HUNTERDON COUNTY

COMPREHENSIVE PLAN

FOR

HEALTH & HUMAN SERVICES

2002 - 2007

HEALTH & HUMAN SERVICES

ADVISORY COUNCIL

October 24, 2001

STATE OF NEW JERSEY
COUNTY OF HUNTERDON

RESOLUTION

WHEREAS, the Health and Human Services Advisory Council, through its various Committees, has conducted an extensive comprehensive Planning Process over the last nine (9) months; and,

WHEREAS, this process has included input from hundreds of County residents including consumers of services, providers of services and, concerned or interested citizens; and,

WHEREAS, this process came to its conclusion on June 25, 2001 when the Health and Human Services Advisory Council completed its own review of a detailed analysis of the County's Top Priority Services as recommended by the Needs Assessment Committee; and,

WHEREAS, the Health and Human Services Advisory Council then also determined appropriate funding levels for these services to be recommended to the Freeholders for their consideration and approval;

NOW THEREFORE BE IT RESOLVED, that the Board of Chosen Freeholders of Hunterdon County does hereby approve as the County's Top Priority Human Services those services reflected in a document dated August 14, 2001 and entitled "County of Hunterdon, Top Priority Human Services 2002-2007" and herein incorporated in this Resolution by reference; and

BE IT FURTHER RESOLVED, that the Board of Chosen Freeholders does hereby approve as the County's Funding Priorities for Human Services those recommendations contained in a companion document also dated August 14, 2001 and entitled "County of Hunterdon, Priority Funding Recommendations for Human Services" and herein incorporated in this Resolution by reference.

ROLL CALL	MOVED	SECONDED	AYES	NAYS	ABSTAIN	ABSENT
George D. Muller, Director			x			
George B. Melick, Deputy Director			x			
Frank J. Fuzo, Freeholder	x		x			
Paul C. Sauerland, Jr., Freeholder		x	x			
Marcia A. Karrow, Freeholder			x			

Adopted August 14, 2001

Denise B. Doolan, Clerk

HUNTERDON COUNTY COMPREHENSIVE PLAN FOR HUMAN SERVICES
2002-2007

TABLE OF CONTENTS

I. Introduction 1

II. Format of the Written Plan 2

III. Overview of the Plan Process 3

IV. Timeline 5

V. Overview of Findings and Recommendations 6

A. Changes in Demographics 6
B. Reported Problems/Conditions from 1992 to 2002 8
C. Summary of Recommended Priority Services - The Past 9
D. Summary of Recommended Priority Services - The Present 10
E. The Future 13

VI. Methodology 14

A. Description of the Needs Assessment Survey 14
B. Collection of Data 15
C. Data Analysis - The Task Forces 16

VII. Summary Reports for Each Target Population - "Quadrant Sheets" 20

Sample Quadrant Worksheet 21
Substance Abusers 22
Homeless Individuals/Families 24
Low Income Individuals/Families 26
Youth, General 28
Youth in Crisis 30
Single Parents at Risk 32
Victims of Abuse, Neglect, Abandonment, or Violence 34
Senior Adults 36
People with Developmental Disabilities (including Mental Retardation) 38
People with Physical Disabilities, Other than Blindness 40
People Who Are Blind or Visually Impaired 42
People Who Are Seriously Mentally Ill 44
People Who Are Moderately Mentally Ill or Temporary Impairment 46

VIII. Discussions of the Task Forces 48

Substance Abuse 48
Low Income/Homeless 49
Youth and Family 50

Victims of Abuse, Neglect, Abandonment, or Violence 51
Senior Adults 52
Disabilities 53
Mental Health 54

IX. Aggregate Reports 56

Target Problems/Conditions:
High Priority Problems/Conditions from the Client Survey 57
High Priority Problems/Conditions from the Community Input Survey 58
Summary of the Clients' Reported Reasons For Not Getting Help 59
Top 10 Problems/Conditions From All Task Forces 60

Priority Services:
Summary of Task Forces' Recommendations: Specific Service Clusters 61
Summary of Task Forces' Recommendations: Specific Service Subsets 62
Summary of Task Forces' Recommendations: Systemic Service Clusters 65
Summary of Task Forces' Recommendations: Systemic Service Subsets 66

X. Needs Assessment Committee - Review and Recommendations 67

A. Needs Assessment Committee Review 67
B. Guidelines of the Needs Assessment Committee 68
C. Recommendations of the Needs Assessment Committee 69
D. Needs Assessment Summary Report 69

XI. Top Priority Human Services, 2002-2007 73

XII. Priority Funding Recommendations 88

XIII. Appendices 90

Appendix A: Target Population Definitions 91
Appendix B: Demographics of Client Survey Respondents 96
Appendix C: Agencies/Organizations in Needs Survey 99
Appendix D: Task Force and Needs Assessment Committee Participants 105
Appendix E: List of Service Clusters/Specific Services 109
Appendix F: Summary Report of Written Comments from the Surveys 114
Appendix G: Hunterdon County Resource Inventory 119
Fiscal Year 2000 Services/Fiscal Overview 140
Appendix H: Selected Socio-Demographic Data 143
Appendix I: Samples of Surveys and Instructions 189

I. INTRODUCTION

As we embark on a new Century, the time is right for a new Human Services Comprehensive Plan for the County, one which takes a forward-thinking approach, and goes beyond individualistic viewpoints to a perspective based on unity and integration. This Plan takes such an approach, emphasizing the overall inter-connectedness of Services and Needs, while still retaining the specifics regarding Needs for Special Populations.

The Comprehensive Plan process lays the groundwork for planning for years to come. By setting Priorities, it provides a framework for determining current areas of focus, but importantly, it also allows for flexibility and change for the future, and can be used over the course of time as a reference point for further planning. The design of this Plan has additional benefits: each individual "Target Population" essentially has its own mini-plan, which can be used by the corresponding Health and Human Services Advisory Council Committee or Sub-Committee for its own planning purposes.

The "2002-2007 Comprehensive Plan" was initially derived from the format of the "1992-1995 Comprehensive Plan." Since the process is no longer State-mandated, we were able to update and modify the Needs Assessment Survey instruments to better suit the times and the County's own specific needs. In doing so, however, we still retained the core material from the previous Plans, which has allowed us to make comparisons, to evaluate trends, and to see how far we have come and where we need to go.

The beauty of this Plan process is that it incorporates so many viewpoints of the community. The Task Forces were comprised of both Providers and Consumers, allowing for different perspectives to be voiced and included in the Plan. Most importantly, the process gave the strongest voice to the people who need it the most - the Clients themselves. Through the Needs Assessment Survey, the Clients reported their needs and concerns, and these Identified Problems were referenced throughout the entire process, such that all Service Recommendations address one or more high profile Client Reported Problems. In this way, Needs, and the Services that address these Needs, are all inter-connected.

The ultimate goal of this process is to develop one integrated, unified system that addresses the needs of the Public. To this end, incorporated within the Plan are not only recommendations of specific Priority Services, but also suggestions for new options, such as additional services to address "gaps," new ideas for redesigning service delivery, and recommendations for integrating related services. The Plan then is designed to serve as a blueprint for the future, to be re-evaluated annually and used for years to come to meet emerging needs.

II. FORMAT OF THE WRITTEN PLAN

This Plan combines raw data with written evaluations and recommendations. The Planning Process itself produced considerable data from the Needs Assessment Survey, as well as from the work of the Task Forces. The results of the former were relied on heavily by both the Task Forces and the Needs Assessment Committee - *all recommendations had to flow from the "evidence," since the data represented the Community's views.* Thus, summary tables and aggregate data reports are included here as an important part of the process for review, and for continuing evaluations in the future.

The data do not tell the entire story, however. The full flavor of the planning process is not revealed by the numbers alone. The Task Forces and the Needs Assessment Committee went well beyond lists and tables to accentuate their recommendations with additional suggestions and ideas. These comments are encapsulated into summaries, also to be used for future planning.

The written Plan begins with Introductory Comments (Sections I & II), and an Overview of the Planning Process (Section III), including an Illustrated Timeline of the entire process (Section IV). These sections are followed by an Overview of the Findings (Section V), which includes an evaluation of differential findings from the previous Plan of 1992, and a summary of current findings. The Methodology section (Section VI) describes the Needs Assessment Survey process, and the Task Forces, in greater detail. This section is followed by the Summary Reports ("Quadrant Sheets") produced for each of the 13 Target Populations by the Task Forces (Section VII), as well as a section describing Discussions of the Task Forces, which presents additional thoughts and ideas generated by each Task Force (Section VIII). This is followed by the Aggregate Reports on Problems/Conditions and Priority Services (Section IX). These data summaries were the basis for the Needs Assessment Committee's overall evaluation.

The next units describe the work of the Needs Assessment Committee, whose stated goal was to determine the **Top 10 Priority Services** for the County as a whole. The goals and the operating principles of the Needs Assessment Committee are first described in Section X (A-B). These segments are followed by summaries of the Committee's conclusions regarding Top Problems/Conditions and the associated Top Priority Services for the County (Section X, C-D). This culminates in an extensive review of the suggestions and comments regarding each of the top Priority Services (Section XI). ***This review, which incorporates ideas and views of the Task Forces and the Needs Assessment Committee, represents the core of the plan, and is the foundation for future planning.***

The final section in the main report details the **Recommendations for Funding** by the Health and Human Services Advisory Council (Section XII). These recommendations are to be used for purposes of allocating funds, and are expected to be re-evaluated each year.

A number of Appendices (Section XIII) follow the main report, and are referenced throughout the text. Appendices A-E include definitions of Target Populations, the demographics of Survey Respondents, Agencies/Organizations who participated in the Surveys, a listing of Committee Participants, and a complete listing of Service Options. Appendix F is a summary of Write-In Comments from both Surveys, illustrating some additional views of Survey Respondents. A Resource Inventory listing Provider Agencies, Programs, and Services within the County is included in Appendix G. Additional information on caseloads and waiting lists is provided for those Agencies/Organizations who responded to our requests for this information. Appendix H is devoted to Socio-Demographic Data for the County as a whole, as well as for specific Target Populations. Appendix I includes samples of the Surveys and Instructions.

III. OVERVIEW OF THE PLAN PROCESS

The lengthy process of Priority Planning began with the distribution of an extensive Needs Assessment Survey. The data was then analyzed by Task Forces focusing on specific populations. This culminated with the evaluation of all the information by the Needs Assessment Committee, who made the final recommendations of Priority Services for the County to the Health and Human Services Advisory Council, where the process was completed by a final review and acceptance of the Service Recommendations, and the development of Funding Recommendations for each Priority Service. Throughout the entire process, the needs of the Clients were of utmost importance and consideration. The timeline of this process is illustrated on page 5 (Section IV).

