

Comprehensive Community Needs Assessment for Union County, New Jersey: Looking into the Future Together



January 2020

JANUS Solutions

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Foreword

In 2019 the Board of Chosen Freeholders included a Community Needs Assessment (CNA) among their many initiatives to improve life in Union County. The purpose of the CNA was to monitor community conditions and identify emerging and critically important human services needs in the community. At the kickoff session for the Union County Community Needs Assessment, then Freeholder Chair Bette Jane Kowalski stated that the reason for undertaking the CNA was not to produce a document that would sit on shelves, but to take a hard and honest look at the needs and aspirations of Union County residents and develop strategies for real, positive change. Freeholder Kowalski expressed her vision for all residents to live in **“thriving communities”** that afford them the opportunity to reach their greatest potential. As the assessment unfolded, many Freeholders attended sessions, listened and shared their views.

In the world of human services today there is a growing recognition that the challenges communities face cannot be solved by any single organization, level of government or sector. The concept of “collective impact” has emerged as a strategy to bring the strength, expertise and energy of numerous diverse stakeholders together to understand and tackle the many challenges that most communities face today to leverage opportunities for the future. The goal of achieving “thriving communities” throughout the county will require the banding together and mobilization of all community members to take on the challenges of the present and future. In addition to identifying the many discrete strengths and challenges in Union County a few recurring themes continue to resonate as areas of concern:

- Income Disparity verses Cost of Living
- Affordable Housing
- Food Insecurity
- Substance Abuse Disorder
- Access to Healthcare
- Transportation

We could not have imagined that through surveys, focus groups, planning body sessions, individual interviews and meetings with a diverse and committed Steering Committee that we would have reached close to 1,000 residents and stakeholders in the development of this report. In the course of data collection, both quantitative and qualitative, we have come to learn and respect the openness and honesty of community members and stakeholders and have been motivated by their desire to seek positive change. While this study has looked at the needs and challenges of Union County residents, we have taken care to also identify the existing strengths and advantages upon which to build.

We learned more about the assets and tremendous resources that already exist within Union County, and how much residents use and value them. From the natural beauty of its landscape and many parks, a thriving economy and the Freeholders’ commitment to supporting people in need, we have come to understand the rich diversity that Union County has to offer its residents.

While most communities are thriving or holding their own, there are several communities within the county where the needs of residents require focus and greater resources and opportunities – we have referred to them as “communities of challenge and opportunity.” In each of these communities we have identified challenges yet recognize the tremendous strengths and vitality on which to build momentum for the future. Helping residents find the right resources and assuring resident-friendly access to services can become the gateway to a better quality of life. While the challenges of affordable housing, adequate income, and access to healthcare, among others, may be significant, with everyone working together so are the opportunities for progress.

We have concluded that the greatest strength in the county, and the reason for optimism for the future, lies in the talent, commitment and authenticity of the hundreds of people who contributed to this undertaking.

Acknowledgements

We cannot overstate our admiration and appreciation for the time, energy and thoughtfulness that the Community Needs Assessment participants contributed to the process. We thank everyone who has contributed, with particular gratitude to the members of the Steering Committee. We also thank the many volunteers who facilitated Focus Groups and lent their support with the community survey. Finally, I would like to thank the JANUS Solutions team for hard their work on this project.

If the vision is “thriving communities throughout Union County”, and the suggested method for progress is “collective impact”, there is little question that the many stakeholders are ready, eager and willing to come together to create significant positive change. With the leadership of the Board of Chosen Freeholders and Union County officials, in partnership with so many individuals and organizations throughout the county, progress is imminent. We thank everyone involved in the Community Needs Assessment for their invaluable contributions in looking into the future together.

Tom Blatner

President, JANUS Solutions

Comprehensive Community Needs Assessment

Union County, New Jersey: **Looking into the Future Together**

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Background and Introduction

Union County has a strong reputation as a leader in understanding and responding to needs of daily living by providing services and supports to its residents. For example, the Union County Department of Human Services, as the lead recipient of Community Services Block Grant (CSBG) funding, has targeted this grant funding for safety net services for the neediest and most vulnerable people in Union County. Furthermore, it is the desire of county leadership to better understand how to positively impact the lives of its residents through an updated assessment of their needs and interests. For this reason, county government engaged residents throughout the county in a process to better understand their needs.

After an open competitive process, JANUS Solutions, an experienced NJ-based consulting firm, was chosen to assist the county in undertaking this Community Needs Assessment (CNA). The CNA planning process began in June of 2019, and concluded with a full report and Executive Summary.

A requirement of continuing receipt of CDBG funds is the completion of a community needs assessment, a desire in sync with the desire of county leadership to understand and positively impact the lives of its residents. This type of assessment allows county leaders to:

- Understand the scope of both emerging and ongoing needs of economically insecure residents in the community;
- Choose the role the organization will play in meeting some of those needs;
- Identify economic resources, social resources, and partnership opportunities in the community that can help meet the needs;
- Identify significant public policy issues;
- Educate community residents and leaders about the identified needs and provide input on policies and strategies; and,
- Explain to the community the rationale behind decisions to prioritize needs and allocate resources.¹

¹ National Association for State Community Service programs: A Community Action Guide to Comprehensive Community Needs Assessments, July 2011. Retrieved from: www.nascsp.org

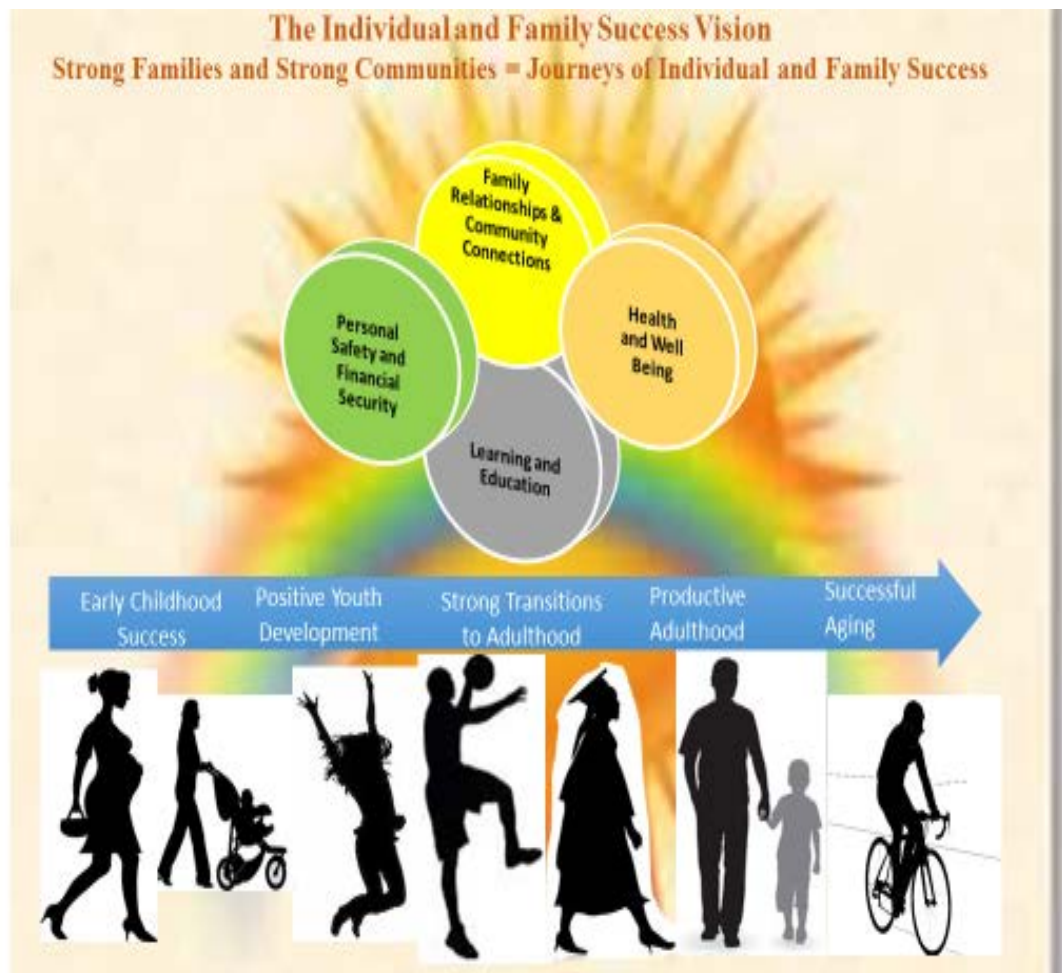
As required by CSBG, the needs assessment focus was to be on communities where the highest levels of poverty exist and include an in-depth analysis of the degree to which the needs of residents are being met. Union County has made a deeper commitment to responding to human need by focusing the community needs assessment throughout the county.

Framework and Process of Information Gathering

The approach used to complete the CNA was to examine not only the needs that exist among county residents, but also on the strengths, capabilities, and interests of the residents and their communities. The approach utilized was systematic in determining needs, or “gaps” between the current conditions and desired conditions or “wants”. It used multiple methods to gather information from diverse constituencies, examining partnerships and collaborations that exist, and keeping the assessment realistic, to provide the county and community stakeholders with usable data for community improvement. The county was very successful in engaging the community, both residents and other stakeholders, to participate in this process, with nearly 1,000 residents and stakeholders contributing.

The Framework

The assessment was conducted within a framework of individual and family success, as depicted below. The individual and family success framework was developed by JANUS Solutions and adopted by the New Jersey-based Family Success Institute. The premise of the family success approach is that comprehensive, holistic investments in organized local systems of family and individual support and community improvement will, over time, produce dramatically better results for children, youth, individuals and families. This approach acknowledges that developmentally appropriate resources and services are required to successfully support people’s developmental journeys through life.



Under this framework, the developmental stages of the life journey, and its goals are:

- ❖ ***Early Childhood Success*** (0-8 years old) - All young children will be safe, healthy, and ready to learn.
- ❖ ***Positive Youth Development*** (9-15 years old) - All school-age children and youth will be living in a permanent home, achieving in school, and connected to their families and communities.
- ❖ ***Strong Transitions to Adulthood*** (16-26 years old) - Youth transitioning to adulthood will be on positive pathways to economic and social independence with strong and responsible family and community ties.
- ❖ ***Productive Adulthood*** (27- 59) - Adults will achieve their greatest potential for economic and social independence as responsible and contributing community members.
- ❖ ***Successful Aging*** (60 and over)- Aging adults will maintain their greatest level of independence, functioning, and dignity as valued members of their families and communities.
- ❖ ***Strong Individuals and Families/ Strong Communities*** – Individuals, families and communities will have the knowledge, resources, and skills to successfully support their families and community members from birth to the end of life.

The needs assessment sought to identify how well Union County residents were able to achieve these goals.

This framework provides a unifying vision for stakeholders' goals around the developmental stages of life, as well as individual and family support in their community across four **pillars**, or essential conditions, to support the quality of life for residents:

- ***Family relationships and community connections***
- ***Personal safety and financial security***
- ***Health and well-being***
- ***Learning and education***



The CNA process in Union County was one that the county Department of Human Services fully embraced and supported, and with which it was highly successful in engaging the community. Within this framework, the process examined populations, conditions, and communities where more opportunities are needed to support greater success for individuals and families.

The process began with the formation of a Steering Committee, a diverse representation of stakeholders from various aspects of the human services system in Union County. This group adopted this consensus framework for data collection and analysis, and oversaw and provided direction and input for the entire needs assessment process. The process also included quantitative data mining and analysis as the consultants worked with county representatives and this group to identify relevant data to be considered, and prepared a full report on data about Union County residents (contained in the attachments).



There was a strong interest in reaching out to residents, particularly those who need or use available human services, through surveys and focus groups. The DHS leadership and consultants designed a wide variety of information gathering tactics to solicit input from providers, other stakeholders, and most importantly residents around key areas of need and concern in the community. The focus groups were designed to engage a large variety of residents – in terms of location (including the communities of concern), age (young parents through older adults), diversity (groups were

conducted in five different languages), and needs (focused on housing, youth services, the disabled or older residents, and those with behavioral health needs or disabilities). In all cases, special efforts were made to reach out to those living in poverty, both through invitation and outreach, and by providing some incentives for participation (such as combining the group with an event or providing refreshments).

The county was successful in engaging a large number of community stakeholders/providers to sponsor and, in some cases, facilitate focus groups with residents. The consultants provided a workshop for focus group facilitators and provided questions for the groups, to standardize the process as much as possible. In total, over 300 residents participated in the focus groups. They represented various parts of the county, diverse populations, and specialized populations/needs (e.g., older residents, youth in Plainfield, etc.).

Participants in information gathering process:

- **Surveys – 446**
- **Focus groups – 300**
- **Planning Body Meetings – 198**
- **Key Informants - 13**
- **Steering Committee – 26**
- **TOTAL – 983**

The consultants also completed individual stakeholder interviews. Social service agencies were also invited to assist residents in completing the survey that was developed to gather information about residents' needs.

Finally, there was a survey used to gather additional input. Great efforts were taken to design a survey instrument that would be comprehensive, understandable, and provide useful information. The results of the survey were highly consistent with that of the focus groups.

The survey was field-tested prior to utilization, and ultimately completed by 446 people. These individuals represented a broad cross section of county residents, including half identifying as White and Black/Multi-racial, and 39% as Hispanic. 12% were caring for a grandchild.



The Steering Committee met a total of five times, during which time data and community input was shared and discussed, trends were identified, and the consultants facilitated a process of the group undertaking strategic formulation. Strategic formulation, a critical part of a planning process such as this, includes not only a review of relevant information, but also discussing it and developing consensus about the meaning of the information. The results are findings and recommendations about what can be done to better support county residents being successful in every stage of their lives.

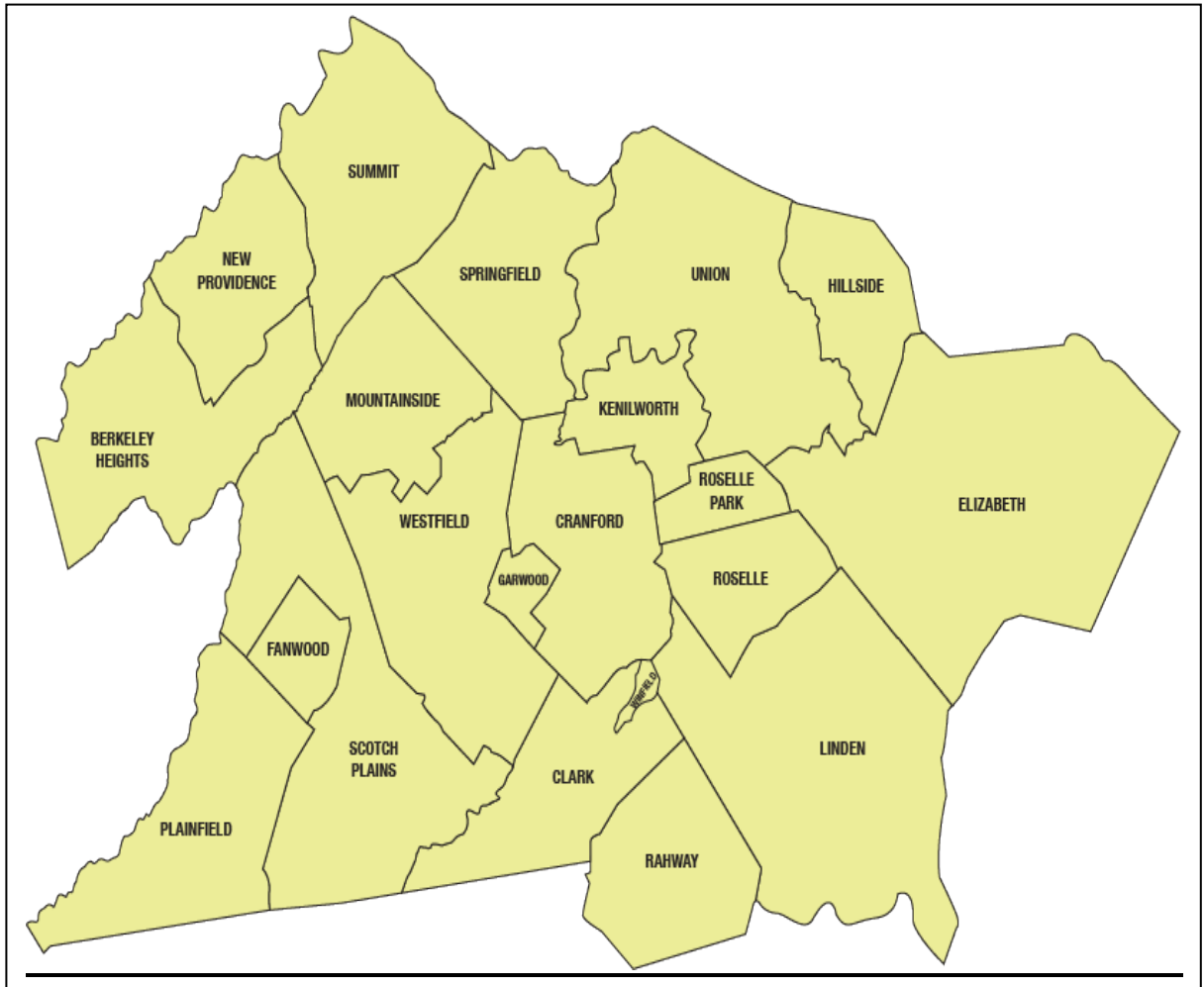
Detailed data and information about the Steering Committee, focus groups, interviews, and surveys are contained in the attachments.

Snapshot of Union County

Strong Individuals and Families /Strong Communities

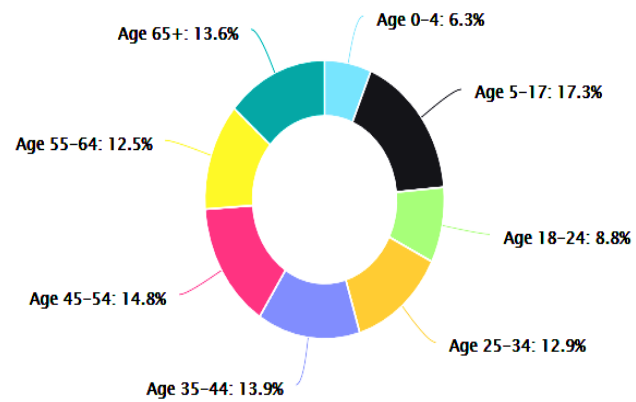
The 558,067 residents who live in the 188,987 households of Union County represent the rich diversity of cultures, languages, ethnicity, race, faith and origins that make New Jersey unique. As of 2018 Census data, the ethnic composition of the population of Union County, NJ is 67.6% White residents, 32.3% Hispanic residents, 23.7% Black residents, 5.7% Asian residents, and 5% categorized as Other residents. While the population of New Jersey has been declining, the population in Union County has been stable. The most common foreign language spoken in Union County, NJ is Spanish (139,170 speakers).

Union County has a density of 5,482 people per square mile of land area. The municipalities with the highest population densities are Roselle Park with 11,218 people per square mile, Elizabeth with 10,570, Winfield with 8,642 people per square mile, and Plainfield with 8,522 people. Lowest density areas include Mountainside with 1,742 people per square mile, Berkeley Heights with 2,215 people per square mile, Scotch Plains with 2,731 people per square mile and New Providence with 3,655 people per square mile. (Data Source: NJ Department of Labor and Workforce Development Population Density by County and Municipality 2017).



Total Population by Age Groups, Total

Union County, NJ



Data Source: US Census Bureau Population Estimates (2018)

<u>Municipalities by Population</u>			
Area	Population		
Berkeley Heights	13,601	<u>Area</u>	<u>Population</u>
Clark	15,943	Plainfield	50,693
Cranford	24,169	Rahway	29,880
Elizabeth	128,885	Roselle Borough	21,902
Fanwood	7,704	Roselle Park	13,650
Garwood	4,408	Scotch Plains	24,405
Hillside	22,054	Springfield	17,517
Kenilworth	8,220	Summit	22,016
Linden	42,538	Union Township	58,757
Mountainside	6,982	Westfield	29,881
New Providence	13,486	Winfield	1,528

Data Source: US Census Bureau Population Estimates (2018)

Assets in the county include access to parks and green space that can help to drive health equity, and in Union County there are 36 parks that encompass nearly 6,200 acres of land including a 2,200 acre Watchung Reservation. There are many different activities and facilities in the county, including public and private golf courses, pools, and ice rink, paved paths suitable for wheelchairs and strollers, a golf course, dog park, and a variety of trails.



Union County Residents ... Moving through the Life Journey

Early Childhood Success



There are 35,160 children under the age of five, and 130,588 children under age 18 in the county.

The population under five in Union County is slightly higher than New Jersey - with Union County at 6.3% compared to New Jersey 5.8%. The overall infant mortality rate in Union County (.68%) is lower than the NJ average of .74%; however, Black infant mortality in Union County, at .56%, exceeds the state average of .3%. In some communities, the number of young children is proportionately higher than in others, and the need for Early Intervention for some, increasing.

According to the 2018 Kids Count profile, Union County ranks 13th in New Jersey (out of 21 counties) on child and family economics measuring child well-being across four domains of economic, health, safety and well-being, and education.

Union County has a high number of migrant children and accessing services through their parent/guardian can be difficult. Prevention and Early Intervention Services for children 0-5 are very limited. In Union County in 2016 there were 1,334 referrals to the New Jersey Early Intervention System (NJEIS) from a variety of sources. The most recent report (December 1, 2017) indicated 861 children had an active Individualized Family Service Plan.

Many school districts in the county have expanded resources for the youngest students, and in 2019 three school districts in Union County got funding to expand half and full-day pre-K for students (Union, Roselle Park (1/2019) Winfield (9/2019)).



Five Family Success Centers exist in the County – funded through the NJ Dept. of Children and Families, Union County, and the United Way of Greater Union County. They provide family-friendly sites for parent/child activities and support.

Other programs existing in the county to support young children and families include:

- County-funded Family Support Program
- Union County Council for Young Children
- Kinship Navigator Program
- Parents as Teachers Program
- Strengthening Families
- Parent Linking Program

Positive Youth Development



Generally, youth between ages nine and 15 in Union County are doing very well. Most are in school, out of trouble, and connected with their families and communities.

While the number of juvenile arrests is declining, there were 760 in 2016. However, there is \$511,656 in funding for Youth Services, to fund 10 different projects to support youth, including treatment, reentry support, and life skills.

While many youth providers are trained in trauma-informed care, community residents noted that there needs to be better relationships between the schools and non-profits (i.e., school representative at the Children's Interagency Coordinating Council and the Youth Services Commission). Stakeholders felt that more attention to Adverse Childhood Experiences (ACEs)

and social/emotional learning are needed, and that more work needs to be done with pediatricians to implement ACEs assessments.

Youth with special needs are a particular concern, as residents think that there are no consistent mental health services through the schools, and not enough wrap-around services for children with Intellectual/Developmental Disabilities. Additionally, many physicians have been trained to perform mental health screenings, but generally pediatricians are not doing them.

Community residents talked about schools needing to provide “safe havens” as alternatives to out-of-school suspensions for youth, as well as needing more affordable programs for youth after school and in the summer, including recreation programs.

Strong Transitions to Adulthood



Young people between the ages of 16 and 26 have special challenges as they transition into adulthood. While most youth in the county graduate from high school (88%), others struggle with disabilities or other issues. Young people with disabilities are growing as a group, and others are challenged by behavioral health or substance abuse issues. Youth-age 16-18 have been exposed to many adult traumas and have such a greater awareness of what issues are impacting their families. In addition, youth have greater exposure to school violence and the impact of violence. One significant resource within the county is the Recovery High School (currently serving 15 students) with alcohol/drug issues.

Some young adults, even up to age 40, are just left out of being able to stay in Union County, even with a college degree; the cost of living for housing causes this group to feel they are left out.

Their incomes versus their expenses to live in this county have made it difficult for many in this group to feel they are thriving.

This group has significant needs, including:

- Support for young mothers
- Affordable birth control
- Support system for disabled veterans of any age with PTSD
- Financial literacy for young adults
- Programs for young homeless people
- Care, not just case, management
- Early intervention support system for substance use disorders and more holistic approach – a system
- Smoother transition for youth with behavioral health issues from the Children’s System of Care into adult services
- Friendship and social skills opportunities are needed for children and youth with special needs, and mentoring for all youth
- Summer employment opportunities
- Preparation for jobs with career potential



Productive Adulthood

Union County has an increasingly diverse population. Many individuals are undocumented, making them ineligible for governmental assistance. Almost 30% of the adults in the county are “linguistically isolated,” speaking a language other than English primarily. This has implications for their ability to take

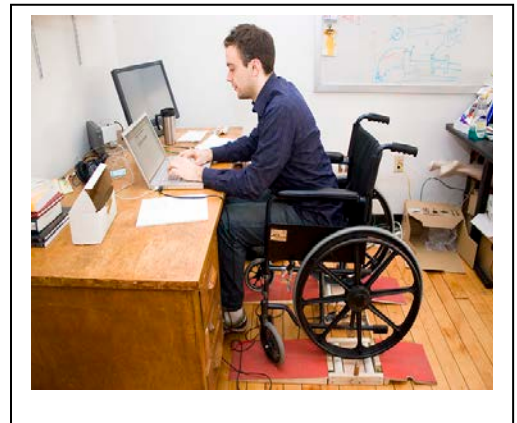


full access of services and supports available. This includes prenatal care, which for some families in some communities is still an issue.

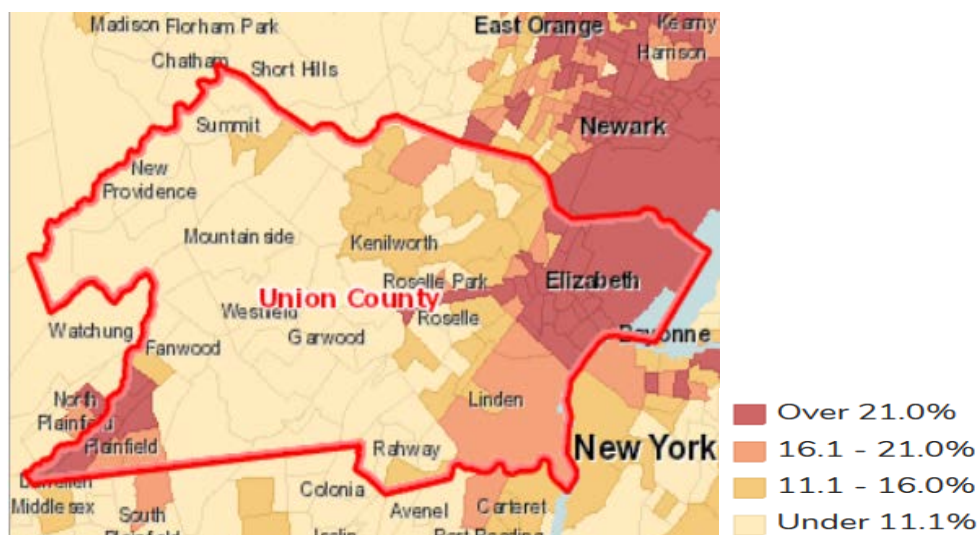
35% of families in the county are headed by single adults, and grandparents are raising grandchildren in increasing numbers.

Adults in Union County, aged 27 thru 59, are usually in their most productive years. Education is a key factor in preparing individuals to have a successful life.

The population in New Jersey who have a High School Graduate or GED is 27.9% and in Union County 29.2% of the population are a high school graduate or have a GED. However, there are some areas of the county where the graduation rates are much lower, and earning potential, on average much lower. ALICE – A Study of Financial Hardship in NJ (2018) demonstrates a survival budget and indicators for Union County include 39% of Union County households struggle to afford basic necessities.



Population over Age 18 with No High School Diploma



Successful Aging

Union County has a long tradition of caring about and supporting its population age 60 and over. The county commitment to feeding older residents, including senior centers with congregate meals (22 congregate meal sites), and mobile meals with wellness checks (1,500 people per day) are evidence of this significant commitment to the quality of life of older county residents. Within the county, there are also excellent day programs, and an LGBTQ committee that meets quarterly.



The older population is not without challenges, however. There are 80,362 people over age 65 in the county. Of individuals 60 years of age and older in New Jersey, 14.2% spoke English “less than very well” and Union County had the fourth highest population in this category across the state, at 22.9% who indicated they spoke English “less than very well.” 32.8% of the population over 65 report having a disability. Income insecurity, transportation and affordable housing are key issues for this population. Elder abuse and financial exploitation have been made worse by the opioid crisis.



Older adults, and those with disabilities, are living longer in Union County and in the rest of the nation, putting a strain on an already overburdened healthcare and social service systems. The isolation of these individuals also increases with age and disability, particularly for those without significant community supports.

Housing costs present a particular challenge for older residents and those living on a fixed income:

- About 30% of the population 60 and over live in renter-occupied housing, and 60% have a gross rent that is 30% or more of their income toward housing costs.
- 42% of aging residents who live in owner-occupied housing and pay 30% or more of their income toward their housing costs.

Other issues and needs also effect older county residents disproportionately, including:

- Getting tasks done around the house
- Oversight of senior housing
- Food insecurity.
- Transportation, especially north to south.
- Predatory lenders, causing some to lose homes
- Affordable medical care
- Unsafe discharges from hospitals
- Underfunded independent living centers for the disabled
- Lack of familiarity with services available, what they are called, and how to access them

The populations of highest concern in Union County are:

- **Children, youth and adults living in poverty**
- **Non-English speaking people of all ages, especially undocumented individuals**
- **Seniors and those with disabilities**
- **Very young children, especially those with special needs**
- **Individuals with behavioral health issues, especially substance use disorders**
- **Grandparents raising grandchildren**
- **Children in foster care for more than five years**

There are residents in the county who, due to income, health and behavioral health status, developmental status, family situations and other reasons, are in need of support, services and resources from a variety of public, private and non-profit organizations.

Pillars of Support for Residents of Union County

Trends Related to Strengths and Needs

This section represents data and community input regarding conditions related to each of the interrelated pillars of support that individuals and families in Union County need to be successful.

Family Relationships and Community Connections

Highest needs identified through groups and surveys:

- Family outings/community events
- Art/music events
- Volunteer opportunities

In Union County, 10.95% of the population (61,387 people) are linguistically isolated (no one over age 14 speaks English).

The immigrant population has special challenges, especially new immigrants. These include cultural assimilation, lack of access to public benefits and services, discrimination, etc. Because of the significant diversity of the residents of Union County, it is challenging to address the many linguistic and cultural needs of residents when they try to access services.

Relationships within families are also sometimes problematic. In 2018, there were 3,994 calls to the state child abuse and neglect hotline, and 4,521 investigations completed on Union County families. Children placed outside of their homes has been declining from 324 in 2016, to 266 in 2018. However, 15% of these children have been in placement for over five years (highest county in the state). There are 3,186 grandparents raising grandchildren in Union County. Also, there were 3,858 incidents of domestic violence in the county, at last report.

Focus group participant speaking about undocumented adults:

“Fear of using services harms their chances to get green card status.”

Services for Children and Youth – While the county has a significant number of services and supports for families and children, including Family Success Centers, not all families know how to find and access them. The centers can serve as significant support to young families, youth, and for grandparents raising their grandchildren. Many community members raised unmet needs in the areas of affordable childcare, after school care and summer care, and recreational programs for youth.

Transportation - Key to accessing resources and feeling “connected” is transportation – to work, childcare, medical appointments, etc. Issues related to transportation were raised as a priority by every group, in every part of the county. Transportation needs of residents are great and varied – to work, school, services, etc. – and impact their ability to be safe and financially secure.

Accessing Resources is a significant issue for many in the county. The lack of knowledge about, and how to access, resources available within the county was raised repeatedly by almost all groups in the CNA. Spanish speaking individuals were connected to faith based organizations more than other resources; however, they often have no access or knowledge of resources that would be available. The “safety net” agency – the Division of Social Services - was categorized as not customer friendly, and evening hours for services were recommended.



