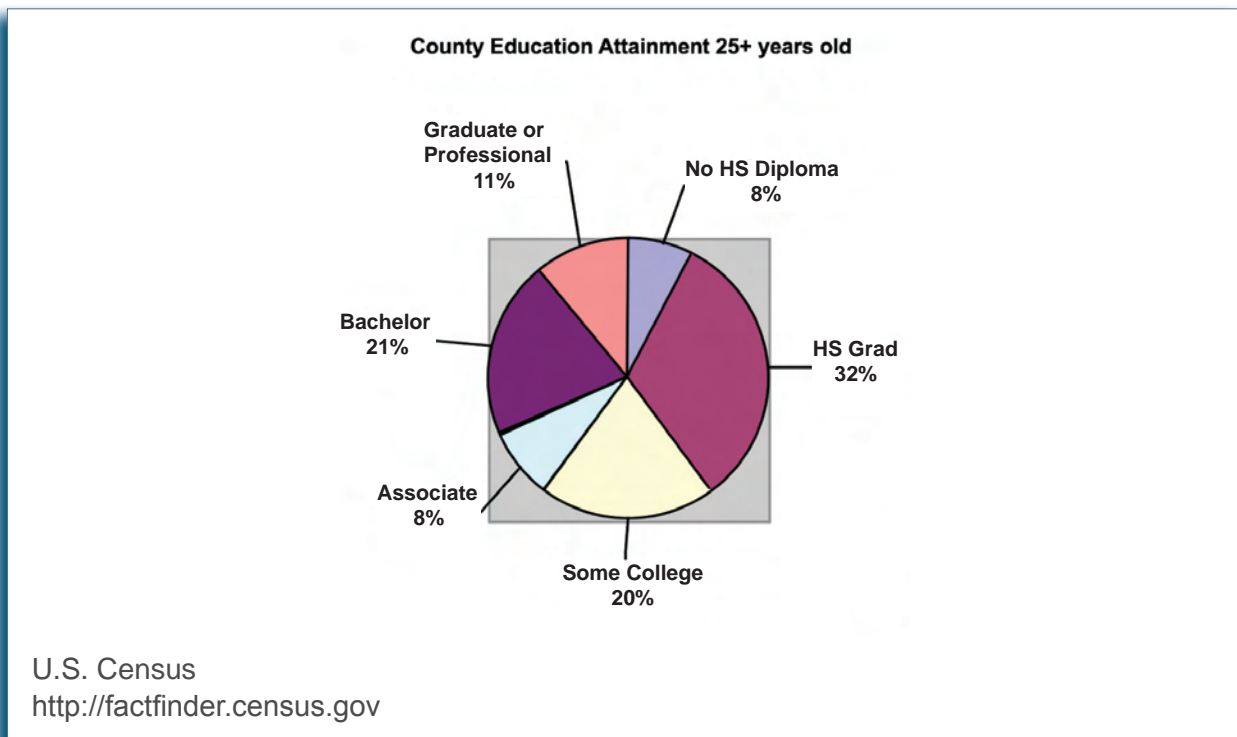
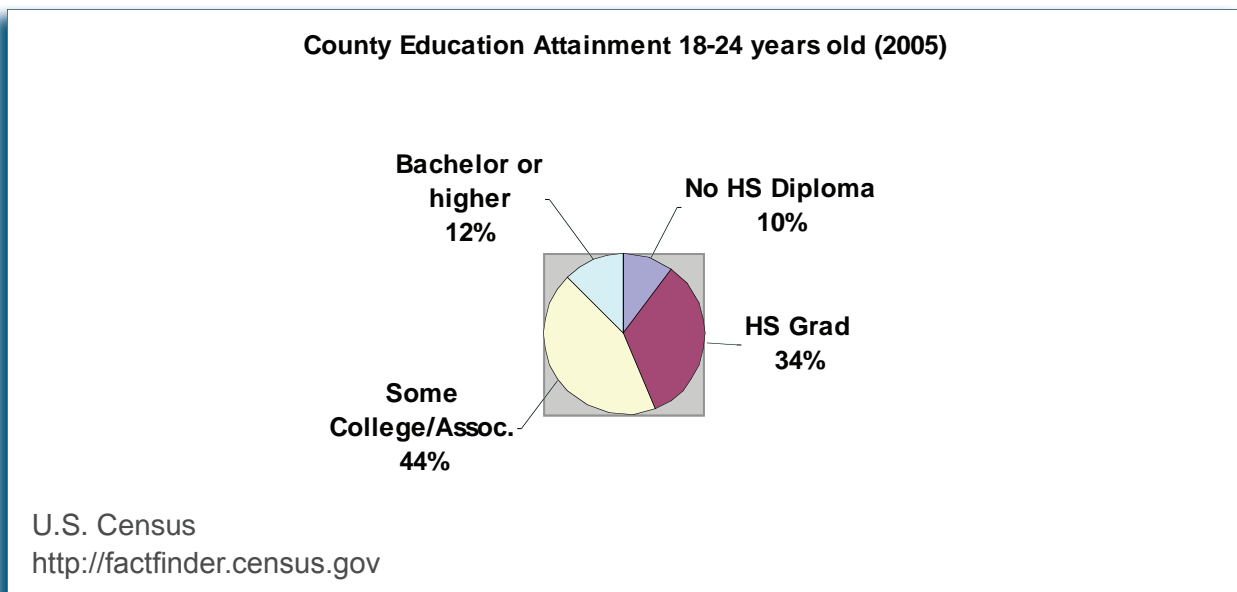


Table 11 details the educational attainment for persons 18–24 in Sussex County. 90% received a high school diploma, reflecting a 10 3% increase since 2000. 56% went on to attend college and of these, 12% attained a Bachelor's degree or higher.



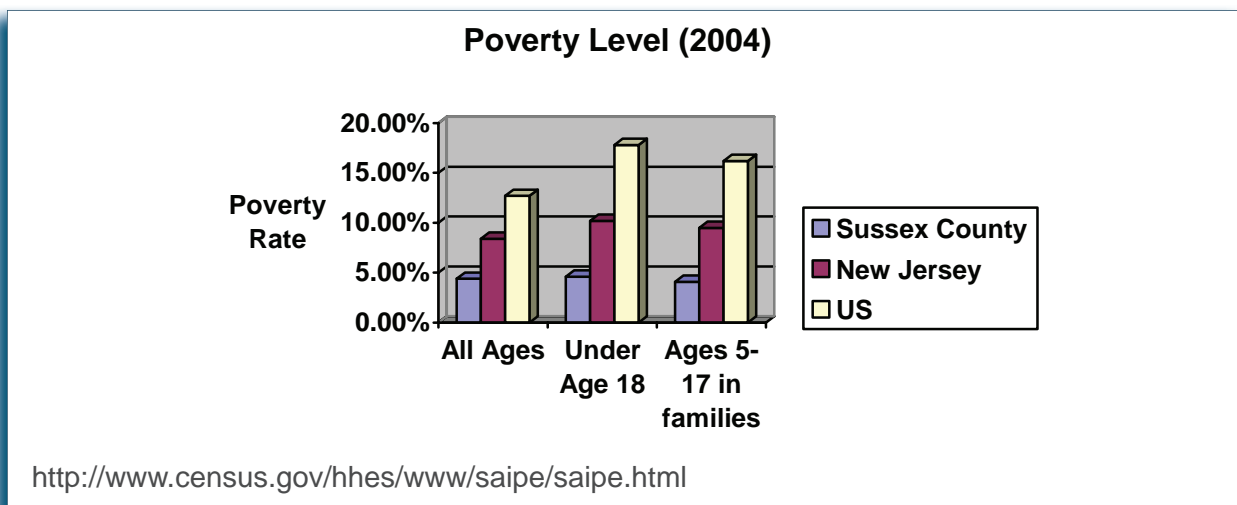
Poverty

According to the guidelines published in the Federal Register, the U.S. Department of Health and Human Services has determined that a family of four whose income is less than \$21,200 lives below the poverty level. In Sussex County, 4.4% of the population (6,628 residents) falls into this category. In the state of NJ, the poverty rate is 8.4%. Our nation has 12.7% of its citizenry living in poverty.

According to the most recent PIT Count, there were 253 households considered homeless, whether they were living in emergency shelter, precariously housed with friends and family, or living on the street.

2008 PIT Count

Table 12 details poverty level information by age group and compares the county to the state and nation. In 2004, Sussex County ranked fourth statewide for the lowest percent of children living in families earning below the federal poverty level.



There are 6,628 residents living in poverty.

Death Rates

In 2003, there were 1,052 deaths in Sussex County as compared to 73,689 statewide. Deaths in Sussex County were 1.43% of the state total. The leading causes of death in the county are heart disease and cancer.

Table 13 and 14 profile the death statistics and death rate by age in Sussex County as compared to the state. Note that the death rate for residents over 65 is higher for the county than for the state and that the death rate for those under 65 is lower for the county. In the first four age categories, the number of deaths is so small that a reliable rate cannot be calculated.

Death Statistics by Age (2003)										
	Under Age 5	Ages 5-14	Ages 15-24	Ages 25-34	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65-74	Ages 75-84	Ages 85 & Over
Sussex County	9	2	15	13	42	75	124	167	292	313
New Jersey	768	147	737	1,061	2,448	4,826	7,114	11,953	22,205	22,423

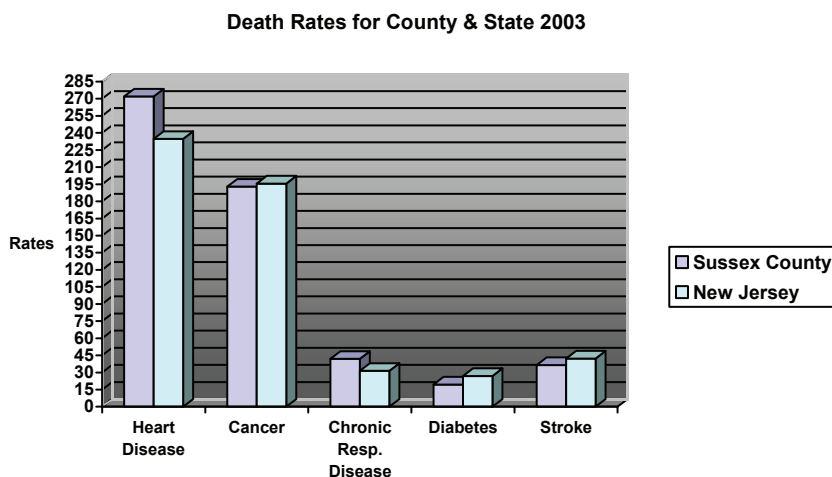
Death Rates by Age (2003)										
	Under Age 5	Ages 5-14	Ages 15-24	Ages 25-34	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65-74	Ages 75-84	Ages 85 & Over
Sussex County	**	**	**	**	155.3	294.1	756.7	2,200.3	6,087.1	17,427.6
New Jersey	135.3	12.1	68.4	95.0	171.1	386.3	827.4	2,151.7	5,344.0	14,673.1

Rates per 100,000

**Indicates numerator too small for rate calculation

New Jersey Center for Health Statistics:
<http://www.state.nj.us/health/chs/deathchar9903.htm>

Table 15 profiles the death rate by leading causes of death. The table compares the county to the state. Heart disease and cancer are by far the most common cause of death in the county and the state.



New Jersey Center for Health Statistics
<http://www.state.nj.us/health/chs/dataindex.htm#morbidity>

Birth Rates

There were 1,601 births in 2004, a decrease of 10% from 2000.

In 2004, Sussex County had the fifth lowest number of births in the state (1,601), representing 1.4% of the state total. **Table 16** details the racial breakdown of births in the county. Of the 1,601 live births in Sussex County in 2004, 1,444 of the mothers received prenatal care in the first trimester. Sussex County ranks first in the state for prenatal care during the first trimester (90%).

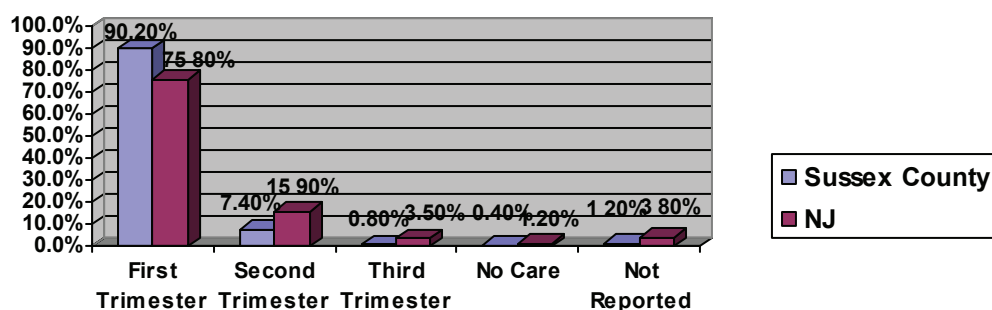
Birth Statistics for Sussex County				
	2003		2004	
Race		% of total		% of total
White	1,665	95.520%	1,508	94.190%
Black	25	1.430%	28	1.750%
Asian/Pacific Islander	39	2.240%	41	2.560%
Other Races	5	0.290%	6	0.370%
Unknown	9	0.520%	18	1.130%
All Races	1,743	100.00%	1,601	100.00%

New Jersey Center for Health Statistics
<http://njshad.doh.state.nj.us/cgi-bin/b1220a>

Sussex County ranks first in the percentage of women receiving prenatal care during the first trimester (90%).