The planning process began in the Fall of 2000, with the development of the **County Needs Assessment Survey** instruments (described in detail in Section VI: Methodology, with samples of the actual Surveys in Appendix I). The Survey process itself took place from December, 2000 through January, 2001, and elicited over 800 responses from the community, including Providers, Informed Citizens, and the Clients themselves. This produced extensive data sets identifying Priority Needs and Services, which were summarized and analyzed, first, at a micro-level by individual Task Forces, and second, at a macro-level, by the Needs Assessment Committee.

The initial step of the analysis was a **differentiation process**, accomplished by 7 Task Forces, which produced micro-analyses for 13 identified Target Populations. The Task Forces were comprised of both Service Providers and Clients, and met twice each between February and April, 2001, to formulate detailed recommendations specific to each Target Population. Each participant in the Task Forces brought their unique perspective to the table, which made for stimulating and productive "meetings of the minds." The groups identified the **Top Needs** for each Target Population, and any **"gap" services** (those that are unavailable in the County). Based on this, each Task Force then determined relevant **Priority Services** for each Target Population, identifying both

services that are *specific* to the Target Population's special needs, and those which are more *systemic* in nature. ***Through this process, Priority Services always related back to Identified Needs.*** Most importantly, these decisions were based on the *Clients'* reports of their Needs, a bulwark of this planning process. The groups' recommendations served two complementary purposes. First, the Summary Reports have become historical records for each Target Population specifying their particular Needs and Priorities. This information will be used for planning by their specific HHSAC Committees. This information is also available for use by Providers for their own planning and grant-writing processes. Second, the summary data and the recommendations became the basis of the Needs Assessment Committee's analysis of the Needs for the County as a whole.

The next step on the pathway was to the **Needs Assessment Committee** in May, 2001. Here, the individual analyses for each Target Population were reassembled into aggregate form for an *integrative analysis* of the data. Again, reliance on the Clients' perspective was emphasized. Similar to the strategy of the Task Forces, this Committee first identified the **Top 10 Needs** for the County as a whole, and then recommended the **Top 10 Priority Services**, all of which tied back to one or more expressed Needs. The Committee then also evaluated each Priority Service in terms of which Service Subsets were Priorities. They took a positive and progressive approach - in some cases, recommending an overhaul of the Service Delivery System. They also opted for a creative approach, in some cases, by combining aspects of inter-related services into one larger service unit. In general, because the Needs Assessment Committee was charged with *"looking at the bigger picture,"* they were able to take a more holistic approach, and evaluate how the Priority Services are inter-related. These discussions were particularly fruitful, and took this process to another level - one where the system is understood as a totality comprised of inter-connected parts. The parts, or individual Services, can be evaluated as single units, but ultimately, must fit into the larger unified system.

The final steps on the long pathway led to the Health and Human Services Advisory Council, which on June 27, 2001, reviewed and accepted the recommendations of the Needs Assessment Committee as presented. On this date, and on July 25, 2001, the Council also recommended **Funding Options** for each Recommended Priority Service (Section XII). On October 24, 2001, the Council accepted the Plan in its entirety.

Taken together, the work of the Task Forces and of the Needs Assessment Committee produced a bevy of recommendations and suggestions, from specific ideas aimed at individual services to global notions geared towards the *service delivery system* itself. The Plan allows for, and encourages, creativity, sometimes to the point of revamping the system. These proposals will serve as planning guidelines for the County, and for specialized task forces and committees, for years to come. Along the way, scores of individuals were involved in the process. This is truly how to plan and prioritize - with involvement of the community, and with a vision of the future.

IV. THE COMPREHENSIVE PLAN PROCESS

The Process Began with the Distribution of:
A Countywide Needs Assessment Survey:
- Client Survey of Problem Needs (2,118)
- Community Input Survey (1,339)

From December, 2000 through January, 2001

...Following the long path of Priority Planning...

From Which We Received:
461 Client Responses
Agency Response Rate (37%)
378 Community Responses
Agency Response Rate (50%)
Identifying Priority Needs and Services

Summary Data Then Went To:
7 Separate Task Forces, Representative of 13 Vulnerable Target Populations Who Met Twice Each Between February and April, 2001

Who, From Their Discussions, Produced:
13 "Quadrants" = 2 Page Summaries of Discussions Reflecting **Top Needs**, and Recommendations of Concomitant **Priority Services** for Each Target Population

Bonus:
To Be Used by HHSAC Service Specific Committees For Their Own Planning/Prioritizations

"Quadrants" and Aggregate Reports Were Then Given To:
The **Needs Assessment Committee**, Which Over 2 Meetings In May, 2001, Finalized the **Recommended Top Priority Services**

The Final Step:
The **HHSAC** Reviewed and Accepted the **Recommended Priority Services**, and Made Annotations Regarding **Fundability**, June and July, 2001.

Acceptance of the Entire Plan by the Council, October, 2001.

V. OVERVIEW OF FINDINGS AND RECOMMENDATIONS

A. Changes in Demographics

Looking back over the past 10 years since the last Health and Human Services Comprehensive Plan, time has brought many changes to Hunterdon County, as it has everywhere. The population of Hunterdon County continues to grow by leaps and bounds with a 13.2% increase from 1990 to 2000, although the growth rate has slowed from the previous decade's 23.4% increase. Demographics continue to change as well, as can be seen from the available Census 2000 statistics (see Appendix H). For example, the total number of Households in the County has grown by 15.6% from 1990 to 2000. Though the numbers are still relatively small, Single Female Households with Children has seen a **61.5% increase** over the past decade, and now comprises 3.3% of all Households. Family Households, in general, remain the majority in Hunterdon County (75.2% of all Household Types); however, the percentage of Non-Family Households has **increased 25.9%** from 1990 to 2000. Of the Non-Family Households, Senior Adults, 65 and older, who are living alone, has **grown by 21%**, and now comprises 6.5% of all Households. Overall, the population of Senior Adults, 60 years and older, has increased by 15.5%, although its percentage of the population of the County remains fairly constant (from 13.5% in 1990 to 13.8% in 2000). Youth under 18 years constitute 25.7% of the population in the County.

Although the composition of the County remains overwhelmingly White (93.9%, in comparison to 72.6% for the State), the growth rate from 1990 to 2000 of Non-White Populations has increased at a greater pace. The Black population has seen an **increase of 30.9%** (from 1.8% to 2.2% of the County population), and the Asian and Pacific Islander population together has seen a **59.5% increase**, growing from 1.4% of the County population to 2.0%. The Latino/Hispanic population, redefined in the 2000 Census such that individuals can be of any race, now comprises 2.8% of the County population.

The national economy has also seen some dramatic changes over the past 10 years. In the early 1990s, the economy was in the midst of a rapid decline and an unsettling recession. Since then, and leading up to the time of the current Needs Assessment Survey, the economy surged and as a Nation, we have seen some of the best times in a long while. Particularly in good times, it is too easy to see Hunterdon County as an "affluent county," free of the problems and conditions that exist elsewhere, but to do so means overlooking the vulnerable populations, at all income levels, that do reside here. We must also be aware that good economic times do not remain so forever (as we are currently beginning to experience), and we must plan accordingly.

Recent surveys and reports suggest that on many current social and health indicators, Hunterdon County's numbers compare favorably to State or National norms. For example, the **2001 Hunterdon County Behavioral Risk Factor Surveillance Survey (BRFSS)** found that Hunterdon County residents reported higher ratings for their overall health, a higher proportion with health care coverage, significantly higher rates of non-smokers and less alcohol consumption, than the rest of the State and nationally. Similarly, a report by **Kids Count (2000)** indicates that fewer children in Hunterdon County are receiving TANF benefits, Medicaid, or Food Stamps, and there are fewer teen births, juvenile arrests, juvenile commitments, and child abuse substantiated cases, in comparison to the State rate.

However, while it is clear that Hunterdon County continues to be "better" (i.e., at less risk) than national or state trends, it does not diminish the needs of those who do need aid. In spite of the economic boom of the later 1990s, not everyone has thrived. Although we have *less people* at risk, those who are at risk have needs similar to others in the State. For example, in 2000, there were 826 cases of individuals or families receiving Homeless Services in Hunterdon County (*Hunterdon County Homeless Continuum of Care System, 2000*). Over 1,000 children in the County received Medicaid in 1999, and 230 received Food Stamps (*Kids Count, 2000*). Current statistics from the New Jersey Division of Medical Assistance and Health Services (DMAHS, July, 2001) indicate that 2,546 individuals in Hunterdon County are eligible for Medicaid Managed Care enrollment, with 64.7% currently enrolled. This is of particular concern because the New Jersey Department of Human Services is mandating that the Aged, Blind and Disabled Population enroll in Medicaid Health Maintenance Organizations (HMOs) "sometime" in 2002. We anticipate that the mandated enrollment will create a crisis in Health Care in Hunterdon County because the current Medicaid Managed Care System is **unable to provide sufficient Medical Specialists and Dentists**, and the addition of the Aged, Blind, and Disabled Population will inordinately stress an already inadequate system.

The **2000 Youth Risk Behavior Survey** also indicates some areas of concern in the County. Hunterdon County males report significantly greater usage of smokeless tobacco than do males nationally. Alcohol and other drug use is also higher among 9th grade males and 11th grade females compared to national averages. Youth of Hunterdon County, with the exception of 11th grade males, are also more likely than their counterparts in the nation to have used drugs or alcohol before sexual intercourse. In addition, while females in Hunterdon County were more likely to use a condom during their last intercourse, Hunterdon County males were considerably less likely to have done so than other males nationally. Another area of concern regards females and body image, with Hunterdon County females engaging in higher levels of weight loss behaviors, including use of diet pills, than do other girls nationally. It is also worth noting that some behaviors, even if they do compare favorably to national norms, are still significant. For example,

the survey found that approximately 4 out of 5 Hunterdon County youth have tried alcohol, and greater than 1 in 4 students have had sexual intercourse. Nearly a third have tried marijuana, cocaine, or other drugs or substances, and nearly 20% report being offered, sold, or given an illegal drug on school property. Although the percentages are lower than the national averages, we cannot ignore the overall numbers, which do produce a disconcerting picture of youth activities.

Unlike the Census, which seeks the population at large, or Surveys such as the BRFSS, which seek representative samples in specified geographic areas, our Needs Assessment Survey sought to reach a specific population, that of vulnerable individuals or those at risk for developing or experiencing problems. Thus, the demographics of our Survey Respondents differ somewhat from the general Hunterdon County population. For example, 73% of Respondents identified themselves as Single, Separated, Divorced, or Widowed, and 28% responded as Single Parents with Children. Seniors, 60 years and older, constituted 23% of Respondents, and three-quarters of all Respondents were female. In terms of Health Insurance, 27% reported receiving Medicaid, and 16% had no Insurance. Fifteen percent of Respondents reported Public Assistance as an income source.