Personal Safety and
Financial Security

Crime – Personal safety is an issue, especially at night, in several cities within the county. Both violent and non-violent crime is higher in the county than the state average.

- ***Highest needs identified through groups and surveys:***
 - Affordable housing
 - Public parks
 - Services to make neighborhoods safer

In NJ, the non-violent crime rate is 17.9/1,000, while it is 21.5/1,000 in the county. The violent crime rate is 2.4/1,000 for the state, and 3.4/1,000 in the county. This is a particular problem in some of the communities of opportunity.

Housing – Housing was the most frequently and consistently identified issue in the CNA. Affordable housing, including shelter care, is an issue for all age groups and family sizes, including those with special needs, such as the disabled and aging populations in Union County.

The number one issue raised by the CNA is housing in Union County – access, affordability and availability.

Issues raised related to the lack of affordable housing, availability of Section 8 housing, availability of housing for seniors or disabled folks, lack of shelter beds, and the fact that on average a resident pays 42.3% of their income on housing on rent. Affordable housing was the top issue raised – in every community and for every group. 45.5% of households in Union County spend more than 35% of their income on rent. A two bedroom apartment averages \$1,600 per month. Further, subsidized/ Section 8 Housing is effectively closed, as landlords are increasingly refusing Section 8. Foreclosures are still continuing, though decreasing, and financial advice is needed, especially for seniors.



In 2019, there were 438 people identified as homeless in the county, and those identified as chronically homeless increased from 28 in 2018 to 68 in 2019, and 25 percent of the homeless population included people with mental illness (112 individuals).

The county identifies 68 people as chronically homeless, and sheltered 3,132 people during “Code Blue” in 2018, including 532 children. There are not enough Code Blue and shelter beds.

Providers indicate that the homeless population needs access to services across many social service domains. The problem of homelessness in the county is one that is getting worse, as the vast majority of new housing being built in the county is luxury housing, well out of reach economically for the average Union County family. Shelter costs are increasing for the county, as the NJ Division of Family Development pays only \$50 per night for shelter care, while there are

almost no housing providers that will accept this rate and it must be supplemented by DSS with county funds.

Also, the county recently learned that New York City relocated several thousand homeless individuals and families to the county, paying landlords one year's rent in advance, thus negatively effecting the availability of affordable housing for county residents. Lack of affordable housing/basic needs creates crisis for families and security issues.

While the housing issue is challenging, there are some strengths upon which progress can be built. A strength in the system is that faith-based organizations are increasingly opening their facilities to homeless individuals for showers, etc. The Continuum of Care award (for housing) for Union County is \$4,170,723 annually, and allows the county to shelter and provide short term housing for residents.

Income – Many people in Union County are doing very well, yet there are 57,900 (10.3%) people in the county living in poverty, including over 11,000 children living in poverty, with incomes below \$16,460 annually for a family of two (2017 Federal Poverty Level), and who struggle to meet even basic needs. While the median family income in



the county is \$77,095, the *Economic Policy Institute Cost of Living Annual Cost Chart* notes that a family of four in Union County requires \$92,937 to be economically secure. *Data Source: US Census Bureau Population Estimates (2018)*

Poverty for children and those over 65 exceeds the state average (14.4 and 8.7%, respectively).

The dynamics of intergenerational poverty tend to reinforce poverty as the status quo.

Over 37,000 residents are receiving SNAP, and 52,090 are labeled food insecure. Almost half of the children in the county (33%) qualify for free or reduced lunch in school. Public assistance numbers, while declining, are still significant in the county:

Indicator	WFNJ/TANF	Emergency Assistance	General Assistance	SNAP
New Jersey	11,602	1,527	4,216	358,572
Union County	569	89	518	37,115

Additionally, the population in need but ineligible for SNAP is estimated to be 52,090 or 24% (of adults and children).

Union County had 41,764 Earned Income Tax Credit returns filed with refunds of \$98,164,511, for an average return of \$2,350.

All of these trends indicate that special attention needs to be paid to those individuals and families most effected by poverty.

Health and Well Being

Highest needs identified through groups and surveys:

- Dental care and coverage
- Eye/vision care, including glasses
- Health insurance /affordable medical care

Most residents of Union County have access to high quality healthcare, and enjoy the positive wellbeing that living in the county supports. Others in the county, however, do not have these advantages. Many residents still do not have access to affordable healthcare: 14% have no health insurance, including 4% of all children. Access to specialists, especially psychiatrists or those speaking languages other than English, is also a need.

Access to primary care physicians, mental health treatment, and Federally Qualified Health Center (FQHC) in Union county is below the NJ average (significantly higher than 8% of residents in New Jersey). The Federally Qualified Health Care Center rate in Union County is particularly low, with just .56/100,000 people, as compared to 1.38 in New Jersey.

Indicators	New Jersey	Union County
Primary care physicians per 100,000 population	101.6	85
Dentists, Rate per 100,000 Population	82.6	83.49
Mental Health Care Provider Rate (Per 100,000 Population)	200.6	173.6
Rate of Federally Qualified Health Care Centers	1.34	.56

From 2016-2018 there were 14,647 non-Medicaid births to Union County residents and 5,182 Medicaid births during those same three years (2016-2018). 67.9% of pregnant females receive prenatal care in the first trimester, and there were 24.2 births to women 15-19 per 1,000.



Residents noted that there are few pediatricians and mental health professionals available that speak other than English, and that there are not enough psychiatrists, especially those that are bilingual. Residents with low incomes also need better access to eye and dental care.

Behavioral Health / Substance Use Disorder – There are significant challenges in this area related to incidence and the response to the incidence. Opioid use has increased in the county, as evidenced by a rise in the number of Naloxone administrations increasing: the number of Naloxone Administrations from 2016-2018 increased by 90% in Union County with 438 in 2016, 709 in 2017 and 830 in 2018. Despite county initiatives to address it, stigma exists regarding substance use disorder.

3,341 residents of Union County were admitted for substance use disorder in 2017 and of those 1,110 were for alcohol and 2,223 were for drugs. There were 98 overdoses in 2016, 131 in 2017 and 150 in 2018, in just three years the number of deaths from overdoses increased by 50%. 49.2% of residents needed, but couldn't access, treatment for substance use disorder.



Opioid use in Union County continues to be an issue, and access to treatment and early/community education is a critical need.

While other services exist in the county, only one halfway house exists in the county and there is no inpatient facility for detox or treatment in Union County. There also appears to be a fragmented system of access to services, and no clear strategies for prevention

throughout the county, despite the efforts of several non-profits in the area.

Community strengths related to substance use disorder exist, including:

- County funds \$10,000 for transportation to inpatient Substance Use Disorder (SUD) facilities.
- Peer recovery support services of Prevention Links.
- Workforce Advantage and Prevention Links are providing peer recovery support training thru a Department of Labor (DOL) grant.

Mental Health – Many individuals in Union County struggle with mental health issues. 5.2% of total deaths in 2017 were due to mental or behavioral disorders, and 25% of homeless individuals have mental illness.

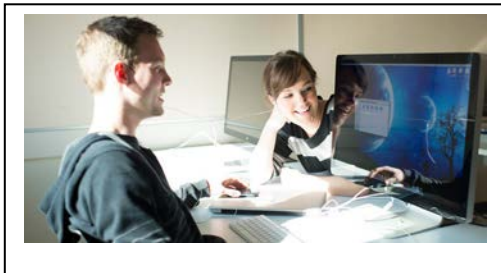
The Mental Health Care Access Rate per 100,000 population is 173.6 in Union County, lower than the state average.



Learning and Education

In Union County, 34% of the population over age 25 has a Bachelor's degree or higher, and 14% in that group have less than a high school diploma. 22.9% of residents speak English less than very well, and many residents expressed an interest in learning English and Spanish.

- ***Highest needs identified through groups and surveys:***
 - Finding a better paying job
 - Money for tuition for college/trade school
 - Job training for a better job



The high school graduation rate in Union County is 88%, yet in some communities it is well below that. 13 schools in the county struggle the most with meeting standardized testing standards, and the graduation rate is low in several of the communities.

In many of those same communities, the unemployment rate exceeds the county average, especially for young adults. Residents spoke repeatedly about

job training being needed that prepares people to earn credentials, and earn living wages. Better job training for the disabled was also cited as being needed.

Community input also revealed that stakeholders have expectations for schools that go beyond traditional education for their students. Many felt that guidance counselors and other school staff should be better educated about services available to support success for their students and their families. Issues were also raised repeatedly about school personnel not being knowledgeable about services and supports that students and their families may need.

The conditions of highest concern in Union County are:

- **Housing**
- **Poverty**
- **Substance Use Disorder**
- **Crime**
- **Healthcare**
- **Services for children and youth**
- **Transportation**

Communities of Opportunity

One of the requirements of continued receipt of CDBG funding is the completion of a needs assessment that includes an examination of the issues most effecting those residents living in poverty. While several communities within the county have levels of poverty that are higher than others, there was also data that suggested that individuals in other communities are also struggling to be successful. Realizing that data does not always present a full picture, the county and

Steering Committee advocated for a massive outreach process to residents, through groups and surveys, to develop a better understanding of the issues facing residents in various communities across the county. Assets and resources in each of “pillars of support” areas were discussed. The result was a picture of the uniqueness of communities, each with strengths and challenges. Through a combination of analysis of data, community input, and opinion, a profile emerged about communities within the county. A number of communities can clearly be identified as “holding their own,” where residents are generally thriving. In other communities, there appear to be emerging needs for various populations, or in various areas of needed support.

Communities Holding Their Own:

- Berkeley Heights
- Clark
- Cranford
- Fanwood
- Mountainside
- New Providence
- Scotch Plains
- Springfield
- Summit
- Westfield
- Winfield

Communities with Emerging

Needs:

- Garwood
- Kenilworth
- Roselle Park

Communities of Opportunity:

Seven communities have been identified as communities of opportunity, which represent areas where the needs of the identified populations of concern are intensified, and where priorities should be placed for addressing needs. These communities represent areas where the barriers to individual and family success may be the greatest and opportunity for progress the largest.

A deeper analysis of municipalities within

Union County highlighted areas where the poverty level, unemployment, housing, substance abuse and other indicators presented indicated a widening divide between these municipalities and the county as a whole or compared to the entire state. In Union County there are clusters of poverty and disparities across all pillars and ages development journeys, representing the greatest opportunities to improve the quality of life for residents of these communities.

Communities of opportunity are places where focused attention is needed to address the issues effecting individuals and families in these areas:

- **Income Disparity vs. Cost of Living**
- **Graduation Rates**
- **Substance Abuse**
- **Access to Healthcare**
- **Grandparents Raising Grandkids**
- **Foreign Born Residents**
- **Unemployment**

The specific communities and areas are referred to as Communities of Opportunity, and they are:

- ✓ **Elizabeth**
- ✓ **Hillside**
- ✓ **Linden**
- ✓ **Plainfield**
- ✓ **Roselle**
- ✓ **Rahway**
- ✓ **Union**

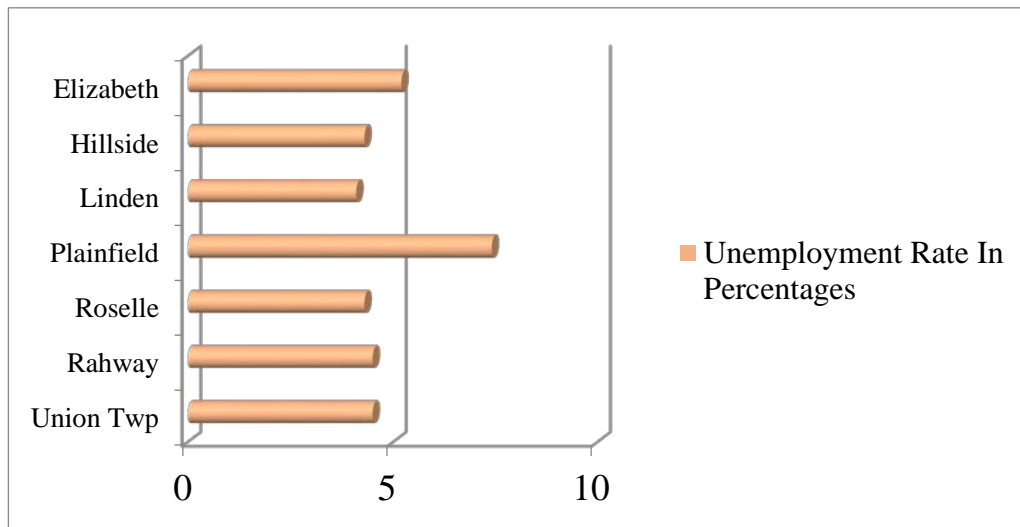


These seven communities represent areas where the needs of some populations are intensified, and where priorities should be placed for addressing unmet needs and eliminating barriers to services and supports. All identified issues were also consistently seen in these communities.

Additionally, the seven communities of opportunity represent areas where many of the needs are the highest, and where the barriers to individual and family success may be the greatest.

Some characteristics of these communities that distinguish them from other areas of the county include:

- The population under age five in Elizabeth, Plainfield and Rahway is higher than Union County average, and in several communities (Rahway, Roselle, Plainfield, Hillside and Elizabeth), the percentage of births with no prenatal care exceeds the county average of just under 2%.
- The five highest towns that deployed Naloxone were Linden, Elizabeth, Union, Rahway and Plainfield.
- Schools requiring comprehensive or targeted support and improvement during the 2019-20 school year are schools with a summative score in the bottom 5% of Title I schools or with a four-year graduation rate of 67% or less. This included 13 in the Communities of Opportunity: Elizabeth-4; Hillside-1; Linden-1; Plainfield-5, and 2 in Rahway.
- In 2016 Rahway, Roselle, and Union had lower non-violent crime rates and violent crime rates than the county. All of the other Communities of Opportunity have higher rates of violent crime than the county.
- In 2016 there were 23 murders in Union County. Of those, 21 occurred in Communities of Opportunity, including two murders in Union, five murders in Elizabeth, one in Hillside, 12 in Plainfield, and one in Rahway.
- The highest non-violent crime rates are in Elizabeth, Linden, Hillside, and the highest violent crime rates is in Elizabeth, Plainfield, Linden, Hillside.
- Unemployment in each community of concern exceeds the state average of 3.6%.

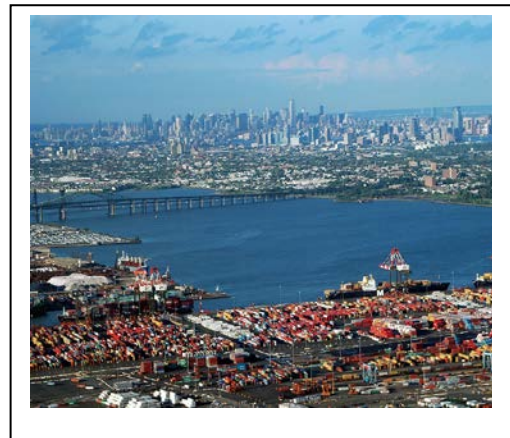


Data Source: New Jersey Department of Labor and Workforce Development

Following is more information about each of the Communities of Opportunity.

Elizabeth

- Elizabeth has a population of 128,885, and includes **23%** of the total population for the county.
- Elizabeth had **46%** of the total child abuse neglect investigations in Union County in 2017.
- The high school graduation rate in Elizabeth is **72.8%**.
- 25% of the total grandparents raising their grandchildren in Union County live in Elizabeth.
- 75% of households speak a language other than English.
- During the Point in Time Count in 2019, Elizabeth had 77% of the homeless population.
- Elizabeth has 77% of the county homeless population.



- The homeowner vacant housing unit rate of 4.6 in Elizabeth is much higher than the county rate of 1.8.

- 9% of individuals under age 65 do not have health insurance

Source: <https://www.census.gov/quickfacts/fact/table/elizabethcitynewjersey/IPE120218>

- 15% of individuals 65 and older living in Elizabeth are living in poverty, this is 1.5 times the rate of Union County
- 21% of children under 18 in Elizabeth are living below the poverty level
- The median value of owner-occupied housing in Elizabeth (\$306,100) is 80% of the amount of Union County (\$375,400)
- 5% of the population of Elizabeth has moved in the last year, about 10 percent higher than Union County

Source: <https://censusreporter.org/profiles/06000US3403921000-elizabeth-city-union-county-nj/>

Hillside

- The population in Hillside is 22,054.
- In 2018 6.3% of the population in Hillside included children under the age of 5, for a total of 1,400.
- 2.9% of births had no prenatal care.
- The immunization rate for schools in Hillside is 98.3%.
- The graduation rate for the 2017-2018 school year in Hillside is 86.9%.
- The rental vacant housing unit rate is 1.5 compared to the county.
- Median Household Income in Hillside is \$64,000 about 80% of the amount of Union County
- The median value of owner-occupied housing is \$232,500, two thirds the amount in Union County.



- 16.5% of the population do not have health insurance.

Sources:

<https://www.census.gov/quickfacts/fact/table/hillsideunioncountynewjersey/IPE120218>

<https://censusreporter.org/profiles/15000US340390323002-block-group-2-union-nj/>

<https://www.census.gov/quickfacts/fact/table/unioncountynewjersey/PST045218>

Linden

- The population in Linden is 42,538.
- Linden has lower median gross income and median family income levels as compared to the county, but the percent of people in poverty is equal to the county poverty percentage of 10.3%.
- 33.5% of the population of Linden is foreign-born.



- The birth rate per 1,000 residents in this community included a rate of 10.5% or 447 births and 2.2% had no prenatal care.
- The immunization rate for schools in Linden is 96%.
- 23% of the population age 25 and older in Linden have a Bachelor's degree or higher, compared to 34% in

Union County.

- The graduation rate for Linden is 89.9% for the 2017-2018 school year.
- 50.9% of people in Linden over age five speak a language other than English at home.
- 15.3% of people in Linden do not have health insurance.
- 7.4% of individuals in Linden, under age 65 have a disability (2014-2018).
- 12.9% of individuals under age 65 do not have health insurance (2014-2018).

Source: <https://www.census.gov/quickfacts/fact/table/lindencitynewjersey,unioncountynewjersey/POP645218#POP645218>

Plainfield

- The population in Plainfield is 50,693.
- Plainfield includes **38%** of the population who are foreign born. **43%** identified as Hispanic or Latino and **40%** identified as Black or African American.
- **51%** of individuals over five in this community speak a language other than English at home.
- The median income for this community from 2013-2017 was **\$56,425**.
- Plainfield has 20.9% of the population who are living below poverty levels.
- The median gross income is 25% lower than the county median gross income.
- 16% of the population over age 25 have a Bachelor's degree or higher, as compared to 35% of county residents.
- 27.3% of the adult population in Plainfield do not have a high school diploma.
- 27% of children under age 18 are living in poverty.
- 54% of occupied housing in Plainfield is renter occupied, about 1.5 times greater than the New Jersey rate.



Source: <https://censusreporter.org/profiles/16000US3459190-plainfield-nj/>

Rahway



- Rahway has a total population of **29,880**, the third highest population of the Communities of Concern.
- 22% of the population is under age 18.
- There are **25.1%** foreign born persons who reside in Rahway.
- **40.6%** of people in this community speak a language other than English.

- \$74,164 is the median household income for Rahway.
- 12.7% of individuals under age 65 in Rahway do not have health insurance.
- Rahway was the fifth highest municipality of residence for drug treatment admission in 2018 in Union County with 226 admissions and 42% of those being admission for heroin (95).

Sources:

<https://www.census.gov/quickfacts/fact/table/unioncountynewjersey/PST045218>

<https://censusreporter.org/profiles/16000US3461530-rahway-nj/>

<https://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2018/Uni.pdf>

Roselle

- The population in Roselle is 21,902.
- 2.8% of women giving birth in Roselle had no prenatal care.
- The number of foreign born persons for Roselle is **28.2%** with **42.3%** of the population speaking a language other than English; again, these numbers are slightly below the overall county numbers.
- The immunization rate for schools in Roselle is 89.8%.
- The graduation rate for Roselle is 88.1%.
- Homeowner vacant housing rate is 2.5 times higher than the county rate.
- In Roselle 10% of people are in poverty (2018 American Community Survey, 5 year estimate).
- 12.4% of the population under age 65 do not have health insurance.



Sources: <https://www.census.gov/quickfacts/fact/table/roselleboroughnewjersey/IPE120218>

<https://www.census.gov/quickfacts/fact/table/unioncountynewjersey/PST045218>

Union

- The population in Union is 58,757.
- 40% of the population speaks a language other than English and 30.2% of the population is foreign born.
- Union has higher rates of median gross income and median family income and about 40% less people in poverty when compared to the entire county.
- The number of individuals age 65 and over is slightly higher in Union, with 16%, that of the county.
- The gross median rent is more than \$200 higher than the county figure of \$1,219.
- Half Day Pre-Kindergarten in Union includes 250 families in this Community of Opportunity.
- The graduation rate for Union is 93%.
- 240 Union residents were admitted for a substance use disorder in 2018, the fourth highest in the county with 40% of admissions for heroin.
- There were 394 cases of sexually transmitted diseases in Union in 2018.
- Approximately 8.5% of residents under age 65 do not have health insurance.



Sources: <https://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2018/Uni.pdf>

<https://www.census.gov/quickfacts/fact/table/uniontownshipunioncountynewjersey/IPE120218>

<https://www-doh.state.nj.us/dohshad/query/result/std/STD/Count.html>

<https://www.census.gov/quickfacts/fact/table/unioncountynewjersey/PST045218>

Looking into the Future Together

Systemic Assets and Obstacles to Future Change:

Union County has great physical assets – natural beauty, parks, outdoor activities, etc., but its’ most important asset is the diversity of cultures and people. In looking to the future, Union County can build on the many strengths identified throughout the CNA to overcome entrenched systemic obstacles and move toward thriving communities for all. Many of these assets are listed below:

1. A history of Union County’s quick response to resident needs by providing services and supports to the most vulnerable residents;
2. A new generation committed to a strong Union County;
3. A demonstrated willingness and openness among diverse leaders and stakeholders to work together for common purpose;
4. A pride and vision of Union County as a healthy and thriving place to live;
5. Mostly thriving communities and a robust economy;
6. A collective determination to face and address the most challenging systemic obstacles to resident success, and remove them;
7. A focus on the potential of collective impact to inspire hope for improved coordination and collaboration; and,
8. An emerging atmosphere of contribution, volunteerism, and public good.

Systemic obstacles to individual and family success in Union County have also been identified. They are described in a way that suggests how they block those who wish to improve their lives. Obstacles are described this way deliberately—to suggest how each might be challenged and overcome. Had the obstacles been named something like “poverty,” “housing,” or the like, it would trigger only fixed ideas of potential solutions. The intent of identifying these systemic obstacles is to inspire stakeholders to move beyond traditional solutions to problems, onto solutions that will benefit all of Union County residents well into the future. The naming of these obstacles triggers imagination, and challenges stakeholders to think of what it is like for someone to move forward in navigating life, while facing these obstacles. These obstacles include:

1. Prevention and support services are either challenging to find or under-resourced, with help primarily available for crisis situations;

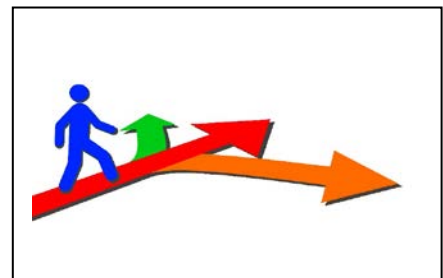
2. Despite the great wealth of resources throughout Union County, the ability of residents to understand the availability of resources and how to access and navigate is limited. A fortress of complexity hides impactful resources;
3. While services and supports may be available, they are not coordinated and integrated for populations by age (e.g., for young children, youth), or by area of need (e.g., behavioral health or housing). Services and resources are siloed, fragmented and, for the most part, not connected. This effects the continuity and quality of care for residents;
4. Populations of concern do not have a significant voice in decisions that impact their lives, including how services are planned and delivered, how their effectiveness is measured, and how friendly and helpful they are to residents; and,
5. Given the economic, racial and cultural diversity in the county, there are many groups of people who feel that they are not full and valued members of the Union County community, and who, in fact, do not share in the wealth of the county.

Recommendations:

The findings, as well as consideration of strengths and obstacles to implementation success, suggest that different approaches need to be taken to effectively address the issues identified.

The recommendations that follow are not structured according to population or condition; rather, the methods to address the findings for the populations and conditions of concern and are organized into three categories:

1. Unmet Needs;
2. Overcoming systemic obstacles to individual and family success; and,
3. Advocacy and resource development.



Following are the major unmet needs, and recommendations for addressing these needs.

Unmet Needs

Housing - As the most frequently raised issue, the need for affordable housing is clearly the highest unmet need in the county. Issues exist related to availability of

shelter beds, transitional housing, long term affordable housing, and housing for seniors and disabled individuals. While the county has taken efforts to address the needs of homeless people, including developing warming centers, and engaging the faith-based community in this effort, concentrated efforts are still needed to make the housing system, limited as it is, more responsive to resident need. To accomplish this, the following activities are recommended:

Short-term:

- Under the public/community partnership, create a workgroup focused on homelessness to:
 - Design and implement an organized system of services for homeless individuals and families.
 - Establish a single point of intake and service routes for homeless services.
 - Create strategies for “housing first” and homeless prevention in addition to crisis-based services.
 - Consider best practice models/strategies from within NJ and nationally (e.g., Mercer County and Denver, Colorado).
- Utilize a unified, consistent approach to shelter development among faith-based providers.
- Review the use of the Homeless Trust Fund in the context of emerging strategies.



Longer-term:

- Engage federal and state officials, municipal officials, developers and landlords to create a Union County Housing Task Force to confront and resolve the many challenging issues identified in the CNA related to affordable housing and income disparities.

Income Disparities and Poverty - Because many county residents, including children, struggle with the effects of poverty on their ability to successfully navigate the life journey, several approaches have been recommended to attempt to begin to address their financial needs:



1. Ensure that benefits are made available to those eligible. This includes educating the community on the availability of SNAP, Work First NJ, Medicaid, and Family Care (including Children's Health Insurance Program/CHIP), EITC, Child Care Tax Credits, etc.
2. Enhance the likelihood that customers will access services by providing them in a customer-friendly manner at DSS; this requires improving the customer service skills of DSS employees.
3. Increase the accessibility of online applications for these services at locations across the county, especially in Family Success Centers and libraries.
4. Establish "Financial Empowerment Centers" in the county to support residents accessing these and other financial support services, such as VITA, EITC, first time homeowner programs, financial planning and other related services.
5. Explore and launch entrepreneurship and small business development initiatives, such as a small business incubator, and the development of entrepreneurship curriculum, possibly with the community college.
6. Continue to focus on resident access and utilization of services and supports available to help them to address their desires to attain better paying jobs, funding available for education/training, etc.

Comprehensive Approach for Addressing Food Insecurity: One unfortunate effect of poverty is the food insecurity that residents experience. A comprehensive approach to addressing food insecurity is recommended, including:



- Increased outreach by DSS and other agencies about SNAP eligibility;
- Evening hours at DSS to support increased SNAP enrollment; and,
- Enhanced coordination with the Community Food Bank of NJ, Family Success Centers and others for

outreach and food distribution opportunities.

Treatment Services for Residents with Substance Use Disorder - Opioid use is

increasing in Union County, yet there is no inpatient treatment available within the county.

Despite best efforts by providers in the county, there exists no continuum of care within their own communities available for Union County residents struggling with opioid addiction. To address this significant issue, the following is recommended:



- Advocate with, and seek funding from, the state and federal government for in-patient treatment services within the county for residents with substance use disorder.
- Work with appropriate planning bodies (HSAC, Municipal Alliances, etc.) to develop a full organized continuum of services and support, including clear and concrete strategies for prevention, treatment, and recovery throughout the county.

Keeping Communities Safe: Because crime overall is

an issue in Union County, particularly in some of the communities of concern, a strategy is recommended that engages community members, along with the police, in keeping their communities safe.

Specifically, it is recommended that:

- Communities complete neighborhood assessments on safety and crime issues and develop new solutions for crime mapping.



- “Neighborhood Watch” and other police-community partnerships to address crime and quality of life issues be encouraged and supported by the county and its municipalities.
- Volunteer supports for these and other activities aimed at increasing community safety be developed and supported.

Healthcare - The issues of affordable healthcare availability and the availability of appropriate providers and services within the county were raised by many county residents. Undocumented individuals raised issues of the lack of healthcare coverage, even for children (who could be covered by CHIP). FQHCs, as well as physician/psychiatrists that speak languages other than English, are in short supply in Union County.

Pharmacies are sometimes difficult to access, as transportation is limited or challenging in some parts of the county.



To address these issues, the recommendations are:

- Educate residents about healthcare coverage available for children. This can be done by working with the non-profit community to educate residents about the availability of coverage for children, or through the FQHCs that exist in the county.
- Seek and support the expansion of FQHCs in the county, and other options such as the increased use of Community Health Workers, to increase healthcare coverage for undocumented individuals and those with low incomes.
- Work with non-profits to educate the community about available mail-in pharmaceutical services that can reduce costs for prescriptions.

Affordable Care for Children of All Ages - Residents and providers repeatedly raised the lack of availability and appropriate childcare of all types as a barrier to family success and self-sufficiency. Infant and toddler care (especially during non-traditional hours), after school programming, summer care, and recreational and tutoring programs for youth were all identified as unmet needs by the community. Particularly in communities of concern, these services could support children better achieving in school and graduating. A comprehensive approach to meeting these needs will include:

- Prioritizing the development of a specialized childcare, perhaps through a consortium of providers that could provide evening and weekend care, and care for children with special needs; and,
- Prioritizing the development of after school recreational, tutoring and summer programs for youth, especially in the communities of concern.



Meeting Transportation Needs: Residents raised numerous issues related to how difficult it is to meet their transportation needs - whether it is to work, school, or for needed medical or social services. A complicated and very broad issue to address, because of the specific needs and resources available in each community, addressing transportation issues needs intense partnerships and collaboration. To begin, transportation options for residents could be improved through educational efforts and pilot programs, such as:

- Asking NJ Transit to provide community education on how to use services, perhaps as part of Resource Fairs;
- Ensuring that libraries have printed material on transportation routes and times for their area; and,
- Developing pilot programs such as volunteer transportation programs, or working with supermarkets or pharmacies to increase delivery services.



However, more comprehensive and creative strategies will be needed to better connect county residents with the jobs and services they need to access. In the longer term, it is recommended that an array of options be explored to meet these needs:

- Non-profits and faith-based agencies in the community could form transportation pools;
- Development and expansion of teleservices, to replace a resident needing to travel to access a service, be explored for various services and supports;

- Increased out-stationing of services and supports at accessible community locations and consider mobile services to improve resident access; and,
- A comprehensive examination of the value of utilization of Uber, Lyft, etc. to meet transportation needs.

Other Unmet Needs – Related to Populations:

Several other unmet needs were identified through community input, and each focus upon members of the community being better able to interact with each other, and supporting their success, including:

- **Youth and adults:** ESL and Spanish classes throughout the community to foster communication among residents.
- **LGBTQ residents:** More support groups to recognize and address the stigma and other issues these individuals may be struggling with.
- **Children:** Behavioral supports for young children, especially for those who have received Early Intervention Services, and are awaiting services from the public education system.
- **Disabled Adults:** Increased opportunities for disabled adults to better interact socially with other adults.
- **Children in foster care for long periods of time:** A special focus should be for the county and CSBG agencies to reach out to the NJ Department of Children and Families to assess and address the issue of children being in foster care in Union County for long periods of time, especially over five years.

Unmet Needs Related to Communities of Opportunity:

To the extent possible, priorities should be placed on meeting unmet needs and overcoming systemic barriers to services and supports in the communities of concern. The particular challenges in each of these communities should be prioritized and addressed. It is also recommended that the potential of establishing interconnected, place-based, collective impact strategies for each of the communities of opportunity be explored.

Overcoming Systemic Barriers to Success

CSBG agencies should be in the forefront of these activities, as they meet the intent of this funding.