Table 17 details the onset of prenatal care for the county and state. Only 4% of pregnant women in Sussex County receive no care at all throughout their pregnancy. Births to unmarried residents have decreased and now total 221.

Onset of Prenatal Care (2004)



New Jersey Center for Health Statistics
<http://www.state.nj.us/health/chs/birthchar04.htm>

Sexually Transmitted Diseases

There were 76 reported cases of sexually transmitted diseases in Sussex County in 2005. 71 cases were Chlamydia, 5 cases were Gonorrhea, and no cases were diagnosed as Syphilis. The total is down from 2004, when there were 85 cases reported.

Table 18 details the reported cases of sexually transmitted diseases in Sussex County from 2002 through 2005.

Reported Sexually Transmitted Diseases Morbidity - Sussex County					
	2002	2003	2004	2005	% Change
Syphilis	3	5	0	0	-100.00%
Gonorrhea	10	10	13	5	-50.00%
Chlamydia	50	47	72	71	42.00%
Total	63	62	85	76	20.63%

New Jersey Center for Health Statistics
<http://www.state.nj.us/health/cd/std/archive0205.shtml>

Tuberculosis

The number of reported cases of tuberculosis in Sussex County has steadily decreased over the last five years. During this same period the number of cases statewide has declined as well, though not as significantly. In 2006, Sussex County had the lowest county rate of incidence of tuberculosis in the state.

Table 19 details the reported cases of tuberculosis in Sussex County for the period 2002 to 2006 as compared to cases statewide.

Tuberculosis Morbidity Cases/Case Rate							
	2002	2003	2004	2005	2006	% Change Case	% Change Case Rate
Sussex County	4/2.8	1/0.7	2/1.3	3/1.9	1/0.6	-75%	-79%
New Jersey	530/6.2	495/5.7	482/5.5	485/5.6	508/5.8	-4%	-6%

** Cases per 100,00 Population

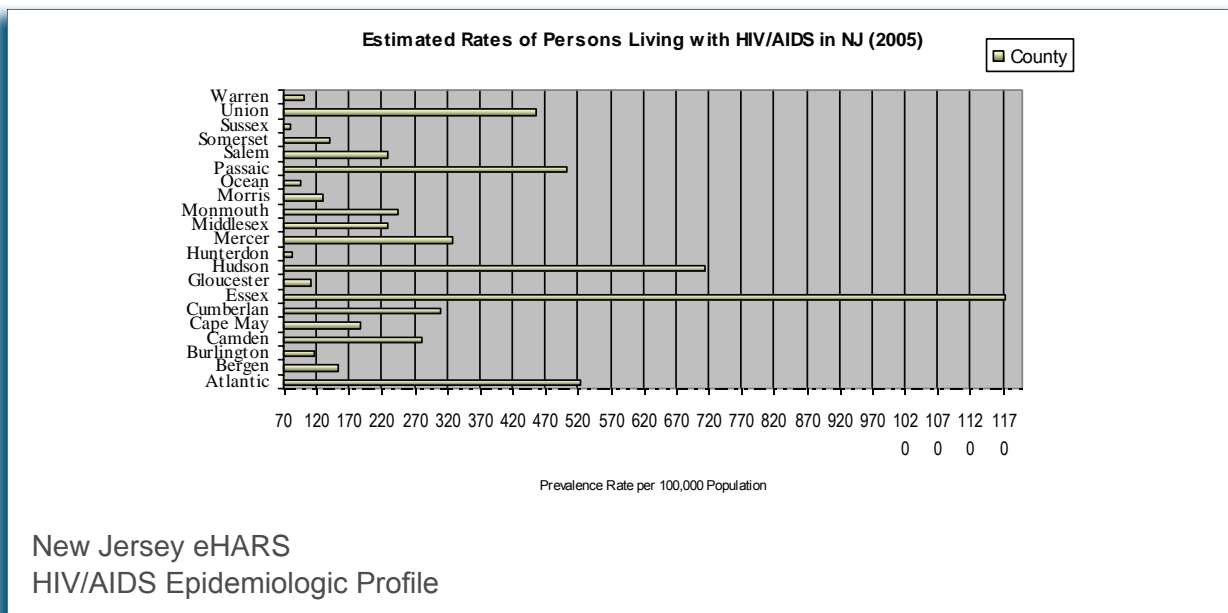
New Jersey Center for Health Statistics

<http://www.state.nj.us/health/cd/std/archive0205.shtml>

HIV/AIDS

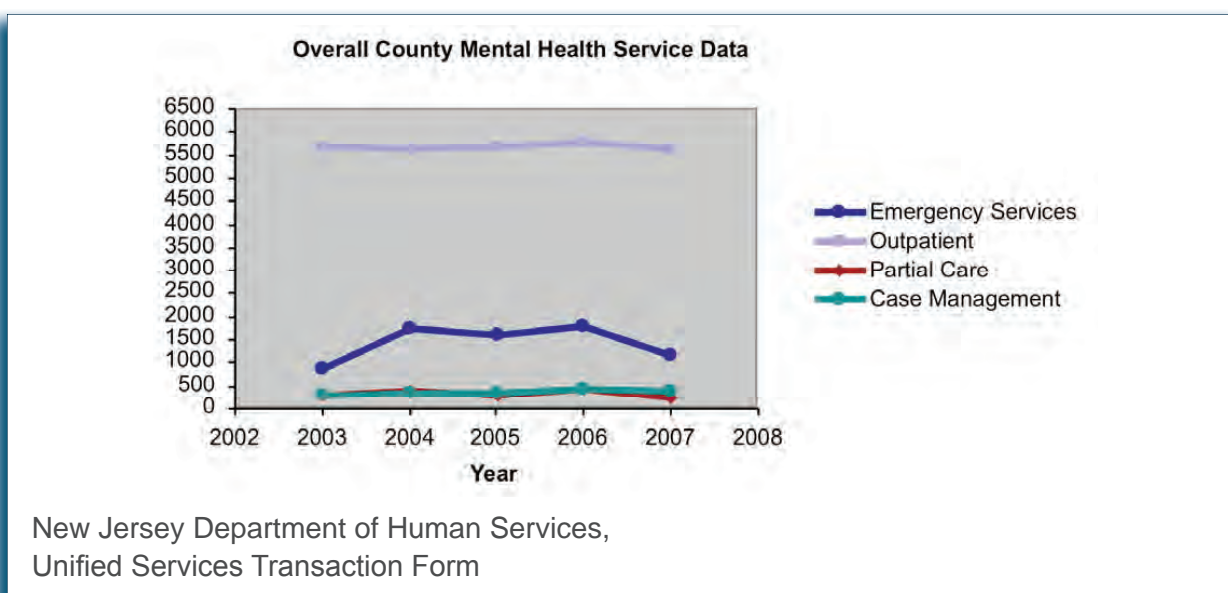
At the end of 2006, New Jersey had 33,623 people living with HIV/AIDS. Of those affected, 21,625 were males and 11,998 were females. According to the Department of Health and Senior Services, New Jersey has the highest proportion of women infected with HIV in the nation, ranks third highest in the number of pediatric cases, and fifth in the nation for total cases. Sussex County has a similar ratio between males and females affected, with 134 reported cases – 83 of whom are male and 51 female.

Table 20 displays the estimated rates of persons living with HIV/AIDS by county for 2005.



Mental Health

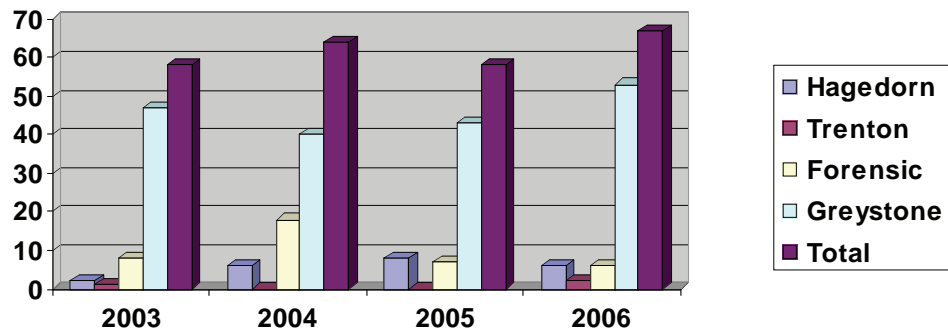
Table 21 details overall emergency services, outpatient, partial care, and case management services data. During the period 2003-2007, there was a 7% decrease in the number of clients who received partial care services and a 1% decrease in those receiving outpatient services. The number of clients receiving case management services increased by 36%, and the number of people receiving emergency services increased by 33%.



Psychiatric Admissions

Table 22 displays the admissions of Sussex County residents to state psychiatric hospitals for the years 2003 through 2006

Sussex County Admissions to State Psychiatric Hospitals



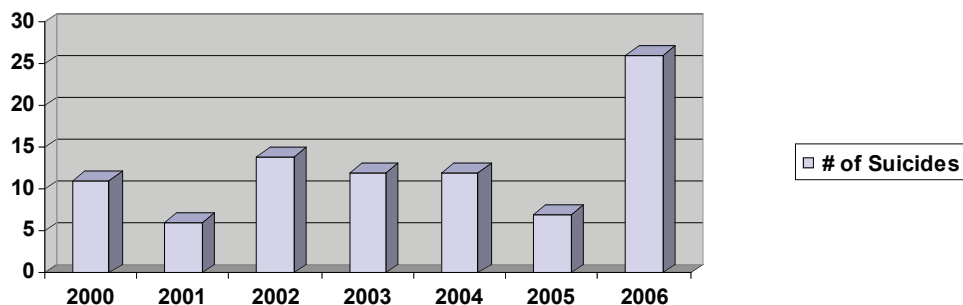
New Jersey Department of Human Services,
Unified Services Transaction Form

Suicide Deaths

According to the County Medical Examiner's office, the number of known suicides has fluctuated over the last six years, with a dramatic increase in 2006.

Table 23 details the number of suicides in Sussex County since 2000.

Number of Suicides in Sussex County



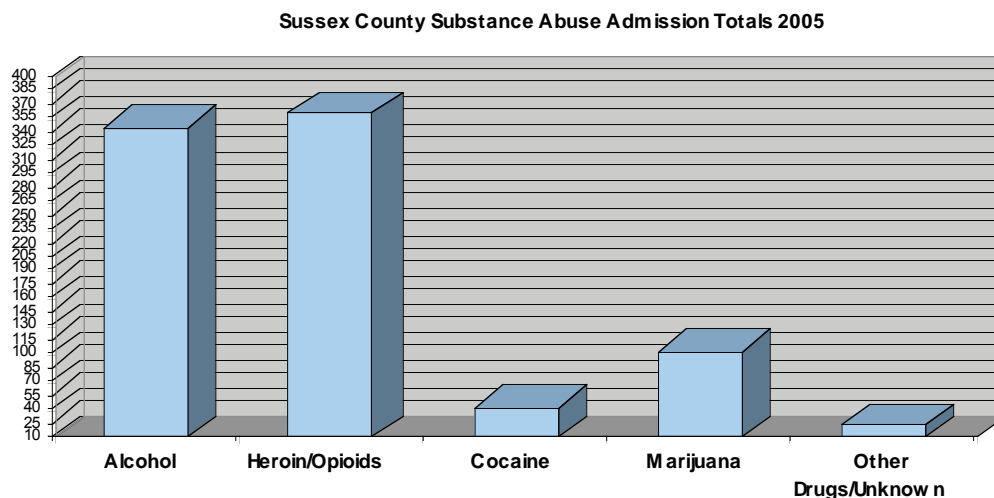
Medical Examiner's Office

Drug and Alcohol Abuse

Out of the 104,031 people over the age of 18 in Sussex County, 15,177 (14.6% of the adult population) were in need of drug (3,431) or alcohol (11,746) treatment. The estimated number of injection drug users has increased by 183% and now totals to 566 people. Records for the entire state of New Jersey, for the same time period, reflect an increase of only 5%.

Table 24 details the treatment admissions for 2005. Of those admitted, 66% were male and 34% female; 90% of all clients were white; and the largest age group (24%) was between the ages of 35-44. Intensive outpatient (IOP) treatment was the most utilized approach, serving 26% of the admissions. 49% of all treatment was performed within the county. 37% of those served were without insurance.