B. Reported Problems/Conditions from 1992 to 2002

Survey instruments that look at a representative sampling of the County generally find that on most accounts, Hunterdon residents are living better, with less problems, than individuals nationally (e.g., the *2001 Hunterdon County Behavioral Risk Factor Surveillance Survey - BRFSS*). Our Needs Assessment Survey took a different, but complementary, approach, looking specifically to determine the needs of individuals who are experiencing problems or at risk of developing or experiencing problems. Thus, our aim was to seek out vulnerable individuals so that their voices could be heard and their needs represented and addressed.

Some Reported Problems reflect economic conditions. For example, in 1992, during the economic downfall, "Not Having a Job/Looking for Work" was reported as a Top Problem/Condition. This did not resurface as a Top Problem in 2002, reflecting the improved economy. Other Problems that were Top Priorities in 1992 continue to be identified as Needs in 2002, despite the improved economic picture, such as Public Transportation and Affordable Housing. Although significant monies have created an impressive Paratransit, Public Inclusive Transportation System in Hunterdon County, the rural nature of the County, the growing population, and appeals for evening and weekend hours, create greater demand. Due to the high cost of living in Hunterdon County, Affordable Housing, including Affordable Rentals, persists as an issue for low-income individuals and families. "Not Enough Money for Necessities" also remains a Top Identified Problem, over and above an improved economy, suggesting that monetary issues remain a very real problem for some

individuals and families. This problem may be exacerbated in a wealthy community where comparisons are inevitable.

Other Identified Problems transcend the current economy. Problems that involve psychological and emotional factors that impact on everyday life continue to be reported as concerns. Thus, problems that reflect self-esteem issues, such as "Feeling Lonely" and "Difficulty in Feeling Worthwhile" recur as Top Needs, as do "Emotional Problems That Make It Difficult To Perform Daily Activities." The current Needs Assessment Committee also combined related aspects from several identified problems into a single unified Need, which also involves difficulties with facets of everyday living: "Difficulty Performing Tasks due to Physical Disability/Health Problems or to a Lack of Life Management Skills, Including Managing/Budgeting Money, Not Eating Nutritious Foods, Difficulty Taking Care of Self, and Reading and Writing."

In addition to the above, two other problems surfaced as significant concerns in the current Needs Assessment Process. First, "Lack of Adequate Dental Care" emerged as a high priority. Due to the lack of Medicaid Providers in the County, many individuals either must seek help outside of the County or do not receive dental care at all. Second, "Difficulty Knowing Which Agencies To Go To For Help" arose as a high priority item, a factor which has great implications for service delivery.

C. Summary of Recommended Priority Services - The Past

In understanding the present needs, it is often helpful to consider where we have come from, and how needs for services have transfigured over time. In this way, we can see how services become "adequately delivered," which continue to need expansion, and which change entirely. As with the Identified Problems, many of the Recommended Priority Services for the 2002 Comprehensive Plan are continuations of those recommended in 1992, while others have changed. Several Services were considered Priorities in 1992, but were not designated as such in the current plan for various reasons.

Although some of the Priority Services from 1992 did not resurface as Priorities for 2002, specific Service Subsets from these categories did re-appear, but were subsumed under different categories. For example, **Alternative Living Arrangements** was recommended as a top Priority Service in 1992, but not in 2002. However, Alternative Living was covered under **Substance Abuse Services** (e.g., **Residential Placements**) as well as **Protective Services** (e.g., **Emergency Placements**). Similarly, **Assessment** was no longer prioritized under the **Case Management** heading, but instead, increased **Psychiatric Assessment** was strongly recommended as part of **Mental Health Treatment** this time around.

Day Care was also classified as a Top Priority in the previous Plan, but not in the current one. Although it was identified by several Target Populations as a Priority, it was not included as a Top Priority for the County as a whole. Some Needs appeared to be quite specific (e.g., **Infant Care, Sick Child Care**), with a general need for more affordable care for low-income families, who often have to pay above and beyond the State Rate for child care. This issue was generally perceived as being beyond local ability to address on its own. Day Care does remain a Priority Need for specific populations, such as Low-Income Families, Single Parents, and for those with Developmental Disabilities or Moderate Mental Illness.

Changes in socio-political trends may have also had an impact on the new recommendations. For example, in the 1992 Plan, **Income Maintenance Services** were considered a Top Priority. This was not the case in the current Plan, suggesting first, that needs are being adequately met through current programs, and second, that views on financial assistance have changed over time. Keeping in line with national trends such as "Welfare to Work," there has been a move away from financial assistance toward emphasis on job training opportunities, as reflected in the current Plan, with **Employment Services** as a Top Priority.

A change in emphasis may have also influenced why Case Management was a Top Priority in 1992, but not in 2002. Currently, there appears to be greater emphasis on the *treatment* of social problems, and thus, treatment aspects of services such as **Mental Health Treatment, Counseling,** and **Substance Abuse Services** have taken greater precedence.

Finally, some services were Top Priorities in 1992, but not in 2002, because many Needs are currently being met through ongoing programs. For example, **Emergency Basic Needs** is no longer designated as a Top Priority, not because of a lessening of importance, but because current services exist to fill needs. Similarly, **Community Education** is no longer designated a Top Priority Service for the County, which is testament to the success of programs, such as the PEACH program, which were designed to address the Needs expressed in previous Comprehensive Plans.

D. Summary of Recommended Priority Services - The Present

Although many of the Priority Services remained the same from 1992 to 2002, the recommendations themselves took on a new outlook - a more holistic, innovative approach - one that entails thinking **"out of the box."** Acknowledgment of the inter-relatedness of the services to each other, as well as to the Clients' Needs, encouraged the Needs Assessment Committee to recommend new approaches to Service Delivery, with recommendations of complete overhauls to some (e.g., Home Care, Information & Referral). Thus, recommendations are not static, but dynamic, and reflect progressive thinking and new ways to treat old problems. The Needs

Assessment Committee identified the Top 10 Priority Services, but also took the opportunity to create some new designations; in some cases, combining multiple related services into unified categories. Thus, the Top 10 actually includes aspects of 14 Service categories.

Several of the Recommended Priority Services for 2002 can be loosely categorized as those affecting **"Quality of Life"** issues. These include services that can enhance the lives of vulnerable individuals and families through greater transportation and housing options, training programs, home care services, and protective services.

Housing and **Transportation** are *systemic issues*, which affect specific Target Populations, but also transcend the groups and involve the community as a whole. **Affordable, and Accessible, Housing,** including **Rentals**, continues to be a Top Priority in the County, particularly affecting low-income families and people with disabilities. **Transportation** also continues to be identified as a Priority Service. Although great gains have been made over the years, transportation continues to be expressed as a need, particularly for those who live in more remote areas, and for those who need weekend and evening transportation. In addition, and quite differently from the past, a greater need for **Employment Transportation** was indicated, which parallels the "Welfare to Work" trend for low-income individuals.

Consistent with the need for **Employment Transportation**, the need for **Employment/Vocational Services** continues to be emphasized. A more holistic approach, incorporating **Assessment, Training, Procurement**, and **Retention**, is recommended in order to assure job placement and greater stability.

Additional training and education are also recommended to address those skills needed for everyday, independent living. A new amalgam of services, termed **Life Management Skills**, was recommended, pulling from **Basic Life Skills Education, Parent Skills Development**, and **Alternative Education.** It includes skills related to personal functioning, such as **Personal/Home Care Skills** and **Parent Education**, as well as those that tie in with **Employment/Vocational Training**, such as **Management of Finances**, and **Supplemental Education Services** (a new recommendation for 2002), such as **GED, ESL**, and **Literacy Programs.** The development of these skills can augment job skills and job readiness.

The delivery of **Home Care Services** also affects Quality of Life. For this category of services, it is recommended that a totally new delivery approach be developed - an **Integrated Home Care System**, which would be designed to integrate services, reduce redundancy, and streamline service delivery. Development of this new system will also necessitate improved recruitment efforts for Home Care Workers, and will generally require involvement beyond the local level.

An additional recommended service category, new as a Top Priority for 2002, is **Protective Services.** These services, of course, influence Quality of Life and go well beyond to affect issues of safety and preservation. All aspects of Protective Services continue to be needed. In 2000, there were 510 Domestic Violence Offenses in Hunterdon County, with 123 Arrests. There were an additional 121 Adult Arrests for Offenses Against Family and Children (*Uniform Crime Report, 2000*). In 1998, Child Abuse was substantiated in 53 cases, and an additional 225 cases were designated as Family Problems (*Kids Count, 2000*). Out of Home Placements occurred in 32 cases in 1999 (*Kids Count, 2000*).

Several other Recommended Top Priority Services involve Treatment, Support, and Prevention Services, including services related to **Mental Health**, **Substance Abuse**, and **Medical Services.** These services affect Quality of Life in their own way, and are often inter-related with other services. In other words, treatment services, in combination with services such as **Employment/Vocational Services**, **Transportation**, and **Life Management Skills Training**, can all function together to greatly improve an individual's experience of life and ability to live independently and effectively.

A trio of services, which includes **Socialization/Group Support Services, Counseling**, and **Mental Health Treatment**, was integrated into a single unit, entitled **Continuum of Care for Mental Health and Wellness**, and recommended as a Top Priority. The basis for this combination was that these services can represent a continuum of care for some individuals within the system. For example, **Socialization/Group Support Services** may be the initial entry point for individuals experiencing minor difficulties. **Counseling Services** can serve as an intermediary, followed by **Mental Health Treatment**, when the care needed becomes more intensive.

Substance Abuse Services also involve treatment and support aspects, as well as preventive efforts. In particular, **Residential Placements** are identified as a Top Priority in this area, while all ongoing services are noted as necessary to maintain. Although Hunterdon County ranks well below the State in Drug Treatment Admissions Rate, Alcohol Treatment Admissions Rate, and Drug Related or Alcohol Caused Mortality Rates (*New Jersey Alcohol and Drug Abuse Data System Annual Summary Report, 2001*), actual reported numbers continue to be troubling. Drug arrests were up 15% from 469 in 1999 to 540 in 2000 (*Uniform Crime Report, 2000*). In 1999, there were 567 Drug or Alcohol Admissions, with Alcohol as the Primary Drug for 53%, Heroin for 23%, Marijuana for 13%, Cocaine/Crack for 8%, and Other Drugs for 3%. Of these Admissions, 9% were for Youth under 18 years (ADADS, 2001). As reviewed above, the *Hunterdon County Youth Risk Behavior Survey (2000)* also indicates some areas of concern regarding Youth and Alcohol/Drug Related issues. Finally, recent occurrences in the County have raised red flags regarding Substance Abuse.

At the time of this writing, 10 overdose deaths have been reported in Hunterdon County thus far in 2001. All were apparently drug-related. Most appear to be related to Heroin use in particular.

Another side to Treatment Services involves *the inability to obtain services*. This is particularly relevant in the case of **Medical Treatment**, most notably, for **Dental Services**. Because few Dentists in the County are part of the Medicaid/Managed Care System, individuals are forced to go out of county for services, or receive no treatment at all. New and innovative approaches, working within and beyond the local level, are necessary to serve this vulnerable population.