The needs of individuals and families in Union County cannot be met by government and the non-profit human service community alone. Responses to complicated issues require holistic, collaborative responses. The degree to which services and resource are organized and connected to support integrated resident pathways for success (including outreach/access, performance measurement, and system development/improvement) was a topic considered during the strategic formulation process with the Steering Committee. There were a number of issues raised for which innovation, or more comprehensive/coordinated approach, are recommended. Several recommendations resulted from this discussion, as described below.

Outreach and Education about Resources :

Issues related to what residents know about services available, and how to navigate them, were raised by every group, in every area of the county. Specific areas about which it is recommended that the community be better educated were also identified.

There are several components to addressing the challenge of residents being unaware of how to get help when needed. A comprehensive approach to addressing this challenge includes the development of a system for cataloging resources, and a plan for getting the word out to residents about help that is available.

The recommendations related to residents being able to find and access resources require a comprehensive approach, led by CSBG funded agencies, to develop mechanisms and a system to help county residents to become better educated about issues effecting their well being, and services/supports available to help address them.

Groups provided advice about having a variety of ways to convey information to residents, and about engaging community stakeholders in educating residents about how to access and navigate the human services system, including:



1. Develop or enhance the capacity for a real time, up-to-date comprehensive online resource directory.
2. Develop an array of other means to increase awareness of county residents about services available (such as websites, printed material in a variety of languages, real live video chats in multiple languages), expand and connect county warm line capacity to an online resource directory, and provide education through community and faith-based agencies and libraries.
3. Host resource fairs throughout the county, with priority on the communities of concern, including sharing information about all governmental and community services available and how to access them.
4. Educate and train educational personnel and police about key issues effecting community well-being, and the availability of services and supports to address resident needs. They can then serve as resources to residents who need help in identifying services and accessing them.

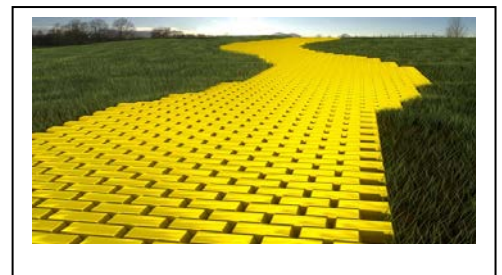
Educating residents on key issues that may be effecting them or their community was also recommended repeatedly. Examples include:

- Reverse mortgage information for seniors;
- Stigma reduction;
- Danger of opioids;
- Technology supports to monitor children/teens Internet usage; and,
- Vaping.

Holistic Approach to Coordinated Service Delivery :

Deemed the “**Yellow Brick Road Pipeline**” by the Steering Committee – an integrated, comprehensive approach to support individual and family success is recommended as the primary way to overcome the fragmented services that exist in several key areas: early childhood success, positive youth development,

housing/homelessness, behavioral health, and financial empowerment. Currently, services do not



follow individuals and families, are not coordinated, and often do not include methods for measuring effectiveness.

To begin this process, it is recommended that the county review its own operations and the coordination and integration of its functions and funded services across each of its divisions. Opportunities for enhanced coordination among county departments should also be considered, particularly among the workforce development, health, and human services areas. Next, cooperation from providers and other stakeholders would be needed to create a system of coordinated and leveraged resources to better meet the actual needs of residents.

Focus group participant: *“Can we have a more one stop approach for serving people with mental health challenges?”*

The creation of a “pipeline for success” requires a community-by-community approach to coordination, and the development of a system that is integrated by virtue of vision, activities, and values. This is a longer term activity that requires leadership by the county, and support and participation by the human services stakeholder community.

A starting place is with the Family Success Centers in the communities of opportunity, which can serve to better engage residents in defining their strengths, needs, and preferences. Service providers should seek cooperative planning and service collaborations with state services, for example the Department of Children and Families and the Division of Developmental Disabilities. The goal would be the development of an integrated system to efficiently and effectively support Union County residents in being successful in each area/pillar, and across the life journey.

One key area where there are opportunities for enhanced coordination to support resident success is in the area of **workforce development**. Particularly for young adults and those residing in the Communities of Opportunity where unemployment is highest, an approach is needed to engage, educate, train, and place individuals on career paths. A public-private partnership to support an effort to help residents find and keep jobs, and have careers that allows them to support themselves and their families, would also maximize the use of available funding in this area.

Volunteers: It is recommended that the needs for tutoring and mentoring programs for youth, and potentially in other service areas, be addressed partially through the development of a volunteer program that recruits, trains, manages and supports volunteers to work with youth in a trauma-informed manner. Ideally, a multi-generational tutoring /mentoring program could address the needs of both the older adults (for productive activities) and children being served.



Customer Satisfaction: Stakeholders recommended the development of a customer satisfaction system, as a method to measure system responsiveness to resident need, and effectiveness of services. This system should be developed with provider and consumer input.



Advocacy and Resource Development

Several issues were raised for which advocacy by the county, and other community stakeholders, is recommended:

- Advocate regarding licensing standards for sober living homes – to increase in county services.
- Advocate for more affordable housing development throughout the county.

Additionally, there is a need for funding to be identified to meet unmet needs in the county; this is beyond the capacity of county government alone to achieve. It is recommended that strategies be developed for creative, diversified and leveraged funding to support the implementation of the Community Needs Assessment recommendations. This would include:

- Developing a grants clearinghouse;
- Consistently exploring state and federal grant opportunities;
- Pursuing philanthropic opportunities;
- Developing and enhancing private sector partnerships; and,
- Creating a new entity to focus on financing initiatives related to the CNA.

Implementation

The undertaking of the Community Needs Assessment has mobilized a wide array of stakeholders from all sectors, governmental, non-profit and community residents. Throughout the process the interest, energy and participation of the Union County community has been identified as a clear and resounding strength. The Freeholder Chair and Human Services Director inspired community participation by pledging that the Community Needs Assessment would not be a document that sits on a shelf but would serve as an informed vehicle for positive forward change to better meet the needs, challenges and aspirations of Union County residents. This document, consistent with that vision, is a guide for ***“Looking into the Future Together”***.



In order to build on the momentum of broad and large-scale stakeholder interest generated by the Community Needs Assessment, the following recommendations related to implementation are offered:

1. Widely disseminate the results of the CNA - to educate the community about needs and to encourage the development of partnerships to influence policy and implementation of the CNA.
2. Create a unified and structured public - community partnership to plan, implement and evaluate the implementation of the key findings and recommendations of the CNA, utilizing the principles of collective impact and the framework in the CNA.

3. Transition the CNA Steering Committee into a streamlined body to guide and oversee the implementation of key recommendations.
4. Integrate and streamline existing planning bodies to plan and implement coherent, efficient organized systems of services and resources by population, condition and community needs.
5. Review and restructure where appropriate the organization of county government personnel, processes and funding to align and support the implementation of key recommendations.
6. Create quantitative and qualitative methods to support the planning and evaluation of the public/community partnerships.
7. Explore innovative strategies to finance implementation of key recommendations by seeking diverse sources of funding and leveraging available resources.
8. Outreach to the business community and higher levels of government to participate and support the public/community partnership.
9. Create a formal advocacy agenda to address longer-term issues that lie beyond the authority of county government to address.

Attachment #1

UNION COUNTY COMMUNITY NEEDS ASSESSMENT
<u>STEERING COMMITTEE</u>

Donna Lowe Alexander, President
Urban League of Union County
288 N. Broad Street – 2nd Floor
Elizabeth, NJ 07207
908-351-7200
dalexander@uloucnj.org

Thomas Beck, Executive Director [HSAC
Chair]
Jewish Family Services
655 Westfield Avenue
Elizabeth, NJ 07208
908-352-8375
tbeck@jfscentralnj.com

Fran Benson, Executive Director
Union County Division on Aging
Department of Human Services
Union County Administration Building 4th
Floor
Elizabeth, NJ 07207
908-527-4867
fbenson@ucnj.org

Hawa Bonds, Director
Union County Division of Youth Services
Department of Human Services
288 North Broad Street, Suite 3A
Elizabeth, NJ
908-527-2520
hbonds@ucnj.org

Shep Brown, Director
Office of Community Development
City of Plainfield
515 Watchung Avenue
Plainfield, NJ 07060

908-753-3229

shep.brown@plainfieldnj.gov

Samantha Carpio, CoC Coordinator
UC Division of Individual and Family
Support Services
Department of Human Services
Union County Administration Building 4th
Floor
Elizabeth, NJ 07207
908-527-4874
scarpio@ucnj.org

Leah Dade, Executive Director
Second Street Youth Center, Inc.
200 Plainfield Avenue
Plainfield, NJ 07060
908-561-0003 ext. 116
LDade@ssycfoundationinc.org

Karen Dinsmore, Assistant Director
Department of Human Services
UC Administration Building 2nd Floor
Elizabeth, NJ 07207
908-527-4809
kdinsmore@ucnj.org

Linda Flores-Tober, Executive Director
Elizabeth Coalition to House the Homeless
118 Division Street
Elizabeth, NJ 07201-2874
(908) 355-2060 x201
linda@theelizabethcoalition.org

Krishna Garlic, Director
Health and Human Services
City of Elizabeth
50 Winfield Scott Plaza
Elizabeth, NJ 07201
908-820-4049
kgarlic@elizabethnj.org

Brandon Givens, Director
Division of Community Services
Union County Department of Economic
Development

Union County Administration Building
Elizabeth, NJ 07207
908-527-4462
bgivens@ucnj.org

Division of Outreach and Advocacy
Union County Department of Human
Services
UC Administration Building 2nd Floor
Elizabeth, NJ 07207

Dr. Lisa Hiscano, Executive Director
Continuing Education and Workforce
Development
Union County College
40 West Jersey Street
Elizabeth, NJ 07202
908-965-2358
hiscano@ucc.edu

James Horne, CEO
United Way of Greater Union County
33 W. Grand Street
Elizabeth, NJ 07202
908-353-7171
jameshorne@uwguc.org

Walter Kalman,
Advocate for Families and Communities
Community Access Unlimited
80 West Grand Street
Elizabeth, NJ 07202
908-354-3040
wkalman@caunj.org

Philip Kandl, Director
Division of Strategic Planning and
Intergovernmental Relations
Department of Economic Development
Union County Administration Building
Elizabeth, NJ 07207
908-527-4273
pkandl@ucnj.org

Tina Lopez, Acting Deputy Director
Division of Social Services
342 Westminster Avenue
Elizabeth, NJ 07202
908-965-3706
tinalopez@xbp.dhs.state.nj.us

Annie McNair,
Union County Health Officer/Director
Office of Health Management
400 North Avenue East
Westfield, NJ 07090
908-518-5620
amcnair@ucnj.org

Pat Mennuti, Executive Director
Community Coordinated Child Care
2 City Hall Plaza 3rd Floor
Rahway, NJ 07065
973-923-1433 ext. 122
pmennuti@cccunion.org

Alison Millan, Resettlement Director
International Rescue Committee
208 Commerce Place, 4th Floor
Elizabeth, NJ 07201
908-351-5116 Ext. 115
Alison.millan@rescue.org

Antonio Rivera, Director
Union County Workforce Development
Board
Union County Administration Building 4th
Floor
Elizabeth, NJ 07207
908-527-4195
arivera@ucnj.org

Teresa Soto-Vega, Executive Director
PROCEED, Inc.
1126 Dickinson Street
Elizabeth, NJ 07201
908-351-7664
tsotovega@proceedinc.com

MorganThompson, Executive Director
Prevention Links
121-125 Chestnut Street
Suite 301
Roselle, NJ 07203
732-381-4100
mthompson@preventionlinks.org

Christina Topolosky, Director
UC Division of Individual and Family
Support Services
Department of Human Services
Union County Administration Building 4th
Floor
Elizabeth, NJ 07207
908-527-4839
ctopolosky@ucnj.org

Barbara Ziobro, Administrator
Union County Youth Services Commission
Union County Administration Building 4th
Floor
Elizabeth, NJ 07207
908 - 558-2381
bziobro@ucnj.org

Attachment # 2

Community Data

The presentation of data and preliminary information gathered in the needs assessment is structured in the framework of individual and family success, or “pillars of support,” needed to be successful across the life journey. The data has focused, to the extent possible, on differences among the communities of concern, as compared to the entire county, and the county as compared to the state. The section at the end of the document makes special note of statistical information for the Communities of Opportunity.

Demographic Information

There are 558,067 residents of Union County, or 6.26% of the population of New Jersey (8,908,520) living in 21 municipalities. There are 25,320-adults in Union County living at or below 100% of federal poverty guidelines and 9,404 children in poverty under age 17. There are 26,484 total Adults at or below 125% of Federal Poverty Guidelines and 9,987 Children in poverty at this level under age 17. As required by Community Service Block Grant (CSBG) funding, the focus of this needs assessment is on communities where the highest levels of poverty exist, which have been designated as “communities of opportunity.” There are seven identified: Elizabeth, Hillside, Linden, Plainfield, Rahway, Roselle and Union.

<u>Municipalities by Population</u>			
Area	Population		
Berkeley Heights	13,601	<u>Area</u>	<u>Population</u>
Clark	15,943	Plainfield	50,693
Cranford	24,169	Rahway	29,880
Elizabeth	128,885	Roselle Borough	21,902
Fanwood	7,704	Roselle Park	13,650
Garwood	4,408	Scotch Plains	24,405
Hillside	22,054	Springfield	17,517
Kenilworth	8,220	Summit	22,016
Linden	42,538	Union Township	58,757
Mountainside	6,982	Westfield	29,881
New Providence	13,486	Winfield	1,528

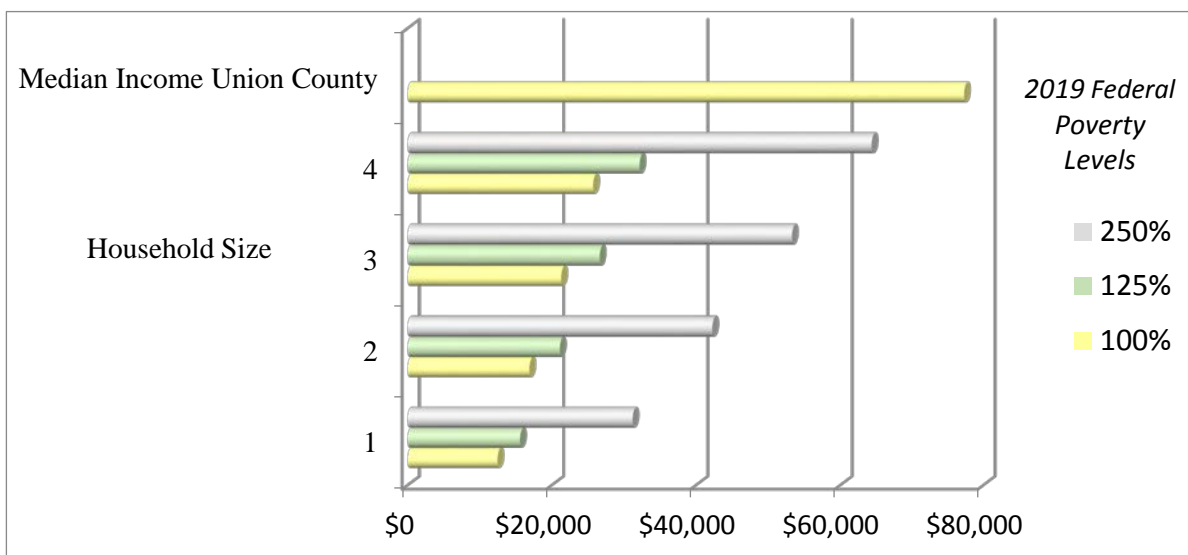
Data Source: US Census Bureau Population Estimates (2018)

Population Breakdown - New Jersey and Union County				
Population	New Jersey	% of Population	Union County	Percent of Population
Persons under 5	516,694	5.80%	35,160	6.30%
Persons under 18	1,950,966	21.90%	130,588	23.40%
Persons 65 years and over	1,434,272	16.10%	80,362	14.40%

Data Source: US Census Bureau Population Estimates (2018)

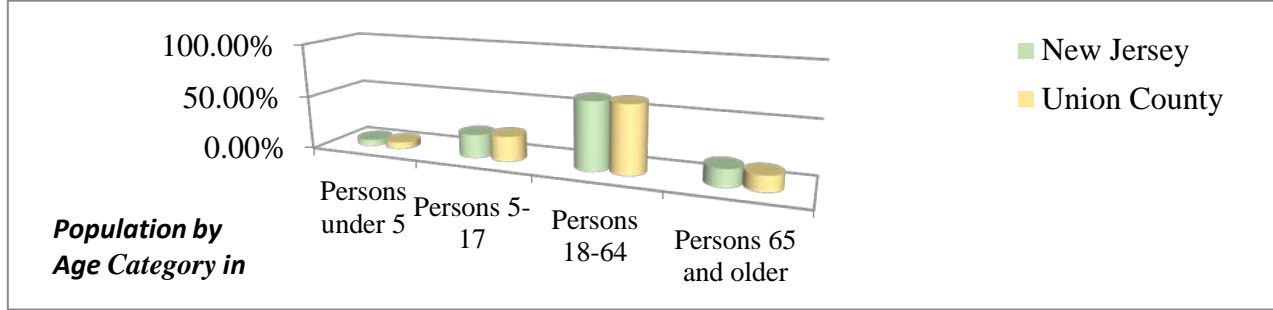
Each year the US **Department of Health and Human Services** (HHS) issues federal poverty guidelines as a measure of income to determine eligibility for certain federal programs. In 2019 a family of four living at 100% of the federal poverty guidelines had an annual income of \$25,750. The federal poverty guidelines do not consider poverty indicators. Poverty indicators measure total wealth, annual consumption, or a subjective assessment of well-being. These indicators point to the cost of living or a standard of living, which takes into account only the amount of material goods and services available to the individual or family. These indicators are captured in the *Economic Policy Institute Cost of Living Annual Cost Chart* and demonstrate that a family of four in Union County requires \$92,937 to be economically secure.

Federal Poverty Levels and Median Income Union County 2019



Data Source: US Census Bureau Population Estimates (2018)

Union County Population Age Groups by Percentage



Data Source: US Census American Community Survey (2013-2017)

6.1% of the total population of New Jersey include children under age 5 for a total of 526,716. Union County children under age 5 include a total count of 35,278 accounting for 6.2% of the total population for the county.

Net Migration-The net migration for adults between the ages of 30-39 was 13.22 for New Jersey and 15.93 for Union County. The net migration for adults from age 40 and older was a negative number in New Jersey with individuals 40-49 with a net migration of -0.41 and -2.72 in Union County.

Racial and Ethnic Breakdown for Adults - New Jersey and Union County

Race*	New Jersey	Percentage	Union County	Percentage
White	3,748,015	67%	193,686	55%
Black or African American	782,387	14%	76,958	22%
Native American/Alaska Native	11,216	.20%	931	.26%
Asian	569,920	10%	18,869	5.3%
Native Hawaiian/Pacific Islander	2,146	.03%	125	.03%
Some Other Race	380,331	6.7%	52,389	15%
Multiple Race	112,326	2.0%	6,956	2.0%

Data Source: US Census American Community Survey 2013-2017

Race-Comparison Percentage of Racial and Ethnic Breakdown* The Census Bureau defines race as a person's self-identification with one or more social groups. In addition, the "Some Other Race" (SOR) category is a response of one or more of the five Office of Management and Budget (OMB) race categories: White; Black or African American; American Indian and Alaska Native; Asian; Native Hawaiian and Other Pacific Islander. A non-specified race response is a response of Some Other Race. Federal policy defines "Hispanic" not as a race, but as an ethnicity.

Differences in the average household size in New Jersey and Union County do not have a large variation. **The average household size** in New Jersey is **2.68** and the average household size in

Union County is **2.82**. The same is true for average family size with very little difference between New Jersey and Union County, New Jersey has an average family size of **3.22** and Union County of **3.32**. (Data Source: US Census American Community Survey 2013-2017)

Number of Households and Household Composition in New Jersey and Union County

Household Types	New Jersey - 1,069,635		Union County - 70,540	
	Number	Percentage	Number	Percentage
Married Family Households	741,655	51.2%	46,327	65.7%
Single-Male Family Households	75,158	4.9%	6,311	8.9%
Single-Female Family Households	246,446	13.3%	17,634	25%
Non-Family Households*	6,376	30.7%	268	.4%

Data Source: US Census American Community Survey 2013-2017

*Note: According to the American Community Survey the definition of a non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

The New Jersey State Data Center in partnership with US Census Bureau provides information on the population density for Union County. **Union County has a density of 5,482** people per square mile of land area. The municipalities with the **highest population densities** are **Roselle Park with 11,218** people per square mile, **Elizabeth with 10,570**, **Winfield with 8,642** people per square mile and **Plainfield with 8,522** people. **Lowest density areas** include **Mountainside with 1,742** people per square mile, **Berkeley Heights with 2,215** people per square mile, **Scotch Plains with 2,731** people per square mile and **New Providence with 3,655** people per square mile. (Data Source: NJ Department of Labor and Workforce Development Population Density by County and Municipality 2017) . There is a slight difference in gender for the 60 and older population compared to the total population demonstrated in the table below.

Gender by Population and by Age 60 & Over

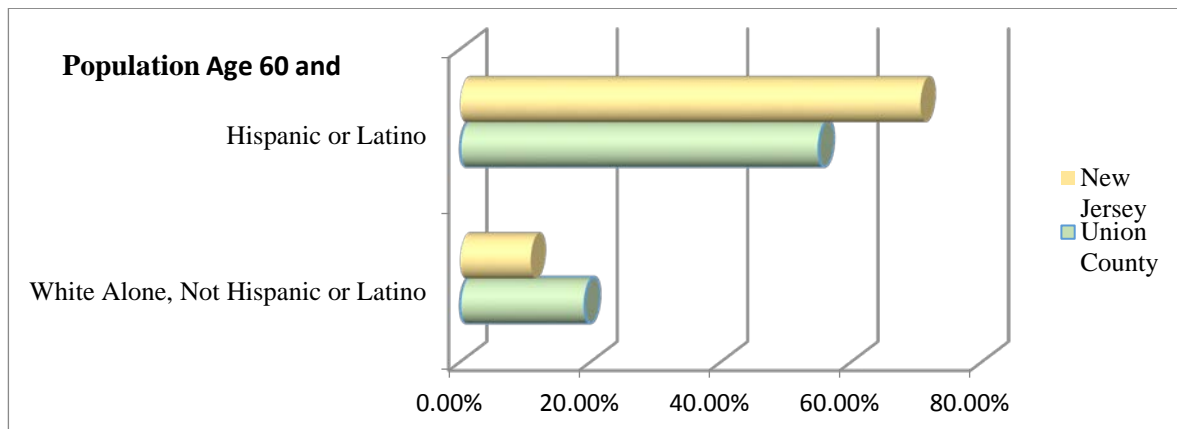
Gender	New Jersey Total Population	Union County Total Population	Age 60 & Over Population	Age 60 & Over Population
Population Male	48.8%	48.7%	44.4%	44.5%
Population Female	51.25%	55.6%	55.6%	55.5%

Racial and Ethnic Breakdown Percentage for Adults 60 and Older

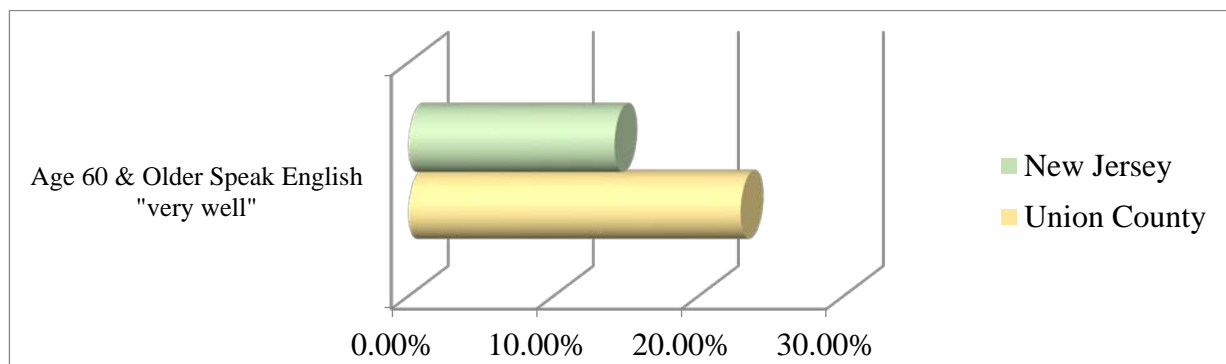
Race*	New Jersey	Union County
White	78.8%	66.3%
Black or African American	10.8%	20.3%
Asian	7.4%	5.2%
Some Other Race	2.7%	7.2%
Multiple Race	.9%	.8%

Data Source: American Community Survey (2017)

Population Age 60 and over Hispanic or Latino Origin of Any Race



Individual 60 years of age and older in New Jersey 14.2% spoke English “less than very well” and Union County had the fourth highest population in this category across the state at 22.9% indicated they spoke English “less than very well.”



Data Source: New Jersey State Strategic Plan on Aging, 2017-2021

Education 60 years and older

Educational Attainment 60 years and over	New Jersey	Union County
Less than High School Graduate	14.1%	18.1%
High School Graduate, or GED or alternative	32.7%	31.9%
Some College	20.9%	18.7%
Bachelor's Degree or Higher	32.3%	31.5%

Data Source: American Community Survey (2017)

The number of **Veterans** in New Jersey is **351,542** and in Union County there are **15,638** Veterans that can be found in the county. The significance of this number is in comparing it to the total population and determining the percentage of Veterans. New Jersey has **5.1 percent** of the population as Veterans and Union County has **3.7 percent**. (Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates)

Family Relationships and Community Connections

A portion of the population is “Limited English speaking household,” in which no member 14 years old and over (1) speaks only English at home or (2) speaks a language other than English at home and speaks English “very well.” This indicator is significant as it identifies households and populations that may need English-language assistance.

Limited English Speaking Households over age 5

Limited English Speaking Households over age 5			
Area	Total Population over age 5	Total Linguistically Isolated Population	Percent
New Jersey	8,433,445	538,317	6.38%
Union County	522,042	57,158	10.95%

Data Source: US Census Bureau American Community Survey 2013-2017

Child Protection and Permanency Information 2017

Indicators	New Jersey	Union County
Child Abuse Hotline Referrals	78,322	3,994
Child Abuse/Neglect Investigations	87,574	4,521
Total Number of Children Served	48,371	2,439

Data Source: New Jersey Data Welfare HUB (2017)

Children in Placement-New Jersey defines the total number of children in placement to include Congregate Care, Independent Living, Resource Family (Kinship Care), or Resource Family (Non-Kinship Care) and a review of three years of this data denotes a decline in the number of children in placements in both New Jersey and Union County.

2016-2018 Children in Placement, All Ages-Point in Time

Indicators	New Jersey	Union County
Children in Placement 2016	6,663	324
Children in Placement 2017	6,191	318
Children in Placement 2018	5,543	266

Data Source: New Jersey Child Welfare Data Hub

In New Jersey there were a total of 3,443 children entering placement in 2018, of these 125 are children residing in Union County at the time of placement. The race/ethnicity breakdown of these children entering placement is depicted in the table below.

2018 Race/Ethnicity Breakdown of Children Entering Placement

Indicators –Race/Ethnicity	Union County	New Jersey
Black or African American	71	1,450
Hispanic	37	812
White	17	1,129
Race Not Captured	----	52
Total	125	3,443

Data Source: New Jersey Child Welfare Data Hub

The New Jersey Child Placement Advisory Council in their 2015-2016 Annual Report identified the counties with the highest percentage of children in out-of-home placement for longer than five years. The chart below identified each of the counties in this category for a three year period.

Out of Home Placement Greater than Five Years

Out-of Home Placement Greater than five years	2013	Percentage	2014	Percentage	2015	Percentage
1 st Ranking	Mercer	14%	Union	16%	Union	15%
2 nd Ranking	Union	12%	Warren	14%	Warren	14%
3 rd Ranking	Essex	12%	Essex & Mercer	13%	Essex & Hudson	12%

Source: New Jersey Child Placement Advisory Council 2015 Annual Report & 2016 Recommendations

The 2017 *New Jersey Grandfacts State Fact Sheet* provides some characteristics in New Jersey for grandparents raising their grandchildren including 14.6% of grandparents raising their grandchildren who are below federal poverty level, 23.2% who have a disability and 59.7% who are in the workforce.

Indicators	New Jersey	Percentage	Union County	Percentage
Grandparents Responsible for their own Grandchildren	49,236	24.7%	3,186	22.8%
Responsible for Grandchildren less than 1 year	7,641	3.8%	451	3.2%
Responsible for Grandchildren more than 1 year	21,221	10.7%	1,279	9.2%

Source: US Census Bureau American Community Survey 2017 & NJ Grandfacts Fact Sheet (2017)

Personal Safety and Financial Security

Crime Rates – Violent and Non-Violent & Domestic Violence

Indicators	New Jersey	Union County
Non-Violent Crime Rate	17.9 per 1,000	21.5 per 1,000
Violent Crime Rate	2.4 per 1,000	3.4 per 1,000
Domestic Violence Incidents	63,420	3,858

Data Source: New Jersey State Police: UCR Reports and Domestic Violence Reports

Violent Crime for Communities of Opportunity

In 2016 Rahway, Roselle, and Union had lower Non-Violent Crime Rates and Violent Crime Rates than the county. In Violent Crime Rates, all of the other Communities of Opportunity have higher rates of violent crime than the county. In 2016 there were 23 murders in Union County, of those, 21 all occurred in Communities of Opportunity, including two murders in Union, five murders in Elizabeth, one in Hillside, 12 in Plainfield, and one in Rahway.

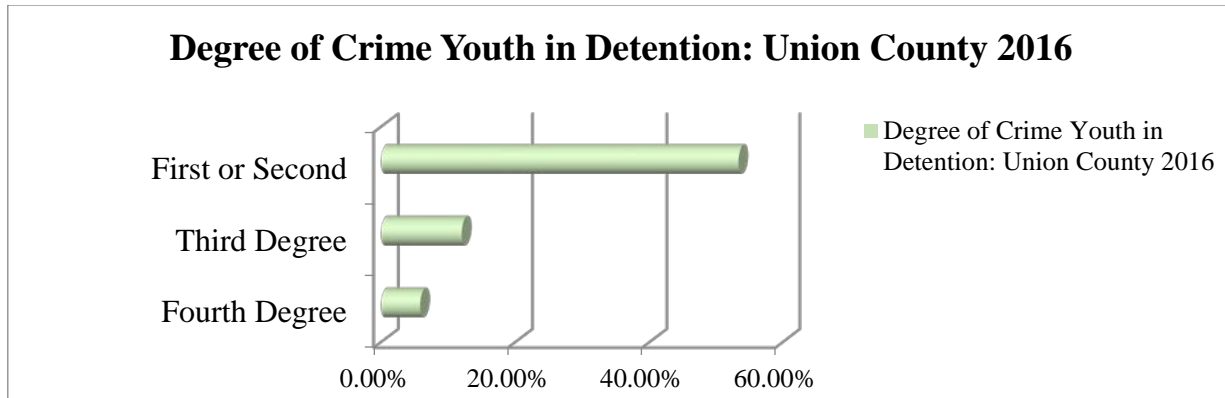
Data Source: New Jersey State Police Uniform Crime Reporting 2016

Communities of Opportunity Non-Violent Crime Rate				Union County Non-Violent Crime Rate 21.5		
Elizabeth	Hillside	Linden	Plainfield	Rahway	Roselle	Union Township
32.7	21.6	23.5	18.8	11.9	15.4	17.3
Communities of Opportunity Violent Crime Rate per 1,000 Residents				Union County Violent Crime Rate = 3.4 per 1,000 Residents		
Elizabeth	Hillside	Linden	Plainfield	Rahway	Roselle	Union Township
8.3	3.6	4.0	6.8	1.3	1.8	1.1

Indicators	New Jersey	Union County
Juvenile Arrests 2015	20,389	1117
Juvenile Arrests 2016	19,072	760
Juvenile Detention 2016	2,502	143
Juvenile Detention 2017	2,442	120

In Union County 53.3% of the youth in detention were detained for first or second degree crimes; 12% were for third degree crimes and of the remainder of youth in detention 5.8% were held for fourth degree crimes.