The three municipalities with the highest substance abuse treatment program admissions were: Newton with 154, Hopatcong with 92 and Sparta with 86. Fredon and Stillwater had the least, each having only one admission.



NJ Department of Human Services "Substance Abuse Overview 2005 Sussex County."
New Jersey Substance Abuse Monitoring System (NJ-SAMS)

Drug Abuse and DWI Arrests

The number of adult drug violations steadily increased from 2003 to 2005 for the state and Sussex County.

Table 25 details adult illicit drug abuse for the time period 1998-2003.

# of People who Abuse Illicit Drugs in NJ 1998-2003									
	1998				2003				
	Heroin	Cocaine	Other Drugs	Total	Heroin	Cocaine	Other Drugs	Total	Change % in total #
Sussex County	573	702	1,709	2,984	1,526	1,155	913	3,594	20%
New Jersey	86,353	93,741	73,635	253,729	86,495	65,959	81,853	234,307	-8%

NJ Department of Human Services. "Substance Abuse Overview 2005 Sussex County."
New Jersey Substance Abuse Monitoring System (NJ-SAMS)

The proportion of adult DWI arrests in New Jersey of residents of Sussex County has remained less than 3%. However, the number of DWI arrests in the county rose 12.5% between 2003-2005. Statewide, the number of adult DWI arrests increased by only 3.91% during the same three year period.

Table 26 details the adult DWI arrests for 2003 through 2005 comparing Sussex County to the state.

Adult DWI Arrests				
	2003	2004	2005	% Change
SC DWI Arrests	671	707	755	12.50%
NJ DWI Arrests	28,054	28,692	29,151	3.91%
County Proportion	2.39%	2.46%	2.59%	

New Jersey State Police. 'Uniform Crime Report 2005: State and County Arrest Summary.'
<http://www.njsp.org/info/ucr2005/pdf/2005-sect-3.pdf>

Domestic Violence

The number of domestic violence offenses reported to police for the time period 2003 to 2005 in Sussex County has decreased by 23.84%.

Table 27 details the number of offenses by type. Harassment and assault were the most common offenses accounting for 88% of all offenses in 2005. Sexual assaults and stalking incidents were the only offenses that increased in the county during this time period.

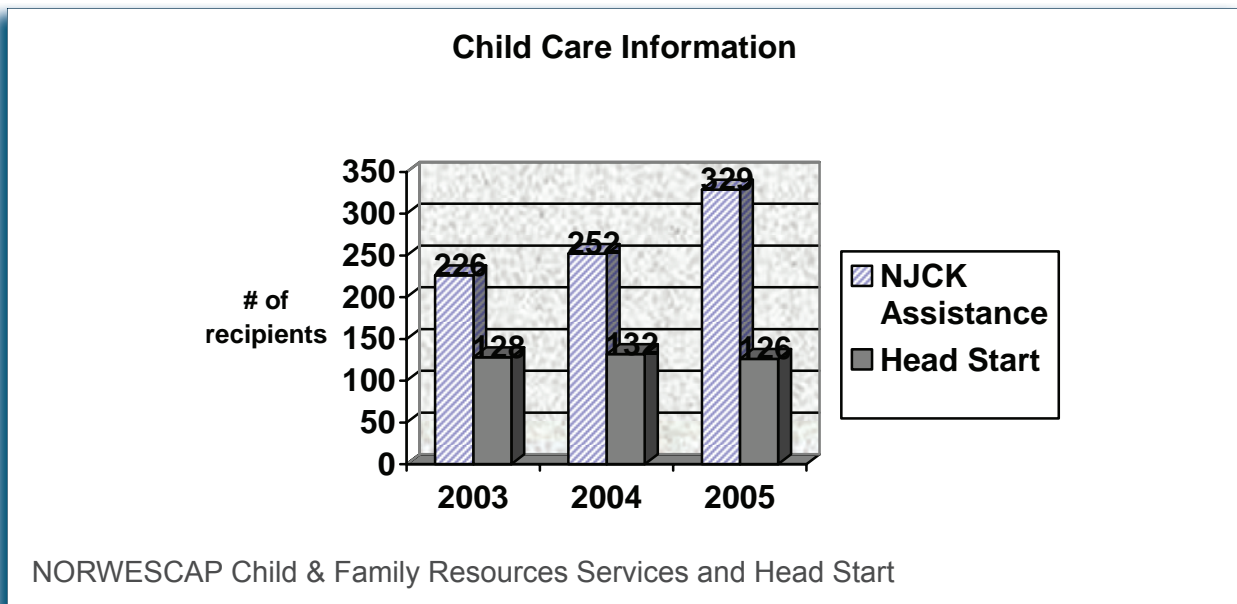
Domestic Violence Offenses				
	2003	2004	2005	% Change
Assault	416	407	321	-22.84%
Burglary	4	4	2	-50.00%
Criminal Mischief	58	55	50	-13.79%
Criminal Restraint	0	0	1	**
Criminal Sexual Contact	0	0	0	**
Criminal Trespassing	9	8	3	-66.67%
False Imprisonment	0	0	1	**
Harassment	758	753	556	-26.65%
Homicide	0	0	1	**
Kidnapping	0	0	0	**
Lewdness	0	0	0	**
Sexual Assault	1	1	4	300.00%
Stalking	3	1	4	33.33%
Terroristic Threats	47	45	44	-6.38%
County Total	1296	1274	987	-23.84%
Arrests	330	313	247	-25.15%

New Jersey State Police. "Uniform Crime Report 2005: State and County Arrest Summary."
<http://www.state.nj.us/lps/njsp/info/ucr2005/pdf/2005-sect-11.pdf>

CHILDREN AND YOUTH

New Jersey Cares for Kids (NJCK) Child Care Assistance and Head Start

From 2003 to 2005, the number of parents receiving NJCK Child Care Assistance increased 46%, while the number of children enrolled in Head Start decreased 2% as reflected in **Table 28**.



The number of parents receiving NJCK childcare subsidy increased by 46%. 2,410 children receive free or reduced cost school lunches.

School Dropouts

Sussex County has 27 public school districts and eight high schools. For the 2005-06 school year, there were 28,126.5 enrollments. During that year, 2,148.5 students graduated while 116 (71 males and 45 females) dropped out. Sussex County had the third lowest dropout rate in the state. Out of the 116 students who dropped out, no student dropped out of school before the eighth grade. 11 students dropped out of the 9th grade; 27 in the 10th grade; 40 in the 11th grade; 34 in the 12th and 4 who were in special education.

116 students dropped out of school in the 2005-06 school year.

Table 29 details the number of dropouts to the number of enrollments for Sussex County and New Jersey for the 2003-04 school year.

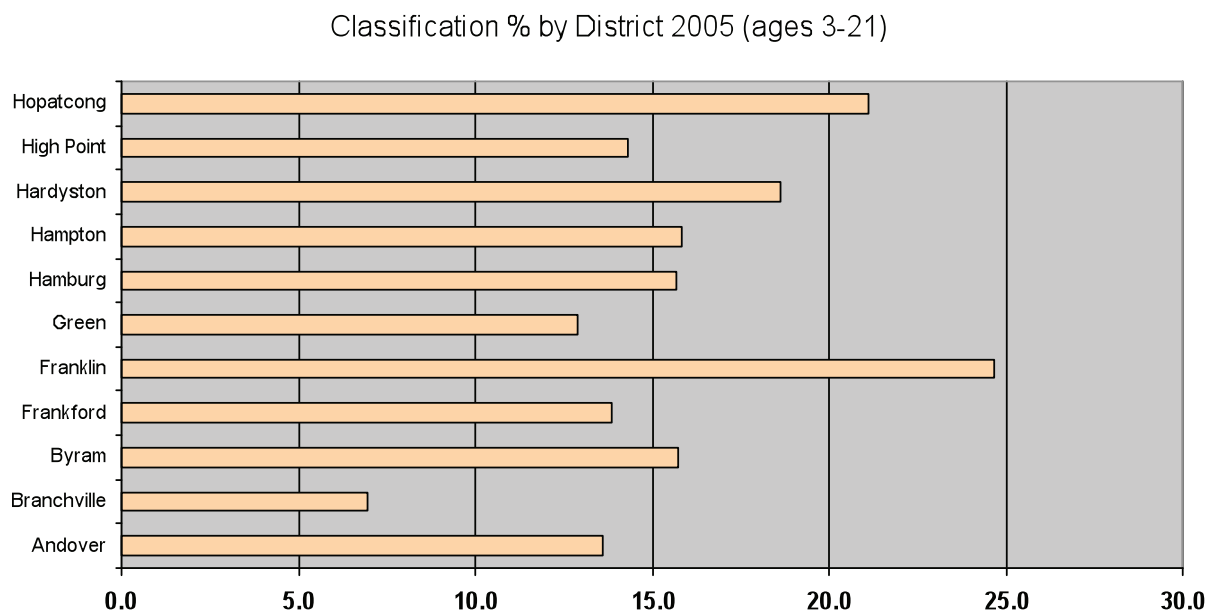
Public School Dropouts (2003/04 School Year)						
	Elementary Schools (K-8)			Secondary Schools (9-12)		
	Total Enrollment	Total Dropouts	Dropout Rate	Secondary Enrollment	Secondary Dropouts	Dropout Rate
Sussex County	18,767	0	0%	7,935.5	111.5	1.4%
New Jersey	961,321	1,632	0.17%	364,533	7,237.5	2%

New Jersey Department of Education.
<http://www.nj.gov/education/data/enr/enr06/county2.htm>

Special Education

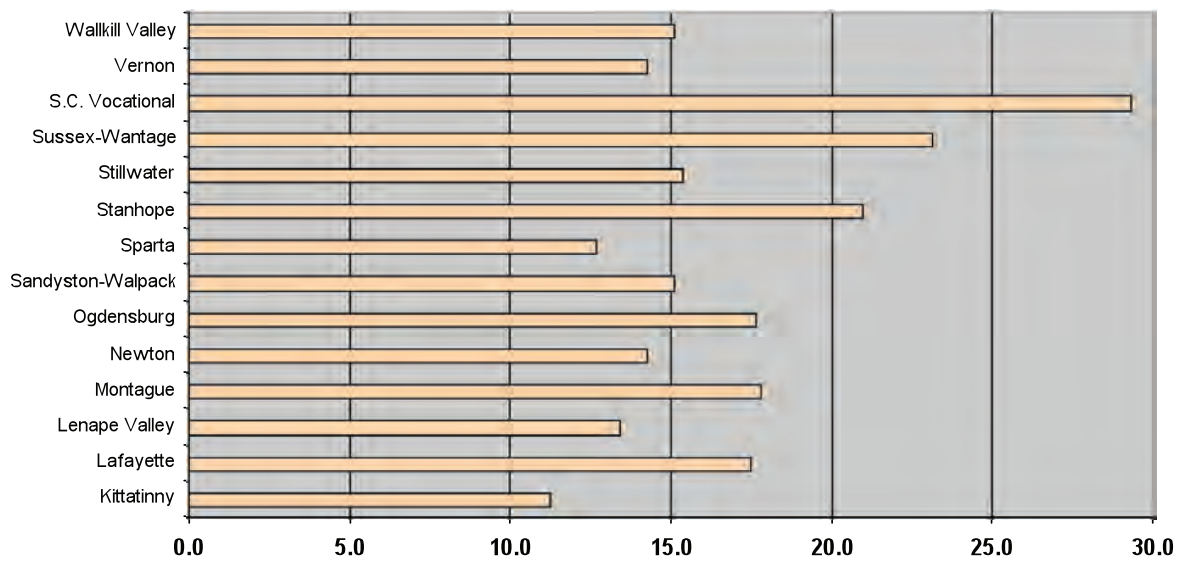
The New Jersey Department of Education provides data on special education classification and enrollment for each district by county.

Tables 30 and 31 show the number of students, by district, who are eligible for special education services. Countywide the Sussex County Technical School has the largest special education eligible population (29.33%). Other districts with eligibility percentages larger than 20% include Hopatcong, Stanhope, Franklin and Sussex-Wantage.



New Jersey Department of Education.
<http://www.nj.gov/education/specialed/data2005.htm>

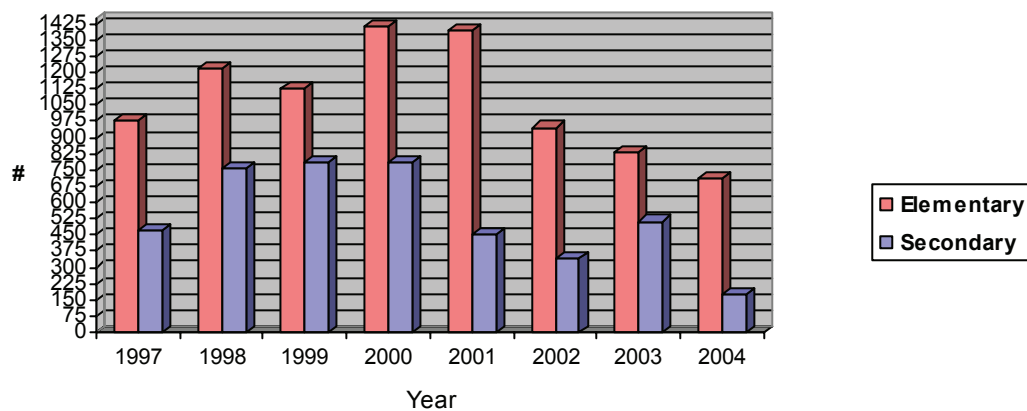
Classification % by District 2005 (ages 3-21)



New Jersey Department of Education
<http://www.nj.gov/education/specialed/data2005.htm>

Table 32 details the percentages of students eligible for special education services at both the elementary and secondary school levels for the period 1997–2004. Over the seven year span, the elementary totals decreased by 28% and the secondary totals decreased by 63%.