Some services, such as Dental Services, are inaccessible due to financial and/or insurance issues, and others may be unavailable in the County, but some services may *appear* to potential Clients to be inaccessible, although they do in fact exist. Lack of knowledge of how or where to obtain services was commonly reported by Clients as a reason for not getting needed help. Without adequate information dissemination, **Outreach and Marketing**, the services listed above, and all other ongoing services, would be difficult to obtain by those "not in the know." If an individual experiencing a problem does not know where to turn, then even the best planned services cannot deliver. Thus, the final recommended Priority Service involves that which ties them all together and presents them to the public: **Information and Referral**. Again, a new delivery approach is needed, and it is recommended that an **HHSAC Task Force be created to develop systemic recommendations**, concerning centralized outreach efforts, as well as individual agencies' marketing activities.

E. The Future

The purpose of this Comprehensive Plan is to provide a **blueprint** for future service delivery. However, none of this is truly workable unless there is a means to implement the recommendations beyond funding recommendations. Thus, built into the planning process are suggestions and strategies for putting the words into **plans of action**. The Plan includes not only global recommendations, but detailed suggestions generated by Task Forces and the Needs Assessment Committee, which are directed at specific individual services and service delivery procedures. In addition, the creation of several specific Task Forces or Specialized Groups is suggested to address particular delineated problems, and to engage appropriate outside sources in collaborations. Finally, the Plan also includes specific recommendations individualized for each Target Population, which will be used for their own prioritizing and planning.

VI. METHODOLOGY

A. Description of the Needs Assessment Survey

Two types of surveys were developed for the County-wide Needs Assessment Survey process: the "Community Input Information" forms, which were given to Professionals and Informed Citizens, and the "Client Survey of Problem Needs" for Clients, which addressed the same information, but in more personalized language (see Appendix I for samples of the forms). These forms were adapted from the content of the surveys used for the 1992 Needs Assessment Survey, which had been developed by the State of New Jersey. Because the process is no longer mandated, we were able to tailor the forms to Hunterdon County by modifying and expanding the items included to better reflect our County's needs, and to reorganize the forms to make them more user-friendly. Concurrently, by maintaining the integrity of most entries from the 1992 survey, we have provided the opportunity, if desired, for longitudinal study of similar data items.

Both surveys sought the Respondents' views of 87 potential Problems and/or Conditions. In addition, the Client Survey asked for information regarding whether help was being received for any indicated problem. The Community Input Survey, since it was geared toward knowledgeable and informed individuals, also requested impressions of which services are in demand, and which services are currently unavailable ("gap services").

The "Client Survey" focused entirely on Problems/Conditions specific to the individual. Clients were asked to provide demographic information about themselves and their households. They were then to identify which 11 major Problems/Conditions applied to them or a family member. (These major Problems/Conditions, along with age and income variables, were used to determine to which "Target Populations" the clients belonged. These derived Target Populations correlated with the "Target Populations" on the Community Input survey.) The remainder of the survey addressed the 87 Problems/Conditions, which were broken down into several sections. The first section, which was to be completed by everyone, included 37 General Problems and/or Conditions. The remaining 50 questions were organized into seven "Clusters" of related problems, which included Disability, Emotional and/or Mental Health, Employment, Housing, Substance Abuse, Transportation, and Youth Related Problems/Conditions. For all Problems/Conditions, Clients were asked to identify whether the concern was relevant for themselves and/or family members. They were also asked to indicate whether they were receiving help for any Identified Problems, and if they were not, to identify from 8 options the reasons they were not receiving help.

In the "Community Input" Form for Professionals and Informed Citizens, respondents were first asked to choose one Target Age Group and one Target Population, corresponding to the group with

which they were most familiar. (These Target Populations paralleled the listings of the Major Problems/Conditions on the Client survey.) Respondents were then asked to identify which of the 87 Problems/Conditions (again, divided into one section of General Problems, followed by seven Clusters) are experienced by their Target Population, and to indicate the severity of the problem, ranging from "no problem" to "severe and life-threatening." In two subsequent sections, respondents were asked to identify which services, both generically and specifically, are in greatest demand and which ones are unavailable ("gaps"). Service Clusters (generic) and Specific Services were chosen from a standardized list of services (see Appendix E).

Each survey was identified with a computer control code, which tracked back only to the agency/organization, and not to the individual respondent. In this way, it was possible to track the returns from each agency/organization for parity purposes, while maintaining confidentiality for the respondents.

B. Collection of Data

The Needs Assessment Survey was conducted in December, 2000 and January, 2001. Surveys were sent to **103 human services agencies and organizations** serving Hunterdon County, as well as to all Health and Human Services Advisory Council (HHSAC) Committees (24 in all). In an effort to outreach into the community, surveys were also sent to a geographically representative selection of Elementary and Middle Schools (10 in all), all Hunterdon High Schools (6), all Churches and Temples in Hunterdon County (91), and a selection of daycare providers (4) and health service providers (6). A significant number of returns was not expected from these groups, but through this effort, it was hoped to reach individuals who were not necessarily connected to agencies and who would not usually be heard from. In general, in order to reach as broad a group as possible, surveys were distributed through the agencies, organizations, schools, and committee members. Professionals and Informed Citizens (such as non-profit agency Board members) were asked to assist in soliciting responses from Clients or potential consumers.

To determine how many surveys should be sent to each organization, each agency or organization was classified as either small, medium, or large, based on number of clientele. Small agencies/organizations were sent 2 Community surveys (for Professionals and Informed Citizens) and were asked to distribute 6 Client surveys. Medium-size agencies were sent 6 Community surveys and 18 Client surveys to distribute, and Large agencies were forwarded 12 Community surveys and 36 Client surveys. In addition, some Professionals, such as Police Officers and Judges, were sent only individual Community surveys. HHSAC Committee Members were each given 3 Community surveys, one for themselves to complete, and two additional ones to distribute to Informed Citizens. In all, 1,339 surveys were sent to Professionals and Informed Citizens, and

2,118 were solicited from Clients (see Appendix C for a listing of Agencies/Organizations included in the survey process).

A total of 378 usable Client Surveys, and 461 usable Community Input forms, were returned. An additional 5 Client Surveys were returned, but were not usable because they were completed incorrectly. In addition, on the Community Input Survey, Sections 4 and 5 (which asked about Services in Demand and Gap Services) were left blank by 14 respondents, and were filled out incorrectly by 18 respondents. For these forms, only the data from the first three sections were utilized for data analysis. An additional 38 forms were completed partially incorrectly for Sections 4 and 5 (for example, Services in Demand were completed correctly, but identifying Gap Services were not). For these forms, only the sections that were completed correctly were utilized.

Return rates for the Community Input Survey were as follows: 195 out of 394 of those sent to human services agencies/organizations were returned (50%); 152 out of 609 of those sent to HHSAC Committee Members (25%); 26 out of 126 sent to schools (21%); 5 out of 182 sent to Churches and Temples (3%); and 0 out of 28 from daycare centers and health service providers were returned (0%). The last two were **particularly disappointing**, since our intentions were to reach a wider audience through the inclusion of organizations that have at times indicated "they would like to have a voice in the process." Nonetheless, our goal continues to be to reach out into the community towards organizations and individuals who wish to be included. (See Appendix B for Survey Response Rates.)

Return rates for the Client Survey were as follows: 407 out of 1110 of those sent to human services agencies/organizations were returned (37%); 49 out of 378 sent to schools (13%); 5 out of 546 sent to Churches and Temples (1%); and 0 out of 84 from daycare centers and health service providers (0%). (See Appendix B)

C. Data Analysis - The Task Forces

Data were aggregated for each of the 13 Target Populations, and then distributed for analysis to the following 7 Task Forces:

1. Substance Abusers (drugs/alcohol)
2. Low-Income/Homeless
   (a) Homeless or Near Homeless
   (b) Low Income Individuals/Families
3. Youth and Family
   (a) Youth (General)

(b) Youth-in-Crisis or Involved with Juvenile Justice System

(c) Single Parents Experiencing Difficulties or Problems

4. **Victims of Abuse** (e.g., Child, Elder, Sexual), Neglect, Abandonment, or Violence
5. **Senior Adults** (60+ years)
6. **Disabilities**
   (a) People with Physical Disabilities (Blind or Visually Impaired)
   (b) People with Physical Disabilities (Other than Visually Impaired)
   (c) People with Developmental Disabilities (including Mental Retardation)
7. **Mental Health**
   (a) People Experiencing Emotional Problems (Serious Mental Illness)
   (b) People Experiencing Emotional Problems (Moderate Severity or Temporary Impairment)

For the Community Input Survey, respondents had been asked to indicate one Target Population and/or one Target Age Group. Data for the Target Populations listed above were derived directly from this information. For the Client Survey, however, respondents could indicate multiple "Major Problems/Conditions" which corresponded with the Target Populations on the Community form. Client respondents, thus, could belong to more than one Target Population. In addition, some Target Populations for clients were derived from the demographic data supplied by the respondents. Senior Adults were identified by birth dates (all individuals with birth dates on or before 1940), and Low-Income Individuals were determined by reported income levels. Low income level was determined by calculating the average household number of client respondents (2.8), and applying the Council on Affordable Housing (COAH) 2000 Regional Income Limits. Thus, all respondents who reported a monthly household income of less than $3,120 were included in the Low-Income Individuals/ Families group (see Appendix A for definitions of the 13 Target Populations).

Finally, an additional, general Youth group was generated for Clients based on all data from respondents who indicated any problems existed for Infants, Children, or Youth in the Problems/Conditions section. A comparable general Youth group was also created from the Community Survey using all data from respondents who indicated that Infants, Children, or Youth were their Primary Target Age Group. This general Youth group served as a more inclusive, umbrella group for the "Youth-At-Risk or Involved with Juvenile Justice System" population.

Task Forces were comprised of Clients, Professionals, and/or HHSAC members. Each Task Force was responsible for an in-depth analysis of the data pertaining to their Target Population(s). Each committee met twice, and was provided with the following information to facilitate analysis:

1. Background Information

a. Selected Social and Health Indicators for Hunterdon County
b. The 5 Most Expressed Needs and the 5 Most Requested Services in the calendar year 2000 telephone calls to Hunterdon Helpline (the County's centralized I & R Service)
c. Other research related directly to the Task Force Population
d. Information from the 1999 Hunterdon County Department of Human Services Annual Report, if applicable

2. Previous Service Recommendations from the 1992 Comprehensive Plan
3. Demographic Data from the 2000 Needs Assessment Survey
   a. Client Respondent Demographic Data for All Clients
   b. Client Respondent Demographic Data for each Target Population of the Task Force
4. Data from the 2000 Needs Assessment Survey:
   a. Summary of the High Priority General Problems/Conditions for both Clients and Community, for each Target Population of the Task Force
   b. Summary of the Most Frequent Reasons Why Clients Are Not Receiving Help, for each Target Population of the Task Force
   c. Summary of the Service Clusters in Greatest Demand, for each Target Population of the Task Force
   d. Summary of the Most Needed Gap Service Clusters, for each Target Population of the Task Force
   e. Summary of the Specific Services in Greatest Demand, for each Target Population of the Task Force
   f. Summary of the Most Needed Specific Gap Services, for each Target Population of the Task Force
   g. Standardized List of Service Clusters and Specific Services
5. Worksheets to Guide Discussion

In the initial session, Task Force members reviewed socio-demographic data, relevant social indicators, and research related to their Target Population(s). They then focused on analysis and discussion of the High Priority Problems identified by the Clients in order to determine the Top 10 Problems/Conditions for each Target Population.