21.8% of youth in detention in 2017 remained in detention for 60 days or longer. 15.2% of youth in detention in 2017 in Union County were minority youth and 22% of minority youth in 2017 were in detention 60 days or more. The mean level of service of detention for minority youth in 2017 was 54.7 this was an increase from 2016 of 44.8.



The majority of provider respondents to the YSC survey in 2019 identified mentoring as the top need, followed by substance abuse treatment.

The median gross income for Union County is \$77,095, below New Jersey's median income of \$79,363. The median family income for Union County is \$86,824, below New Jersey's median family income of \$94,337 for 2017. (Data Source: US Census Information 2017-2018).

Number of Persons in Poverty: New Jersey=890,852, Union County=57,900

Cost of Living - In order to measure the income a family needs in order to have an adequate standard of living, the Economic Policy Institute provides community-specific costs for different family types compared with the federal poverty line and the Supplemental Poverty Measure, EPI's family budget for Union County helps to provide a more accurate and complete measure of economic security for a family composition of two adults and two children.

Economic Policy Institute Cost of Living Annual Cost 2 Adults, 2 Children 2018

Indicators	Union County	Indicators	Union County
Housing	\$16,196	Health Care Costs	\$13,497
Food	\$9,168	Other Necessities	\$10,232
Child Care	\$18,231	Taxes	\$12,532
Transportation	\$13,081	Total	\$92,937

Data Source: Economic Policy Institute 2018 Cost of Living Family Budget Union County

Public Assistance Benefits January 2019 (DFD, January 2019)

Indicator	WFNJ/TANF	Emergency Assistance	General Assistance	SNAP
New Jersey	11,602	1,527	4,216	358,572
Union County	569	89	518	19,732

July 1, 2019 the minimum wage for New Jersey as per the New Jersey Department of Labor is \$10.00 per hour. In order to afford a median rent in New Jersey and pay no other expenses, a minimum wage earner would need to work 121.9 hours in a month to meet the median income housing cost.

EITC & VITA/TCE-The Earned Income Tax Credit (EITC) is an effective anti-poverty program and supplements low-income workers' earnings. In New Jersey in 2014 \$1.38 billion dollars was returned to tax filers. There were 576,000 tax returns for Earned Income Tax Credit and an average EITC refund of \$2,360. Union County had 41,764 EITC returns filed with refunds of \$98,164,511 for an average return of \$2,350.

While the EITC program has been in existence since 1975 it is still an under-utilized anti-poverty program. Two programs exist to provide free tax help, the Volunteer Income Tax Assistance (VITA) program and the Elderly (TCE) program. In Union County for the 2014 tax year, only 447 returns were completed by a volunteer and 29,980 were completed by a paid tax preparer. Expanding the VITA and TCE programs can increase the number of individuals eligible for EITC who may not have been aware of the program and can save professional tax preparation costs.

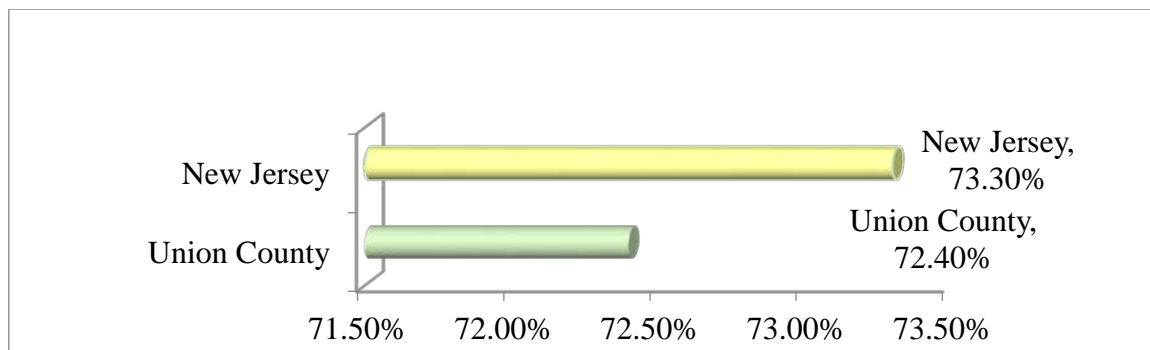
Household Income Spent on Rent/Housing Costs

Indicators	New Jersey	Union County
Number of Households Spending 30-34.9% of income in rent	9.2%	9.0%
Number of Households Spending 35% or more of income in rent	43.6%	45.5%

Data Source: US Census American Community Survey 2017

Housing and Homelessness

Owner Occupied Housing



Indicators	New Jersey		Union County	
Total Housing Units	3,595,055		201,442	
Total Occupied Housing Units	3,199,111		187,916	
Vacant Housing Units Number & Percent	395,944	11%	13,526	6.7%
Homeowner Vacant Housing Units	5.5		1.8	
Rental Vacant Housing Units	1.7		4.0	

Data Source: US Census American Community Survey 2017

In Union County of the total housing units, 24% were built in 1939 or earlier. The average household size of owner occupied housing is 3.04 and the average household size of rental occupied housing is 2.74. 83% of the occupied housing units in Union County utilize utility gas as their primary source of heat, 7% use kerosene or fuel oil and 7% utilize electricity.

Foreclosure

New Jersey had the highest foreclosure rates in 2017, 1 out of every 1,267 homes. Union County had 3,415 foreclosures in 2017, representing 1 out of every 1,173 homes. Union County had the tenth highest foreclosure rate in New Jersey. (Data Source: US Foreclosure Market Report (2017))

Homelessness: Union County participates in the Point-in-Time count. A point-in-time count is an unduplicated count on a single night of the people in a community who are experiencing homelessness that includes both sheltered and unsheltered populations. Despite its flaws, this survey, required by the US Department of Housing and Urban Development (HUD) for areas where McKinney-Vento Homeless Assistance Grants are received, is the most reliable estimate of people experiencing homelessness. This count helps to establish the dimensions of the problem of homelessness in Union County. On January 22, 2019 there were 438 persons experiencing homelessness on a single night in Union County.

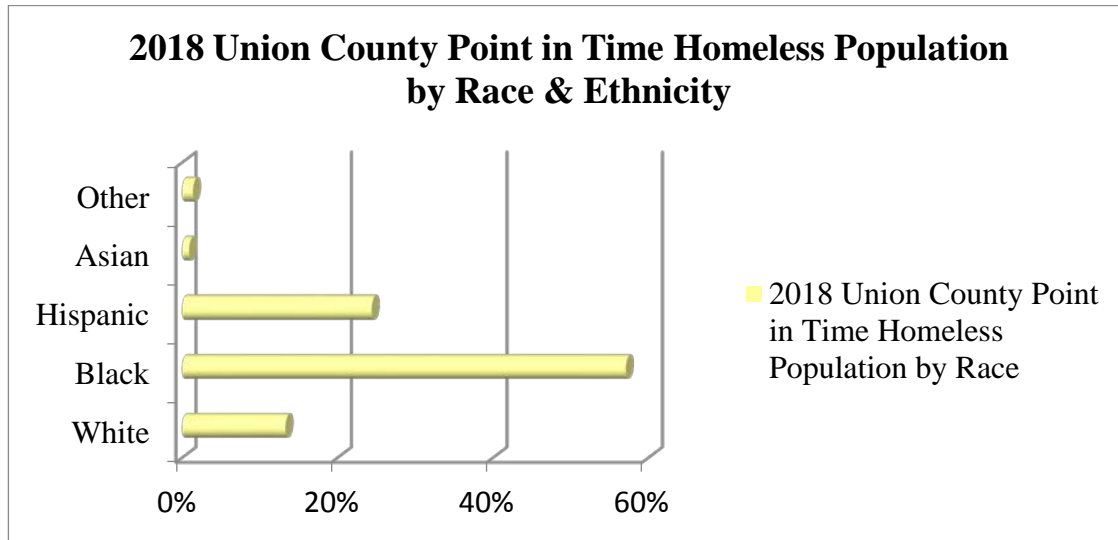
- A total of 68 persons in 58 households, were identified as chronically homeless
- 38 households, with 39 persons were unsheltered on the night of the count

As part of sheltering vulnerable citizens during cold weather, the Code Blue Initiative recorded 3,132 people in shelters who would otherwise have been in below-freezing weather on the streets during the winter of 2017-2018. The total included 532 children.

Point in Time Statistics 2018 and 2019-New Jersey and Union County

Indicators	Homeless PIT 2018	Homeless PIT 2019	Chronic Homeless 2018	Chronic Homeless 2019
New Jersey	9,303	459	1,288	1,462
Union County	8,864	438	28	68

Point in Time Population in Union County by Race and Ethnicity 2018



Data Source: Point in Time & NJ Counts (2017-2018)

Gross Median Rent

Indicators	New Jersey	Union County
Gross Median Rent	\$1,249.00	\$1,219.00
Hours/Minimum Wage Earners to work in a month to afford Median Rent Amount	124.9 hours per month	121.9 hours per month

Data Source: US Census American Community Survey 2017

In Union County 30.1% of the population 60 and over lives in renter-occupied housing while 69.9% live in Owner Occupied Housing. This compares to New Jersey with 24.5% of individuals 60 and over residing in renter-occupied housing and 75.5% live in owner occupied housing. For those in this category who live in owner-occupied housing, 42.3% pay 30% or more of their income toward their housing costs, compared to New Jersey at 36.3% and for those living in renter-occupied housing in Union County 59.8% have a gross rent as a percentage of household income in the past twelve months that is 30% or more. In New Jersey this number is 56.8% of the 60 and over population. (Data Source: American Community Survey (2013-2017))

Children and Government Benefits -19.9% of the population of children in New Jersey are living in households with Supplemental Security Income (SSI), cash public assistance income, or Food Stamp/SNAP benefits. This compares to 18.4% of Union County children. In reviewing SNAP data, in New Jersey between the months of July 2014 and July 2015, there were 889,656 individuals receiving SNAP, or 9.9% of the population. In Union County during that same timeframe, there were 49,749 individuals receiving SNAP or 9% of the population for that period.

Food Insecurity - Food Insecure Population Ineligible for Assistance - This indicator reports the estimated percentage of the total population and the population under age 18 that experienced food insecurity at some point during the report year, but are ineligible for state or federal nutrition assistance. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. Assistance eligibility is determined based on household income of the food insecure households relative to the maximum income-to-poverty ratio for assistance programs (SNAP, WIC, school meals, CSFP and TEFAP).

Report Area	Food Insecure Population, Total	Percentage of Food Insecure Population Ineligible for Assistance	Food Insecure Children, Total	Percentage of Food Insecure Children Ineligible for Assistance
Union County, NJ	52,090	24%	16,350	24%
New Jersey	865,900	35%	260,340	33%

Population Receiving SNAP Benefits - This indicator reports the average percentage of the population receiving the Supplemental Nutrition Assistance Program (SNAP) benefits. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Population	Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Union County, New Jersey	558,067	37,115	9%
New Jersey	8,958,013	889,656	9.9%

Free/Reduced Lunch-In New Jersey 520,509, or 37.9%, of children were eligible in 2016-2017 for free and reduced lunch. In Union County there were 44,533, or 46.9%, of children eligible for free and reduced lunch for that same time period. (Data Source: American Community Survey (2013-2017)).

Children below Poverty-New Jersey and Union County

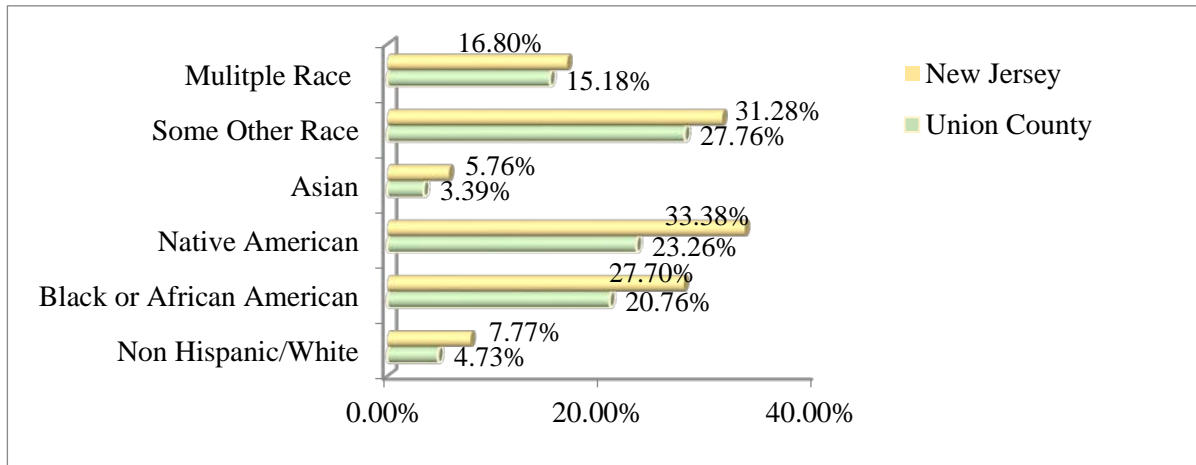
Indicators	New Jersey	Percent	Union County	Percent
Children Under 5 in Poverty	89,792	17.3%	5,237	15.0%
Children Age 5-17 in Poverty	211,723	14.5%	13,460	14.1%
Total Children under 18 in Poverty	301,515	15.3%	18,697	14.4%

Data Source: American Community Survey (2017)

Of the children in poverty by gender, there are 153,013 males and 148,502 females in New Jersey, Union County has 8,780 children identified as male and 9,917 identified as female.

Children in Poverty by Race

Data Source: American Community Survey Census Tract (2013-2017)



Health and Well Being

Health Insurance Coverage

Indicators	New Jersey	Union County
Individuals without Health Insurance	8%	14%
Children 0-18 without Health Insurance	4%	4%
Private Health Insurance	62%	58%
Medicaid/Affordable Care	17%	6.6%
Total Medicare Part A Enrollees	787,803	42,303

Data Sources: Kaiser Family Foundation & American Community Survey (2016) & Dartmouth Atlas of Health Care (2015)

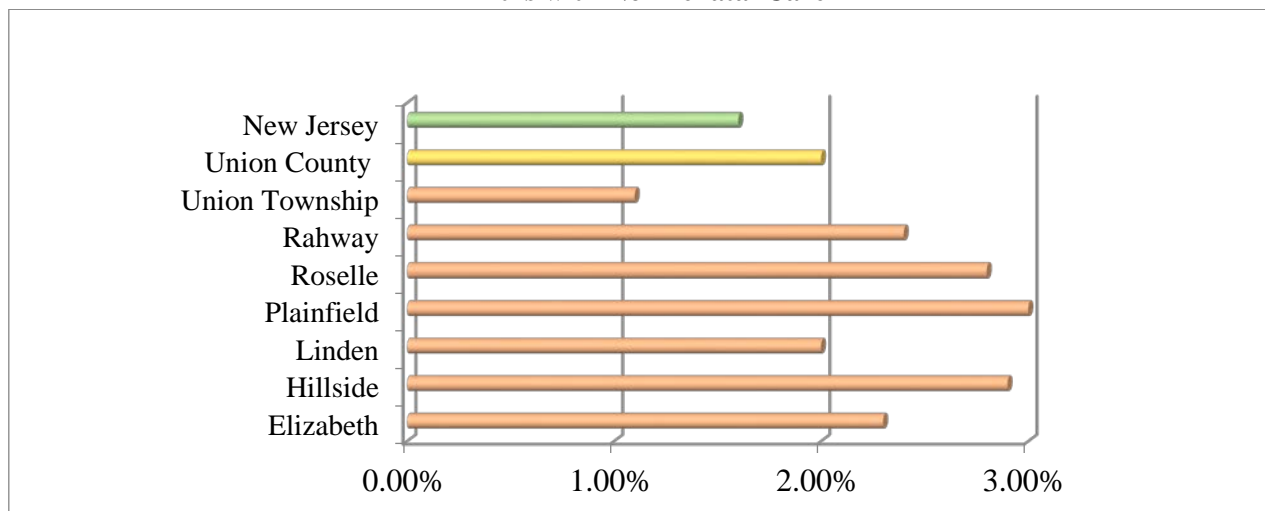
Births / Medicaid births-In 2018 there were 30,330 Medicaid births in New Jersey and 65,409 there were Non-Medicaid births for a total of 95,739 births of which Medicaid accounted for 31.6% of the total births for the state. In New Jersey from 2016-2018 there were 289,030 total

births reported and of these 92,211 were Medicaid births approximately 32% of the births reported for these three years were Medicaid births.

In 2018 there were 1,744 births that were Medicaid births and 4,841 births that were Non-Medicaid births for a total of 6,585 births. In 2018 the average percentage of births that were Medicaid was 26.4% of the total births. Reviewing data from 2016-2018 there were 14,647 Non-Medicaid births to Union County residents and 5,182 Medicaid births during those same three years (2016-2018) for a total number of births reported of 19,829 for a total average of Medicaid births over three years of 26.1%. (Data Source: New Jersey State Health Assessment Data (2016-2018)).

Prenatal care has been proven to improve the chances of a healthy pregnancy measured by the number of live births to pregnant women who received prenatal care in the first trimester as a percentage of the total number of live births in New Jersey. The measurement in New Jersey is 74.7% and Union County is 67.9%, a lower number than the statewide results.

Births with No Prenatal Care



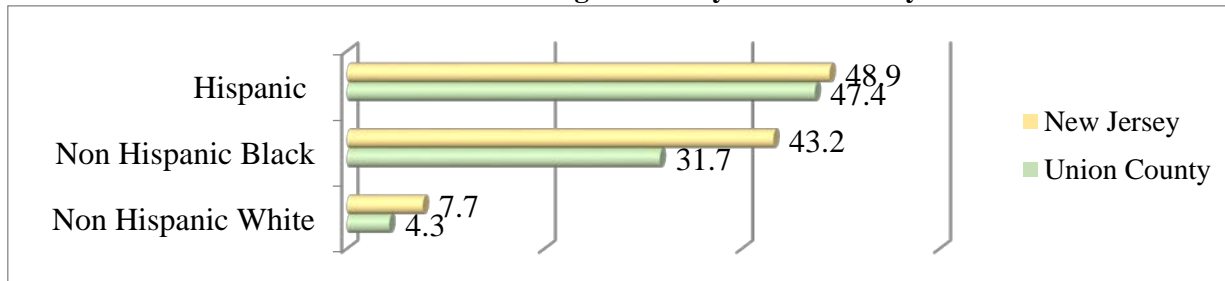
Data Source: New Jersey State Health Assessment Data (2018)

Infant death/mortality-The infant death data for 2017 for New Jersey was 452 and 30 in Union County. The mother's race and ethnicity reported is in the table below.

Race/Ethnicity	New Jersey	Union County
White	195	6
Black or African American	134	17
Asian	37	1
Some other Race	39	2
Hispanic	130	10
Not Hispanic	295	20

Teen Birth Rates-The number of total births to woman age 15-19 per 1,000 female population age 15-19 was 21.6 in New Jersey and 24.2 in Union County. There were 6,237 births in New Jersey to Mothers Age 15-19 and a total of 422 births to Mothers Age 15-19 in Union County.

Births Women Ages 15-19 by Race/Ethnicity



Data Source: US Department of Health & Human Services

Childhood Immunizations-According to the National Immunization Survey, the estimated vaccination coverage among New Jersey children 19-35 months of age for the following vaccines is 90% for DTaP and 64% for HBV and PCV is 87% statewide. In Union County for the 2017-2018 school year 96% of the children were immunized. Of those who were not, 1.6% indicated a religious exemption.

Low birth weight babies-Preterm and/or premature refers to live born infants born before 37 weeks (preterm) or before 32 weeks (very preterm) of gestation based on obstetric estimate. Infants born before 37 weeks of pregnancy are considered preterm and those born before 32 weeks of pregnancy are considered very preterm. Infants born at or after 37 weeks of pregnancy are called full term. Union County had a value of 8.8% compared to New Jersey with a value of 9.5% meaning that Union County is doing about the same as the statewide figure.

The number of live-born infants delivered with a birth weight of less than 2,500 grams (low birth weight) or less than 1,500 grams (very low birth weight) 2,500 grams in New Jersey is 9.0% and in Union County the percentage is 6.8%. This reflects Union County having a lower number of low-birth weight babies according to the New Jersey State Health Assessment Data.

Infant Mortality - The infant mortality rate for Union County is 4.4 per 1,000 births. This compares to the New Jersey infant mortality rate of 4.5 per 1,000 births. In 2017 in Union County there were a total of 30 infant deaths as depicted in the table below.

Communities of Concern		Infant Death	
Union County Total Infant Deaths 30			
Elizabeth	12	Plainfield	3
Hillside	1	Rahway	2
Linden	3	Roselle	5
Union	2		

Data Source: New Jersey State Health Assessment Data (2017)

In addition to these different community health issues, in New Jersey the top Leading Causes of Death in 2017 are below with Union County comparison and Union County is performing better than the state or about the same, the only exception where Union County fell below the state was Septicemia as indicated in the chart below. This data also defines unintentional injury as the leading cause of deaths among persons aged 15-49 years and the third leading cause among all ages combined.

Health Indicator	New Jersey	Union County
Age-Adjusted Death Rate due to Heart Disease, 2017	162.3	142.7
Age-Adjusted Death Rate due to All Cancers, 2017	144.6	129.4
Age-Adjusted Death Rate due to Unintentional Injury, 2017	47.3	36.3
Age-Adjusted Death Rate due to Septicemia, 2015-2017	17.3	19.5

Data Source: New Jersey State Health Assessment Data Dashboard for Union County - Leading Causes of Death

Community Health Access and Concerns

Indicators	New Jersey	Union County
Primary care physicians per 100,000 population	101.6	85
Dentists, Rate per 100,000 Population	82.6	83.49
Mental Health Care Provider Rate (Per 100,000 Population)	200.6	173.6
Rate of Federally Qualified Health Care Centers	1.34	.56
Preventable Hospital Events, Age Adjusted Discharge per 1,000 Medicare Enrollment	49.6	39.6
Rate of 30-Day Hospital Readmissions among Medicare Beneficiaries	15.2	14.9

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, US Department of Health & Human Services, Center for Medicare & NJ Primary Care Association

Substance abuse treatment, under age 18

According to the 2017 New Jersey there were 1,281 Admissions of NJ Residents under age 17 for drug use. Of these admissions, 75.5% were male and 24.5% were identified as female across the state. Union County has three admissions for Marijuana/Hashish, however, the 2017 Union County Substance Abuse Monitoring System report for 01/01/2017-12/31/2017 has a total number of Union County residents under age 17 at a total of 18 admissions.

Admissions Primary Drug 0-17

Indicators	New Jersey	Union County
Alcohol	86	0
Heroin	15	0
Other Opiates	8	0
Marijuana/Hashish	1136	3
Other Drugs	26	0
Unknown	10	0
Total	1281	3

Utilizing the most recent Middle School Risk and Protective Factor Survey (2012) for Union County with an 11% response rate we can compare Union County to New Jersey.

Indicators	New Jersey	Union County
Lifetime use of alcohol	23.1%	27.4%
Early onset of alcohol (used alcohol for the first time age 11 or younger)	22.7%	11.7%
Lifetime use of cigarettes	7.6%	12.2%
Early onset of cigarettes	5.7%	8.0%
Lifetime use of prescription drugs	5.6%	10.4%
Early onset of prescription drug use	2.7%	6.3%

Source: Middle School Risk and Protective Factor Survey (2012)

Substance abuse treatment, by drug-21,116 individuals were admitted for substance use in 2017 in New Jersey. 3,341 residents of Union County were admitted for substance use in 2017 and of those 1,110 were for alcohol and 2,223 were for drugs. The following charts are based on the New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview Union County.

Substance Abuse Admission by Primary Drug within Union County (2017)

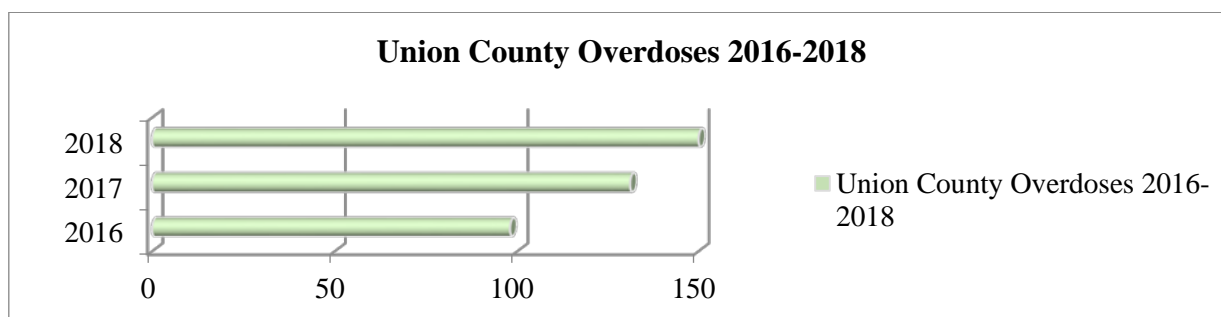
Indicators	New Jersey	Union County
Alcohol	26%	33%
Cocaine/Crack	5%	5%

Heroin	45%	41%
Other Opiates	6%	4%
Marijuana/Hashish	14%	14%
Other Drugs	4%	2%

Source: New Jersey Drug and Alcohol Abuse Treatment-Substance Abuse Overview 2017

Overdose Deaths-3,163 people in New Jersey died of a drug overdose in 2018. Reviewing three years of reported overdoses in Union County there were 98 overdoses in 2016, 131 in 2017 and 150 in 2018, in just three years the number of deaths from overdoses increased by 50%.

In addition, in New Jersey, 40.9% of the estimated adult population did not receive treatment in the 12 months but felt they needed or wanted treatment compared to 49.2% in Union County.



Substance Abuse Treatment by Age and Percentage-Union County (2017)

Indicator	Union County	Indicator	Union County	Indicator	Union County	Indicator	Union County
Under 18	1%	22-24	8%	30-34	13%	45-54	24%
18-21	4%	25-29	16%	35-44	20%	55 & Above	13%

Information cited by the Union County Prosecutor's Office for 2018 reported the number of Naloxone as 307 times compared to 180 times in 2017 and 161 times in 2016 and there were also 116 overdose deaths reported in 2018 compared to 126 in 2017, and 89 in 2016 throughout the county. The five highest towns that deployed Naloxone were Linden (16), Elizabeth (9), Union (8), Rahway (8) and Plainfield (4).

The number of Naloxone Administrations from 2016-2018 increased by 90% in Union County with 438 in 2016, 709 in 2017 and 830 in 2018.

In New Jersey, the population for every one overdose death is 2,857. The population for every one overdose death in Union County includes 5,646 in 2016, 4,328 in 2017 and 3,720 in 2018.

Mental health and suicides-New Jersey reported 3,766 deaths attributed to mental and behavioral disorders in 2017 with a rate of 41.8. There were 194 deaths attributed to mental and behavioral disorders in 2017 in Union County or a crude rate per 100,000 of 34.4. In addition, 5.2% of total deaths in 2017 were due to mental or behavioral disorders in Union County.

Learning and Education

Early intervention (county)- In Union County in 2016 there were 1,334 referrals to the New Jersey Early Intervention System (NJEIS) from a variety of sources. The most recent report (December 1, 2017) indicated 861 children had an active Individualized Family Service Plan. 378 Hispanic or Latino; 1 American Indian or Alaskan Native; 26 Asian; 148 Black or African American; 1 Native Hawaiian/Pacific Islander; 262 White, not Hispanic and 46 were categorized as Some Other Race.

Children in special education-The 2017-2018 school year included 17.1% students in New Jersey with disabilities. 37.4% students were economically disadvantaged in New Jersey during the 2017-2018 school year; 6.5% were English learners; .4% were in foster care and .8% were homeless students.

School Demographics-In New Jersey, the four year graduation rate for 2018 was 90.9%; students with a disability had a graduation rate of 80.1%, economically disadvantaged students had a four year graduation rate of 84.6%; in English learners; students in foster care had a graduation rate of 62.6% and homeless students had a graduation rate of 72.6%. 16% reported Spanish as a home language and 9.6% reported another language besides English as the home language.

The population in New Jersey who have a High School Graduate or GED is 27.9% and in Union County there are 29.2% of the population who are a high school graduate or who have a GED.

The graduation rate in Union County was 88%. In Union County there were 13 schools requiring Comprehensive or Targeted Support and Improvement during the 2019-20 school year identified as schools with a summative score in the bottom 5% of Title I schools or with a four-year graduation rate of 67% or less. The 13 schools included 4 identified in Elizabeth, 1 in Hillside, 1 in Linden, 5 in Plainfield, and 2 in Rahway.

Indicators	New Jersey	Union County
Percent Population Age 25+ with bachelor's degree or Higher	38.09%	34.07%
Graduation Rate	89.5%	88%

Percent Population Age 25+ with No High School Diploma	10.82%	14.04%
Language Spoken at Home Other than English	31.3%	43.6%
Speak English less than "very well"	12.2%	19.9%

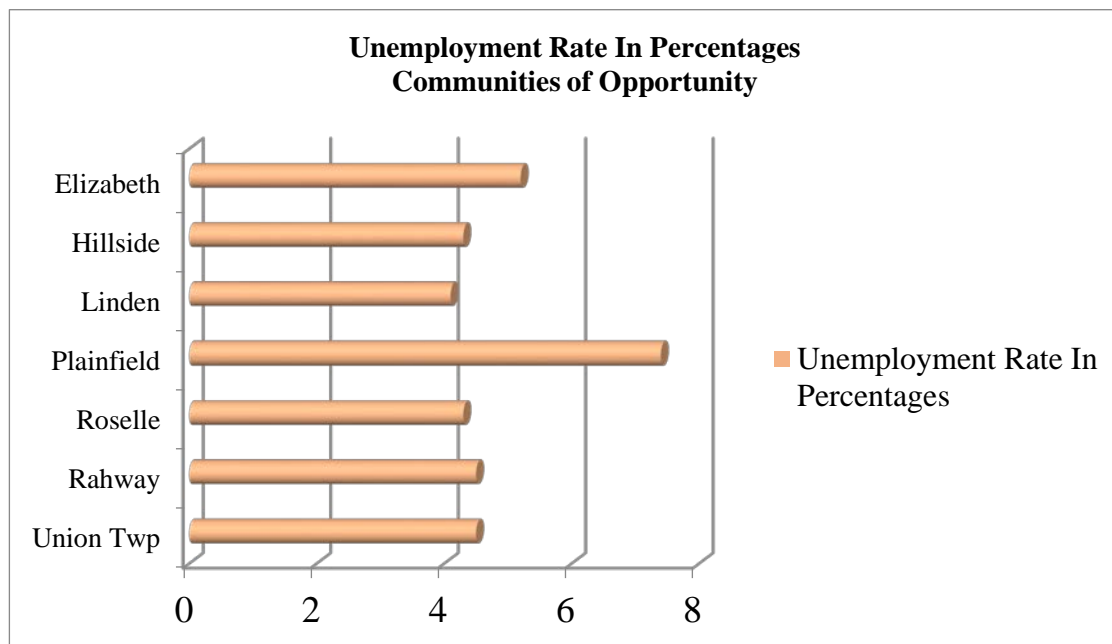
Data Source: American Community Survey (2017)

There are 28,153 youth between the ages of 16-19 in Union County. The percentage of these youth age 16-19 not currently enrolled in school and who are not employed in New Jersey is 6.91%. Union County has a slightly lower percentage at 5.8% according to the US Census American Community Survey (2013-2017) for youth 16-19 not in school and not employed.