Elementary/Secondary Special Ed



New Jersey Department of Education. 'Vital Education Statistics.'
<http://www.nj.gov/education/data/vitaledtoc.htm>

Incidences of School Violence

Public schools throughout the state are required to report the incidences of school-based violence, vandalism, substance abuse and weapons. Table 33 details the number of reported school based incidences in each of Sussex County's public school districts. Vernon Township, the municipality with the highest population has the highest totals, while no violent incidents were reported in either Stanhope Boro or Stillwater Township.

School Based Incidences (2005-06)					
	Violence	Vandalism	Substance Abuse	Weapons	Total
Andover Reg	4	1	1	0	6
Byram Twp	6	1	1	2	10
Frankford Twp	1	0	0	0	1
Franklin Boro	1	1	1	0	3
Fredon Twp	1	0	0	0	1
Green Twp	12	1	0	0	13
Hamburg Boro	3	0	0	0	3
Hampton Twp	4	0	0	1	5
Hardyston Twp	17	0	0	0	17
High Point Reg	9	2	2	0	13
Hopatcong	15	5	3	2	25
Kittatinny Reg	10	1	3	2	16
Lafayette Twp	3	0	0	0	3
Lenape Valley Reg	20	1	2	0	23
Newton town	23	5	15	0	43
Ogdensburg Boro	2	6	0	0	8
Sparta Twp	15	12	10	0	37
Stanhope Boro	0	0	0	0	0
Stillwater Twp	0	0	0	0	0
Sussex-Wantage Reg	5	3	0	0	8
Sussex County CS	3	0	0	0	3
Sussex County Vocational	22	18	16	5	61
Vernon Twp	48	5	7	2	62
Wallkill Valley Reg	13	3	3	0	19

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

Table 34 details the change in reported school based incidences over a four year period (2002/03 to 2005/06). Increases occurred in all categories except those involving weapons, which decreased 13%. Substance abuse incidences increased 23% with a spike in activity during the 2003/04 and 2004/05 school years, and decreased incidences in 2005/06. General violence continues to be the most frequently reported, accounting for more than 60% of the total number of incidences per year.

Violence, Vandalism, Weapons, and Substance Abuse in County Schools									
	2002/03		2003/04		2004/05		2005/06		Change % in total #
School Based Incidences	#	% of Total Incidences	#	% of Total Incidences	#	% of Total Incidences	#	% of Total Incidences	
Violence	225	63%	227	61%	225	62%	237	62%	5%
Vandalism	62	17%	50	13%	43	12%	65	17%	5%
Weapons	16	5%	23	6%	19	5%	14	4%	-13%
Substance Abuse	52	15%	73	20%	77	21%	64	17%	23%
TOTAL	355	100%	373	100%	364	100%	380	100%	

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

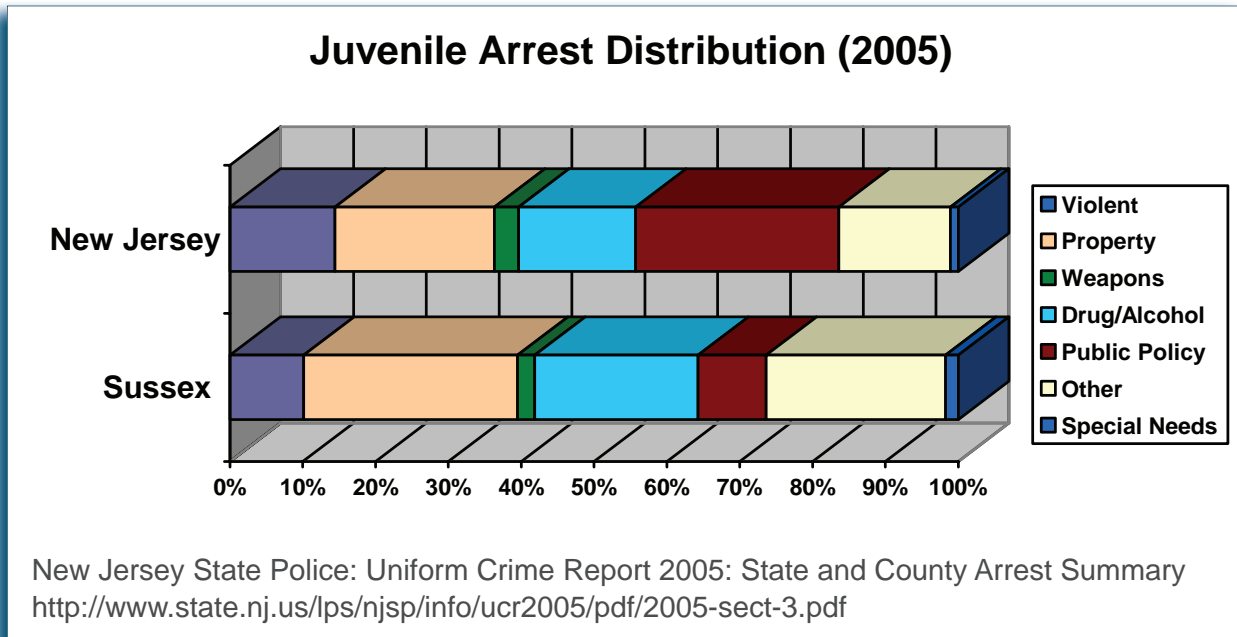
For 2005, statewide, Sussex County had the fourth lowest number of juvenile arrests with 750.

Table 35 details the juvenile arrest distribution for the years 2000, 2002 and 2003.

County Juvenile Arrests by Offense Category, 2000, 2002 and 2003										
Offense Categories	2000			2002			2003			% Change in Number of Arrests 2000-03
	#	% of All Juvenile Arrests	Rate per 1,000 youth	#	% of All Juvenile Arrests	Rate per 1,000 youth	#	% of All Juvenile Arrests	Rate per 1,000 youth	
Violent Offenses	77	11.3%	3.55	105	13.8%	4.5	81	12.2%	3.4	5.2%
Weapons Offenses	9	1.3%	0.4	21	2.8%	0.9	18	2.7%	0.8	100.0%
Property Offenses	183	26.8%	8.4	173	22.8%	7.4	159	23.9%	6.7	-13.1%
Drug/Alcohol Offenses	156	22.8%	7.2	142	18.7%	6.1	145	21.8%	6.1	-7.1%
Special Needs Offenses	12	1.8%	0.6	14	1.8%	0.6	17	2.6%	0.7	41.7%
Public Order & Status Offenses	41	6.0%	1.9	59	7.8%	2.5	59	8.9%	2.5	43.9%
All Other Offenses	205	30.0%	9.5	246	32.4%	7.9	186	28.0%	7.9	-9.3%
GRAND TOTAL OF JUVENILE ARRESTS	683	100%	31.5	760	100%	28.1	665	100%	28.1	-2.6%

Source: Uniform Crime Report (New Jersey), 2000, 2002 and 2003

Table 36 details the juvenile arrest distribution for both Sussex County and New Jersey in 2005. In comparison, arrests involving property, and drugs and alcohol are more prevalent in Sussex County.



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 37 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 (2005)							
		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 Disposition of Juveniles
Sussex County	#	99	620	3	1	27	750
	%	13.2	82.7	0.4	0.1	3.6	
New Jersey	#	22,156	37,257	366	241	697	60,717
	%	36.5	61.4	0.6	0.4	1.1	

Juvenile Detention

The total number of juveniles placed in detention centers has fluctuated over the past four years.

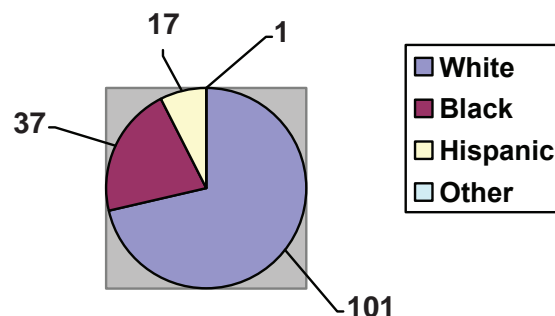
Table 38 details the number of juveniles in detention in 2007 and includes the average daily population and average length of stay. Males represented 78.2% of the total juvenile detention population in 2007, a decrease over the previous two years. In that same period, the number of females in detention increased 54.5%.

Juvenile Detention Data			
Admissions	2006	2007	% Change
Male	125	122	-2.4%
Female	22	34	54.5%
Total	147	156	6.1%
Average Daily Population	2006	2007	% Change
Male	9.0	7.8	-12.8%
Female	0.7	0.8	6.8%
Total	9.7	8.6	-11.4%
Average Length of Stay	2006	2007	% Change
Male	26.1	23.4	-10.7%
Female	12.1	8.4	-30.7%
Total	24.1	20.1	-16.4%

New Jersey Juvenile Justice Commission
Statistics on Juveniles in Detention Facilities - 2007

Table 39 details the racial distribution of juveniles in the detention center in 2007.

Racial Distribution of Juveniles in Detention (2005)



New Jersey Juvenile Justice Commission. 'Statistics on Juveniles in Detention Facilities-2007.'

Juveniles Placed with the Juvenile Justice Commission

Table 40 details the number of juveniles placed by the Sussex County Superior Court into the Detention Commitment Program.

Detention Commitment Programs (2007)			
	Male	Female	Total
Admissions	33	1	34
Average Daily Population	1.7	0	1.7
Average Length of Stay	18.9	7	18.5
Child Care Days	623	7	630

New Jersey Juvenile Justice Commission. 'Statistics on Juveniles in Detention Facilities-2007.'

Child Abuse and Neglect

The number of child abuse/neglect referrals increased statewide 1.1% from 2003 to 2004. In Sussex County, for the same time period, there was a 29.7% increase. The abuse/neglect referral rate per 1,000 children for Sussex County was 19.5 compared to a statewide rate of 20. However, the number of maltreatment referrals has increased every year from 2001-2004 in Sussex, as was the case in four other counties in the state.

Table 41 compares the number of referrals in Sussex County with those of the state (2001-2004) and the number and percentage difference from specifically the years 2003 to 2004.

Number of Child Abuse/Neglect Referrals						
					2003-2004 Difference	
	2004	2003	2002	2001	n	Percent
Sussex	781	602	387	374	179	29.7%
Total for State	42,618	42,149	37,424	38,706	469	1.1%

*These are referrals on NJ children from out of state sources.

New Jersey Department of Children and Families, Division of Youth and Family Services.
'Child Abuse and Neglect in NJ: Statistical Report 2004.'

Table 42 provides a summary of maltreatment referrals and substantiated cases by Municipality for 2004 and reveals that 14.6% of the reported cases are substantiated.