In the second session, the Task Forces discussed the "Reasons For Not Getting Help," as reported by the Clients, with a focus on how these reasons relate to service provision. Then, after determining whether reported "Gap Services" were true "gaps" in their area, the Task Force members concentrated on the main focus of these groups - **recommending necessary Priority Services.** To determine the Priority Services, Task Force members considered how Services did or did not address the identified High Priority Problems/Conditions and the Clients' Reasons For Not Getting Help. In this way, Priority Services were based on what the Clients reported as Needs.

Both **Systemic Services** (those that are global in nature and cut across lines of demarcation) and **Specific Services** (those that are specific to a particular Target Population) were identified. This process, and the final recommendations, are represented in the Summary Reports ("Quadrant Sheets") in Section VII. Additionally, these reports include comments and suggestions that reflect the Task Forces' discussions regarding the Priority Services. This information was provided for use by the Needs Assessment Committee, and it also stands as an historical and practical record to be used for planning for specific needs and/or populations.

Information and data from the Task Forces and the Survey were then aggregated across Target Populations for presentation to the Needs Assessment Committee, whose goal was to determine Priority Services for the County as a whole (see Section IX for the Aggregate Data Reports).

VII.

SUMMARY REPORTS FOR EACH TARGET POPULATION

"QUADRANT SHEETS"

Hunterdon County Department of Human Services - Task Force Review Form

TARGET POPULATION:

Clients/Consumers: # Respondents Community: # Respondents Meeting Date:

I. TOP 10 PROBLEMS/CONDITIONS IDENTIFIED BY TASK FORCE + (RELATED SERVICE INDICATORS FROM PAGE 2): *These reflect the Top 10 Problems/Conditions (out of 87) for the Target Population as confirmed by the Task Force, but Based on Respondent (i.e., Consumer) Data.* *Plus: Coded Service Indicators from the Specific Services and the Systemic Services Listed On Page 2, Denoting How The Identified Services, determined by the Task Force Relate Back to these Problems/Conditions.*	**II. CLIENTS' REASONS FOR NOT GETTING HELP, WITH TASK FORCE'S COMMENTS + (RELATED SERVICE INDICATORS FROM PAGE 2):** *List of Top Reasons For Not Getting Help, with Comments from The Task Force.* *Plus: Again, Coded Service Indicators from the Specific Services and the Systemic Services Listed on Page 2, Denoting How The Identified Services, determined by the Task Force Relate Back to these Reasons For Not Getting Help.*
III. TASK FORCE'S PERCEPTION OF PRIORITIES FROM SERVICES IN GREATEST DEMAND: *List of Service Clusters and Corresponding Specific Services First Identified by Respondents (Primarily Professionals and Concerned Citizens) and then by the Task Force as Priority Services.* **TASK FORCE'S PERCEPTION OF GAP SERVICES:** *List of Service Clusters and Corresponding Specific Services Identified by the Same Respondents and Reinforced by the Task Force as "Gap" Services.*	**IV. RECOMMENDED PRIORITY SERVICES -SPECIFIC SERVICES:** *List of Task Force's Top Recommended Specific Services Based on Information From Quadrants I, II, and III. These are then Confirmed on Page 2, Elaborated if Necessary and, Supplemented thereon by the Addition of Required "SYSTEMIC SERVICES." These Transcend a Particular Group and Impact the "Group" as well as Other System Participants/Components.*

TARGET POPULATION: SUBSTANCE ABUSERS

Clients/Consumers: #Respondents: 54 Community: #Respondents: 32 Meeting Dates: February 14 & March 14, 2001

I. TOP 10 PROBLEMS/CONDITIONS IDENTIFIED BY THE TASK FORCE + RELATED SERVICE INDICATORS FROM PAGE 2:

1. Difficulty in feeling worthwhile (C)
2. Abuse of child, spouse, or family member (A,E)
3. Substance abuse has resulted in legal problems (A,C,D,E)
4. Abuse of alcohol and/or drugs (A,B,C,D,E,F)
5. Lack of substance abuse residential rehabilitation facilities (A,E,F)
6. Lack of substance abuse non-residential rehabilitation facilities (A,E,F)
7. Not enough money for necessities - food, shelter, clothing, utilities (D)
8. Difficulty in marriage or relationship with partner (B,C,E)
9. Inadequate parental care or parental neglect (B,C,E)
10. Unable to access health care due to lack of or insufficient health insurance (D,E)

Comments: The Task Force considered the following items to be important to note: Feeling lonely and need someone to talk to; Difficulty in meeting responsibilities due to loss of driver's license; Lack of affordable permanent housing; Lack of public transportation for daily activities (bus, train, taxi).

II. CLIENTS' REASONS FOR NOT GETTING HELP, WITH TASK FORCE'S COMMENTS + RELATED SERVICE INDICATORS FROM PAGE 2:

- **Do not know where to go for help -** Task Force felt the data indicated the need for increased effort to reach out to this target population. (E)
- **Do not want help -** Target population is often in the denial stage of their illness and does not readily admit their need for assistance. (B,C)
- **Cannot afford help** - Some insurance companies do not cover the cost of every Substance Abuse Service modality and clients often need help with payment. (E)
- **Distance too far to travel to obtain help or services I need** - Clients may require out of county residential treatment or detoxification services, in addition, they may have also lost their driver's license due to a DWI Offense. (A,F)

III. TASK FORCE'S PERCEPTION OF PRIORITIES FROM SERVICES IN GREATEST DEMAND:

Substance Abuse Treatment Services	Intensive Outpatient; Detoxification; Halfway House; Low Intensity Outpatient; S.A. Prevention/Education
Socialization/Group Support Services	Mentoring; Social/Therapeutic Recreation; Support/Self-Help Groups
Transportation Services	Social Service Transportation; Employment
Mental Health Treatment Svcs	Psychiatric Assessment; Psychological Assessment; Outpatient Counseling; Emergency/Screening Service

TASK FORCE'S PERCEPTION OF GAP SERVICES:

Substance Abuse Treatment Services	Detoxification; Intensive Outpatient; Residential Treatment
Socialization/Group Support Services	Support/Self-Help Groups

IV. Recommended Priority Services - Specific Services

A. **Substance Abuse Treatment Services:** Intensive Outpatient Services; Detoxification Services; Halfway House Services; Low Intensity Outpatient Services; Residential Treatment Services; S.A. Prevention/Education Services

B. **Socialization/Group Support Services**: Social/Therapeutic Recreation; Support/Self-Help Groups

C. **Counseling Services:** Supportive/Crisis Counseling

D. **Basic Life Skills Education**

TARGET POPULATION: SUBSTANCE ABUSERS

RECOMMENDATIONS OF SPECIFIC SERVICES: From IV

A. **Substance Abuse Treatment Services**: The Task Force reviewed the continuum of care for Substance Abuse Services and felt that they all desired Priority status. They also felt that in the absence of County-based Residential Services and SubAcute Detoxification Services (including Detoxification for Heroin), clients need to be provided transportation to these facilities. These services are needed not only for the adult population, but for adolescents as well. There was also discussion of the need for Substance Abuse Counseling Services in Spanish.

B. **Socialization/Group Support Services**: Among the support groups that are correlated with Substance Abuse: AA, NA, Alanon, Alateen, Tough Love, etc., the Task Force felt it important to maintain these groups in the County. In addition, there remains a desire to provide young people with opportunities to get together for recreation and socialization.

C. **Counseling Services:** The Task Force discussed the continued need for MICA Counseling Services (Mentally Ill Chemical Abusers). They also mentioned the importance of MICA support groups (Double Trouble Groups).

D. **Basic Life Skills Education**: The Task Force emphasized the need for Basic Life Skills Education for this Target Population, including parenting skill development. Often money management and having enough funds for basic necessities stems from a lack of basic skills.

RECOMMENDATIONS OF SYSTEMIC SERVICES:

E. **Information and Referral Services**: The County has many Substance Abuse Services available, but often clients do not know where or how to access them. Information & Referral Services would help link clients and services.

F. **Transportation Services:** All of the Subacute Detoxification Services and the Residential Services are out of County and clients need transportation. In addition, clients who have lost their driver's license due to DWI Offenses need to have transportation to Substance Abuse Services within the County.

TARGET POPULATION: HOMELESS INDIVIDUALS

Clients/Consumers: #Respondents **7** Community: #Respondents: **32** Meeting Dates: February 26 & March 26, 2001

I. TOP 10 PROBLEMS/CONDITIONS IDENTIFIED BY THE TASK FORCE + RELATED SERVICE INDICATORS FROM PAGE 2:

1. Not enough money for necessities - food, shelter, clothing, utilities (B, F)
2. Lack of affordable permanent housing (A, C)
3. Not enough to eat (B, E, F)
4. Difficulty in feeling worthwhile (D)
5. Difficulty knowing which agencies to go to for help (F)
6. Lack of adequate medical care (F, G)
7. Lack of transportation for daily activities (bus, train, taxi) (E)
8. Emotional problems that make it difficult to perform daily activities (D)
9. Lack of adequate dental care (G)
10. Feeling lonely and need someone to talk to (D)

Comments: The Task Force also recognized that Child Care Services are among the critical issues for this population. Problems stemming from Substance Abuse are also contributing factors to the issues facing this population.

II. CLIENTS' REASONS FOR NOT GETTING HELP, WITH TASK FORCE'S COMMENTS + RELATED SERVICE INDICATORS FROM PAGE 2:

- **Do not know where to go to for help** - Clients cannot often find services whether or not they actually are available to them; some are not capable of handling all the paperwork involved. (F)
- **Cannot afford help** - Population has exhausted every other means to access help; being in transition, they are also without "normal" support systems. (F)
- **Do not want help** - For this population, as with the low income population, not wanting help may be the result of embarrassment, shame, or fear of identification (e.g., as an undocumented alien), and includes the possibility of a language barrier.