Unemployment Rate

Indicators	New Jersey	Union County
Unemployment Rate (July 2019)	3.3%	3.60%

Data Source: Bureau of Labor Statistics (July 2019)



Communities of Opportunity

Communities of Opportunity- A deeper analysis of municipalities within Union County highlighted areas where the poverty level, unemployment, housing, substance abuse and other indicators presented indicated a widening divide between these municipalities compared to the county as a whole, or compared to the entire state. In Union County there are clusters of poverty and disparities across all pillars and development journeys. These specific communities and areas are referred to as Communities of Opportunity and include: **Elizabeth, Hillside, Linden, Plainfield, Roselle, Rahway and Union.**

Elizabeth

Elizabeth includes **23%** of the total population for the county. Elizabeth had **46%** of the total child abuse neglect investigations in Union County in 2017 according to the New Jersey Division of Family Development 2017 report. In addition, 25% of the total grandparents raising their grandchildren in Union County live in Elizabeth. 75% of households speak a language other than English. In addition, during the Point in Time Count, Elizabeth had 77% of the homeless population that was counted on that day.

The Homeowner Vacant Housing Unit of 4.6 in Elizabeth is much higher than the county rate of 1.8.

Hillside

- In 2018 6.3% of the population in Hillside included children under the age of 5 for a total of 1,400.
- 2.9% of births had no prenatal care.
- The immunization rate for schools in Hillside is 98.3%.
- The graduation rate for the 2017-2018 school year in Hillside is 86.9%.

- The rental vacant housing unit rate is 1.5 compared to the county.

The Graduation Rate in Hillside is 98.3% for the 2017-2018 school year.

Linden

- Linden has lower median gross income and median family income levels as compared to the county, however, the percent of people in poverty is equal to the county poverty percentage of 10.3%.
- The birth rate per 1,000 residents in this community included a rate of 10.5% or 447 births and 2.2% had no prenatal care.
- The immunization rate for schools in Linden is 96%.
- 23% of the population age 25 and older in Linden have a Bachelor's degree or higher, compared to 34% in Union County.
- The graduation rate for Linden is 89.9% for the 2017-2018 school year.

33.5% of the population is considered foreign-born who reside in Linden.

Plainfield

- Plainfield includes **38%** of the population who are foreign born. **43%** identified as Hispanic or Latino and **40%** identified as Black or African American.
- **51%** of individuals over five in this community speak a language other than English at home. The median income for this community from 2013-2017 was **\$56,425**.
- Plainfield has 20.9% of the population who are living below poverty levels.
- The median gross income is 25% lower than the county median gross income.

16% of the population over age 25 have a bachelor's degree or Higher compared to 35% of the county age 25 & older.

Rahway

- Rahway has a total population of **29,880**, the third highest population of our Communities of Concern.
- There are **25.1%** foreign born persons who reside in Rahway
- **40.6%** of people in this community speak a language other than English.

22% of the population of Rahway is under age 18

Roselle

- The number of foreign born persons for Roselle is **28.2%** with **42.3%** of the population speaking a language other than English; again, these numbers are slightly below the overall county numbers.
 - 2.8% of births had no prenatal care.
 - The immunization rate for schools in Roselle is 89.8%.
 - The graduation rate for Roselle is 88.1%

Homeowner vacant housing rate is almost two and a half times higher than the county rate.

Union

- **40%** of the population speaks a language other than English and **30.2%** of the population is foreign born.
- Union has higher rates of median gross income and median family income and about 40% less people in poverty when compared to the entire county.
- The gross median rent though is more than \$200 higher than the county figure of \$1,219.
- The graduation rate for Union is 93%.

The number of individuals 65 and over is slightly higher in Union with 16% of the population in this category for this community.

Communities of Opportunity Demographics

Population Demographics	Elizabeth	Hillside	Linden	Plainfield	Rahway	Roselle	Union
Total Population	128,885	22,054	42,538	50,693	29,880	21,902	58,757
Persons under 5	7.5%	6.3%	5.2%	7.4%	7.2%	4.8%	4.5%
Persons under 18	26.2%	21.4%	20.3%	24.8%	22.2%	21.9%	18.2%
Persons 65 years and over	10.1%	11.7%	13.6%	10.8%	12.5%	15.7%	16.0%
White	46.6%	25.8%	53.7%	22.0%	49.4%	25.9%	49.0%
Black or African American	19.2%	55.1%	30.0%	40.8%	29.3%	51.1%	30.6%
Asian	1.8%	4.2%	3.9%	1.0%	3.8%	1.6%	10.4%
Two or more races	3.6%	3.1%	2.9%	1.8%	3.7%	2.5%	1.8%
Hispanic or Latino	64.1%	17.3%	30.2%	43.6%	32.5%	30.9%	16.3%
White alone, Not Hispanic or Latino	13.3%	18.6%	34.4%	8.7%	33.4%	14.3%	39.9%

Data Source: US Census Bureau Population Estimates (2018)

Communities of Opportunity: Safety and Financial Security

Safety & Financial Security	Elizabeth	Hillside	Linden	Plainfield	Rahway	Roselle	Union
Median Gross Income	\$45,186	\$65,717	\$66,538	\$56,425	\$69,813	\$67,682	\$79,324
Median Family Income	\$57,727	\$78,259	\$77,527	\$ 76,221	\$86,481	\$80,776	\$ 93,522
Number of People in Poverty	23,085	2,327	4,326	10,528	1,133	2,568	3,550
Percent of People in Poverty	18.1%	10.6%	10.3%	20.9%	7.9%	11.8%	6.2%
SNAP Benefits	7,306	273	1,503	2,756	2,324	887	1,006

Data Source: US Census Bureau Population Estimates (2018)

Communities of Opportunity: Housing Characteristics

Housing Characteristics	Elizabeth	Hillside	Linden	Plainfield	Rahway	Roselle	Union
Total Housing Units	44,315	7,634	15,659	16,635	11,782	8,687	21,516
Total Occupied Housing Units	40,219	7,257	14,319	14,920	10,830	7,806	20,419
Vacant Housing Units	4,096	377	1,340	1,445	952	881	1,097
Homeowner Vacant Housing Rate	4.6%	2.7	1.4	2.8	1.1	4.4	1.6
Rental Vacant Housing Unit Rate	4.0%	1.5	5.2	5.1	4.9	3.9	5.2
Gross Median Rent	\$1,110	\$1,263	\$1,230	\$1,170	\$1,402	\$1,083	\$1,447

Data source: US Census Bureau Population Estimates (2018)

Communities of Opportunity: Graduation Rates, Education Level & Other Characteristics

Indicators	Elizabeth	Hillside	Linden	Plainfield	Rahway	Roselle	Union
Percent Population Age 25+ with bachelor's degree or Higher	11.4%	23.2%	23.0%	16.5%	28.1%	19.3%	33.8%
Graduation Rate	72.8%	87.8%	86.5%	85%	85%	89.4%	88.4%
Percent Population Age 25+ with No High School Diploma	11.0%	12.2%	13.6%	27.3%	10.6%	15%	15%
Language Spoken at Home Other than English	75.6%	36.3%	49.7%	49.7%	40.6%	42.3%	40%
Speak English less than "very well"	41.7%	Not Available	20.2%	20.2%	20.2%	15.1%	13.5%

Data source: US Census Bureau Population Estimates (2018)

Communities of Opportunity: 2017-2018 School Racial Ethnic Composition

2017-2018 School Racial/Ethnic Demographics	Elizabeth	Hillside	Linden	Plainfield	Rahway	Roselle	Union
Total Population	8.0%	10.4%	20.3%	.6%	14.8%	2.6%	20.0%
Persons under 5	72.1%	25.6%	40.9%	70.8%	43.2%	39.8%	25.2%
Persons under 18	18.1%	61.3%	34.0%	27.6%	35.5%	55.7%	42.8%
Persons 65 years and over	1.6%	1.7%	2.5%	.3%	2.9%	1.3%	9.5%
White	.2%	.4%	.3%	.2%	.1%	.1%	.6%
Black or African American	0%	.5%	1.7%	.3%	3.3%	.4%	2.1%

Data Source: NJ School Performance Report 2017-2018 School Year

Communities of Opportunity: School Performance PARCC Scoring 2017-2018 School Year

School Performance Indicators	Elizabeth	Hillside	Linden	Plainfield	Rahway	Roselle	Union
PARCC Scoring	<input checked="" type="checkbox"/> Met Expectations Did Not Meet <input type="checkbox"/>	<input checked="" type="checkbox"/> Met Expectations Did Not Meet <input type="checkbox"/>	<input checked="" type="checkbox"/> Met Expectations Did Not Meet <input type="checkbox"/>	<input checked="" type="checkbox"/> Met Expectations Did Not Meet <input checked="" type="checkbox"/>	<input type="checkbox"/> Met Expectations Did Not Meet <input checked="" type="checkbox"/>	<input type="checkbox"/> Met Expectations Did Not Meet <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Met Expectations Did Not Meet <input type="checkbox"/>

Data Source: New Jersey School Performance Assessment Report (2017-2018)

Attachment #3

Union County Community Needs Assessment Advisory Board Presentations

PACMHADA (Professional Advisory Committee on Mental Health and Drug Abuse)

July 25th 10:00 AM, Union County Engineering Building, 2325 South Avenue, Scotch Plains, NJ 07076,

JANUS Reps: Charlie Venti and John Childress COUNTY Rep: Karen Dinsmore

HSAC (Human Services Advisory Council)

September 4th 9:00 AM, Warinanco Sports Center, Corner Suite, 1 Park Drive, Roselle

JANUS Reps: Gena Haranis and John Childress COUNTY Rep: Karen Dinsmore/Debbie-Ann Anderson

Commission on the Status of Women

Monday, September 9th 6:30 PM., Garwood Municipal Building, 403 South Avenue, Garwood

JANUS Reps: Gena Haranis and John Childress COUNTY Rep: Karen Dinsmore

Youth Services Commission

September 10th 3:30 PM., UC Administration Building, 6th Floor

JANUS Reps: Tom Blatner and John Childress COUNTY Rep: Karen Dinsmore

CEAS (Comprehensive Emergency Assistance System Committee)

September 12th 9:30 AM, Warinanco Sports Center, Atrium, 1 Park Drive, Roselle

JANUS Reps: Charlie Venti and Gena Haranis COUNTY Rep: Karen Dinsmore

Aging (Agency) Project Directors

September 17th 2:00 PM, SAGE Eldercare, 290 Broad Street, Summit, NJ 07901

JANUS Rep: Charlie Venti COUNTY Rep: Karen Dinsmore

CIACC (Children's Inter-Agency Coordinating Council) –

September 24th 10:00 AM, Trinitas Regional Medical Center

Grassman Hall/Lower Level 655 East Jersey Street Elizabeth, NJ 07206

JANUS Reps: Charlie Venti and Georjean Trinkle COUNTY Rep: Marilucy Lopes, BH Director/MH Administrator

Advisory Board for the Disabled

September 25th 5:30 PM, UC Colleen Fraser Building, 2nd Floor Conf. Room, Westfield, NJ 07090

JANUS Reps: Charlie Venti and John Childress/COUNTY Rep: Leslie Gutierrez, Asst. Director DIFSS

Attachment #4 – Summaries from Planning Body Meetings

Summary of Focus Group on 9/4/19: Human Services Advisory Council

Greatest challenges facing adults in Union County to their being responsible and contributing community members, and maintaining their greatest level of independence, functioning, and dignity as they age, including particular challenges to specific portions of the adult population in the county:

Housing

- Affordable housing for working families
- Elizabeth area – new houses going to luxury
- Impossible to place people
 - People are cycling back
- Gotten much worse in last 5 years
- Plainfield also getting worse
- Landlords are creating barriers to rent to stop rentals to people of limited means
- People staying in shelters long-term because they can't find a place
- Families are doubling up in apartments
- Growth of welfare motel model due to lack of beds
- Shelter Beds – a large number of shelters across the state closed due to state government changes
 - Increase in need for shelters for working families who can't find affordable housing
 - Looking at creative ways to generate housing for people
 - Large increase in homeless single women and homeless seniors
- Large parts of budgets being diverted to shelter care
- Motels are filling up
- Surrounding counties also experiencing this problem
 - Shelter decline capacity
- Not a strong requirement to build affordable housing with all this new construction. The guidelines are set in a way that they are not really affordable.
- Massive opportunity for smaller, affordable housing in Elizabeth but the builders aren't doing it
- Large problem for seniors
- Crisis level
- HUD funding assumes you must be disabled and thus doesn't always cover working poor
- State used to have a voucher program to subsidize – can that be brought back and expanded
 - Sometimes landlords won't accept them because they have other options (New Yorkers with money coming in for example)

Mental Health

- Waiting lists around the country for mental health counseling
- Need for adults and children
- Need more licensed and credentialed professionals
- Support and funding needed
- Need stable family
- Some people are aging out
- Transition programs are lacking
- Social Services in counties need more mental health workers to deal with the growing need of clients
- Need mental health advocates who can go with the person when they go to apply for assistance. Need people instantly available or on-call.
- Need a navigator of mental health
- Can we have a more 1 stop approach for serving people with mental health challenges?
 - Susan Pepper piloted a program but doesn't have sufficient funding and capacity to grow it
 - 90% of the homeless people served have mental health and/or substance abuse problems. That creates more problems in getting service

Transportation

- Resources are spread out throughout the county and affordable transportation is a problem
- Transportation is expensive in the county and lack of choices and routes

Substance Abuse

- No detox facilities/treatment programs available without access (support)???
- Those without aid go to other counties
- Many providers are NOT in the county
 - We must also pay the transportation
 - Weeks pass before appointments are available
- Referrals come back with no treatment
- County needs
 - Short term residential
 - Intensive outpatient
 - Regular outpatient
- Funding stream doesn't cover many – those without Medicaid, undocumented

New Challenges Servicing Undocumented Residents

- Social services has seen a big drop in caseload
- Putting out information about programs to counter this

- “Fear of using services harms their chances to get green card status”
- Legal services banned from serving them
- Federal law, domestic violence excepted

Food Insecurity

- Drop in applications for SNAP/puts pressure on local food pantries
- Seniors under enrolled in SNAP - DSS doing outreach to inform them
- Legislation pending that would knock 3,400 people off of SNAP

Employment and Training

- People are taking temp jobs
 - Growing industry in county
 - Doesn't count as income for landlords or social services
- Amazon and warehouse jobs growing
 - But bad hours, low pay, hard to support a family, hard work
 - Doesn't always come with benefits – just like retail jobs
- Lack of affordable childcare to support the family
 - Many families don't qualify for the subsidy
- Lack of quality workforce training programs
 - Programs don't speak to what the community needs are
 - Not playing to our great cultural diversity
 - Match training to where the growth is
 - Explore work from home jobs in job training programs
 - AMEX is one, for example
 - Home computer and reliable Internet connection
 - Paid training
- Clients not motivated to go to the training
- Immediate need and the training programs take weeks or months to produce jobs – combo program (training while earning)
- Need livable wage jobs
- Employer discrimination – not matching the needs of the local people
- Work programs don't make allowances for the needs of the people because there is always someone else to take the job

Trauma – Informed Services

- Agencies need more training on how to deal with clients suffering from trauma
 - Do agencies have the ability to deal with clients with trauma
 - More training needed
 - Training available from feds and state; 1 full day training, reasonable cost
 - More training for line staff (if you can't afford to do the whole agency)
 - Childcare training for trauma (Children's System of Care)
 - HIV and other sensitive issues - information campaign may be needed

- Cross-training for people who respond directly
- Offer to community members, parents – Nurtured Heart
- Trauma of the workers who work with the clients
 - Weekly self-care (15 minutes)

People with Disabilities

- Limited services for youth with disabilities
- Lack of access to services for people with disabilities
- Lack of transition from youth to adult services

Services for Aging

- Housing and transportation are key challenges (discussed above)
- Challenge for them is isolation
- Getting information of the services out to the people in need & to other social service agencies
- Challenge in shelter because of the other services needed
- Solution – getting to them

Re-entry Programs

- NJRC does screening
- Excellent programs
- Prioritized in the state right now
- Need help disseminating information and proper processes - navigating the system
- Making direct links with people increases their participation

Domestic Violence

- Issues are the same as above
- Has a 1 stop shop but follow up may be at other places
- Follow up is the challenge
- Many of the screening questions for victims hinder their ability to get aid
- Access to information
 - Create digital connections
 - Agencies to learn about services of other agencies
 - Union resource website (unionresourcenet.org)
 - How do we get that advertised?
 - Keeping our systems connected and updated
 - Reduce the digital divide
 - Legal help - only 15% of people who need it are served

Focus Group: Commission on the Status of Women

What are the greatest challenges facing women in Union County to their being responsible and contributing community members, and successfully raising their families? Are there particular challenges to specific portions of the female adult population in the county?

- ❖ Financial Literacy
- ❖ Planned parenthood/birth control
- ❖ Affordable childcare
 - Cost is the larger factor but not readily available
 - Transportation to the care is challenging
 - Care for very young children is hard to find
 - Non-traditional hours is a problem - not enough round the clock
 - Not a good information network to get the word out about the places you go to—possibly 4Cs
 - Need more family daycare
 - Sick childcare is a challenge
 - Challenge for women who make an hourly wage - cost of daycare eats it up
- ❖ Support for young mothers
 - Sometimes people can't find the existing programs
 - Some in the younger generation wants stuff done for them and don't take the initiative to find information
 - Recommend - Every 2 years put together a printed resource guide
 - All aspects of family and women
 - Printed guide
 - Publicize
 - Believe information should be available to new mothers after the birth of the baby. Not sure who gives them information. Need strategies to ensure the information gets out to as many people as possible.
 - Example: FACT – Union County Resource Guide, and Union County Group on Aging has great information and coordinates it well
 - Can giving out this information be tied to getting a WIC card?
- ❖ Affordable housing
 - Newly retired active adults – need more activities
 - Large group from 60 to 70
 - County volunteer positions?
- ❖ Isolation of older women
- ❖ Issues finding people to do tasks that they can no longer do
 - Less donating of time
 - Helps them keep their homes IF they can get help with services
 - Safety on who they let in their homes
 - Senior population is 80% female
 - Handyman program was just defunded

- How to get qualified contractors?
- ❖ Oversight of senior housing
 - Maintenance and repair
 - Manager of property helping them
 - Housing advocate for seniors?
- ❖ Healthcare is a big issue
 - Sexually Transmitted Infection care
 - Breast cancer treatment and support groups - need more groups
 - Increase awareness for cervical cancer
- ❖ LGBTQ
 - There is an ad hoc committee with all the leaders of service
 - Meet quarterly to discuss issues
 - Might be a need for programs/need more investigation here
 - Lots of HIV testing marketed towards men
 - October LGBTQ history month / Union County College
 - Feminine hygiene product information and support
- ❖ Domestic violence and sexual assault
 - Family justice center
 - 1 stop shop
 - Handles the whole county
 - Lack of shelters
 - YWCA in Elizabeth does a great job
- ❖ Challenge reaching Latino population
 - Need a separate conversation about getting information out to them
 - Their fear of coming forward and utilizing
 - Same with Muslim and SE Asian community
 - People are staying away until it reaches a crisis status and that makes it dangerous
 - Some groups are trying to tackle the issue of underreported domestic violence
 - Who can help get information out to people who are afraid?
- ❖ Enormous backlog for housing
 - 10 to 18 years for Section 8 housing

14 people present

Questions for Focus Group: Services for Those with Disabilities

What are the greatest challenges facing individuals with disabilities?

- Affordable Housing
 - Apartments without steps and affordable
 - No Fed government money for developing affordable housing
 - Especially for people depending on SS for income/need subsidized rent
 - Possible discriminatory practices – this is an issue
 - Legal assistance is available
 - Using other methods to discriminate
 - Many places listed as accessible are not totally accessible
 - Need a universal standard and have it enforced
 - Not fully accessible to all with needs
 - Variance in regulations from town to town
 - Public restrooms
 - Height and other issues
 - Not holding them accountable
 - What is the reason?
 - Training
 - Apathy/Ignorance
 - Money issue
 - Difference between compliant and accessible
 - Young people with disabilities is a growing issue
 - Many people with disabilities end up in nursing homes because there is no accessible, affordable place to live
 - Need a continuum of options that match the needs
 - Statewide advocacy issue/ can county advocate for change
 - Transportation
 - Problem for people who are non-verbal
 - Need camera and ability to vocalize needs/instruction
 - GPS
 - More available east to west but not north to south
 - Paratransit and Access Link suspension on the vehicles is so bad it is painful to ride
 - Need newer vehicles that ride comfortably
 - Scheduling is a problem because you have to plan way in advance
 - Some days they will be an hour late so you have to schedule excess time in
 - 45 minute windows – can that be changed to 30 minutes?
 - Some drivers not familiar with all the equipment but usually are open to suggestions
 - Not enough handicapped seats

- Other passengers get frustrated when the lift is used to help someone
- Access Link no compassion in waiting for someone who is moving slow
 - Hard to get an operator
- They expect people to wait outside in the cold. If they are inside they may not wait for them.
 - Driver calling the passenger
 - Tracker?
 - Make attractive for new types of transportation services
 - Can we adapt Uber type technology that lets the passengers know when the vehicle is arriving?
 - Can we use funds for other sources besides Access Link
- Sometimes have to use Uber because the other ones take so long
- Access Links mirrors the regular bus links
- ADA requires EQUAL access and not improved

What are services and programs that work well?

- Community Access
- Mobile wheels deliver meals M-F and check on the person/wellness check in addition to the delivery (Westfield, Mountainside, but not Elizabeth or Plainfield)
- Greater Westfield Area
- Depends on volunteers
- Food challenges
 - People on limited income don't eat well
 - Don't know about the resources available
- Information on Resources
 - No repository of information
 - Overlapping program
 - Hard to navigate through
 - Application processes not user friendly

What strengths exist in Union County to support disabled residents?

- ❖ Programs that work well
 - Food Bank of Elizabeth
 - Greater Westfield Meals on Wheels
 - NJ Food Bank supplies food
 - Jewish Family Services (4 times a year)
 - Day Programs
 - Community Access and others
 - Adult day programs
 - For people who are not close to work ready
 - Aunt Bertha.com

- Put in a zip code to services in your locality
- Can we create something that captures public and private?
- Disconnect between one program and another
- ❖ Updated?
- ❖ Utilized/get the information out - information access is critical
- ❖ Need affordable accessible technology - everyone is not electronic or cell phone capable

How can strengths be built upon and programs improved?

Are there things that haven't been discussed that should be?

- ❖ Statewide change in payment model
 - Shift in Medicaid from cost reimbursement to fee-for-service has limited flexibility for Development Disability service providers that are under contract with the state)
 - In the new model there is no funding for basics
 - Puts burden on other systems
 - Claiming more federal money
 - Is it being reinvested back into service?
- ❖ Gov. Christie – a lot of big institutions shut down
 - Hope was that would mean more money for people living in the community
 - Never happened
 - Folks are not providing services
 - People with different types of disabilities are being mixed together and it is dangerous/lawsuit pending
 - Money should precede the people and not follow
- ❖ Not enough funding for prevention or care that is not distress/supports to keep people from needing a more intensive service
 - Bridge fund
 - One model is people donating houses
- ❖ Some agency telling people to figure it out on their own
- ❖ How to get a ramp?
 - Is there an agency that helps with that? Financial assistance for this?
 - Universal design for the future
- ❖ Still have to deal with a stereotype that there is just one type and one solution fixes all issues – varied people and varied needs
- ❖ If you have multiple needs the county office can serve like a 1 stop
 - Division on Aging
 - Strength – working with each other
 - Independent living centers – underfunded

Number attending: 20, Date: 9-26-19

**Union County Needs Assessment Focus Group, held at
Project Directors' Meeting of the Union County Division of Aging/ADRC
September 17, 2019, 2:00 – 4:00 pm**

Number in attendance: 27

What prevention/early intervention services are available for county residents to help them remain productive members of their community?

Initial answers included: Health, nutrition education, environmental education, housing assistance, meals, paratransit for medical and recreational purposes, individual work with families, and community building. There are senior centers in Plainfield (55+), Scotch Plains, Union, and several comprehensive centers in the City of Elizabeth. These centers provide a variety of different services, and all serve congregate meals. Some geographic areas, such as Mountainside and Berkeley Heights, have no senior centers.

Representatives of the Plainfield Senior Center said that the center serves those 55 and above, has 2,000 seniors enrolled, and serves approximately 130 seniors every day. Congregate meals are served to 60-70 people each day. The center also performs individualized work with families.

Among the most widely-used services, county-wide, is Meals on Wheels, which feeds 1,500 people each day, and enrolls 50-70 new people each month. This includes both congregate sites and home delivery. Although Meals on Wheels collects contact information for all applicants, the organization has found that 15-20% of the phones have been disconnected when they try to reach people.

There are 22 congregate feeding sites altogether, including two kosher sites. There is no wait list due to support from the Freeholder Board.

Other programs mentioned later on in the discussion include a grandparents' program run by Lifelong Elizabeth and a "Friend/Advocate" program run by Jewish Family Service, which might be a best practice that could potentially be built on or developed further.

What are the greatest challenges facing individuals over age 60? Over age 75?

- Loneliness/isolation, especially for older people who are homebound. Some respondents in the focus group called this “people who have nobody.”
- Affordable housing
- Healthy meals
- Transportation, especially for those over 75 or 80 who no longer drive
- Predatory lenders, especially related to reverse mortgages
- Loss of independence for those over 75
- Elder abuse, e.g. financial exploitation, sometimes by family members. Alcohol and drug abuse, including the opioid crisis, are contributing factors, but not the only reasons. Financial exploitation has risen.
- Problems with the affordability of care. Often younger relatives know about the existence of care supports but believe they can’t afford them.
- The variety and complexity of issues. For this reason, respondents suggested that seniors need individualized plans and many supports.

There was a great deal said about the issue of housing, which, based on the discussion, appears to be the most difficult problem to solve. It was generally agreed that there is a shortage of senior housing, with long waiting lists (6-10 years), and little to no new senior housing being built. It appears that many seniors who own homes have trouble paying their real estate taxes. Housing affordability in general was a top issue.

Participants in the focus group said that there’s a level of denial about being in dire straits related to housing, and panicked reaching out for help when they’re about to be evicted or their house foreclosed on, which would render them homeless. The housing problem is harder to solve once it has reached a crisis level.

Several people said that seniors wait until there’s a crisis before reaching out for help, whether for housing or other issues.

What are the particular challenges for specific portions of the older population in the county (location, age, problem type, language barriers, etc.)?

- People are living longer, and the issues become more numerous and complex for those over 75, and especially those over 80, who have more issues, including:
 - Transportation, because they no longer drive
 - Being alone at home, having lost a spouse or partner
 - Mobility issues, which are greater as they get older
 - Harder to reach, because they are not as comfortable with technology

- The need for extra support with everyday tasks, such as walking the dog and repairs in the house
- More challenges related to dementia, and spouses who are present need help dealing with a partner with dementia
- Unsafe discharges from hospitals
- Complex needs for the older population

Other issues mentioned related to services for seniors

- Lack of clarity about what services are available and what they are called. It appears that many services are called by different names even though they are similar. Several people said that better “branding” of services is needed, both within Union County and within the State of New Jersey, and even nationwide. It would be better if there were more consistency in what services are called so that consumers could understand this better.
- Market penetration for SNAP (Food Stamps) and PAAD (prescription drug assistance) is very low. In the case of SNAP, this may be because the benefit is low (\$15 per week was mentioned). Older adults have a perceived barrier to coming to the county Division of Social Services (DSS), except for Medicaid, which is perceived in a more positive way. There was a suggestion that DSS staff could go out to senior centers to take applications, as was done in the past.
- Staffing, and especially staff salaries, are issues for programs that serve seniors. Participants in the focus group said there is a need to fund salaries at the right level in order to get the right people working in elder care services. They said that advocacy is needed on this issue.
- Although it was agreed that handyperson/small repair services are needed, it appears that the county issued a request for proposal for these services but there were no bidders. It was unclear why.

What recommendations do you have for addressing these challenges and better supporting the needs of older adults in Union County?

- Safe and appropriate discharge from the hospital is critical. It is important to work more closely with discharge planners at hospitals, and with home care nurses
- One major gap mentioned was the need for a “service facilitator” or “navigator,” especially from the hospital or in other care transitions. This navigator would help people become eligible for services and provide case management for 60 days beyond hospitalization. There is some capacity for this now, but more is needed.
- There may be a need for ombudsman services for home care clients.
- Change legislation or procedures for a freeze or rebate on property taxes. Many seniors have trouble paying these taxes first, even if they will receive relief after they pay the taxes.
- Build strong relationships with the municipal tax collectors to help prevent housing eviction at the municipal level.
- Organize conferences to share information and network. Make an effort to brand services so they are understandable to the public.
- Consider putting more money into services for seniors, and especially into salaries. This was felt to be cost effective in the long run.

- Encourage DSS to send staff out to senior centers to take applications for SNAP and PAAD in a more comfortable environment.
- More attention should be paid to providing support related to housing and individualized service planning and support.

What's the best way to reach the older population?

- Community bulletin board channels on TV
- Print newspapers
- Through tax collection offices, which knows which people have failed to pay property taxes
- Doing door-to-door mail drops
- Through religious institutions, i.e. church bulletins
- By getting multiple phone numbers from clients during the application process, as their phone numbers change

What difficulty do people have accessing services? What is their level of knowledge of these services?

- Level of knowledge high and relatively easy access for some services, e.g. Medicare, Medicaid, Meals on Wheels, transportation
- People who attend senior centers get a lot of care, but others don't
- The public doesn't understand many of the services provided by DSS and other social service agencies and need education on what's available.
- In some cases, paperwork is overwhelming – too many pages, tiny print

Summary of 9/12/19 Focus Group: Comprehensive Emergency Assistance Services (CEAS) Committee – 57 Attendees

Are prevention/early intervention services available for county residents to help them avoid becoming homeless?

There was little discussion regarding prevention other than an assertion that Union County has a history of cooperation and coordination among agencies that serve the homeless population.

What are the greatest challenges facing individuals and families with housing insecurity?

- Available services are largely unknown to families in need (especially for those that haven't accessed services previously)
- Agency staff need additional training to know what is available to clients
- Some clients must get a letter of denial from DSS prior to accessing services from other agencies
- Rents are high and increasing, i.e. a two-bedroom apartment averages about \$1,600 per month. When security deposit and finders' fees are added, a family may need \$6,000 to get into an apartment and pay the first month's rent.
- Landlords are often refusing Temporary Rental Assistance or Section 8 Vouchers. With gentrification, landlords are raising rental rates above the voucher rates.

Are there particular challenges for specific portions of the population in the county (location, age, problem type, language barriers, etc.)?

- Seniors and the disabled population are often found ineligible for needed services by DSS guidelines
- Many individuals require coordination for behavioral health/substance abuse services and/or require multiple services from multiple organizations
- Young adults are increasingly becoming part of the homeless population
- Temporary shelter in motels, when able to be found, is occurring for extended periods – as high as eight months.
- Working poor may be in need and yet income may be above eligibility criteria.
- Immigrant populations are more and more wary of filling out applications or accepting government services.

What recommendations do you have for addressing these housing challenges and better supporting individuals and families in Union County?

- Establishing a "single point of entry" for homeless services
- Create a list serve or blog that is up to date and identifies service providers that have additional capacity and funding availability
- Expedite timing for DCA inspections that may take up to 30 days
- End Plainfield practice of requiring a private inspection in addition to a DCA inspection.

What strengths exist in Union County to support people at risk of homelessness?

- Efforts by the Division of Social Services to outreach to individuals and families in need of assistance
- Union County DHS has implemented an Action Line for assistance. About 40 – 45 calls per week are responded to. The next phase is to have contact capacity on-line and to create an app.
- Special Approval Requests are made to NJ DHS/DFD to pay four months back rent when necessary (up to three months does not require special approval)
- Union County DHS is using discretionary funds for housing subsidy
- Faith-based organizations are opening up their facilities to offer supports, such as showers, to the homeless population.

How can strengths be built upon and programs improved?

- Easing regulations for Housing Voucher eligibility, i.e. credit ratings and criminal history make eligibility too restrictive
- Raising voucher value to meet market rents.