County-Wide Maltreatment Referrals (2004)			
	Referrals	Substantiated Cases	Percent Substantiated
Sussex County*	81	11	13.6%
Andover Borough	14	0	0.0%
Andover Township	2	0	0.0%
Branchville Township	25	3	12.0%
Byram Township	13	1	7.7%
Frankford Township	7	0	0.0%
Franklin Borough	41	6	14.6%
Fredon Township	5	0	0.0%
Green Township	6	1	16.7%
Hamburg Borough	40	6	15.0%
Hampton Township	7	0	0.0%
Hardyston Township	19	6	31.6%
Hopatcong Borough	91	17	18.7%
Lafayette Township	15	1	6.7%
Montague Township	33	3	9.1%
Newton Township	125	14	11.2%
Ogdensburg Borough	14	4	28.6%
Sandyston Township	1	1	100.0%
Sparta Township	45	7	15.6%
Stanhope Borough	26	8	30.8%
Stillwater Township	2	0	0.0%
Sussex Borough	63	10	15.9%
Vernon Township	70	11	15.7%
Walpack Township	0	0	0.0%
Wantage Township	36	4	11.1%
Total	781	114	14.6%

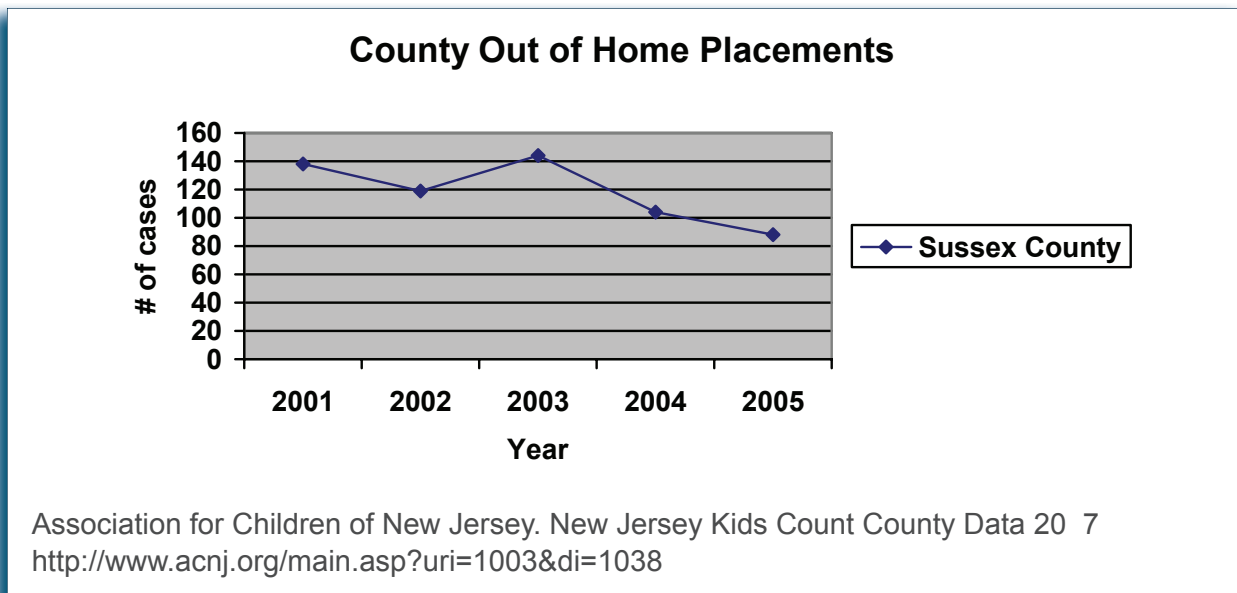
*Referrals are listed as being with Sussex County when the municipality of the incident could not be determined.

New Jersey Department of Children and Families, Division of Youth and Family Services
'Child Abuse and Neglect in New Jersey: Statistical Report for Calendar Year 2004.'

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.

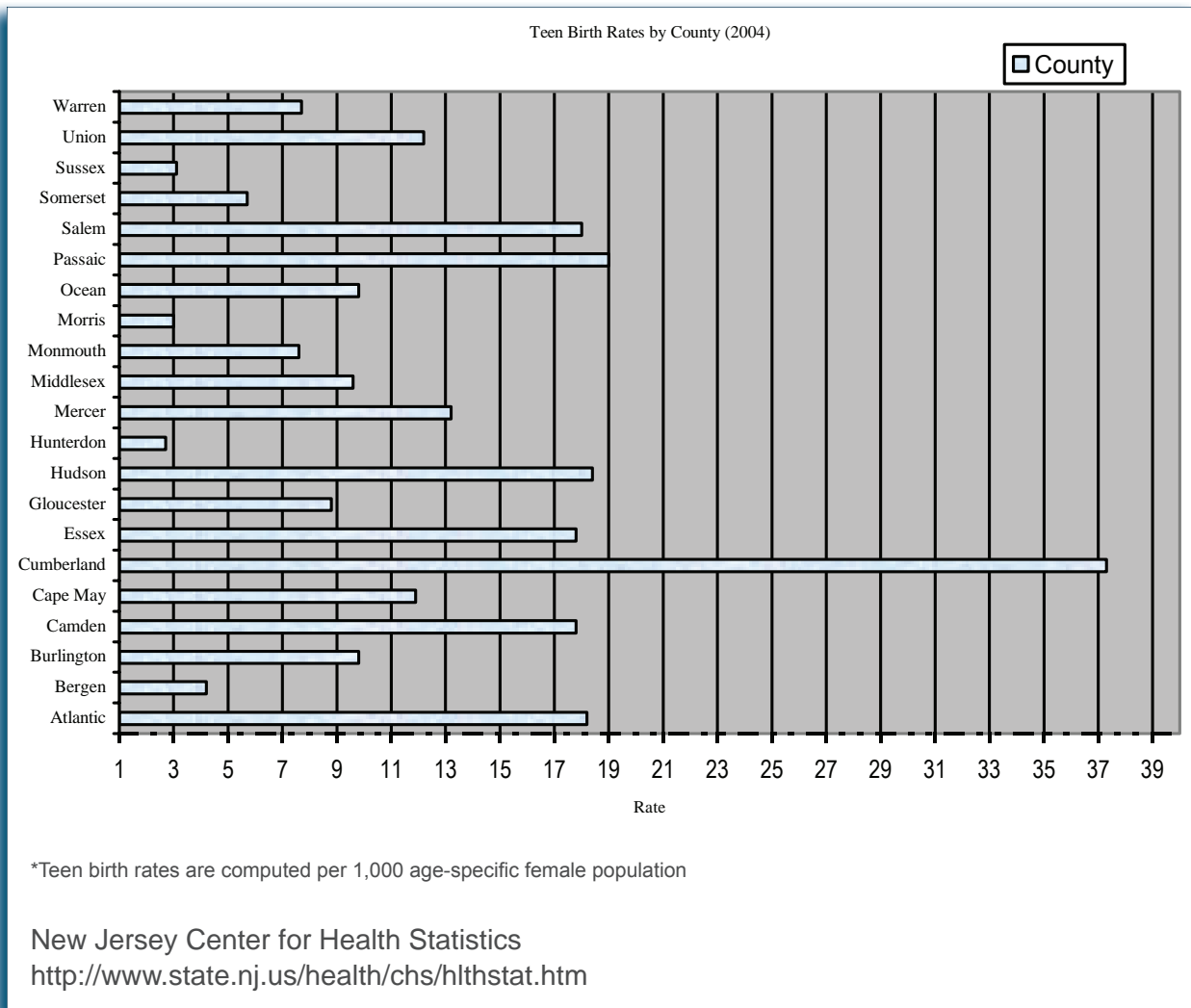
Table 43 details the out-of-home placement for Sussex County for the years 2001 to 2005. For 2005, Sussex County had the third lowest number (88) of children in out-of-home placements, behind Hunterdon (47) and Warren (79).



Births to Teens

Statewide, the number of births to teens has declined in the period 2001 to 2004. The lowest rates were found in the northwestern part of the state including Sussex County, Hunterdon and Morris.

Table 44 shows the teen birth rates for females ages 10-19 for all of the 21 counties in the state for 2004.



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 45 shows that the number of FCIU cases has decreased 34.9% over the three year reporting period of 2000–2003. There was a significant drop (38.7%) in the number of cases classified as “serious conflicts between a parent/guardian and a juvenile.” On average, this type of case accounts for 69.5% of the total caseload. Each category has decreased except for the cases classified as a “serious threat to the well-being/physical safety of juveniles (12% increase).”

FCIU Caseload by Category, 2000, 2002 and 2003							
Categories	2000		2002		2003		% Change in Number of Cases 2000-2003
	Number	% of Total Caseload	Number	% of Total Caseload	Number	% of Total Caseload	
Serious threat to the well-being/physical safety of juvenile	25	7.9%	29	13.7%	28	13.7%	12.0%
Serious conflict between parent/guardian and juvenile	230	73.0%	141	66.8%	141	68.8%	-38.7%
Unauthorized absence by a juvenile for more than 24 hours	39	12.4%	27	12.8%	24	11.7%	-38.5%
Truancy	14	4.4%	12	5.7%	9	4.4%	-35.7%
Disorderly/Petty Disorderly Persons offense diverted to FCIU	3	1.0%	2	0.9%	1	0.5%	-66.7%
Other	4	1.3%	0	0.0%	2	1.0%	-50.0%
TOTAL CASELOAD	315	100%	211	100%	205	100%	-34.9%

Source: Administrative Office of the Courts, 2000, 2002 and 2003

Older Adults

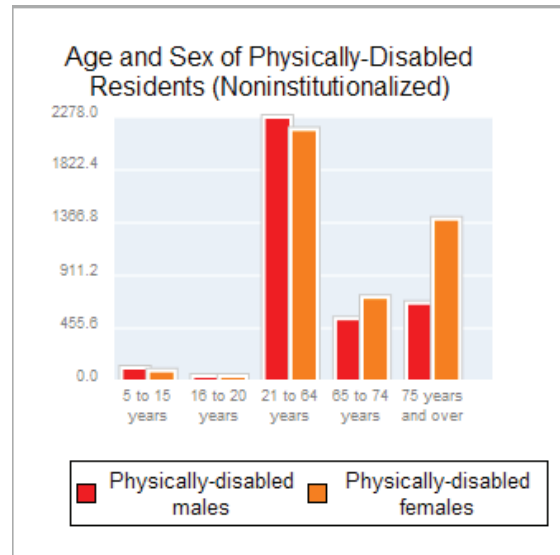
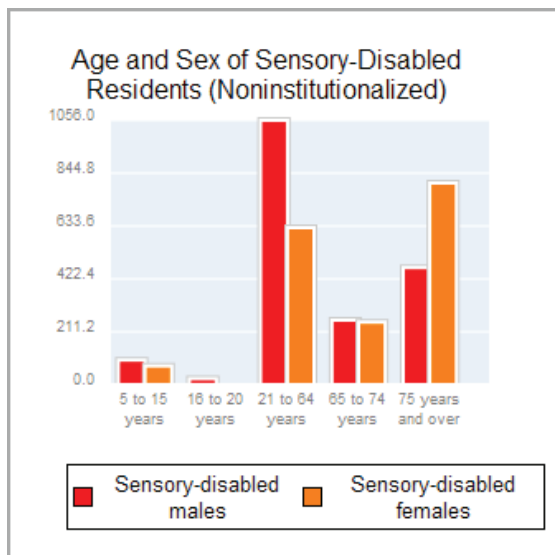
According to the 2005 American Community Survey, 9.5%, or 14,245 residents of Sussex County, are 65 years of age or older. There are 1,681 grandparents who are living with grandchildren under the age of 18. 38% of these senior citizens (645) are responsible for their grandchildren.

9.5% of the population (14,245) is over the age of 65. 645 are grandparents raising grandchildren.

4,743 of those over the age of 65 report that they have a disability (33%).

Individuals with Disabilities

According to the most recent census data, there are a total of 17,976 individuals with disabilities living in Sussex County (11.8% of the total population).



www.city-data.com/county/Sussex_County-NJ.html

Crime

In 2005, the crime rate in Sussex County was 11.8 victims per 1,000 residents. Violent crimes have decreased by 23%, while non-violent crimes have increased by 3%.

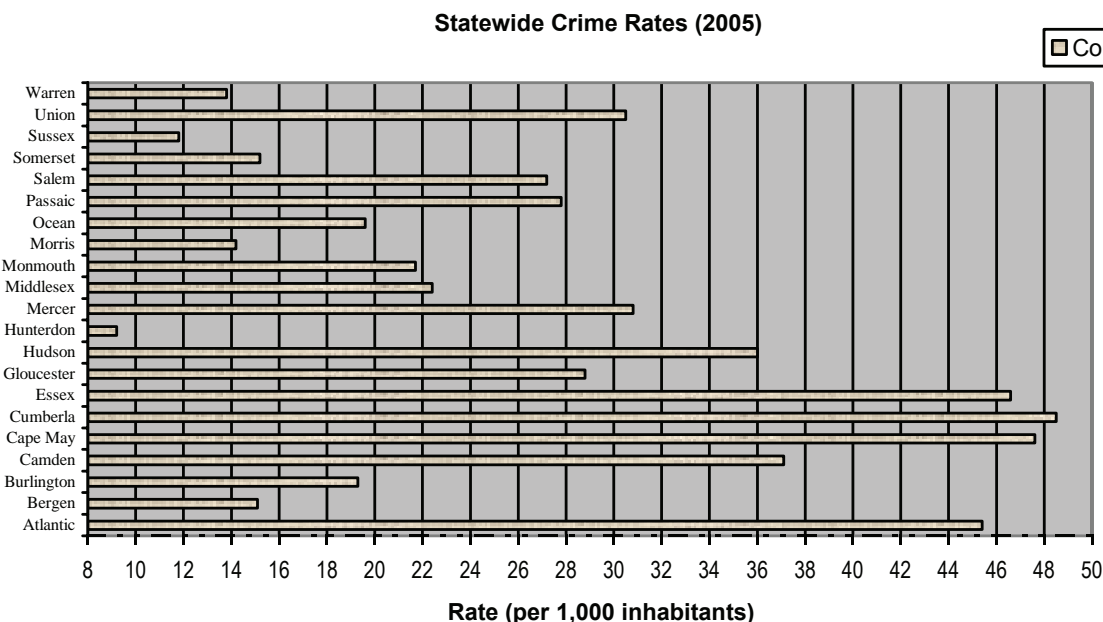
Violent crime in Sussex County decreased by 23%. However, there was a 3% increase in non-violent crime (larceny, theft, burglary).