III. TASK FORCE'S PERCEPTION OF PRIORITY SERVICES IN GREATEST DEMAND:

Housing Services	Rent and Mortgage Assistance; Housing Maintenance/Repair; Housing Location Assistance
Transportation Services	Employment; Social Service; Medical Transportation
Employment/Vocational	Training; Assessment; Procurement; Retention

TASK FORCE'S PERCEPTION OF GAP SERVICES:

Alternative Living Arrangements	Boarding Home/Residential Health Care Facility; Supervised Independent Living Arrangement; Transitional Housing
Housing Services	Housing Maintenance/Repair; Rent and Mortgage Assistance; Housing Location Assistance
Substance Abuse Treatment Srvcs	Residential Treatment Services

IV. RECOMMENDED PRIORITY SERVICES - SPECIFIC SERVICES:

A. **Housing Services**: Rent or Mortgage Assistance; Affordable Permanent Housing

B. **Employment/Vocational Services**: Assessment; Procurement; Training

C. **Alternative Living Arrangements**: Boarding Home; Transitional Housing

D. **Counseling Services:** Supportive/Crisis Counseling

TARGET POPULATION: HOMELESS INDIVIDUALS

RECOMMENDATIONS OF SPECIFIC SERVICES: From IV

A. **Housing Services:** The Task Force found **Rent and Mortgage Assistance** to be an important service for this population.

B. **Employment/Vocational Services: Assessment; Procurement; Training**

C. **Alternative Living Arrangements: Boarding Home; Transitional Housing**

D. **Counseling Services: Supportive/Crisis Counseling**

RECOMMENDATIONS OF SYSTEMIC SERVICES:

E. **Transportation Services:** The Task Force sees a countywide need for **Employment Transportation**, especially during weekends and evening hours.

F. **Information and Referral Services:** Among the barriers to service, "Not Knowing Where To Go For Help" was a frequent response. Information and Referrals Services could link this population with the services they need.

As with the Low Income population, The Greater Raritan WorkForce Investment Board (WIB) is an important resource for homeless people to increase their employability and salaries. WIB services are not being fully utilized currently and more **Outreach** is required.

G. **Medical Treatment Services:** Due to insufficient health care insurance, this population is in need of **Dental Treatment** and adequate **Medicaid Care**.

Comments: The Task Force also recognized that Child Care Services are among the critical issues for this population. Problems stemming from Substance Abuse are also a contributing factor to the issues facing this population.

TARGET POPULATION: LOW INCOME INDIVIDUALS

Clients/Consumers: #Respondents **100** Community: #Respondents: **34** Meeting Dates: February 26 & March 26, 2001

I. TOP 10 PROBLEMS/CONDITIONS IDENTIFIED BY THE TASK FORCE + RELATED SERVICE INDICATORS FROM PAGE 2:

1. Not enough money for necessities - food, shelter, clothing, utilities (E)
2. Lack of adequate dental care (D)
3. Feeling lonely and need someone to talk to (B)
4. Difficulty in feeling worthwhile (B)
5. Difficulty knowing which agencies to go to for help (E)
6. Lack of adequate medical care (D)
7. Lack of transportation for daily activities (bus, train, taxi) (C)
8. Emotional problems that make it difficult to perform daily activities (B)
9. Lack of affordable permanent housing (F)
10. Difficulty managing or budgeting money (E)

Comments: Several other transportation items ranked high: Lack of reliable personal vehicle; Remoteness of residence makes the use of public transportation impractical. The Task Force expressed concern over the lack of Supportive Counseling for this population.

II. CLIENTS' REASONS FOR NOT GETTING HELP, WITH TASK FORCE'S COMMENTS + RELATED SERVICE INDICATORS FROM PAGE 2:

- **Do not want help** - For this population, not wanting help may be the result of embarrassment, shame, or fear of identification as an undocumented alien. (B)
- **Do not know where to go to for help** - Clients often cannot find services whether or not they actually are available to them. (E)
- **Cannot afford help** - It may be possible that clients cannot properly budget their low incomes.
- **Needed help does not exist in my community** - This was especially true for those clients in need of dental services. (D)

III. TASK FORCE'S PERCEPTION OF PRIORITY SERVICES IN GREATEST DEMAND:

Transportation Services	Employment Transportation; Social Service Transportation
Housing Services	Rent and Mortgage Assistance; Housing Maintenance/Repair; Housing Location Assistance
Day Care Services	Infant Care; Sick Child Day Care; Child Day Care

TASK FORCE'S PERCEPTION OF GAP SERVICES:

Transportation Services	Employment/Medical Transportation
Housing Services	Housing Maintenance/Repair; Rent and Mortgage Assistance; Housing Location Assistance
Medical Treatment Srvcs.	Dental Treatment; Child Health Services, Medical Care
Child Day Care Services	Infant; Sick Child; Child

IV. RECOMMENDED PRIORITY SERVICES - SPECIFIC SERVICES:

A. **Day Care Services:** Infant Care; Child Day Care

B. **Socialization/Group Support Services**

TARGET POPULATION: LOW INCOME INDIVIDUALS

RECOMMENDATIONS OF SPECIFIC SERVICES: From IV

A. **Day Care Services**: In most cases, both parents work and some are single parents in need of **Infant Care**, and **Child Day Care**.

B. **Socialization/Group Support Services:** Many individuals with low incomes suffer from shame and embarrassment; some are in fear of being discovered as undocumented.

RECOMMENDATIONS OF SYSTEMIC SERVICES:

C. **Transportation Services**: The Task Force expressed the need for more Out-of-County **Medical Transportation**. They also expressed a gap in **Employment Transportation**, especially during weekends and evening hours.

D. **Medical Treatment Services**: Due to insufficient health care insurance, this population is in need of **Dental Treatment** and adequate **Medical Care**.

E. **Information and Referral Services**: Among the barriers to service, two of the foremost are: Not Knowing Where To Go For Help and/or Reported Help Does Not Exist In The Community. Information and Referral Services could link this population with the services they need.

The Greater Raritan Work Investment Board (WIB) is an important resource for Low Income people to increase their employability and salaries. WIB services are not being fully utilized currently and more outreach is required.

F. **Housing Services**: The Task Force found a gap in the "stock" of **Affordable Permanent Housing** and in **Rent and Mortgage Assistance** for this population.

TARGET POPULATION: YOUTH

Clients/Consumers: # Respondents: 147 Community: # Respondents: 112 Meeting Date: February 28 and March 28, 2001

I. TOP 10 PROBLEMS/CONDITIONS IDENTIFIED BY TASK FORCE + (RELATED SERVICE INDICATORS FROM PAGE 2):

1. Abuse of child, spouse, or family member (A,B,)
2. Not enough money for necessities - food, shelter, clothing, utilities (A,E)
3. Lack of recreational programs or opportunities (B,D)
4. Difficulty in getting along with people at school/work (A,B,D)
5. Abuse of alcohol and/or drugs (C)
6. Feeling lonely and need someone to talk to (A,B,D)
7. Difficulty in feeling worthwhile (A,B,D)
8. Lack of adequate dental care (G)
9. Unable to access health care due to lack of or insufficient health insurance (G)
10. Difficulty in reading and writing (A,D)

II. CLIENTS' REASONS FOR NOT GETTING HELP, WITH TASK FORCE'S COMMENTS + (RELATED SERVICE INDICATORS FROM PAGE 2):

- **Do not know who to go to for help** - General lack of knowledge of services available. (F)
- **Needed help does not exist in my community** - Particularly true for youth not old enough to drive and not on a public transportation route to centrally located services. (E,F)
- **Needed help is not available during convenient time of day** - Need Evening and Weekend hours. (C,E)
- **Distance is too far to travel to obtain help or services I need** - Youth Population are often without transportation options. (C,E)

III. TASK FORCE'S PERCEPTION OF PRIORITIES FROM SERVICES IN GREATEST DEMAND:

Parent Skills Development	Parent Education; One-on-One Parent Aid
Counseling Services	Support/Crisis; Family; Individual; Group
Substance Abuse Treatment	Substance Abuse Screening and/or Assessment Services; Intensive Outpatient; Substance Abuse; Prevention/Education Services

TASK FORCE'S PERCEPTION OF GAP SERVICES:

Socializ./Group Support Srvcs.	Social/Therapeutic Recreation; Mentoring; Support/Self Help Groups
Substance Abuse Treatment	Residential; Intensive; Outpatient; Partial Care (3 to 5 days a week)
Transportation Services	Social Service; Special Group; Transportation Brokering; Employment
Medial Treatment Services	Dental Care

IV. RECOMMENDED PRIORITY SERVICES - SPECIFIC SERVICES

A. **Parents Skills Development:** Parent Education; One-On-One Parent Aid.

B. **Counseling Services:** Supportive/Crisis Counseling - Individual; Family; Group.

C. **Substance Abuse Treatment Services:** Substance Abuse Screening and/or Assessment; Substance Prevention/Education Services.

D. **Socialization/Group Support Services:** Social/Therapeutic Recreation; Mentoring; Support/Self Help Groups

TARGET POPULATION: YOUTH

RECOMMENDATIONS OF SPECIFIC SERVICES: From IV

A. **Parents Skills Development: Parent Education; One-On-One Parent** Aid; the Task Force felt that any parenting education would be very valuable to this population.

B. **Counseling Services: Supportive/Crisis Counseling** - Individual; Family; Group, are particularly useful for this population in resolving family conflicts.

C. **Substance Abuse Treatment Services:** The Task Force felt that **Substance Abuse Screening and/or Assessment** and **Substance Prevention/Education Services** were very important for this population.

D. **Socialization/Group Support Services:** The Task Force identified **Social/Therapeutic Recreation, Mentoring** and **Support/Self Help Groups** as primary prevention services for this population.

RECOMMENDATIONS OF SYSTEMIC SERVICES:

E. **Transportation Services: Social Service Transportation** and **Employment Transportation** are priority services for the entire community.

F. **Information and Referral:** Ongoing **Outreach** to schools, churches, civic groups and agencies via Youth Directories, informational pamphlets, Web Sites, TV Cable Ads, and Helpline I&R must be continuously updated.

G. **Medical Treatment Services: Dental Services** are often not covered by insurance. Dental Care is rarely available in the County for persons with Medicaid.