What types of programs and supports are most effective in preventing homelessness, and helping people to have permanent housing?

- Temporary Rental Assistance (TRA)
 - Section 8
 - Low-income and supportive housing
 - Continuation of housing assistance, for a time period, once a person on public assistance becomes employed

Do people have difficulty accessing these services? Do they know about these services?

- It was recommended that 211 information be kept up-to-date.
- Unionresourcenet.org was also identified as a resource but also has challenges in being kept up-to-date.

What services or supports are needed that do not currently exist?

- Increased access to transportation and computers (for search) would assist in finding housing alternatives
- Shelter resources are shrinking
- Although a requirement, it is anticipated that there will not be enough available beds to meet Code Blue needs.

Do you have any other recommendations?

- Regulating predatory intermediaries that charge high fees to locate housing.
- Dis-allow realtors from passing along landlord/realty fees to the client
- Facilitate integration of resource information among various on-line systems.

Questions for Focus Group: Children's Interagency Coordinating Council (CIACC) @ Trinitas Regional Medical Center-10AM 10/24 @10AM

Are prevention/early intervention services available for children and youth with mental health, intellectual/developmental disabilities (IDD), or substance use disorder issues?

- Early Intervention Services are available from organizations and they can collect fees from Medicaid; this early work with identifying needs of young children is very important.
- **Prevention/EIS are not available for children ages 0-5**-this age group will not get a connection or referral with rare exception of children age four who sometimes can get connected to services.
- There are preschool programs but **no mental health services**; some of the school districts have some clinical staff but there is no formal type of consistent services found in schools, etc.
- Based on gap in children age 4; new provider in attendance who opened new facility at the beginning of summer; mental health professional services began and they are seeing children age 4 and up with mental health challenges; transportation is available-agency is located in New Providence and provides transportation to the entire county.
- **Educational Mental Health:** People look at mental health as an acute model that is crisis specific; it is a cultural county issue; we are not looking at symptoms and identifying future issues; need mental health checkup to occur on a consistent basis across services.
- New collaborative grant where pediatricians are trained; the program does screen and pediatricians are trained to understand mental health needs and screen for them. Discussion on parents rely on pediatricians for help and they are identifying behavioral issues when the child needs mental health services. Also, new program makes service easy for parents by doing a screening/consult electronically using technology for video calls, etc. removing transportation barrier for parents/caretakers.
- CMO's have identified a **gap with the pediatricians**, parents are going to the doctors first, but the pediatricians have absolutely no idea about the need for mental health services and how they can and should provide screening.
- Mental health curriculum for grades K-12 new law in New Jersey may provide more services.

What are the greatest challenges facing children and youth with mental health, I/DD or substance use disorder issues in Union County?

- There is a **lack of mental health services and general awareness and education in the schools and the districts**. Schools are left up to their own solutions in each district-lack of mental health coordination with school districts. Elizabeth has a new model to keep the kids in school for mental health issues, but it is not replicated anywhere else.

- **School districts are still operating too independently** in Union County. The new law may provide some changes, but schools even within districts are not consistent. Need more cohesiveness and schools should be interacting with mental health and social services. It is a challenge for parents, they don't want to interact with the school personnel. Need for more school-based programs; stigma free work needs to be done with parents who resist the behavior of their children and not grasp or understand what is really going on with mental health issues with children. Parents do not always understand the real problems and they are being let down when they try to get help and the mental health issues are identified as behavioral issues.
- **Pediatricians do not understand mental health** and the ability to identify it through screenings. It has been difficult to broach issues with mental health with children with pediatrics. They don't know what to do with them and the children end up in the emergency room. We place a responsibility on parents, but it is learned helplessness. The physicians/pediatricians really need to understand how to assist and what the resources are available to help the parents deal with the concerns. The new collaborative has been open for 18 months and is in one flagship location with 15 physicians on board for the mental health screenings. Some doctors will now prescribe until the child is linked to the psychiatrist.

Are there particular challenges for specific portions of the population in the county (location, age, problem type, language barriers, etc.)?

- **Immigration** is an issue-families are afraid to come for treatment or to be exposed as undocumented-this is a significant fear and issue for the immigrant population. It is important to train staff to understand what that experience is like (undocumented and immigrant) but that is also difficult; high Spanish speaking population in the county and the need for bi-lingual staff is strong and supply does not always meet demand.
- Unaccompanied **migrant children**-international rescue committee and Catholic Charities are involved, but it is very difficult to get through to individuals who are refugees or unaccompanied migrant children--they do not trust government or quasi government process--they do not trust the intake process at all; the **highest number of migrant children** than any other county is **Union County**
- **Transportation is always** an issue; even when services provide transportation you cannot efficiently provide transportation, so it is easier to have facilities in the difficult areas to reach people in those areas rather than try to transport.
- Many providers do so much work to help the parents get the service; purchase vans; they must take a picture of the van before the families will get into the van; families are fearful of accessing services anywhere, even in their homes, agencies spend much time and resources trying to figure out how to get them to access service. This is even more difficult with immigrant families.
- The children have adult people taking care of them who have their own significant issues.

- School district is really a challenge with each district doing something different and workers really have to advocate for services that should be easily accessed in schools.

What recommendations do you have for addressing these challenges and better supporting children and youth with special needs in Union County?

- We treat children in silos and don't approach in a **family centered therapy model**; must engage the whole family in treatment.
- Families don't have their necessities met so how can they focus on the mental health needs when they can't pay their rent, they may not have enough food to eat and so many clients are homeless, the day to day needs that are just basic necessities are overwhelming and critical and it overshadows everything else in the household.
- Trainings-0-5 Training is expensive and if the county would fund the providers to attend the training it would be helpful. The county currently funds some training through the SAMSHA grant and it has made a large impact. Expanding this so everyone could be trained would be helpful.

What strengths exist in Union County to support children and youth struggling with mental health, I/DD or substance use disorder issues to support their being responsible and contributing community members?

- Conversation around mental health and **ending stigma** through the county initiative has helped to shift the culture; the county has identified this stigma free effort to help change the culture and it is helping. In addition, some of the towns have also identified being stigma free so there are multiple layers working on the same thing which helps to shift mindset. More direction and guidance in the future is needed from the county to see how we continue to work on changing culture in the future. Middle school and high school levels can see the towns' municipal alliance grant and work but there is now more of a push to include mental health risk factors- but nothing starts early enough for children.
- Trauma informed-lots of efforts in the county; children and families have had grants since 2010 and a push to get trauma focused and trained staff has had a serious impact; and many clinicians are trained in trauma informed care; privilege to have a SAMSHA grant for evidenced based treatment and trainings for staff and people from around the state; 100% of clinicians have gone through training.

How can strengths be built upon and programs improved?

- Education for children and parents, support groups, these things are needed for those with mental health services, NAMI offers services in this area and more support groups would be helpful.

- **Data Analysis:** Report put together but not recently-it has been several years; IIC should be looked at and the outcomes of the program reported and examined; state data is not analyzed either-they provide numbers and they are shared with committee but no one at state level is analyzing data. Coordinating data from hospitals and providers would help to assess the service gaps.

What types of programs and supports are most effective in reaching and engaging adults with mental health or substance use disorder issues?

- Bilingual staff
- Transportation
- Services that are convenient and available when they can be accessed.

Do adults have difficulty accessing these services? Why?

- Agreement that basic needs really need to be met before a parent can really focus on accessing services; childcare needs and treatment centers are only open 9-5 or 9-6 and this makes it difficult for adults to access services; we need to think about the hours we provide among social services network so services can be accessed.

What services or supports are needed that do not currently exist?

- What is missing are early intervention for mental health for children; this was an existing program in hospitals and in the county but agencies were not able to afford it with Medicaid reimbursement rates; Catholic Charities also had a program-these services went away not because of the need for mental health services but because the reimbursements did not meet the cost of providing the service.
- **Technology:** Is it being used to the best capacity? Even the poorest clients have a cell phone, Facebook, etc. The county has a portal without support; Zoom and other technology is being used for clients and staff doing case review and discussion along with management with the adults/parents. More can be done in this area to make accessing services and coordinating services easier for parents.
- **Early Engagement with the schools**-Every parent needs to attend an educational component-this should not be optional but a mandatory education in school during back to school night (or another widely attended school event) where the component of education would apply to everyone. Again, the district and schools being separate is really a challenge.
- **Developmentally Disabled (DD)Population**-More and more kids coming into the system that require skilled set that relates to trained staff -there is **not enough community wrap-around programs** for the DD child population.

- Every meeting is about the challenges with the level of service that is elevated: mobile response-Care Management Organization's (CMO) - the need is growing. The state will say there are more providers, and the state has added providers' but the number of actual workers has not increased and it is a distinction the state doesn't see. More workers are needed.
- A bilingual child will have to wait to find a bilingual worker to work with them, more bilingual workers are needed.
- Intensive In Community (IIC) vs Intensive In Home: It is a very expensive program; yet it is a band-aid program and every family is asking for it because they don't have to worry about the transportation, they even get respite; the services come to the house and the IIC vs IIC it is not even close. IIC is seeing more younger children. IIC doesn't engage the parents, they work with the children only and the parents are not working on managing their children or learning more about how to cope or to be educated on these issues; the parents are not getting any additional skills from the program.
- For DD: There is better assessment than five or ten years ago, people are trying to keep up with the change in the behavior but there is an increase in DD children. State statistics indicate that there is an increase but resources aren't increased.
- Suicide - early ideation; trend in two years that have children coming into ER very early for these children with the ideation of suicide; parents are still not connected when the child is in the hospital; this is a more recent pattern observed.
- Increase in the number of children hospitalized for DD.
- **Data Analysis**- do we have a team that is coming together to compare data from all the hospitals; is there an analysis of data and an evidenced based informed approach. Every agency is giving information, and no one is collaborating between systems and sharing information and results.
- **Hospital Collaboration and Analyze Data:** Portal for research-agencies depend on portals and the directory the county has been 2014 and there is no updates that has been completed or updated; and people have to come to meetings or do a lot of other work to find resources; resources are not up to date and information is not integrated and data is portal to portal
- CMO-Union Resource Net-but it depends on providers registering themselves;
- The county has a responsibility to be the center point for resources. This has come up before and there needs to be more links, resources, referrals that are updated -central clearinghouse is needed.

Do you have any other recommendations?

- Technology: county and Resource Net/ICM can partner together for better technology and resource directory but it has to be current and maintained.
- Tracking: Children are not tracked, and parents are at wits end; children released from hospital with no screening or monitoring, youth are screened five or six times in different settings and then not admitted as the hospitals see it as a behavioral issue.

- Substance Abuse Youth: There are detox providers; two providers that are out of county; they do work with the youth to arrange the transportation but there is no in-county facility and schools won't refer to an out-of-county provider.
- Partial programs -Families are extremely resistant and do not accept that their child is using drugs, or the families are in denial or condone it-especially marijuana! Trinitas sees marijuana use mostly with youth.
- Education is geared toward multiple issues for substance use-tobacco/vaping, opioid use; top two are alcohol and marijuana use.
- Vaping has not been an issue at Trinitas.
- Opioid issues-no issues with the adolescent if you look at data; Recovery High school has 15 students in it.
- Other counties see vaping in middle schools; Union County admissions at Daytop is at a low level; it is surprising but the county does not seem to have a high rate of use and also parents don't want to address it; marijuana use is accepted; it is easier to use and keep it hidden, but parents have too many other issues and may not even be concerned about marijuana use versus their basic needs.
- School district will not support out of county treatment and there are only out-of county treatment centers.
- At 14 youth can agree or disagree with substance use treatment; child can opt out but parents need to be educated on services; parents don't have the strength to say you must stay. We disempower parents with our language; if the parent is saying you have to go and the provider is saying you have a voice you don't have to be here it is a mixed message and it results in the child signing herself out and the parent cannot do anything; parents see when the child is in legal trouble as the only way they can get their kids in treatment because it is mandated.
- Adolescent Detox: When dual diagnosis occurs there is generally significant trauma-it is very difficult to start to face some of the issues; so of course, the child is not wanting to deal with all those traumas; clinicians need to intervene in a more persuasive way and not give kids an out for treatment.
- Adverse Childhood Experience (ACE) - assessments and pediatrics can incorporate trainings for trauma assessment-if there would be a county wide push as they look at the trauma for youth with behavioral challenges; most pediatricians are aware of ACE but are not utilizing them instead they screen the 37-check list.

What did we miss today?

- Housing-Affordable housing
- Basic Needs- families are really struggling with their basic needs and cannot address mental health needs
- Homelessness-housing is such an issue; families are homeless and impoverished
- Impact of domestic violence for children-Palace program -free art therapy modalities but once the parents finish the program, they still need services

- County Prosecutor's Office has clinicians doing intervention
- Family Justice Center in Union County is available
- Helping families understand when there is a learning disability; parents do not know how to access a study team, or to get the services that are needed but the parents do not know how to get an Individualize Education Plan or services and child gets mistreated by teacher. Schools should be doing more to help parents access services.
- SPAN-they are not active anymore; clinicians take it on themselves to do the advocacy because there is known tendency to withhold special needs; they are not overt, but they will not link students to services if a parent does not have an advocate. Parents don't want to come in or work with the schools.

Number attending: 26 people

Date: 9/24/2019

Summary of Meeting with Advisory Board - PACMHADA

7/25/19, 33 people attended

Standard Introduction: Union County has utilized various needs assessments and plans that have been done over the past 27 years to help match its resources to needs, and for addressing gaps in services, in communities within the county. The last full comprehensive human services plan was completed by the Human Services Advisory Council (HSAC) in 1992, and updated in 1996, with other formal efforts to identify needs having last occurred in 2010 (i.e., by the United Way of Greater Union County). Given all of this, along with the changing nature of needs of Union County residents and changing service delivery systems, the Board of Chosen Freeholders have wisely decided to undertake a Community Needs Assessment (CNA) and develop a community action plan that identifies goals and priorities to meet needs in the community today and into the future.

As the result of an RFP process, JANUS Solutions was chosen to facilitate this assessment. Our approach includes the gathering of data and other information about the community, and how to take steps to assure that all individuals and families in the community, particularly those most in need, can access the resources and supports they need to most effectively become, and raise their children to become, full, responsible, productive and contributing members of their community. We are reviewing written documents, meeting with planning bodies such as this, as well as having focus groups and forums, and a survey will soon be available for county residents and stakeholders to complete.

➤ *For our discussion today, we would like to focus on adults, and their need for, and experience with, services to help them with behavioral health issues or needs.*

Greatest challenges facing adults with mental health or substance use disorder issues in Union County:

- Access to affordable housing
 - Safe
 - Affordable
 - Large numbers
 - There are some resources but there are waiting lists
 - Many landlords set their rent just above the Section 8 limit
 - No stock out there – can't find housing
 - 1099 cap is lower than what we can find
 - The only areas that fit under the cap are in challenging areas
 - One halfway house in county accepting people – full most of the time
 - Need more halfway houses
 - Even shelters are full
 - Issue has gotten worse over time (see “Olmstead” issue?)

- Landlords looking to move us out and raise rents (even for current placements)
 - The rooms in houses are so small that they are not comfortable or a good deal for a closet sized place. Many are choosing to be outside instead.
- Lack of accessible detox in the county
 - Sent out of the county (Newbridge and others)
 - Even people with insurance
 - Lack of addiction treatment
- Lack psychiatrists and bilingual psych
 - Client waits 3-6 months
- Medicaid & Medicare
 - Hard to find a decent provider
- No urgency from Department of Health
 - People waiting months to get surveyed and licensed
 - Need integrated license – not formulated yet
 - 6 month goal for having it up and running not likely to be met
- Transportation
 - Hard for people to get to treatment
- Hard to get identification
 - Long process to get documents
 - Can we get an expedited process?
 - Homeless
 - Elizabeth offers no-cost documents
 - Model program?
 - Plainfield much less cooperative
 - All towns not on same page
 - Re-entry
 - NJ reentry works on this
 - Immigrant
- Continuity of care
 - Have an effective model but it is underutilized
 - Stigma and misinformation
 - Not accessing the resources when needed
 - New system with lots of changes/still learning how to work together
 - Referral process can be improved

Particular challenges for specific portions of the population in the county (location, age, problem type, language barriers, etc.):

- Homeless
- Re-Entry
- Immigrant
- Many different languages beyond Spanish

- Arabic
- Translator line hard to use
- Translators are every expensive

Strengths that exist in Union County to support adults struggling with mental health or substance use disorder issues to support their being responsible and contributing community members:

- Continuity of care model
- Very collaborative group
 - Mostly informal from familiarity of program leaders
- Program for younger people who are homeless (14-24 years old) to fill in the gaps
 - Work with law enforcement and building a stronger relationship
 - Start with what is available in county and then fill the gaps

Services or supports needed that do not currently exist:

- Lack of information about transitions and the appropriate time
- The child system stops at 18 and they switch to adult system
 - Children just over 18 are in programs with people in their 40s and up/ not a good match
 - Perhaps create young adult programs?
- EISS doesn't exist in Union County (Early Intervention Support Services)
 - Need a buffer
 - Programs where people can be seen for up to 30 days
 - Therapist and prescriber
 - Can be met in a day instead of ER
 - Need stronger transitions to adulthood
 - Less reliance on "someone must get sicker" to get better care
 - System of Service Philosophy
 - Great Idea
 - Prevention and reduction
 - Care not in a hospital
 - Case manager to guide them?
 - Tolerance of change?
 - They are for it
 - Lack of capacity is a problem
 - For example – 80 calls a day for detox and only 7 admitted on average
 - Clear systems at capacity/people overworked
 - People want to collaborate IF it is going to reduce work and increase service to clients

- Evidence-based interventions for psychosis
 - Too much dependence on hospitals
- Growth in young homeless problem
 - May have mental health issues
 - Families don't have the resources for them
 - Perhaps more respite care and some for longer than 10 days
- Need more prevention, evidence-based prevention
- Need a support system for (Disabled Veterans) population with PTSD
 - Need intensive long-term treatment
 - Build community supports
 - Not enough treatment – end up in prison and mental institutions
- Programs for dementia patients (they are confused with other things now)
- Much heavier problems with youth that are developing into acute issues
 - Huge growth in this area
 - Children with problems are getting younger and younger
 - A lot are turning to substance abuse

Other recommendations:

- Have more of a presence – mobile unit to go around to raise awareness and connect people
- Utilize churches – emergency housing for a stipend
- Get more of the community involved
- Information campaign?
- Different types of homeless shelter
 - Focused on the needs of groups
 - Harm reduction
 - Winter respite
 - Working with municipalities
- Theme – more holistic approach
 - Family
 - Caregivers
 - Housing
 - Employment access
 - Treatment
 - Overlapping goals and outcomes
- Opportunity for improvement
 - How to maximize the dollars
 - Where the dollars are spent – use this to improve care
 - Get life needs tied into a system that better supports people
- Innovation
 - New approaches of working together for better outcomes
- Sicker to get health

- Reflected by policy, regulations, and funding
- If given an ideal world, what are the implications:
 - Integrated system of care/stop sending people to three – four places for care
 - Care management instead of case management
 - CCBD Model that looks at integrated service and providers get paid from taking care of everything

How do they see the ideal system? What would it look like?

- Build an infrastructure that meets them where they are?
 - Young adults on social media
 - Build the infrastructure for today's society
- Stronger prevention efforts
 - Change to wellness promotion instead of “prevention”
- Build upon Union County strength of working well together
- Build on how the generations have changed
- Investigate non-traditional partners
- Community people – how do we overlay this in our model? The way we relate to and care for each other
- Formalize?
 - Loss of flexibility
 - How to incentivize?

Summary of Focus Group: Youth Services Commission

35 people approximately in attendance on the Youth Service Commission Meeting held on September 10, 2019

Are prevention/early intervention services available for county residents to help them avoid involvement with the juvenile justice system?

- System of Care-People know what it is and what mobile response is but not sure how many people actually use it-there is no resource that really works.
- CMO-Is it a resource?

What are the greatest challenges facing youth at risk for juvenile justice involvement?

- Unsupervised: Youth need a safe haven and this should also be in place as an alternative to out of school suspension. Youth need to be somewhere supervised where people care when they are not in school-kids are having kids, they have no food, no clothes, but they have their own street network-have to make services, food, safety, available for them.
- Aging Out Youth-There is a real gap for kids 16-24; there are no places to refer kids and resources may exist but not everyone knows what is available and how to access services
- Pathways for Youth-No clear pathway for youth to access services-this includes service providers-services and grants change and end and eligibility and available services are not well-known by providers and school personnel
- Mental health needs, substance use disorder, suicide prevention-none of these areas are systemically addressing the root cause or determining long term solutions of care and this means that youth end up in the system
- Grant ends, service ends, funding comes and goes, and families get used to a service and then it disappears, no longevity for children 16-24.

Are there particular challenges for specific portions of the population in the county (location, age, problem type, language barriers, etc.)?

- Lack of continuity of services across the county: Eligibility Guidelines-Some people are able to get services based on their geographic location or because they live in a certain low income area which results in additional services that are available and easily accessible. This creates a barrier for individuals outside the low income area, the working poor, who may have entry level positions but can't get to the service in the low income area even if they were eligible.
- Medication and Food-These are things that people do not have enough of-the prescribed method of assessing people through poverty levels and gross income are not adequate to serve the needs of the community.

- Students and School Personnel-There are no direct partnerships with the schools and other non-profits. Resources may be there but if people in the school are unaware and are not connecting to available resources, they are going unused.

What recommendations do you have for addressing these challenges and better supporting youth in Union County?

- Programs that cover the 3:00pm-6:30 pm time frame
- Punishments at school that are not “out of school” suspension-out of school suspension creates additional risk to youth
- Social Service Resource Fair-One that travels around the county and allows providers an opportunity to build their own network of referrals and knowledge base of available services
- Young teens do not have access to computers and because of security clearances, it is difficult to allow use of agency/county computers. Kids work off Wi-Fi on their phones and can’t download job applications.
- Many resources exist but it is the large organizations that get the information out-grassroots organizations are doing great work but they do not have the same resources to tell everyone what they are doing in a broad stroke, it is overshadowed by the larger organization. If everyone wanted the same thing-families to succeed, then large organizations would help grassroots organizations in accessing services and keeping information current so programs can be accessed.
- Human Service Concierge-Things are changing constantly. Health care is changing and there are ways to model the industry changes-a person who could be a gatekeeper for county services, or a hotline for county services when you can talk to a live person who would direct families through the referral process-providers shouldn’t be going on-line and trying to find resources for kids, but that is what is happening because there is no one way or portal to access all the service information. What is really needed is a real live person to navigate people and providers so that services can be accessed.
- Tele-Human Services: We see electronic health services, medical care provided through the phone and with technology, meeting people where they are, why can’t we do that for social services? Use technology to assist in intake and screening, have a virtual component for better outcomes in real time.

What strengths exist in Union County to support youth who have been involved with JJ?

- Boxwood is a great resource for kids and kids that are on probation to access services. The kids at Boxwood don’t care what the activities are or the services, they just want to be somewhere with adults who care about them. Whatever activities or services are provided are utilized because the kids want to be there in an environment where they feel valued.
- Boxwood-Services are available when the kids need them the most 2:30-6:30-they are hungry and need food and a safe place to go.

1. How can strengths be built upon and programs improved?
 - Information is a big challenge; finding and locating services. Locating information through electronic platforms and what we have now is not adequate enough for the current technology. Service providers need to work with families where they can connect with families on an electronic platform-meeting families where they are is necessary to enhance services.
 - A large network of providers exist, but they are resistance to change—innovative people bring up ideas but people who are set in their ways are a roadblock-there is a need for greater engagement and broader networking. Large networking events would give you someone to call through networking and that person would act as the concierge. It helps to facilitate organic collaborations.
 - Resource Net could be a HUB, but there is a certain level of management for the upkeep and keeping it current, agencies have to get the information out to Resource NET but the CMO /Mobile Response is the agency that manages the web portal. There is potential here if everyone was committed to sending updates and changes in their agencies to Resource Net.
2. What types of programs and supports are most effective in reaching and engaging youth transitioning into adulthood?
 - Programs for youth are based on criminal behavior not on preventative care, no alternatives if you are not on probation the same resources can't be accessed.
 - Challenges of working poor-in a school setting-youth are underrepresented in the market-kids are in the schools and staff want to give the information to kids and get information out there-but in terms of user friendly accesses-it is difficult to find resources-succinct list of resources that are available for students where anyone could be able to access resources and gives direction; tons of resources but you are constantly getting redirected on county website kids know technology better, if you can make the resources more digital for kids, the kids will find the resources and will be guided better by the Internet/digital resources. If kids found the digital resources themselves, they may find those resources more trustworthy than if they got the information from the adults.
 - Kids have 2:30-6:30 window where they are hungry and need food and something to do, it is all about providing an element of care as it relates to the kids.
 - Eliminate out-of- school suspension and focus on engaging youth that get suspended.

Do youth have difficulty accessing these services? Do they know about these services?

- Access to services can be overwhelming in emergency situations where families do not have access to their documents and organizations, organizations should be adaptive to the needs of the families...sharing family information when requested by the family when in an emergency to help expedite services through an integrated resource and referral electronic network would help families in crisis.

- Youth have their own street network and they rely on information about services, where to get food, where to go, from other youth-by treating youth well when they need a service and caring for them, they will tell their friends. There are kids that are hungry and living on the street but if another kid doesn't tell them about services they won't know.

What services or supports are needed that do not currently exist?

- Gather community providers and have a community awareness seminar so people can come and see what is out there-learn about the resources. Mailers, websites, emails-need to mix old school and technology. These can be in different part of the county and occur frequently and on-going so as resources and grants change, so will the knowledge of the resources.
 - People Who Care-The kids say when they are at school, nobody cares, that is what providers hear directly from the kids-I'm bad, I'm suspended out of school, etc.....we need to look at systems from different levels who can show youth that someone cares. Programs that are effective are programs that show children that they care-kids know who's who and what's what...they don't want fake adults....they want attention from people who care, they don't care what grants are funded or ending, they just want consistent attention from people who genuinely care about them.
 - Supports for school personnel-they are overwhelmed constantly dealing with crisis with the kids and families and need more knowledge on resources and services
 - Internet searches for families are done because families and youth do not have unlimited access to the Internet-computers and unlimited Internet access for families would be a big help, the computers and Internet need to be where kids would go to look up information and do job searches, etc.
 - No electronic platform for county approved resources or one portal, this would really help.
3. Do you have any other recommendations?
- There are meetings that happen with CIACC and YSC but collaborations for the people who need to be at the table just don't occur, Providers need to shift to bring the people that can make the change and make things happen together by having meetings when people who work with kids can actually attend and build collaborative relationships.
 - The schools have the kids every day, but school personnel are not at county meetings, better connections with the schools and school personnel are needed to get the services to the kids.
 - SAMSHA large database but it is not localized, and it is not in real time; nonprofits are limited and information does not get out electronically or updated.
 - Mental health, suicide prevention, drug use....more mental health services for youth are needed.
 - Current meeting structure is the old school way and it is antiquated. Meetings can be electronic format, can be more innovative of how to engage providers and the community and non-profits. Technology is difficult to keep up with but we have to use technology for broader engagement opportunities.

- Resource events that travel around to different parts of the county where families and providers could learn more about resources and services that are available and be able to attend and get the help they need.
- More community engagement....in the community.

Number attending: 35 people

Date: 9/10/19

Attachment #5

Union County Community Needs Assessment

Focus Groups Held

<u>Agency</u>	<u>Target Population</u>	<u>Facilitators</u>	<u>Date Scheduled</u>	<u>Notes In/# people</u>
1. Hillside FSC	Youth participants	John Childress	11/14 @ 4 pm	12
2. Hillside FSC	Adult participants	John Childress	11/14 @ 5:30 pm	14
3. Rahway FSC	Program participants	John Childress and Aneisha Gray	11/8	-
4. Village FSC, Elizabeth	Program participants (Spanish)	Gena Haranis	10/25 @11 am	17
5. Village FSC, Elizabeth	Program participants (Haitian/Creole)	Gena Haranis	10/25 @12 am	30
6. Linden/ Family CDC	Residents	Gena Haranis plus interpreter	10/29@6:30 at Linden Library	4
7. Plainfield FSC	Program participants	John Childress	To be scheduled	-
8. Kellogg FSC, PROCEED	Youth participants	Srabanti Sarkar	9/25	7
9. PROCEED	CSBG Eligible people	Srabanti Sarkar	9/20	5
10. Prevention Links Bayway FSC	Program participants	Kelley Ryan, Sabrina Sabater	10/17@1pm	7

11. Prevention Links	Persons with Substance Use Disorder	Morgan Thompson	10/22	7
12. Prevention Links	Residents of Elizabethport	Morgan Thompson	10/11 @ 11:30	9
13. Union Twp. CAO	Residents	Ernestine Frye and John Childress		-
14. International Rescue Committee	Immigrants (Spanish)	Mustafa Al Shabeeb and Aimee Alonga and Allison Millan	10/21@11:30	10
15. International Rescue Committee	Immigrants (Swahili)		10/23	13
16. International Rescue Committee	Immigrants (Dari)		10/24	15
17. Urban League of UC	Reconnections	Donna Alexander		8
18. Community Access Unlimited	Youth with disabilities	Jeanette Lebron, Latanya Palmer, and Laneesha Thompson	10/17@6pm	-
19. Community Access Unlimited	Adults with disabilities		10/11@6pm	-
20. Community Access Unlimited	Adults with disabilities		10/22	-
21. Urban League of UC	CSBG eligible	Donna Alexander		-
22. 2 nd st. Youth Center, Plainfield	Parents of children using the center	Leah Dade	10/16@9am	29
23. 2 nd st. Youth Center, Plainfield	residents		10/16@5:30	

24. 2 nd st. Youth Center, Plainfield	Parents of children using the center		10/23@9 am	
25. 2 nd st. Youth Center, Plainfield	Parents of children using the center		10/23@5:30 pm	
26. Eliz. Coalition to House the Homeless	Low income/at risk of homelessness	Linda Flores-Tober and Letitia Sweat Linda Flores-Tober and Letitia Sweat	10/23	9
27. Eliz. Coalition to House the Homeless	Low income/at risk of homelessness		10/7	8
28. 4C's/Council for Young Children	Parents of children	Jessica Olivera and Pat Mennuti	10/17	8
29. OPDSN-DIFSS	Parents of children with special needs	Manuel Ramirez	10/22@6 pm	4
30. JFS of Central Jersey	Older adults	Jessica Shea Brown	10/18@11 am	2
31. JFS of Central Jersey	Caregivers	Jessica Shea Brown	10/29@6:30 pm	0
32. UC Youth Services	Youth in Roselle Boxwood	Barbara Ziobro	10/9	3
33. UC Youth Services	Youth in Linden CIC	Barbara Ziobro		-
34. UC Youth Services	Youth in Elizabeth on Probation	Barbara Ziobro		-
35. UC Youth Services	UC Shouts	Hawa Bonds	10/24	10
36. UWGUC	In school Youth Employment Participants	Hawa Bonds and Gena Haranis		-

37. Urban League	CSBG eligibles	Donna Alexander		-
38. Rahway Housing Authority	Residents	Phyllis Gadson and John Childress	11/6, 2-4 @165E Grand, Rahway	-
39. Rahway Housing Authority	Residents		11/18, 5-7, @ 498Capobianco Plaza, Rahway	-
40. The Junior League (Summit)	Residents	Charlie Venti and Spanish translator	11/29@5 pm	28
41. UC Division of Social Services	Low income Residents/ Roselle	Tina Lopez	10/7	17
42. UC Division of Social Services	Residents/ Roselle		10/16	6

Attachment #6

Summary of Feedback from Focus Groups

Pillar: Family Relationships and Community Connections – Issues and Needs
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- Strengths:
 - Family Success Centers and Community Centers –“an outlet for parents, caregivers, and children.”
 - Churches and clinics in the community.
 - New waterpark in Elizabeth Port.
 - Strong sense of community (Roselle).
 - Reliable transportation (Roselle).
 - Mentoring programs that are free.
 - Free lunch programs.
 - Mommy and me Program.
 - Boys’ and Girls’ Club, YMCA – however, some costs to join.
 - Improvements to Cedar Brook Park, Plainfield and other accessible playground grants offered to all 21 municipalities.
 - ESL and resettlement efforts for those speaking Dari (Official language in Afghanistan).
 - Spray Park in Linden, but need to prioritize entry for Linden residents.
- Raised more than once:
 - Affordable housing – for singles, families, seniors, the disabled, and those reentering the community after incarceration or treatment. **TOP ISSUE RAISED**
 - Lack of parent support services in Roselle and Plainfield.
 - Transportation needed – especially to supermarkets.
 - Need more information about services available.
 - Bus schedule on weekends is very limited.
 - Friendship opportunities for special needs children are needed.
 - Social skills training for children with special needs, and support groups for their siblings are needed.
- Need to advertise Family Success Centers more.
- Update licenses so that the pools in Elizabeth can be community pools.
- Trouble accessing services – don’t know where to go.
- Parent community in Roselle gets information by word of mouth – need more formal structure.
- No department stores and limited food services in Roselle.
- Non-profits need to serve the entire county, not just Elizabeth and Plainfield.
- People feel isolated or forgotten.
- Need better supermarkets that are accessible by public transportation.
- Grandparents raising grandchildren need support.
- Help is needed to find babysitting and housing.