Table 46 details crime index trends for Sussex County for the period January – June for 2005/2006.

Sussex County Crime Index Trends Jan. - June 2005/2006														
	Murder	Rape	Robbery	Aggravated Assault	Violent Crime Total	Burglary	Larceny-Theft	Motor Vehicle Theft	Non-violent Crime Total	Total Crime Index	Percent Change	Arson	Domestic Violence Offenses	Bias Incidents Reports
2005	1	3	2	32	38	98	64	35	774	812	27	3	482	3
2006	1	1	8	36	46	145	818	24	987	1,033		8	464	1

New Jersey State Police. 'Crime Index Trends-Six Month Update.'
<http://www.state.nj.us/lps/njsp/info/pd/cit-jan-jun06.pdf>

Table 47 charts the statewide crime rate by county for 2005. Though Sussex County has the second lowest crime rate, crime did increase in the county at a rate of 1% from 2004 to 2005.



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

of only 4 counties in the state that saw an increase in crime during the reflected time period. Crime throughout the state decreased by 4%.

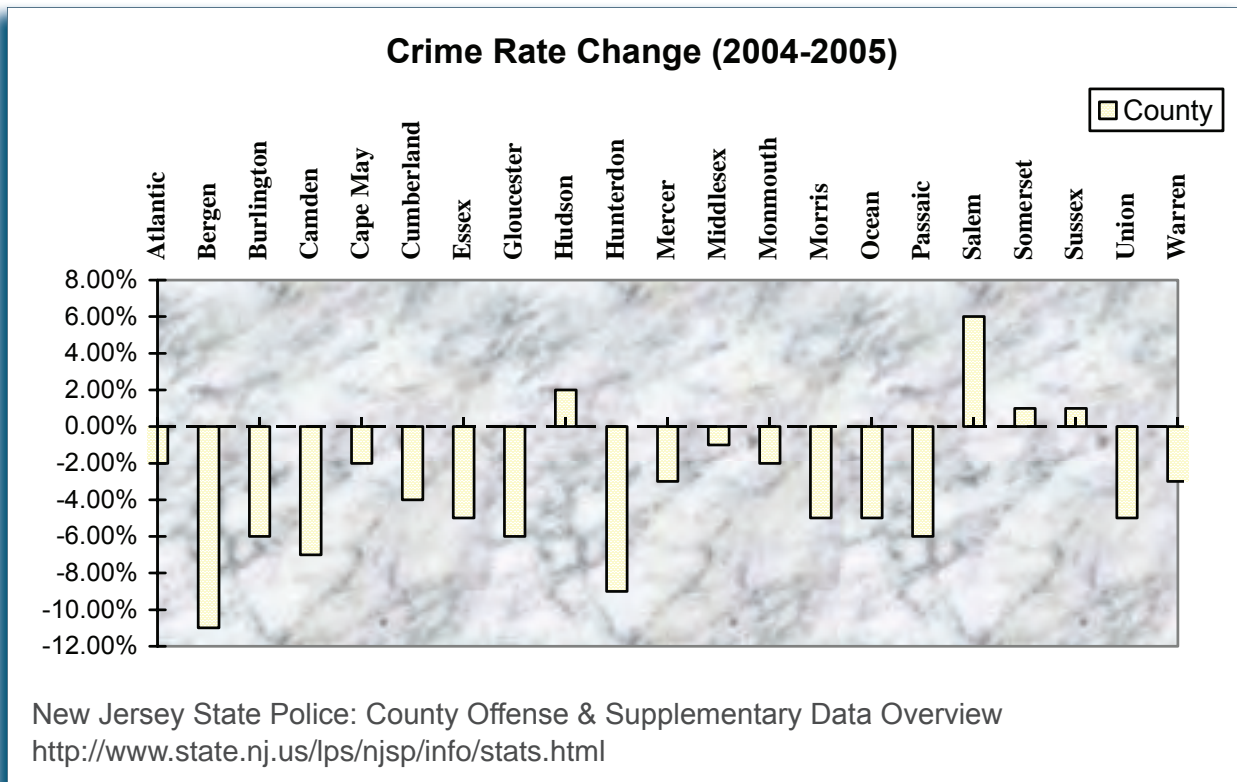
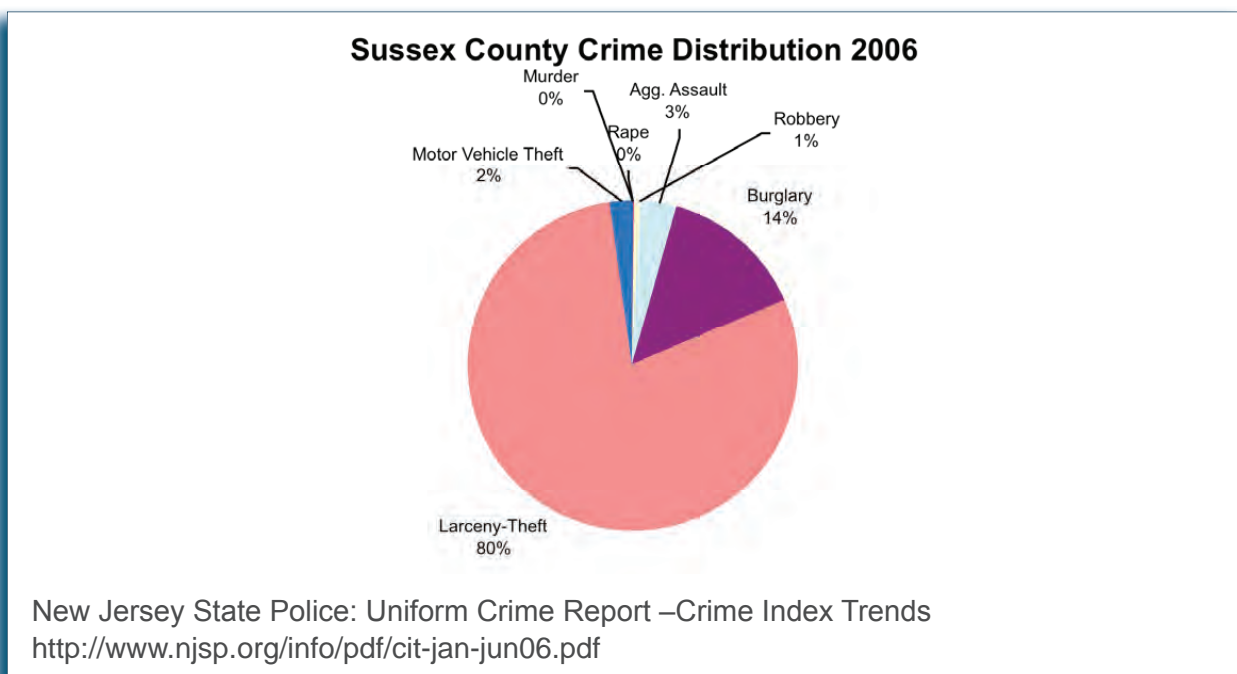


Table 49 provides a break down of the types of crimes committed in 2006 in Sussex County. Larceny/Theft and Burglary account for 94% of the reported crime.



FOCUS GROUPS

Client-centered focus groups are a powerful means to evaluate services and test assumptions about the efficacy of the human service delivery system. Their value is not quantitative but indicative.

Individuals representing eight targeted population groups were invited to participate in a series of 1 ½ hour focus groups facilitated at various locations during the months of April and May 2008. Participants included the mentally ill, homeless/low income and medically needy, older adults, individuals with disabilities, families of the developmentally disabled, families in crisis, single parents, and aging out youth.

The groups ranged in size from 12 – 25 participants. Outreach materials to recruit participants were distributed to members of the Sussex County Council of Service Agencies and to health and human services providers known to the Human Services Advisory Council.

The outcome is a collection of insightful life experiences that reflect the day to day challenges faced by those whose need for human services is clearly articulated. Key issues to emerge include:

- Barriers to access and limited service availability
- The lack of affordable housing (particularly in areas close to essential human services)
- Limited transportation services
- The need to travel outside of Sussex County for specialty medical care
- The desire for jobs within the county that pay a living wage
- Social isolation felt by many stigmatized by their need for supportive services and public assistance.

The Elderly

“The process for getting services is cumbersome. Paperwork should be simpler. I always have to keep repeating the same information. What happens when you don’t have someone to help you?”

“Liberty Towers is the best kept secret. We need more places like this...and men who can dance.”

Eighteen older adults and/or caregivers participated in this focus group. Both men and women participated - the majority was single or widowed. Two thirds were still living on his/her own. They described issues and concerns that included:

- The high cost of prescription drugs
- Overwhelming insurance paperwork that must be continually redone
- Uncertainty about where to find mental health services for depression related to age
- Barriers to home health services and other supports that promote continued independence
- Limited transportation resulting in social isolation (can get to the grocery store but can't get to church services or a friend's home to visit)
- Concerns regarding the cost of housing and maintaining home/property
- Safety (such as falls at home), and
- Difficulty accessing the services they know are available (such as utility assistance).

Families in Crisis

"People don't know where to go for services. It is really dependent on word of mouth – friends who you meet in the process."

There were 14 participants in this focus group ranging in age from 26 to 55. The overwhelming majority were single women head of households. They spoke out about:

- Their concern for their children because of the long waiting lists for counseling services (3 months)
- The pain and stigma associated with feeling judged by those who are supposed to be helping
- Inadequate child mental health services for child abuse and child sexual abuse victims
- Minimal treatment services for offenders
- Difficulty navigating the maze of health and human services programs
- More education to prevent child abuse
- The high cost of housing which makes it difficult to maintain stability within the family.

Homelessness/Low Income/Medically Needy

"I come to Manna House to save money to pay my utilities and for things like shampoo that food stamps won't pay."

"Affordable housing is non existent. If you happen to find something cheap, it's in very poor condition and so far away from transportation that you can't get anywhere."

Twelve men and women participated in the low income/medically needy focus group. They ranged in age from 36 – 55. The experiences and needs they spoke of were most desperate including:

- Having to lose everything before qualifying for help
- Getting passed around from service to service without explanation or assistance
- Finding few doctors in Sussex County who will accept Medicaid patients,
- The lack of safe, decent, and affordable rental housing, and
- Choosing between having enough to eat or paying to keep the heat and electricity turned on.

Single Parents

“One woman came up to me after the group had concluded and talked very quietly about sexual abuse in her family saying that the abuser was not convicted due to lack of evidence. Without the conviction, her children were not eligible for counseling or other support services. She was on the verge of tears.”

“They (social services employees) don’t care; they look down on us; it takes a lot to make me cry – I’ll never go back there again.”

Twenty-two single parents participated in this focus group. They ranged in age from 18 to 45. The majority had children between the ages of 5 and 12. The concerns they expressed included:

- The long term and high cost of child care including sick care, and care during school holidays and summer vacation
- Non-existent child care and transportation services on evenings and week-ends which make finding and keeping a job very complicated
- That while they find the schools increasingly sensitive to the needs of single parent families, there remain few social and recreational activities their children can participate in because of the lack of transportation and the cost for participation
- The inability to access most services at times when they are not at work
- The lack of knowledge about how to access existing services

“I’m working to pay for day care.”

Individuals with Disabilities

The majority of the 19 individuals who participated in this focus group were over 45 years old, disabled, and living independently. Participants described having disabilities that included visual impairment, limited mobility, brain trauma, cerebral palsy, epilepsy, diabetes, and multiple sclerosis.

“70% of residents leave the county to go to work. It’s hard to feel the pain of those left behind. They’re like...it’s not my problem – I have to go to work now.”

The survey instrument used for this focus group was titled families of the developmentally disabled and not individuals who are themselves disabled. However, the articulate group responded to questions adjusted by the facilitator and raised the following issues:

- The desperate need for an expanded assisted transportation system with more buses and more routes
- A shortage of affordable and accessible rental housing
- Financial devastation caused by a two year eligibility period for Medicaid
- Being well informed about available services but unable to get what is needed (especially for their caregivers)

Families of the Developmentally Disabled

“As a parent, I worry about what’s going to happen. Even when your child is on the waiting list – I’m not old enough. Will there be group homes here in Sussex not Cumberland or Camden?”

Family members of the developmentally disabled who participated in the focus group were overwhelmingly parents. A number of siblings were in attendance but participated on a very limited basis. A total of 21 families were represented. The age of their disabled loved one ranged from 4 to 45. Several had more than one child with a developmental disability. The overwhelming majority cared for their child(ren) at home. They expressed frustration with:

- Exasperating experiences trying to secure help and supportive services, despite knowing where to call or who to go to for help
- Frustration with the public schools and the continued stigma associated with being an individual with a disability.
- Not knowing that still other services exist

- Transportation systems that are inadequate to meet the needs of people with disabilities whether it is getting to work, a medical appointment or just around town
- The lack of preparation for transition to work by the education system
- Limited job opportunities along transportation routes
- Costly respite care and the complete lack of respite care in a crisis
- “Impossibly” long waiting lists for independent living opportunities.