TARGET POPULATION: YOUTH IN CRISIS

Clients/Consumers: # Respondents: **22** Community: # Respondents: **26** Meeting Date: February 28 and March 28, 2001

I. TOP 10 PROBLEMS/CONDITIONS IDENTIFIED BY TASK FORCE + (RELATED SERVICE INDICATORS FROM PAGE 2):

1. Difficulty in getting along with people at school/work (A,C,F)
2. Not enough money for necessities - food, shelter, clothing, utilities (E,F,G)
3. Feeling lonely and need someone to talk to (A,C)
4. Lack of recreational programs or opportunities (A,G)
5. Difficulty in feeling worthwhile (A,C)
6. Abuse of child, spouse or family member (C,D)
7. Difficulty in knowing which agencies to go to for help (H)
8. Emotional problems that make it difficult to perform daily activities (A,C)
9. Abuse of alcohol and/or drugs (B)
10. Difficulty in reading and writing (E,F)

II. CLIENTS' REASONS FOR NOT GETTING HELP, WITH TASK FORCE'S COMMENTS + (RELATED SERVICE INDICATORS FROM PAGE 2):

- **Do not want help** - The Task Force felt that this population may be resistant to intervention as it is often by law enforcement or the Courts. (C,D)
- **Distance is too far to travel to obtain help or services I need** - Most services are centrally located in the community, while the population is spread out. Public transportation is often limited to the outlying areas of the County. (G)
- **Do not know who to go to for help** - Outreach and Public Relations needs to be ongoing as clients cannot often find services whether or not they actually are available to them. (H)
- **Unsatisfactory experience with agency/person providing help** - All consumers need to be informed of their rights to appeal process. (C,D,H)

III. TASK FORCE'S PERCEPTION OF PRIORITIES FROM SERVICES IN GREATEST DEMAND:

Socialization/Group Support	Social/Therapeutic Recreation; Mentoring; Support/Self Help Groups
Counseling Services	Supportive/Crisis Counseling - Individual, Family, and Group
Substance Abuse Treatment	Intensive Outpatient; Residential Treatment; Halfway House Services

Task Force's Perception of Gap Services:

Socialization/Group Support	Social/Therapeutic Recreation; Mentoring; Support/Self Help Groups
Substance Abuse Treatment	Intensive Outpatient; Residential Treatment; Halfway House
Juvenile Justice	Residential Placement; Crisis Intervention; Mentoring

IV. RECOMMENDED PRIORITY SERVICES - SPECIFIC SERVICES:

A. **Socialization/Group Services:** Social Therapeutic Recreation; Mentoring; Support/Self Help Groups.

B. **Substance Abuse Treatment Services:** Intensive Outpatient Services; Residential Treatment Services; Detoxification Services.

C. **Counseling Services:** Supportive/Crisis Counseling - Individual; Family; Group.

D. **Juvenile Justice:** Residential Placement; Crisis Intervention; Mentoring; Alternative Disposition.

E. **Alternative Education:** GED; Day Treatment/Alternative Education for Youth.

F. **Basic Life Skills Education:** Life Skills Education (Personal/Home Care), Management of Finances

TARGET POPULATION: YOUTH IN CRISIS

RECOMMENDATIONS OF SPECIFIC SERVICES: From IV

A. **Socialization/Group Services:** The Task Force felt that **Social Therapeutic Recreation**; **Mentoring** and **Support/Self Help Groups** were particularly important for this population, as a deterrent to further involvement with the Courts.

B. **Substance Abuse Treatment Services: Intensive Outpatient Services**; **Residential Treatment Services** and **Detoxification Services** are all priority services for this population as they are frequently arrested for substance abuse violations.

C. **Counseling Services: Supportive/Crisis Counseling** - Individual; Family; Group, are priority services for this population who have already identified that they are having difficulty, in order to reduce their risk.

D. **Juvenile Justice: Residential Placement**; **Crisis Intervention**; **Mentoring** and **Alternative Disposition**, were all identified as important for this population that is often involved with the Courts.

E. **Alternative Education: GED** and **Day Treatment/Alternative Education for Youth** were identified as key for some youth at risk who may otherwise dropout of educational services.

F. **Basic Life Skills Education:** The Task Force identified that this population is often lacking **Basic Life Skills** and would benefit from this service.

RECOMMENDATIONS OF SYSTEMIC SERVICES:

G. **Transportation: Employment Transportation** and **Social Service Transportation** are priority services for the entire community.

H. **Information and Referral:** Ongoing **Outreach** is required in order to ensure that the entire community has access to, and utilizes, all of the services that are available to them. Updating and distribution of the County Youth Directory to all schools and youth serving agencies should continue.

TARGET POPULATION: SINGLE PARENT

Clients/Consumers: # Respondents: 92 Community: # Respondents: 19 Meeting Dates: February 28 and March 28, 2001

I. TOP 10 PROBLEMS/CONDITIONS IDENTIFIED BY TASK FORCE + (RELATED SERVICE INDICATORS FROM PAGE 2):

1. Not enough money for necessities - food, shelter, clothing, utilities (A,B)
2. Difficulty in knowing which agency to go to for help (H)
3. Feeling lonely and need someone to talk to (C,E)
4. Abuse of child, spouse or family member (C,E)
5. Difficulty in marriage or relationship with partner (C,E)
6. Lack of transportation for daily activities (bus, train, taxi) (D)
7. Lack of affordable permanent housing (G)
8. Lack of formal education or training opportunities to develop employment skills (B,D)
9. Difficulty in feeling worthwhile (C,E)
10. Unable to access health care due to lack of or insufficient health insurance (F)

Comments: The Task Force also considers these items important to note: Lack of affordable day care for children or family member; Lack of positive peer influence for children; Difficulty in performing tasks because of physical disability or health problems.

II. CLIENTS' REASONS FOR NOT GETTING HELP, WITH TASK FORCE'S COMMENTS + (RELATED SERVICE INDICATORS FROM PAGE 2):

- **Do not know who to go to for help -** Outreach and Public Relations are needed in the form of easily readable pamphlets. Churches and Temples should be asked to help with the distribution of materials to the community. Web Sites and TV Cable should be considered. (H)
- **Help not available in my community -** Particularly true for this population as public transportation routes may not be convenient to employment or child care locations. (D, H)
- **Needed help not available during convenient times of day -** Evening and Weekend hours needed. (D)
- **Cannot afford help -** Employment and Job Training opportunities need to be expanded. (B)

III. TASK FORCE'S PERCEPTION OF PRIORITIES FROM SERVICES IN GREATEST DEMAND:

Day Care Services	Infant; Child; Pre-School; Before and After School Day Care
Employment/Vocational	Training; Procurement; Retention
Parent Skills Development	Parent Education; One-on-One Parent Aid

TASK FORCE'S PERCEPTION OF GAP SERVICES:

Transportation Services	Social Service; Medical; Employment Transportation
Medical Treatment Services	Dental Treatment; Family Planning/Prenatal Services

IV. RECOMMENDED PRIORITY SERVICES - SPECIFIC SERVICES:

A. **Day Care Service:** Infant Care, Child Day Care; Pre-School Day Care; Before/After School Day Care.

B. **Employment/Vocational:** Training; Procurement; Retention

C. **Parent Skills Development:** Parent Education; One-on-One Parent Aid

D. **Transportation:** Employment; Child Care

E. **Counseling Services:** Supportive/Crisis Counseling - Individual; Family; Group

TARGET POPULATION: SINGLE PARENT

RECOMMENDATIONS OF SPECIFIC SERVICES: From IV

A. **Day Care Service: Infant Care; Child Day Care; Pre-School Day Care; Before/After School Day Care.** These services are critically important for this population. Without affordable child care, Single Parents are limited in procuring and retaining job opportunities.

B. **Employment/Vocational**: **Training; Procurement; Retention** are all priority services for this population.

C. **Parent Skills Development**: **Parent Education; One-on-One Parent** Aid are priority services for this population as single parents are often isolated in the community and may benefit from parent support groups.

D. **Transportation**: **Employment** and **Child Care Transportation** are essential in order for many single parents to maintain their independence and reduce reliance on government support.

E. **Counseling Services**: **Supportive/Crisis Counseling** - Individual; Family; Group are priority services for this population who have already identified that they are having difficulty, in order to reduce their risk.

RECOMMENDATIONS OF SYSTEMIC SERVICES:

F. **Medical Treatment: Dental; Family Planning/Prenatal Services** were identified as a gap.

G. **Housing Service:** The Task Force found a gap in the "stock" of affordable housing for this and other vulnerable populations.

H. **Information and Referral:** Ongoing **Outreach** is required in order to ensure that the entire community has access to and utilizes all of the services that are available to them.

TARGET POPULATION: VICTIMS OF ABUSE, NEGLECT, ABANDONMENT, OR VIOLENCE

Clients/Consumers: # Respondents: **100** Community: # Respondents: **34** Meeting Dates: February 20, 2001 and March 9, 2001

I. TOP 10 PROBLEMS/CONDITIONS IDENTIFIED BY TASK FORCE + (RELATED SERVICE INDICATORS FROM PAGE 2):

1. Abuse of child, spouse, or family member (A, B, C, D, E, F)
2. Difficulty knowing which agencies to go to for help (F)
3. Difficulty in marriage or relationship with partner (A, D)
4. Difficulty feeling worthwhile (A)
5. Feeling lonely and needing someone to talk to (A)
6. Divorce or separation (A, D)
7. Difficulty getting along with people at school/work (A)
8. Not enough money for necessities (B)
9. Difficulty maintaining/cleaning home (F)
10. Lack of adequate dental care (G)

Comments: Lack of public transportation and affordable housing could be difficult for population. Transitional housing is a specific need for this population. Lack of recreational programs or opportunities is an issue.
Note: Absence of substance abuse responses needs further exploration.

II. CLIENTS' REASONS FOR NOT GETTING HELP, WITH TASK FORCE'S COMMENTS + (RELATED SERVICE INDICATORS FROM PAGE 2):

1. **Do not know who to go to for help** - General lack of knowledge of services available. (F)
2. **Do not want help** - Not wanting help is symptomatic of Target Population. Issues are safety, stigma, fear of loss of control & stability, confidentiality, fear that system will exacerbate problem. (F)
3. **Needed help does not exist in my community** - Noted were: Not enough money for necessities, Dental, Recreation, Medical. (F, G)
4. **Cannot afford help** - Especially Dental. (F, G)
5. **Needed help is not available during convenient time of day** - Need Evening and Weekend hours. (A)

III. TASK FORCE'S PERCEPTION OF PRIORITIES FROM SERVICES IN GREATEST DEMAND:

Counseling Services	Supportive/Crisis Counseling - Individual; Family; Group
Emergency Basic Needs Services	Emergency Shelter; Food/Clothing; Medication
Protective Services	Crisis Intervention; Protective Service Case Management; Emergency Placement; Protective Custody
Legal Assistance Services	Legal Advice; Representation; Advocacy

TASK FORCE'S PERCEPTION OF GAP SERVICES:

Counseling Services *	Supportive/Crisis Counseling - Individual; Family; Group

* Demand may outstrip availability. True gap exists due to lack of therapists specializing in Victims of Child Sexual Assault and Perpetrators of Child Sexual Assault. There is also a general gap for the Latino/Hispanic Population due to language issues. May be gaps in specialized counseling service relating to specific types of abuse. Lack of Accessibility to services during evenings, on weekends, and off site creates gaps.