- People can't attend programs because many work at night.
- Most people don't have Wi-Fi or computers.
- Recreational opportunities for youth after school are needed.
- A One Stop for youth is needed.
- Affordable on demand transportation is needed.
- Exposure to free or affordable opportunities are needed – for swimming, horseback riding, golf, martial arts, yoga, museums, etc.
- Need more opportunities to learn about local history.
- Use libraries or robot calls to advise people about services.
- Pastry, cooking and sewing classes are needed in Plainfield.
- Linden has a great library, but it could be used more.
- Connect county offices to consumers better through the website.
- Disabled people have challenges getting to and from programs when Paratransit and Access Link aren't running.
- Curb to curb drop off for people with disabilities is needed.
- Personal Assistant Program needs to be changed: limit is 40 hours per week, more employment hours are needed.
- Better emergency preparedness is needed, especially for the disabled – not all are registered as emergency ready.
- More Dari interpreters are needed, as is citizen support, and driving instructions by and for women.
- Immigrants have special challenges in understanding the legal system and obtaining housing – proof of income, identification, etc.
- Immigrants need help learning to use public transportation.
- Need more organizations to help new immigrants - including orientation about services and benefits, getting educational records, etc.
- More mentors and recovery coaches.
- Community Center for kids, and more resources for seniors in the library (Roselle).
- Recommendation: Establishment of Neighborhood Watch.

<p>Pillar: Safety and Financial Security – Issues and Needs</p>
--

- Strengths:
 - Crime decrease in Linden
 - Domestic violence treatment services
 - Revitalization of Linden and Plainfield.
- Raised more than once: customer service within the Division of Social services, including discourteous staff and long wait times.
- Weekend and evening hours at DSS are needed.
- Lack of staff at DSS and materials in Creole.
- Need more security around schools – make them “safe zones.”

- Safety is an issue, especially at night.
- Long wait for police and fire services in Elizabeth Port.
- Not enough streetlights in some areas of Elizabeth.
- More mobile police units are needed.
- Police on site at the Family Success Center.
- Need more speed bumps because of careless drivers (raised in Roselle).
- Financial counseling is needed in Roselle.
- Financial advice to avoid foreclosure.
- Clothing for job interviews.
- Workshops on guardianships and trusts.
- As a hub city for NJ Transit, many Linden families commute to work and need after school care – it is available but expensive.

<p>Pillar: Health and Well Being – Issues and Needs</p>
--

- No inpatient treatment services for substance use disorder in Union County.
- Children with asthma increasing and schools are struggling to get in touch with parents because they are working.
- Bullying in schools, especially for undocumented youth.
- Parents lack knowledge about services for mental health/behavioral issues for children.
- Lack of medical coverage for the undocumented population.
- Delays in obtaining appointments at the FQHCs.
- Health Centers need more flu shots.
- Lack if pharmacies in Elizabeth Port.
- Only one pediatrician in Linden.
- Need free CPR and First Aid for parents.
- More support groups are needed for those with depression.
- There is stigma associated with substance use disorder.
- More police officers and schools need to have information about services for substance use disorder.
- More town halls should be held related to substance use disorder.
- Access to dental and eye care for low income residents

<p>Pillar: Learning and Education – Issues and Needs</p>

- Strengths – Plainfield:
 - Free pre-school and after school programs.
 - Social-emotional development included in the school curriculum.
 - High police presence.
- Needs (Plainfield):

- Education programs, ESL, and parent groups during the day.
 - Affordable arts programs.
 - Extended hour childcare availability.
 - Employment opportunities for stay-at-home parents.
- Raised more than once:
 - Need more guidance counselors, and that they be better informed about substance use disorder.
 - Programs for youth are needed, especially tutoring.
 - Need programs that prepare youth for certifications or good jobs.
 - Need life skills and mentoring programs for youth and young adults.
 - Treat youth as individuals – avoid labels.
 - Need LGBTQ support groups.
- Need more day care centers in Elizabeth Port.
- Overcrowded classrooms with no air conditioning.
- Need a capacity for independent studies in schools.
- Hours of crossing guards need to be extended.
- Need to better promote educational support services available.
- Need to better educate school personnel on services available.
- Need a county liaison for schools when the schools are unresponsive.
- Job training for the unemployed and the disabled.
- Only one out of seven disabled adults know about services by the Division of Vocational Rehabilitation.
- Need day care for infants in Linden.
- Need computer classes in Roselle.
- Need classes for immigrants to learn English and Spanish.
- Not enough school buses, they are not timely, and they are not air conditioned.
- Affordable pre-school for low-income residents in Summit.
- Tutoring available at some elementary schools in Linden, but is needed in all.

Attachment #7

Summary of Individual Stakeholder Interviews

Strengths:

- Recovery High School – 13 students.
- Family Justice Center (for Domestic Violence).
- Freeholders funded \$10,000 for transportation to inpatient treatment SUD facilities.
- Reconnections Program, the Elizabeth Reentry program, and Prevention Links outreach to the county jail.
- Museum pass program.
- Homeless Trust Fund.
- Route 22 shuttle funded by the state cut fatalities.

Needs/Challenges:

- Housing for sober living.
- Transportation to services.
- Advocacy around licensing standards for sober living needed.
- Access to healthy foods, such as affordable farmers' market and better relationship with the community Food Bank.\Transportation Guide for the county.
- 3 generation programs.
- STEM programs for kids that are free/low cost.
- Transportation from municipality to municipality.
- Programs for individuals with I/DD, besides recreation.
- ADA access at historical sites.
- Years long wait for parking at the rail stops.
- Job training that leads to a livable wage.
- Access to immediate evaluation and service intervention for people with behavioral health/substance abuse needs.
- Limited witness re-location resources.
- Loss of Y Homeless Shelter in Plainfield.

Recommendations:

- Single point of entry for housing services.
- Increase opioid abuse prevention efforts with youth.
- Create system (i.e. smart phone app) to alert disabled when Access Link vans are arriving.
- Professional development for all systems.
- Ride share program for the last mile.
- Streamline and integrate contracting for human services.
- Check out old "UC Heart" Program.
- Ensure quality when the county transfers any services to the private sector.



DHS | Department of
Human Services



Union County Community Needs Assessment Questionnaire

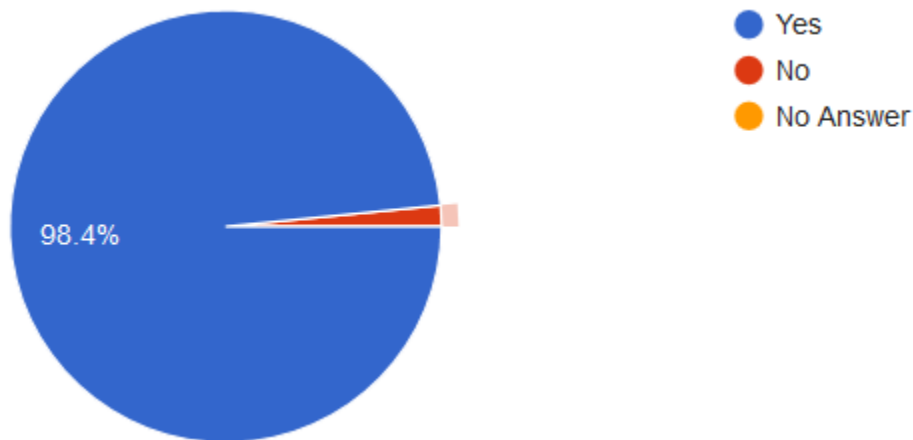
General Questions

Live in Union County?

Yes 439

No 7

No Answer 0



City

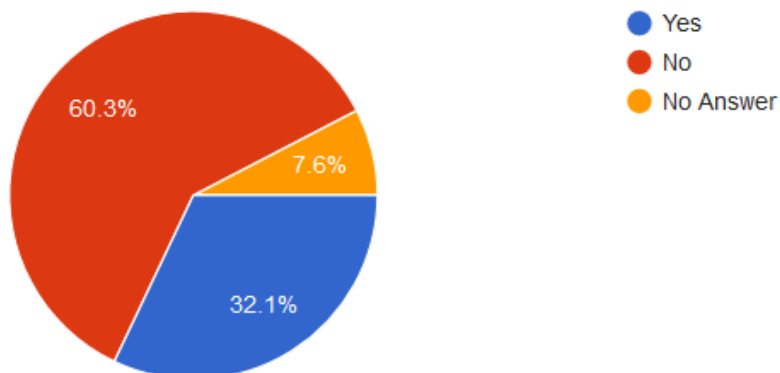
Bayonne 1	Glen ridge 1	Parlin 1	Summit 2
Berkeley Heights 6	Hillside 10	Plainfield 44	Union 25
Clark 6	Kenilworth 2	Rahway 42	Westfield 11
Cranford 13	Linden 23	Roselle 16	Winfield 2
Dunellen 1	Montclair 1	Roselle Park 9	No answer 1
Elizabeth 200	Mountainside 4	Scotch Plains 7	
Fanwood 9	New Providence 1	Somerville 1	
Garwood 2	North Plainfield 1	Springfield 2	

Provider of human services?

Yes 143

No 269

No Answer 34

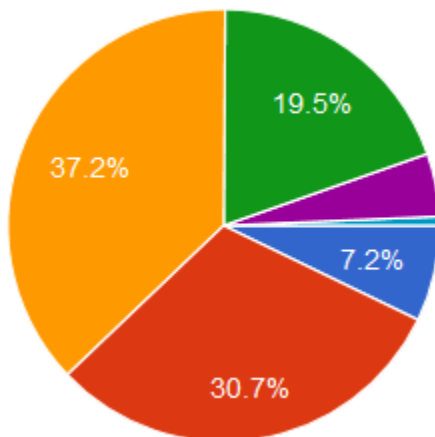


General Questions

Continued

Age

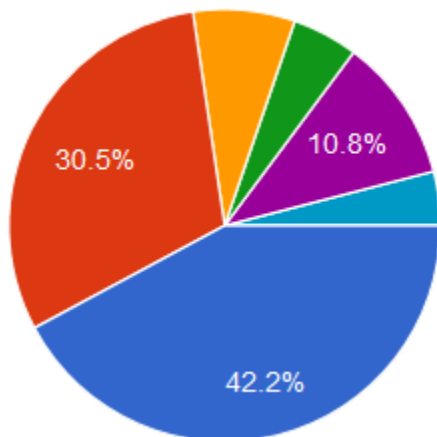
16 - 26 years old 32
27 - 40 years old 137
41 - 59 years old 166
60 - 75 years old 87
76 - 85 years old 21
86 years or older 3



- 16 - 26 years old
- 27 - 40 years old
- 41 - 59 years old
- 60 - 75 years old
- 76 - 85 years old
- 86 years or older

Marital Status

Single 188
Married 135
In a Domestic Partnership 34
Widowed 22
Divorced 48
No Answer 18

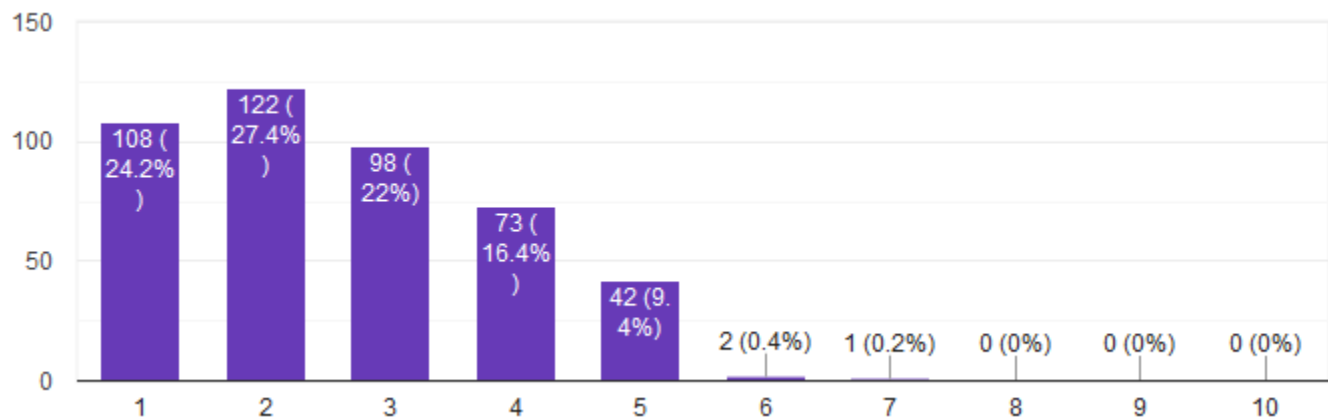


- Single
- Married
- In a Domestic Partnership
- Widowed
- Divorced
- No Answer

General Questions

Continued

Persons live in your household

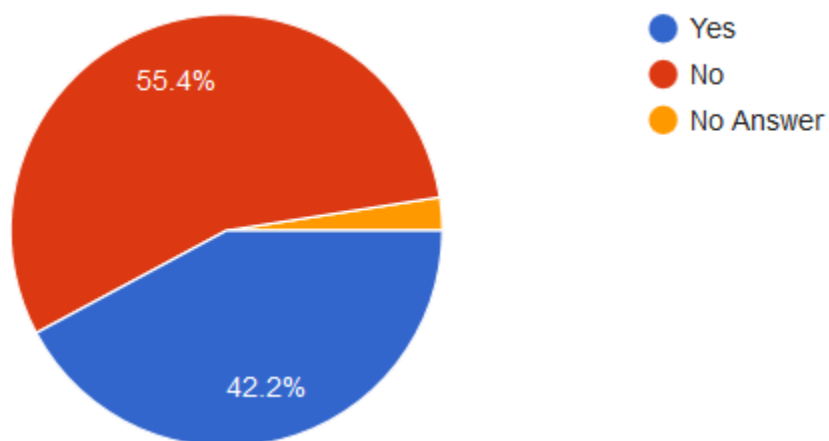


Individuals in your household under age 18

Yes 188

No 247

No Answer 11

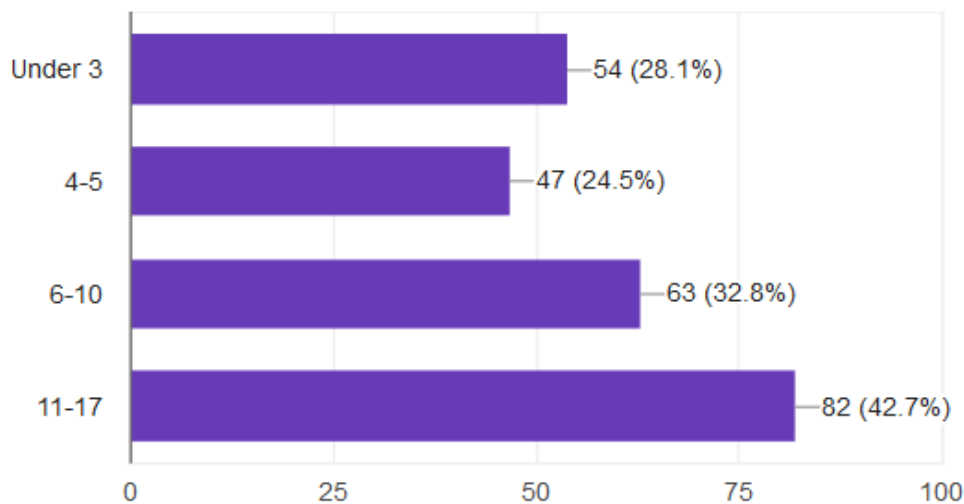


General Questions

Continued

If you have children under the age of 18, what are the age(s)?

192 Responses



Where do you live?

Own House 131

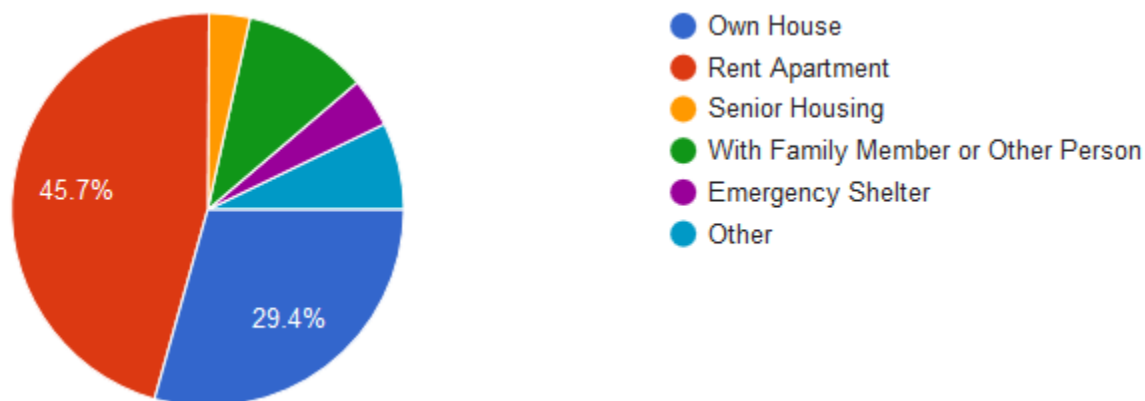
Rent Apartment 204

Senior Housing 15

With Family Member or Other Person 46

Emergency Shelter 18

Other 32



General Questions

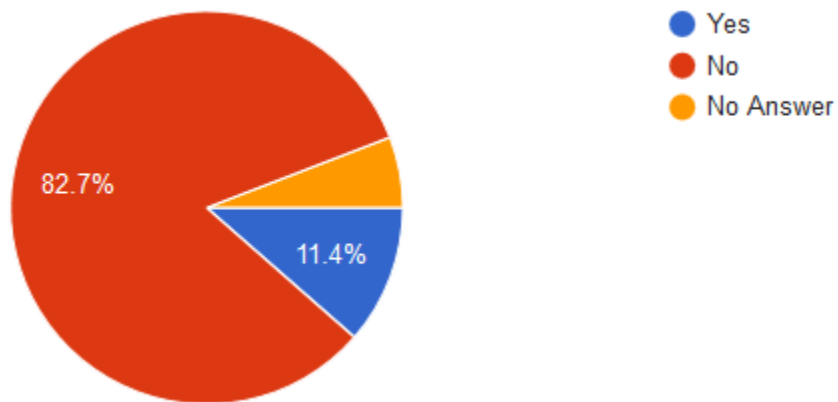
Continued

Do you live in Subsidized Housing/Public Housing or Section 8 Housing?

Yes 51

No 369

No Answer 26

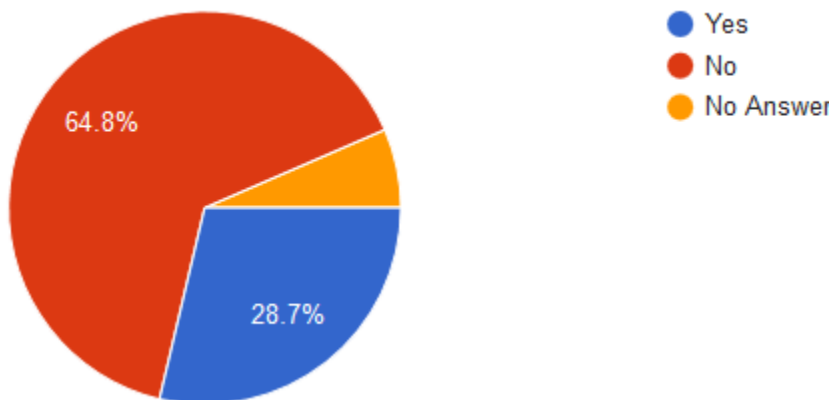


Are you living with others because you cannot afford to live on your own?

Yes 128

No 289

No Answer 29



General Questions

Continued

What is the annual income for your entire household?

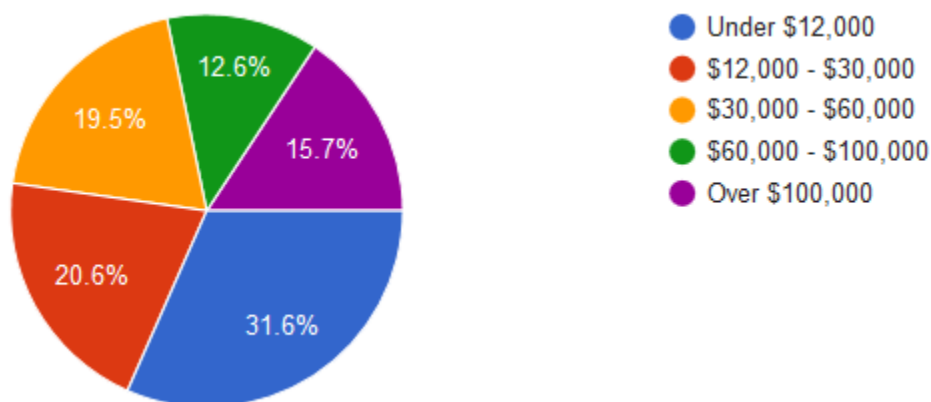
Under \$12,000 141

\$12,000 - \$30,000 92

\$30,000 - \$60,000 87

\$60,000 - \$100,000 56

Over \$100,000 70



What sources do you get your income?

Child Support/Alimony 5

No Answer 54

No Income 2

Pension 9

Public Assistance 16

Social Security 40

Social Security; Child Support/Alimony 1

Social Security; Pension 18

Social Security; Pension; Unemployment Benefits 1

Social Security; Public Assistance; Child Support/Alimony 1

Social Security; Veterans Administration 1

SSI 18

SSI; Child Support/Alimony 2

SSI; Social Security 9

SSI; Social Security; Pension 1

Temporary Disability 1

Unemployment Benefits 6

General Questions

Continued

What sources do you get your income?

Continued

Veterans Administration 1

Wages Income from Employment (PT or FT) 214

Wages Income from Employment (PT or FT); Child Support/Alimony 7

Wages Income from Employment (PT or FT); Freelance Work 1

Wages Income from Employment (PT or FT); Pension 6

Wages Income from Employment (PT or FT); Pension; Veterans Administration 1

Wages Income from Employment (PT or FT); Public Assistance 1

Wages Income from Employment (PT or FT); Public Assistance; Child Support/Alimony 2

Wages Income from Employment (PT or FT); Social Security 10

Wages Income from Employment (PT or FT); Social Security; Pension 4

Wages Income from Employment (PT or FT); Social Security; Pension; Veterans Administration 1

Wages Income from Employment (PT or FT); SSI 4

Wages Income from Employment (PT or FT); SSI; Child Support/Alimony 2

Wages Income from Employment (PT or FT); SSI; Pension 1

Wages Income from Employment (PT or FT); Unemployment Benefits 3

Workers Compensation 2

How far did you get in school/what was your last grade completed?

Grades 0-8 31

Grades 9-12/No High School Diploma 57

High School Degree or Equivalent 96

12th Grade + Some College 55

Completed a Trade School or Certification Program 27

2 Year College graduate 31

4 Year College graduate 61

Master's Degree 59

Doctorate (PhD, EdD) 7

Currently in School 6

No answer 16



General Questions

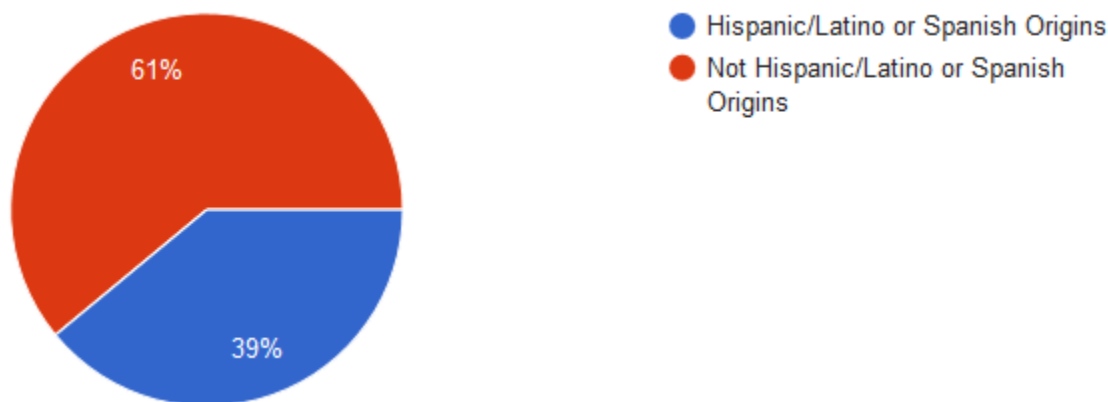
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What is your race?

White 155
No answer 89
Not listed 6
Multi-race (two or more of previous) 41
Black or African American 137
Aboriginal 1
Asian 7
Native American 10

What is your ethnicity?

Hispanic/Latino or Spanish Origins 174
Not Hispanic/Latino or Spanish Origins 272



What language, other than English, is spoken in your home?

Arabic 1
Haitian Creole 12
Hebrew 1
N/A 2
Not listed 240
Polish 2
Portuguese 9
Russian 1
Spanish 178

General Questions

Continued

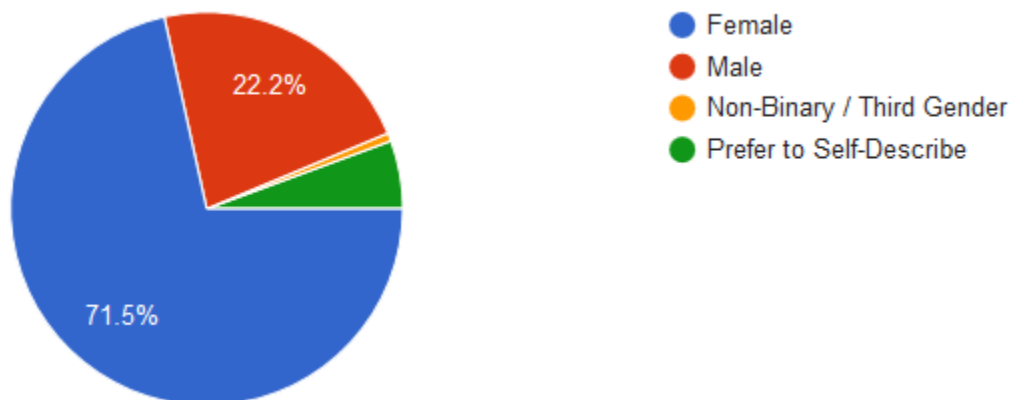
What is your gender?

Female 319

Male 99

Non-Binary / Third Gender 3

Prefer to Self-Describe 25



How do you see yourself?

Straight/Heterosexual 333

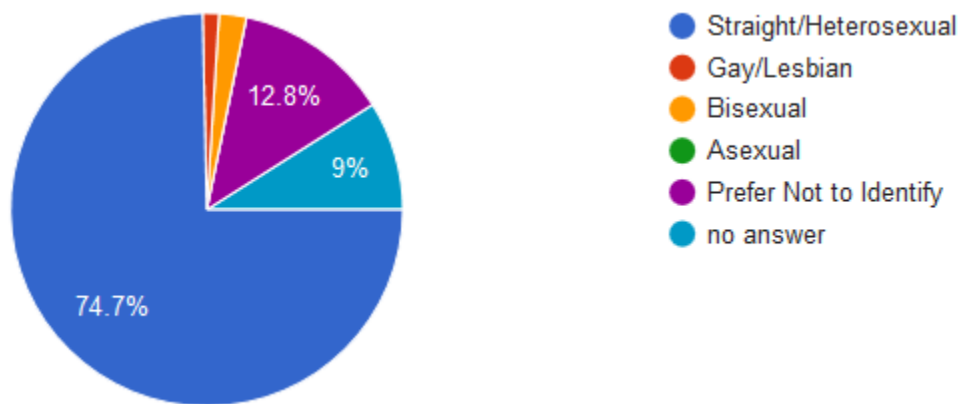
Gay/Lesbian 6

Bisexual 10

Asexual 0

Prefer Not to Identify 57

No answer 40

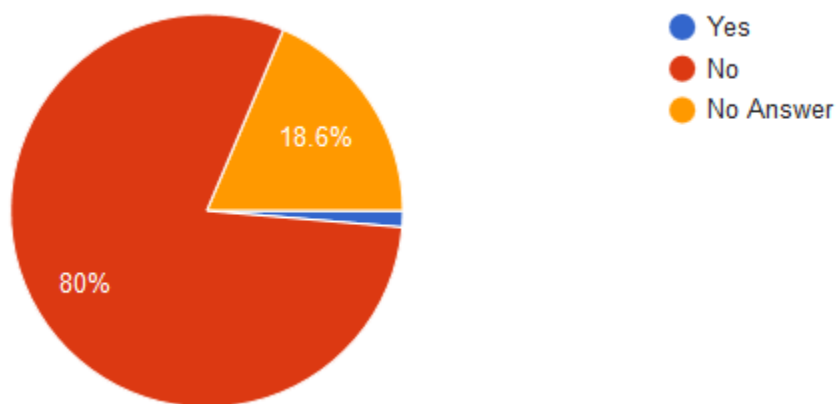


General Questions

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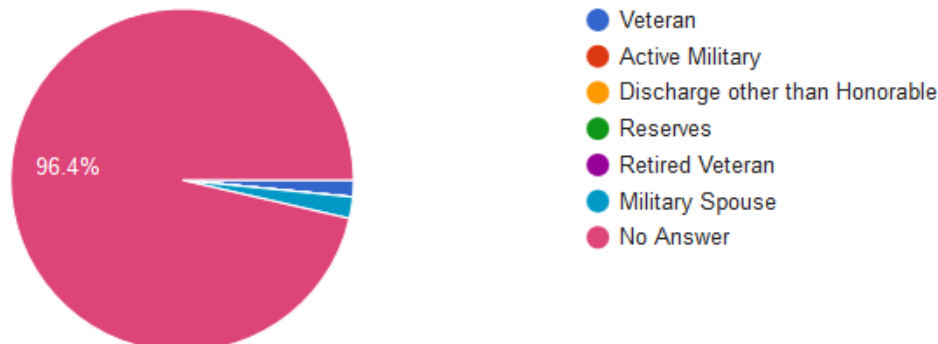
If your sex assigned at birth does not align with your gender identity, you may identify as transgender. Other identities considered to fall under this umbrella can include non-binary, gender fluid, and genderqueer – as well as many more. Do you identify as transgender?

Yes 6
No 357
No Answer 83



What is your Military Status?