“The distance that children travel for special schools limits their after school participation in activities in their home district and that limits their friendships at home.”

All of the parents describe feeling overwhelmed at times by the responsibilities that come with caring for a child who is developmentally disabled. While they assist and support each other whenever possible and turn to family members for short-term assistance, for most there is no such thing as downtime, holidays or a vacation.

Who will take over the care of their child when they are no longer around is one of their biggest concerns.

“You need a tax deduction when you have a disabled child who requires special education and services. Speech therapy is not covered. Counseling is limited. They only cover if progress is made. They don’t cover maintenance.”

Mentally Ill

The largest focus group was this group of 25 individuals who are mentally ill. Most had been managing their mental illness for 10 years or more. Several in attendance also described having long histories of alcohol and drug abuse as well. Participants in the group expressed the following concerns:

“You can’t wait four weeks when you need to see a psychiatrist.”

- A person’s mental illness becomes more acute due to very limited mental health services and the inability to wait four weeks to see a psychiatrist when in crisis
- A need for affordable housing because of limitations on the availability of rental assistance
- The desire for better coordination between mental health and substance abuse treatment services

- The stigma associated with mental illness that has caused most of the participants to at one time or another feel disrespected
- Lack of support for their family members.

Aging Out Youth

Twelve adolescents ranging in age from 15 to 19 participated in this focus group. There were an equal number of males and females around the table. All but one participant was enrolled in school. He worked full-time. One participant was the parent of a toddler.

“Despite being pressed about a trusted teacher, social worker, JDC officer, grandparent or parent of a friend – not one participant said they had someone they could turn to in a time of crisis.”

They know they are aging out of the DYFS system and express hope for the future, though they articulate few plans (they don’t know where they will live next and don’t care to think about it). They express little confidence in social services because they have used them all and say it is hard to get help. Their experiences have left them feeling they have no one they can count on in a crisis – they must depend on themselves and themselves alone. They talked about:

- It being cheaper to get drugs than to go to the movies
- Not being able to identify an adult they would turn to in a time of crisis
- Their mistrust of the system

STRATEGIC ANALYSIS

Service providers were invited to participate as a group in a strategic planning session organized to review the evaluation of data, identify priority areas of need, and craft recommendations for action. Both sessions were held in the Community Room at Tri-Co and were well attended by health and human services professionals, county and state government representatives and the United Way of Sussex County.

At the first session, the analysis of current profile data and focus group outcomes were presented. The group was then asked to share their expertise in response to two sets of questions leading into a SWOT analysis.

The first question posed to the providers was, *“Hearing the comments from the focus groups, what does it say to you about the health and human services needs of Sussex County residents?”*

Responses included discussion of the following:

- The need to revisit attitudes and sensitivity toward those we serve.
- The inadequacy of resources for mental health, child care subsidies, respite for families with special needs, and residential placements.
- The life threatening consequences of substance abuse in Sussex County.

Following that discussion, a second set of questions were posed including: *“What trends are emerging? What is missing from the comments? What must be taken into consideration to move forward?”*

Responses to this discussion included:

- The emergent dynamic of families forced to move in together because of financial crisis and the impact such a step has on eligibility for services.
- The limited availability of bi-lingual services and the difficulty in finding bi-lingual staff to change that gap in service.
- The reality that non-profit costs are going up and that government cutbacks and reductions in charitable giving may result in non-profits being forced to pass fees for service onto their clients.

Next, the group was asked to consider the strengths and weaknesses of the current human services delivery system as well as any threats and opportunities that might be anticipated moving forward.

The following captures that discussion:

Strengths

- Providers are passionate about helping others.
- There is a strong volunteer base in Sussex County.
- Strong collaborations among service providers.
- Providers are motivated for growth and change – they don’t stay static.
- The human services curriculum at Sussex County Community College is creating a trained workforce which may positively impact on the recruitment and retention of quality staff.

Weaknesses

- The County corporations strongly support nonprofits; however, there are few to draw from.
- There is limited transportation which contributes to the isolation of residents in need.
- The general population is unaware of poverty in the county.
- There are limited services, minimizing choices for consumers.

Threats

- Reductions in the state budget threaten current levels of service.
- Reductions in charitable donations compound the financial crisis that many non-profits are already facing.
- Volunteers are now working and less available to help non-profit organizations meet the needs of their clients.
- It is difficult to attract trained staff. Salaries in the field are not competitive with neighboring counties.

Opportunities

- Sussex County Community College is a growing source of young talent and energy for the non-profit community.
- Many service providers have increased their use of technology to improve client access to services.
- COAH
- Shared services.
- Social healthcare
- Schools, businesses and churches are open to partnerships with agencies.

Consistent Themes

Out of the examination of strengths, weaknesses, opportunities and threats, the group identified the following as consistent themes among all population groups in need:

- Specialty medical care is hard for Sussex County residents to access.
- Medical professionals who accept Medicaid are hard to find.
- The cost of housing is out of reach for many.
- There are few inexpensive and/or available youth activities.
- Navigating the social service system is difficult even when you work in it.
- Transportation is a barrier – limited to week day business hours and to the county boundary line.

- Child care is increasingly unaffordable and virtually non-existent for children with special needs.
- The wait for mental health services is a month long, even in crisis.
- Coordination between mental health and substance abuse treatment is needed.
- There are limited programs for offenders.

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. Five areas of service emerged as the top priorities:

1. Affordable Housing
2. Behavioral Health Services/Healthcare Access (for the poor and uninsured)
3. Transportation
4. Subsidized Child care/Respite care
5. Youth Activities

RECOMMENDATIONS FOR ACTION

Recommendations for action were crafted with input from the Services Provider Group in answer to the question, “With consideration to all you know now about the human services needs of Sussex County residents, what recommendations would you make to focus on priorities and achieve the desired outcomes?” They have been endorsed by the HSAC as follows:

Recommendation 1: Achieve Success Through Shared Services

Health and human services providers are challenged by an economic downturn that has resulted in federal and state government cutbacks as well as reductions in charitable giving. This has forced many to begin filling the gap by instituting fees for service to the financially vulnerable populations they serve.

However, the provider community is well positioned to coordinate services across systems to reduce costs and improve service delivery. One of the noted strengths of the provider community is their ability to collaborate. It is the recommendation of the HSAC that the Sussex County Shared Service Coordinator be enlisted to help facilitate shared services among agencies and municipal entities. That the feasibility of joint purchase

agreements for everything from equipment to employee healthcare be explored. In addition, agencies need to research marketable initiatives to attract and retain qualified and compassionate staff committed to frontline performance and client satisfaction.

Recommendation 2: Improve Customer Service

Navigating the complex maze of programs and services can be overwhelming, particularly in a time of crisis. The ability of human services professionals to demonstrate empathy, understanding and courtesy in addition to knowledge is essential. However, focus group participants who report feeling demeaned and discounted suggest that quality standards for compassionate concern and a client-driven response are not being met.

It is the recommendation of the HSAC that providers revisit attitudes and sensitivity, and that they regularly monitor and evaluate the way they interact with clients. In addition, it is recommended that customer service standards be established for all contracts with the Sussex County Department of Human Services and that a web based report card be established to post performance.

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

Sussex County's rural demographics create barriers to access various services. Focus group participants cited that their job opportunities were limited due to inability to access transportation outside of traditional work hours and outside of the county line. Participants also noted residents are forced to look outside the county for specialty healthcare or for a provider that accepts Medicaid.

It is the recommendation of the HSAC that optimizing regional integration of healthcare and transportation be pursued to improve service delivery. Further, it is recommended that Sussex County initiate linkages throughout the region aimed at creating a transportation framework that is flexible enough to move beyond town, county and service boundaries. It is also recommended that healthcare providers look to bring specialty physicians and Medicaid providers into the County.

Recommendation 4: Utilize Technology to Increase Awareness and Accessibility

Informing the public about the availability of the comprehensive array of human services

is always a challenge for service providers whose highest priority is direct client care. As a result, residents often lack the awareness necessary to access help when it is most needed. In addition, geography compounded by limited transportation further complicates accessibility, as well as, the ability of clients to receive services over time.

It is the recommendation of the HSAC that the human service community utilize local media outlets such as cable television, newspapers and local radio programs to increase public awareness of their services and broaden their visibility. By partnering with local media, the value of our human service agencies is enhanced and supported.

Further, it is recommended that human services providers capitalize on innovations in technology as well as increased utilization of technology by their client base to build a social network (i.e. Facebook) as a tool for reducing isolation and to establish a system of support and respite where there currently is none.

Recommendation 5: Change the Housing Paradigm

The lack of affordable housing in Sussex County has been identified as the highest priority human service need by every focus group population participating in this needs assessment process. Whether they were a single parent paying in excess of 30% of their salary for housing (not including utilities); the parent of a developmentally disabled child in need of supportive housing; or an older adult whose fixed income could no longer cover the taxes on their five acre property; no other issue so seriously impacted quality of life. While the Highlands Water Protection and Planning Act and COAH requirements pose unique challenges for future development, the desperate need suggests that increasing the affordable housing stock is more than a social issue.

It is the recommendation of the HSAC that the supply of affordable housing in Sussex County be increased with special consideration given to accessibility for individuals with disabilities, the expansion of rent subsidies and supportive services dollars for those who can live outside of institutions, and the construction and rehabilitation of housing stock adjacent to existing transportation routes and employment opportunities. It is further recommended that any affordable housing development be respectful of the environment and conform to public policy requirements.

Recommendation 6: Advocate on a State Level

These are challenging economic times for our state, resulting in funding cuts in almost every department of government. It is important that the significant work performed by human services providers be supported by a well-informed leadership at all levels. The system's continued success in meeting the current and emerging needs of Sussex County residents depends on the county's ability to demand its fair share of resources.

It is the recommendation of the HSAC that efforts to educate leadership be immediately undertaken and that unified advocacy efforts be increased at the state and federal levels.

Conclusion

The Countywide Needs Assessment has as its exclusive focus the human services needs of the residents of Sussex County and builds upon earlier strategic planning efforts aimed at strengthening the service delivery system. The County has made great progress in meeting the needs of its most vulnerable citizens. Since the completion of the last needs assessment the county has increased collaborations with the business and faith based communities. There have been educational events regarding affordable housing, child abuse prevention and money management. In addition, great strides have been taken to outreach and educate the homeless population through the point-in-time survey, project homeless connect and the Manna House outreach. During this time the County also opened the Youth Shelter Home Program to meet the needs of children at risk. From an administrative perspective the County streamlined their request for proposal process, improved fiscal management and monitoring of their contracts; and places youth and community services under one Division. These are just a few of the steps taken to meet the human service needs in Sussex County.

However, there is much that still needs to be accomplished as evidenced by the data contained in this study. Gaps in essential services and emerging needs have been identified. The HSAC endorsed recommendations for action create a framework for continued and new efforts to improve the quality of life for all who live and work in our Sussex County community.

Sussex County Department of Human Services			
2008 Budget Appropriations by Source			
Funding Source	Total	Federal & State	County
Community Services	50,384	0	50,384
County Grant-In-Aid	301,955	0	301,955
County Nutrition Program	131,582	0	131,582
Homestead	6,328,886	0	6,328,886
Host Home Program	13,800	0	13,800
Human Services Administration	369,272	0	369,272
Juvenile Detention Center	1,419,236	0	1,419,236
Mental Health Administration	25,000	18,000	7,000
Senior Services	182,706	0	182,706
<i>Social Services</i>			
Administration	5,568,754	4,695,884	872,870
Services	150,392	0	150,392
Supplemental Security Income (SSI)	219,653	0	219,653
Temporary Assistance for Needy Families (TANF)	49,769	0	49,769
Transit	454,095	0	454,095
Veterans Internment	12,914	0	12,914
Youth Shelter Home	541,909	0	541,909
County Comprehensive Alcoholism & Drug Abuse (Chapter 51)	326,467	284,802	41,665
Department of Children and Families (DYFS)	616,564	616,564	0
Department of Human Services (DDD)	1,477,233	1,477,233	0
Division of Developmental Disabilities Assessment Program	35,283	35,283	0
Division of Mental Health Services	1,916,392	1,692,477	223,915
Patients in University of Medicine and Dentistry NJ-CMHC	6,691	5,352	1,339
DMHS State Psychiatric Hospital Maintenance Recoveries	2,699	2,699	0
Federal Transit Administration (FTA) Section 5311	817,492	817,492	0
Healthcare Facility Emergency Preparedness	25,000	25,000	0
Human Services Advisory Council (HSAC)	89,862	73,836	16,026
Job Access Reverse Commute (JARC)	198,000	172,800	25,200
Juvenile Accountability Block Grant (JABG)	10,179	9,161	1,018
Municipal Alliance to Prevent Alcoholism & Drug Abuse	208,077	208,077	0
Older Americans' Act (OAA) Area Plan Contract (APC)	807,067	807,067	0
Peer Grouping	164,422	164,422	0
Personal Assistance Services Program (PASP)	124,009	124,009	0
Recreational Opportunities for Individuals with Disabilities (ROID)	30,000	25,000	5,000
<i>Senior Citizen & Disabled Residents Transportation Assistance Program (SCDRTAP):</i>			
Administration	187,476	187,476	0
Operating	469,827	469,827	0
Senior Farmer's Market Nutrition Program	1,000	1,000	0
Social Services for the Homeless (SSH)	99,409	99,409	0
State Facilities Education Act (SFEA)	31,500	31,500	0
State/Community Partnership & Family Court Services	371,270	371,270	0
Veterans' Transportation	9,000	9,000	0
Work First NJ (WFNJ) Special Initiatives & Transportation	126,978	126,978	0
Youth Incentive Program (YIP)	36,874	36,874	0
Total Funding	24,009,078	12,588,492	11,420,586

Source: 2008 Budget Appropriations by Source

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 frank 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 comprised of a combination of open discussion and responding to closed-ended questions as state 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 respond to various demographic questions. Again, this is not used to identify any individual respondent. It is simply done as a way of summarizing the group composition. Please circle the appropriate response.