Veteran 7
Active Military 0
Discharge other than Honorable 0
Reserves 0
Retired Veteran 0
Military Spouse 9
No Answer 430



General Questions

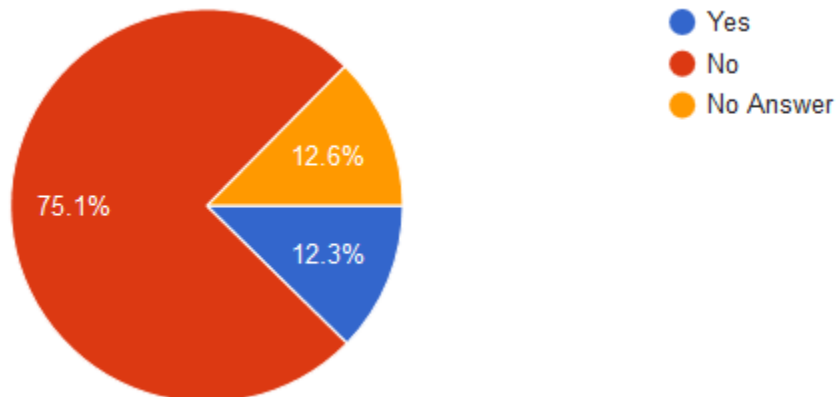
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Are you a primary caregiver for one or more grandchildren/relatives?

Yes 55

No 335

No Answer 56



Are you a primary caregiver for another relative?

Yes (My Relationship to the person is as a parent) 50

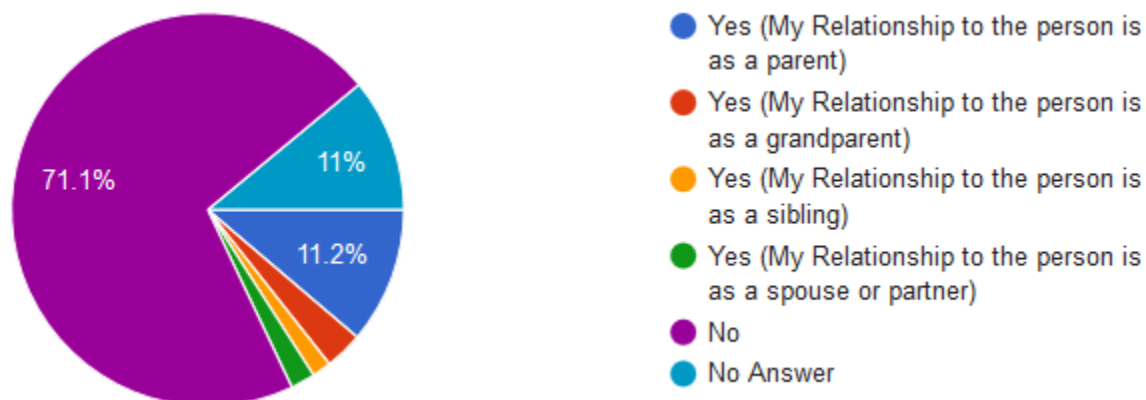
Yes (My Relationship to the person is as a grandparent) 14

Yes (My Relationship to the person is as a sibling) 7

Yes (My Relationship to the person is as a spouse or partner) 9

No 317

No Answer 49



General Questions

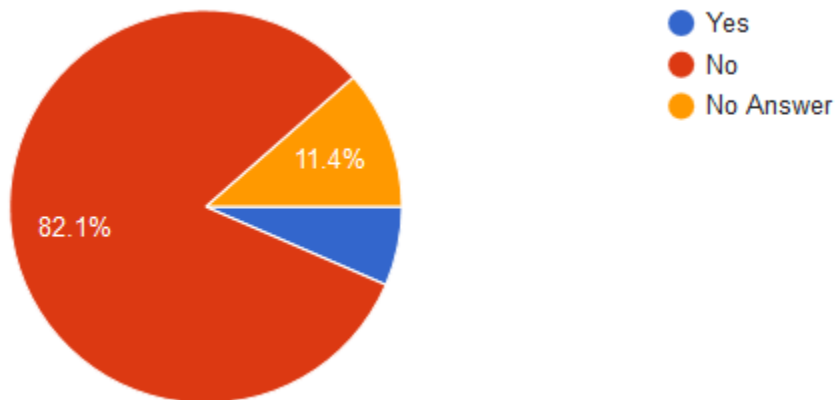
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Are you a primary caregiver for one or more non-relatives?

Yes 29

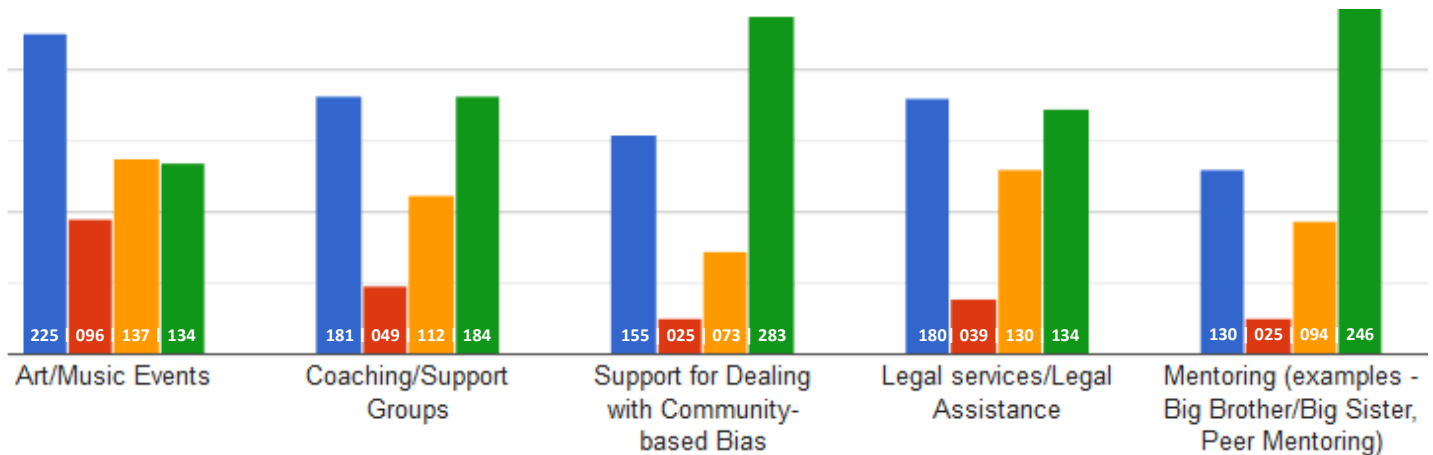
No 366

No Answer 51



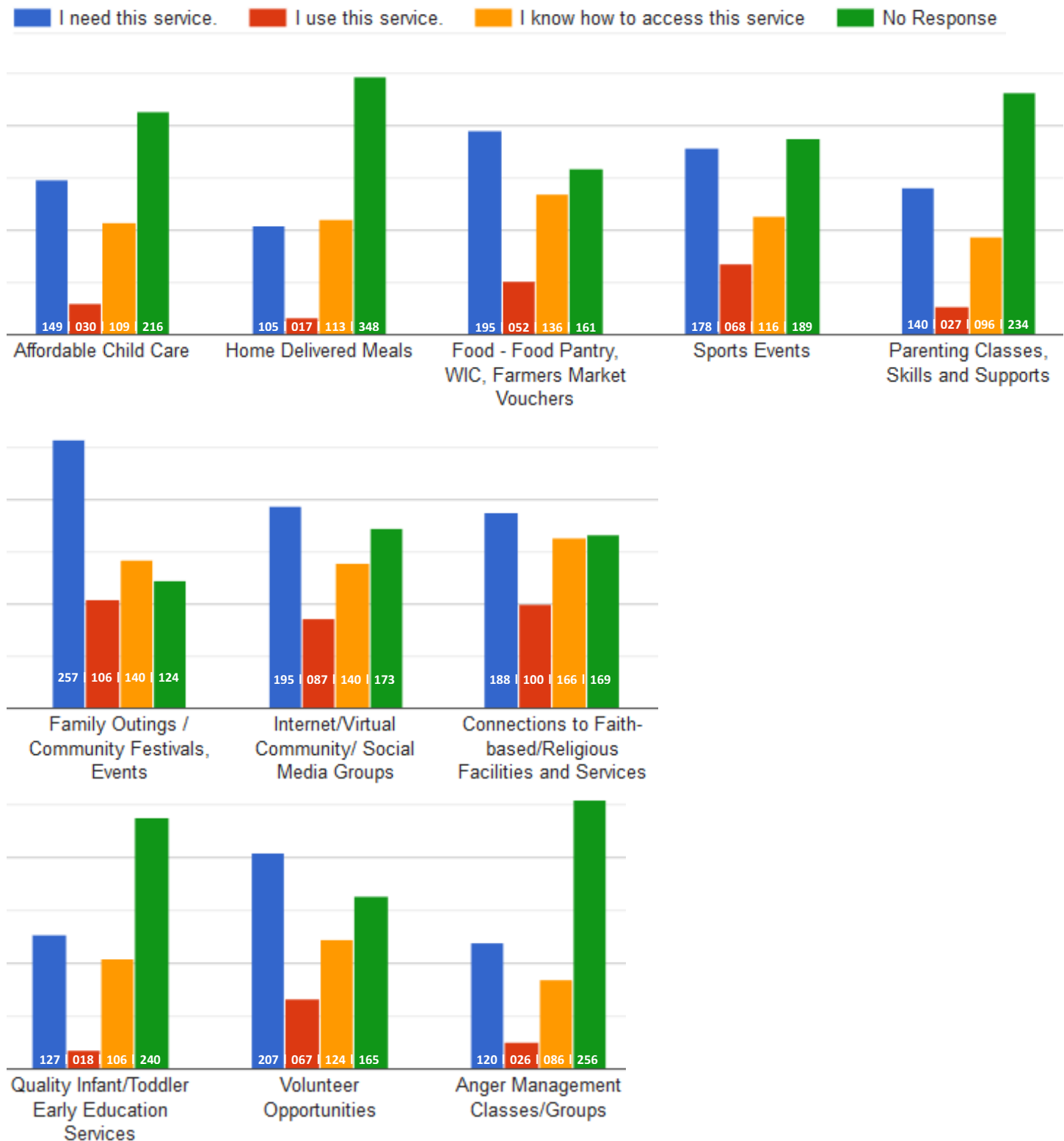
Family Relationships / Community Connections

I need this service. I use this service. I know how to access this service No Response



Family Relationships / Community Connections

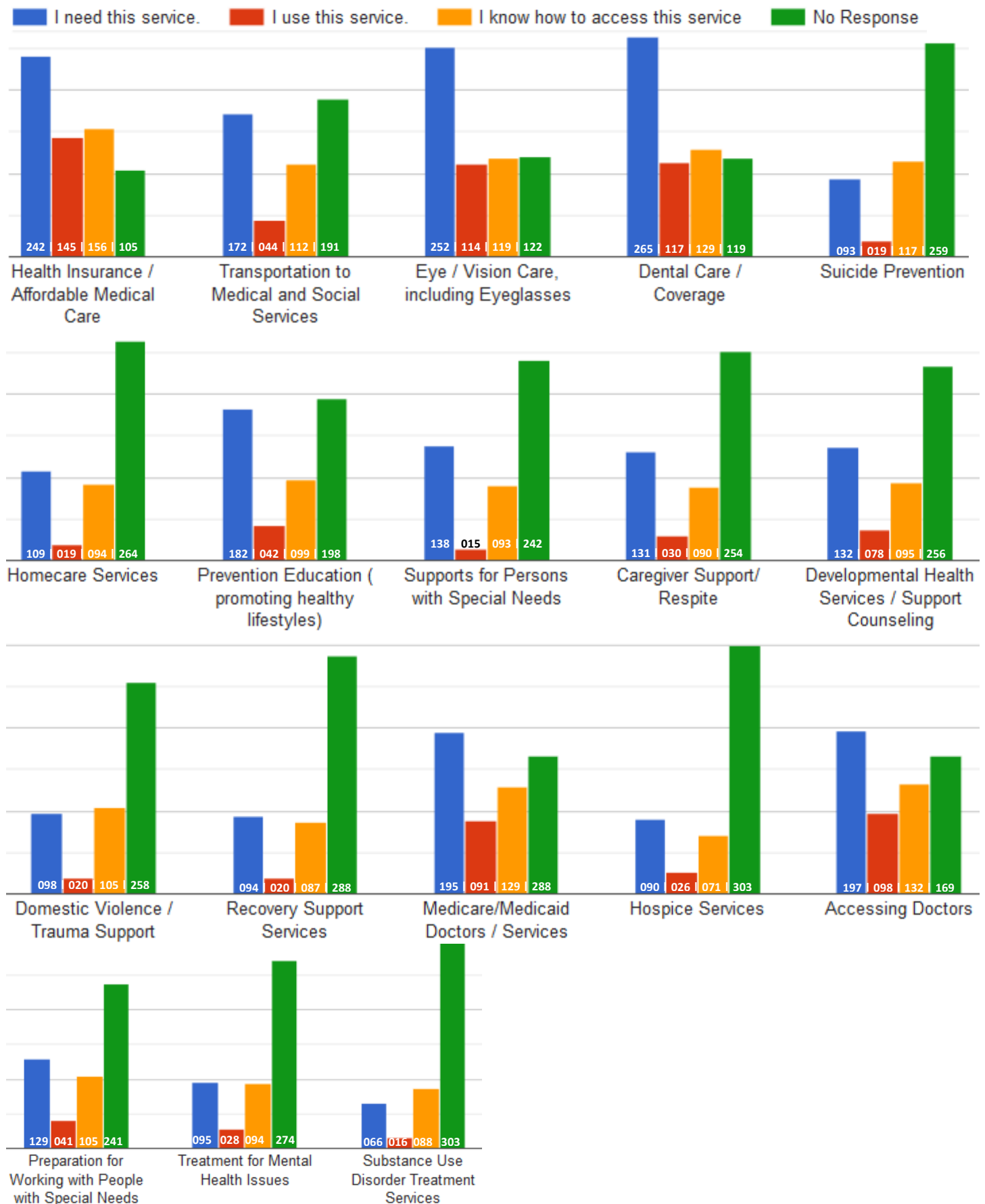
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Comments

- Ways for heritage organizations to create programs with schools somehow or have an event to learn about their specific backgrounds and where they came from
- Looking for resources & counseling on aging

Health and Wellbeing



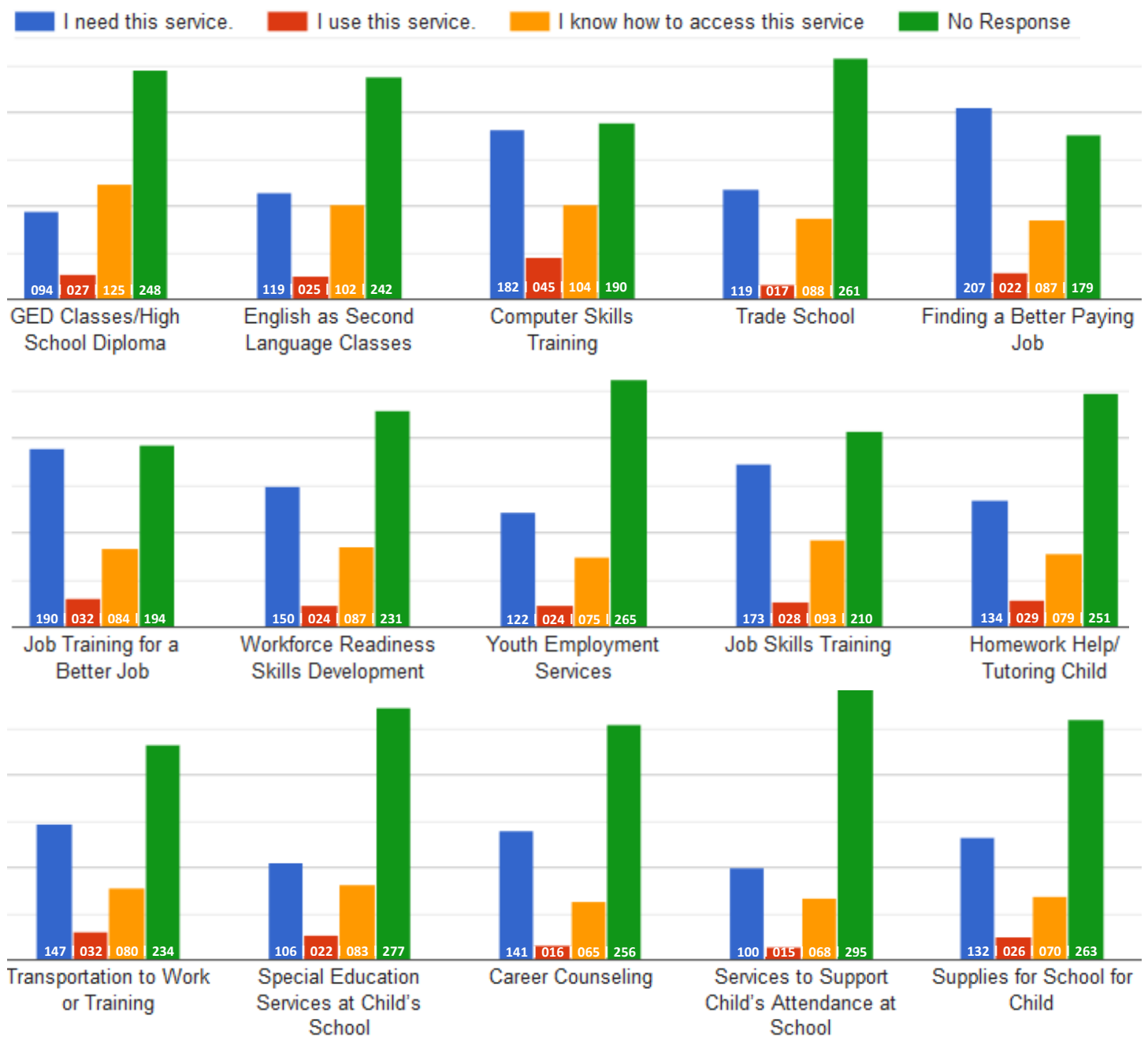
Health and Wellbeing

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Comments

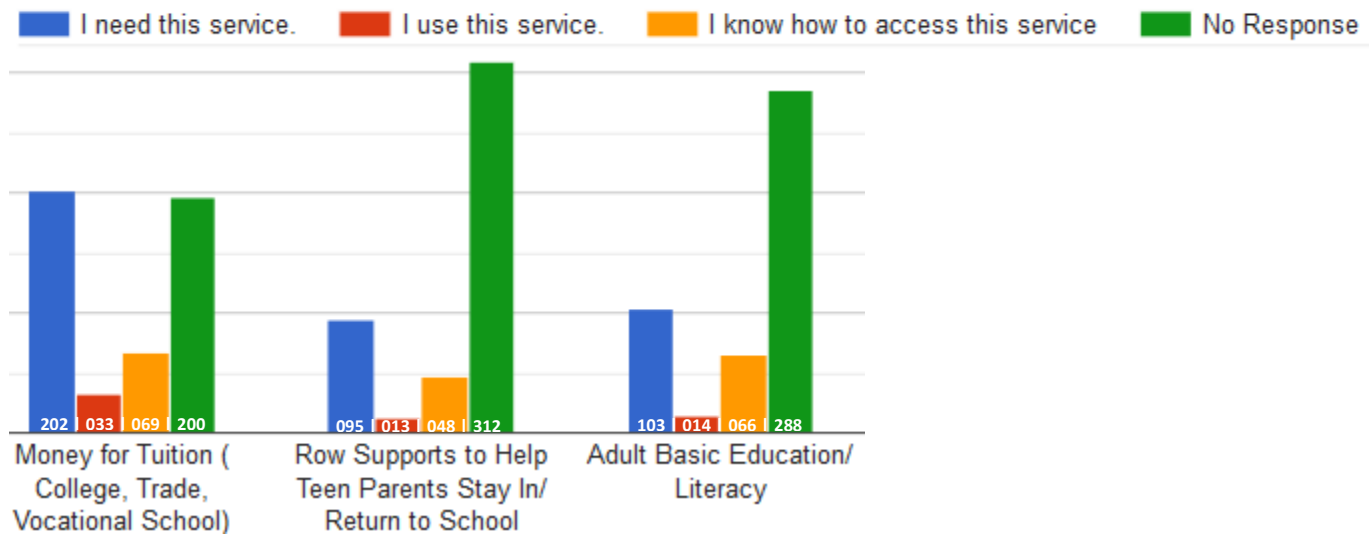
- Wants to see an exercise class for young adults with autism Looking for resources & counseling on aging

Learning and Education



Learning and Education

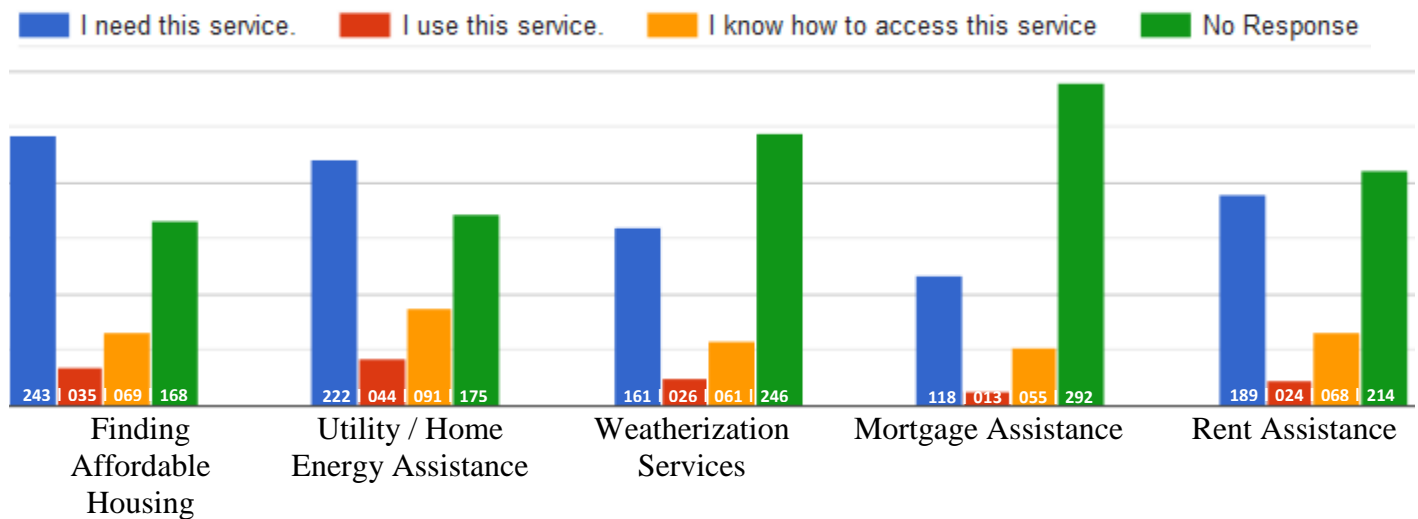
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Comments

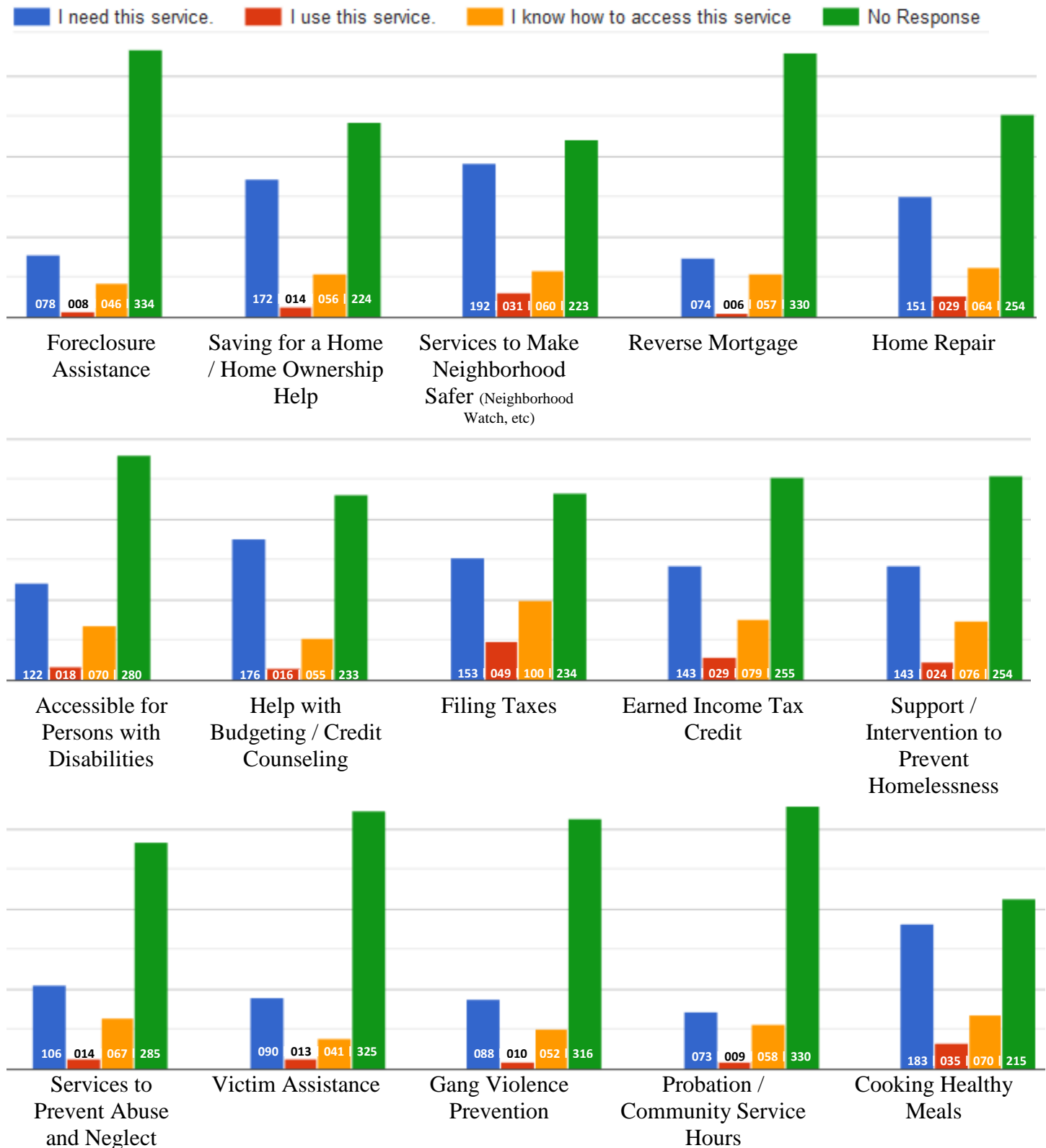
- None

Safety and Financial Security



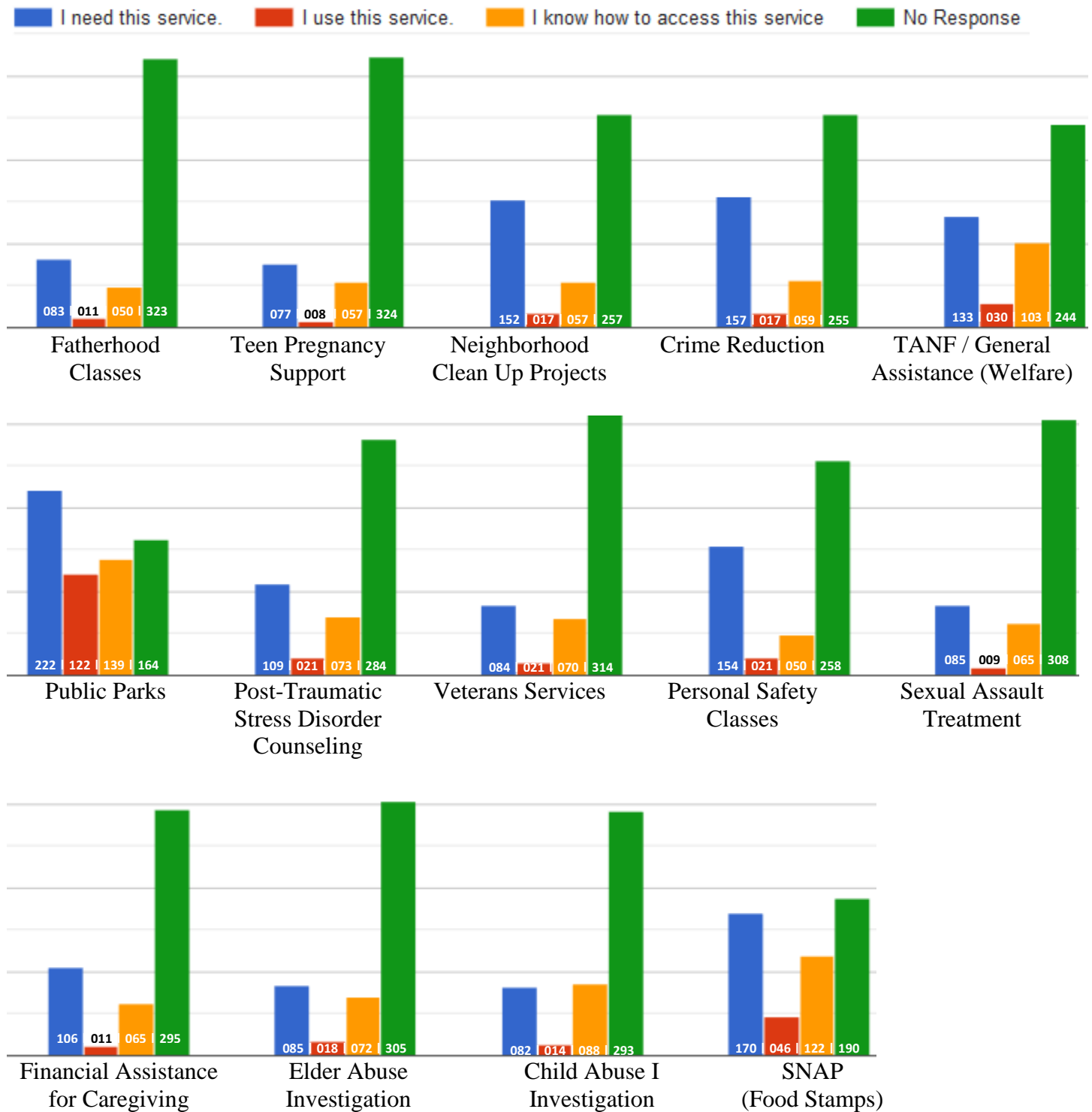
Safety and Financial Security

Continued



Safety and Financial Security

Continued



Any other services needed that are not mentioned?

- Waiting for food stamps
- Yes, I need legal service consultation
- Free classes to teach Spanish to English speakers
- Mental Health
- Help with attending college and financial assistance. Help with home ownership
- Needs first month's rent and security deposit
- Roadside assistance and car repairs.
- Get a room or apt as soon as possible
- Need more affordable housing
- Speaking Spanish as a second language
- Small Business Classes
- A service that teaches students how to balance a checkbook
- Help making a Will. We did have free services for seniors, but now we don't.
- SNAP should be used for health foods
- Street cleaning
- Food services in Plainfield
- More information regarding domestic violence & rights
- Court advocate
- Help pay my rent
- How to prevent police violence
- Not exactly a service, but I believe we could use more nature trails in the county. Like a cinder walking trail or running path
- Park Maintenance /Road Maintenance/Trash hauling services that are not PMUA because they stink!
- Options for better schools. I pay A LOT in home property tax and I refuse to send my child to Plainfield public schools. It is A JOKE. I've checked test scores and Plainfield should be ashamed of how they are ALLOWING children to fail
- Services where we could get clothing and hygiene services
- Programs on how to raise your self esteem
- Youth Housing Services / Reentry Services
- Access to healthcare
- Feels there should be a day center similar to a senior center for the homeless
- (Food Stamps) Would like this to be available to the community
- What services are available to those of us on disability pension, worked my entire adult life until being shot as a police officer, seems because it's a disability pension no one wants to give an honest answer or help as to what benefits or help is available.
- Property Tax Relief
- Cut spending so you can cut property taxes. Fix the roads. You got gas tax increase but the roads are still the worst they have ever been
- Son needs transportation for school and the district isn't helping
- More services for the homeless, shelter, blankets, shoes