1. What is your gender?

- a. Male
- b. Female

2. What is your age range?

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

B. Perceptions of Area Resources

I am now going to ask you a series of statements to which I would like you to rate your level of agreement. 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 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 the victims of abuse and/or neglect. (Vote 1-5)

- Do families get the proper attention needed to cope with abuse/neglect issues or is the focus more on the individual?
- 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 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. There is enough treatment for the offenders 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 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 as to 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 having their shame and embarrassment preventing them from seeking help?
- Do you perceive there to be room for improvement in the level of awareness within Sussex County?

3. The 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 as to 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 beneficial. 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 frank 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 comprised of 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 respond to various demographic questions. Again, this is not used to identify any individual respondent. It is simply done as a way of summarizing the group composition.

1. What is your gender?

- a. Male
- b. Female

2. What is your age?

- a. 16
- b. 17
- c. 18
- d. 19

3. Are you still enrolled in school?

- a. Yes
- 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 rate your level of agreement. 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. There are enough ways for area youth to structure their time. (Vote 1-5)

- How do you structure your time?
- Do you feel there is a sufficient amount of healthy activities for the youth in Sussex County?

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

- What/who do you rely on to purchase needed clothing and shoes?
- Where do opportunities for improvement lie with regard to ensuring all Sussex County residents are able to obtain needed clothing?

3. I am confident 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 are well prepared to search for a job? How will you obtain the needed job skills?

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 although 5-agreement scale.

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

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

2. I fully understand my status with DYFS once I am 18 years old. (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 utilized?
- How did you find out about those agencies/services?
- Is information about assistance easy to access or does it require a great deal of “digging around?”

2. Do you find it difficult to access and obtain 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 access help in Sussex County?

- What barriers, if any, do you see to accessing assistance in Sussex County?
- What suggestions do you have to making it easier for those in need to obtain assistance?

☐ Yes ☐ No ☐ I don't know

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

- How would you rate the insurance coverage for prescriptions for you and your family member(s)?
- Are there any special services/treatment that you/your family member requires that are not covered by his/her insurance?
- Are all the medical services you need available in Sussex County?
- Are there factors that prevent you and your family member(s) from accessing 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?
- Are there factors that prevent 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 as to 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 beneficial. 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-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 to two 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 frank 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 comprised of a combination of open discussion and responding 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 respond to various demographic questions. Again, this is not used to identify any individual respondent. It is simply done as a way of summarizing the group composition.

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 community.

- a. Yes
- b. No

B. Medical Care for the Elderly

I am now going to show you a series of statements to which I would like you to rate your level of agreement. 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 responses and then have a discussion on the particular topic.

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

- What suggestions do you have for the county 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 obtaining coverage?

- Would you find it helpful to have assistance with interpreting the various forms and procedures?

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?
- Do you know if your insurance covers home health services?

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?

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?
- Is the transportation of high quality or substandard?

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

- What is your understanding of the quality of care given in area nursing homes?
- Do you feel there are enough nursing homes for all income levels?
- Are there any barriers that make it difficult to get into an area nursing home?

C. Non-medical issues

I now want to move on to senior issues not directly related to medical care. We will go through a series of agree/disagree statements like we did 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?

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.?
- Does the existing transportation accommodate for any physical limitations (i.e. wheelchairs, difficulty ambulating, etc.)

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

- Are you able to get needed groceries?
- Is there an area “Meals on Wheels” program for the elderly that is easily accessible?

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

- Are you aware of the senior-focused centers, activities in the area?
- Are there factors that prevent older adults from engaging in the existing services?

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

- What is awareness level among older adults in the county as to the Office on Aging?
- Are there any services not being offered by the Office on Aging that you would like to see?

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 you live in?

☐ Very Poor ☐ Poor ☐ Average ☐ Good ☐ Excellent

- What factors 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

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 as to 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?

That concludes our session. All of your feedback will be very beneficial. 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 -
Family members of developmentally disabled

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 frank 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 comprised of 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 respond to various demographic questions. Again, this is not used to identify any individual respondent. It is simply done as a way of summarizing the group composition.

1. What is your gender?

- a. Male
- b. Female

2. What is your relationship to the person(s) in your family with the developmental disability?

- a. Parent of the disabled individual
- b. Sibling of the disabled individual
- c. Grandparent of the disabled individual
- d. Aunt/Uncle of the disabled individual
- e. Child of the disabled individual
- f. Other relation

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. 16-18
- e. 19-25
- f. 26-35
- g. 36-45
- h. Over 45

4. Does your family member currently live in a group home or institution?

- a. Yes
- b. No

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 utilized?
- How did you find out about those agencies/services?

2. 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 access help in Sussex County?
- What barriers, if any, do you see to accessing assistance in Sussex County?
- What suggestions do you have to making it easier for those in need to obtain assistance?

3. Was there a time in the past 12 months when your family member needed medical care, but could not afford it?

☐ Yes ☐ No ☐ I don't know

- Do you feel the developmentally disabled in Sussex County have adequate health insurance coverage?
- How would you rate the insurance coverage for prescriptions for your family member?
- Are there any special services/treatment that your family member requires that are not covered by his/her insurance?

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 you satisfied with the continuity of care your family member is receiving?
- Are there factors that prevent 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 obtain reliable transportation for your loved one?
- Is cost an issue in obtaining 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 the area programs/schools adequate?

- For the adults, does Sussex County have sufficient day programs/centers, for individuals with developmental disabilities to have social interaction, stimulation, learning, etc.?

C. Family member needs

The next question relates to 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 area for family members 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 assistance with your family member, is assistance readily available?
- 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 concerns about who will care for your adult disabled family member once you are no longer able to?

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 as to 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 beneficial. 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-
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 frank 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 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 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 respond to various demographic questions. Again, this is not used to identify any individual respondent. It is simply done as a way of summarizing the group composition.

1. What is your gender?

- a. Male
- b. Female

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
- b. Live in an apartment
- c. Currently living in a shelter
- d. Currently living on the streets
- e. 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? (If do not currently have housing: Are you dependent on your income alone or do you have a dual income?)

- 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 rate your level of agreement. 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 good medical care for low-income residents of Sussex County.

(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?
- Of the services you have used, what are the pros and cons of them?

2. Medical care is easy to get to in Sussex County for those on a limited income.

(Vote 1-5)

- Are there issues that prevent individuals from accessing medical care in Sussex County?
- Does a lack of transportation impact accessibility to medical care in Sussex County?

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

- What is your perception of the level of equality given to low-income individuals in the delivery of medical services in Sussex County?
- Do you have any suggestions as to promote equality in the delivery of 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 seek assistance?
- Are you familiar with current services available to area consumers?

5. I feel there is good 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 housing for low-income residents of Sussex County. (Vote 1-5)

- Do you feel the quantity of low-income housing is sufficient?
- What are barriers to obtaining housing assistance?

2. The structures 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 ample assistance programs within Sussex County to help with utility bills?
- Are there particular utilities where the need is the greatest? (i.e. heating in winter, etc.)

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

- Where do opportunities for improvement lie with regard to ensuring all Sussex County residents are able to obtain needed food?

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

- Where do opportunities for improvement lie with regard to ensuring all Sussex County residents are able to obtain needed clothing?

6. 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 access or does it require a great deal of “digging 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 as to 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 beneficial. 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 frank 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 comprised of 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 respond to various demographic questions. Again, this is not used to identify any individual respondent. It is simply done as a way of summarizing the group composition.

1. What is your gender?

- a. Male
- b. Female

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 issues?

- 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?

- a. Depression
- b. Bipolar Disorder
- c. Anxiety Disorder
- d. Schizophrenia
- e. No diagnosis: general or situational issues

5. Does your primary insurance cover:

- a. Outpatient services
- b. Inpatient services
- c. Both
- d. Neither
- e. I don't know

6. Approximately what percentage of outpatient services does your insurance cover?

- a. 0%
- b. 1-50%
- c. 50-75%
- d. 75-100%
- e. I don't know

7. Approximately what percentage of inpatient services does your insurance cover?

- a. 0%
- b. 1-50%
- c. 50-75%
- d. 75-100%
- e. I don't know

B. Perceptions of Area MH Resources

I am now going to give you a series of statements to which I would like you to rate your level of agreement. 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 resources in Sussex County for individuals with mental health issues. (Vote 1-5)

- What, if any, resources are lacking in the Sussex County?
- How easy/difficult is it to access mental health services for minors in Sussex County?
- Are there any resources/services in particular that you find beneficial and would like to see more of?

2. I feel that all people living in Sussex County are given equal mental health treatment. (i.e. equal services for all income levels, all ages, all mental health issues/diagnoses, etc.). (Vote 1-5)

- What is your perception of the level of equality given to all mental health consumers in the delivery of mental health services in Sussex County?
- Do you have any suggestions as to promote equality in the delivery of services?

3. I feel there is good communication/awareness as to the mental health services that are available in Sussex County. (Vote 1-5)

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

- Do you perceive there to be room for improvement in the level of awareness within Sussex County?
- Are you familiar with support services available to area consumers (i.e. MH Assoc., Crisis Hotline, etc.)?

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 good insurance coverage for mental health services among residents in Sussex County. (Vote 1-5)

- What is your experience with the insurance coverage for area mental health consumers?
- What on your thoughts on the coverage of prescriptions (psychotropic) in Sussex County?

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

- Do you perceive there to be any educational or supportive needs for the family members of consumers in Sussex County?

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

- Do you have difficulty dealing with the stigma of mental illness?
- Do you have any suggestions on how to best educate the public about mental health?

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 per se, but may be aspects of your life that may be impacted because of your mental health issues. 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 you live in?

☐ Very Poor ☐ Poor ☐ Average ☐ Good ☐ Excellent

- What factors 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 utilized?
- How did you find out about those agencies/services?

- Is information about assistance easy to access 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 access help in Sussex County?
- What barriers, if any, do you see to accessing assistance in Sussex County?
- What suggestions do you have to making it easier for those in need to obtain assistance?

4. Was there a time in the past 12 months when you needed medical care, but could not afford it?

☐ Yes ☐ No ☐ I don't know

- Do you feel there is adequate health insurance coverage for?
- How would you rate the insurance coverage for prescriptions for you?
- Are there any special services/treatment that you require that are not covered by your insurance?
- Are all the medical services you need available in Sussex County?
- Are there factors that prevent you from accessing medical/health care provider(s)?

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

☐ Yes ☐ No

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 frank 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 comprised of 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 respond to various demographic questions. Again, this is not used to identify any individual respondent. It is simply done as a way of summarizing the group composition.

1. What is your gender?

- a. Male
- b. Female

2. What is your age range?

- a. 18-25
- b. 26-35
- c. 36-45
- d. Over 45

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 rate your level of agreement. 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 practitioners in the area that accept your child's/children's insurance?

2. There are enough affordable day care/babysitting services in Sussex County.

(Vote 1-5 or N/A if children too old for day care/babysitting)

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

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

- Who do you rely on if you need someone to watch your child?

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 accommodating to single parents with any school related issues? (i.e. parent-teacher conferences, etc.)
- 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? (i.e. 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 Big Brother/Big Sister 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 accommodate the schedules of single parents. (Vote 1-5)

- Do you feel area employers are accommodating to the demands of single parents?
- 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 beneficial 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 you live in?

☐ Very Poor ☐ Poor Average ☐ Average ☐ Good ☐ Excellent

- What factors 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 access or obtain assistance in Sussex County?

☐ Yes ☐ No ☐ Not sure

- What barriers, if any, do you feel exist in Sussex County when needing assistance?

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 as to what they can do to contribute to the 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 beneficial. 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.