IV. RECOMMENDED PRIORITY SERVICES - SPECIFIC SERVICES:

A. **Counseling Services:** Supportive/Crisis Counseling - Individual; Family; Group.

B. **Emergency Basic Needs Services:** Emergency Shelter; Emergency Food/Clothing.

C. **Protective Services:** Crisis Intervention; Emergency Placement.

D. **Legal Assistance Services:** Legal Advice; Legal Representation.

E. **Alternative Living Arrangements:** Transitional Housing.

TARGET POPULATION: VICTIMS OF ABUSE, NEGLECT, ABANDONMENT, OR VIOLENCE

RECOMMENDATIONS OF SPECIFIC SERVICES: From IV

A. **Counseling Services:** Since five of the top ten problems/concerns expressed by the population group are relationship and self esteem issues, expansion of **Supportive/Crisis Counseling** services for individuals, families and groups is strongly recommended. The availability of these services in the evening and on Saturdays so that they are accessible to the employed is vital.

B,C,D. **Emergency Basic Needs Services, Protective Services, Legal Assistance Services:** Expansion should be accomplished. If increased Information and Referral, Marketing and Outreach Services (as noted in the global recommendations below) have the desired effect, expanded services will be vital to accommodate the increased number of individuals seeking help.

E. **Alternative Living Arrangements:** **Transitional Housing** is a vital component of services for this population, as it provides a period of time in which an individual who is a victim of abuse can gain the skills necessary to move from a situation of dependence to one of independence.

RECOMMENDATIONS OF SYSTEMIC SERVICES:

F. **Information and Referral Services:** That the population group ranked "Do not know who to go to for help" as the #1 reason for not receiving help is indicative that new and innovative approaches may be necessary to "get the word out" about available services. An approach newly established in some areas is a "211" system, similar to "911" wherein a caller using the number would be immediately linked to the primary Information and Referral Service, where information would be readily available about Human Services in the County. Also, expansion of the County Web Site was suggested as a conduit to Human Service Agencies via "Links." That "Needed help does not exist in my community" is ranked #3 also indicates that this population group may lack the knowledge of the system that would enable them to seek out the help that does exist.

That the population group ranked "Do not want help" as the #2 reason for not receiving help was seen as symptomatic of the target population due to issues of safety, stigma, fear of loss of control and stability, fear of exacerbation of the problem by the system, and confidentiality. New and innovative methods of **Outreach** and **Marketing** of services need to be established to allay the fears and concerns of the population and help them gain an understanding of the desirability of seeking help. Also noted was the need to reach out to the Latino community (through use of **Interpretation**) which may be unable to seek help due to language issues, and/or be unwilling to do so due to cultural and immigration issues.

G. **Medical Treatment Services:** Every effort should be made to increase access to affordable **Dental Treatment Services**.

Note: Even though "Needed help is not available during convenient time of day" did not rank as a primary reason for not getting help, it was recognized that the service providers' hours need to be expanded to evenings and Saturdays to allow those employed to access services during other than normal working hours.

TARGET POPULATION: SENIOR ADULTS

Clients/Consumers: # Respondents: **125** Community: # Respondents: **84** Meeting Dates: February 22, 2001 & March 14, 2001

I. TOP 10 PROBLEMS/CONDITIONS IDENTIFIED BY TASK FORCE + (RELATED SERVICE INDICATORS FROM PAGE 2):

1. Difficulty taking care of self (A, B, C, D, E, F)
2. Not enough $ for necessities -food, shelter, clothing, utilities [a] (A, B, D, E, F)
3. Lack of public transportation for daily activities (bus, train, taxi) [b] (F)
4. Difficulty knowing which agencies to go to for help (D)
5. Lack of means to obtain prescription medication [c] (B, D, F)
6. Feeling lonely and need someone to talk to (A, B, C, D, F)
7. Difficulty maintaining/cleaning house (A, D)
8. Difficulty reading and writing (A, D)
9. Lack of adequate dental care (E)
10. Lack of respite care (temporary relief from caregiving) (A)

Comments: [a] Task Force recommended including "taxes"; [b] Transportation especially troublesome in remote areas; [c] Interpretations include: problems in physically accessing prescriptions, problems in monitoring of intake, and/or financial stress in purchasing prescriptions.

Note: Task Force noted that "Difficulty performing tasks because of physical disability/health problem" is not in the "Top 10", but it *is* a problem for Seniors.

II. CLIENTS' REASONS FOR NOT GETTING HELP, WITH TASK FORCE'S COMMENTS + (RELATED SERVICE INDICATORS FROM PAGE 2):

- **Do not know who to go to for help** - There in insufficient marketing and publicizing of services. HELPLINE's broad based I&R function is little known. (D)
- **Unsatisfactory experience with agency/person providing help** - Complexity of automated phone answering systems can be overwhelming to Seniors, who likely view this technology as "cold" and "rude" - Strong preference to communicate with a knowledgeable human being.
- **Distance is too far to travel to obtain help or services I need** - More remotely located Seniors likely experience difficulties accessing services - reinforcing the need to expand on transportation services and educating Seniors on existing transportation services. (D, F).

III. TASK FORCE'S PERCEPTION OF PRIORITIES FROM SERVICES IN GREATEST DEMAND:

Home Care Services	Home Health Aide; Home Delivered Meals; Hospice Care; Respite Care
Transportation Services	Medical; Social Service Transportation; Trans. Brokering; ADA Accessible Parking
Medical Treatment Services	Dental Treatment; In-Home Physician Care; Medical Supplies and Pharmaceutical Services; Nutritional Assessment, Health Related Screening &/or Evaluation

* Medical Care & Nursing Home Care were not identified as "high priority" probably because they currently exist; focus was directed toward In-home Care

TASK FORCE'S PERCEPTION OF GAP SERVICES:

Transportation Services *	Medical Transportation Social Service Transportation Transportation Brokering

*Employment Transportation was *not* identified as high priority, but *was* seen as a gap with needs not fully met at all times of day and for more remote areas.

IV. Recommended Priority Services - Specific Services

A. **Home Care Services:** Home Delivered Meals; Respite Care; Hospice Care

B. **Medical Treatment Services:** In-Home Physician*; Medical Supplies and Pharmaceutical Services; Nutritional Assessment, Health Related Screening &/or Evaluation

***In-Home Physician Care** - Program for delivery of In-Home Care for homebound/marginally ambulatory Senior Adults is strongly recommended, utilizing Resident Physicians of HMC.

TARGET POPULATION: SENIOR ADULTS

RECOMMENDATIONS OF SPECIFIC SERVICES: From IV

A. **Home Care Services:** The Senior Adult Task Force expressed concern that **Home Health Aide Service**; **Home Delivered Meals**; **Respite Care**; and **Hospice Care** continue to be identified as vital services, noting that these services *currently exist* within Hunterdon, however, maintenance of current standards, and potential expansion of services is recommended.

B. **Medical Treatment Services:** Availability of general medical treatment options is seen as relatively adequate in Hunterdon. It is recommended that access to **Medical Supplies and Pharmaceutical Services** be monitored, to assure that these needs are being met effectively. Although **Nutritional Assessment, Health Related Screening &/or Evaluation Services** are available, in connection with certain Community Education and Senior Programs, Home Delivered Meals, and/or incorporated into medical consultations, these services should be continued and expanded, to reach an even greater number of Senior Adults.

RECOMMENDATIONS OF SYSTEMIC SERVICES:

C. **Community Education:** Concern for "Quality of Life" issues directs attention toward the importance of **Enrichment Education** - both intellectual and physical.

D. **Information and Referral Services:** HELPLINE, Hunterdon's Information and Referral (I&R) Service, should aggressively expand its **Outreach** and **Marketing** efforts to educate the Public on its full range of services, including Senior Assurance Calls, and the delivery of Information about consumer options, service opportunities and many other possible resources. HELPLINE is intended to be the "first line" of communication to obtain Information, yet a common misconception remains that HELPLINE is a crisis intervention "Help" line, rather than an **Information and Referral System**.

E. **Medical Treatment Services:** **Dental Services** - To address the perceived need for additional dental services in the County, the possibility of establishing a *Mobile* Unit Dental Program should be investigated.

A strong recommendation was made that a Program be developed cooperatively, with the Hunterdon Medical Center, that would designate a portion of the commitment hours of "Resident" Physicians (General Practitioners) of the Hunterdon Medical Center specifically for **In-Home Physician Care** to Homebound/Marginally Ambulatory individuals.

F. **Transportation Services:** There is concern for more remotely situated Senior Adults who likely experience the greatest difficulty in addressing the *"Top 10 Problems/Conditions"* noted in the Survey, if their transportation resources are limited. It is recommended that LINK services continue to be expanded, to include week-end service, sedan type service, and to reduce on-board time for its riders, whenever possible. Outreach to Senior Adults to participate in the bi-monthly meetings of the Transportation Advisory Committee (TAC) should continue.

TARGET POPULATION: PEOPLE WITH DEVELOPMENTAL DISABILITIES (INCLUDING MENTAL RETARDATION)

Clients/Consumers: # Respondents: **65** Community: # Respondents: **29** Meeting Dates: February 21, 2001 and March 14, 2001

I. TOP 10 PROBLEMS/CONDITIONS IDENTIFIED BY TASK FORCE + (RELATED SERVICE INDICATORS FROM PAGE 2):

1. Difficulty in reading and writing (D, F)
2. Difficulty in knowing what agencies to go to for help (I, H)
3. Lack of respite care (temporary relief from care giving) (B,C)
4. Lack of recreational programs or opportunities (A,B.C,H)
5. Difficulty in taking care of self (E)
6. Not enough money for necessities (food, shelter, utilities) (H, I)
7. Difficulty managing or budgeting money (H)
8. Remoteness of residence makes the use of public transportation impractical (A,G)
9. Difficulty performing tasks because of a physical disability/health problem (E,F)
10. Feeling lonely and needing someone to talk to (B,C,H)

II. CLIENTS' REASONS FOR NOT GETTING HELP, WITH TASK FORCE'S COMMENTS + (RELATED SERVICE INDICATORS FROM PAGE 2):

- **Do not know where to go to for help** - Helpline is not marketed as an Information & Referral Service, but a crisis service. Agencies do not do enough outreach. (I)
- **Needed help does not exist in my community** - Reflects a need for I & R and Outreach, or programs having a Waiting List for a service. Services may exist, but are not accessible to the entire community. For instance, Medical & Dental services are not accessible to everyone, especially for people who are Uninsured, Low-Income, or Medicaid Recipients. Some Medical Treatment Services do not exist locally. (A, F, I)
- **Cannot afford help** - This response may reflect a lack of familiarity with available sliding fee scales. (I)
- **Do not want help** - Reflects a lack of trust, or concern about confidentiality. It may reflect frustration with the application process. (H, I)

III. TASK FORCE'S PERCEPTION OF PRIORITIES FROM SERVICES IN GREATEST DEMAND:

Transportation Services	Employment; Social Service
Socialization/Group Support Ser.	Social Therapeutic Recreation
Day Care Services	Child Day Care; Adult Day Care
Alternative Education	Special Education
Home Care Services	Homemaker Assistance; Home Health Aide
Medical Treatment Services	Dental Treatment; Rehabilitation Services; Nutritional Assessment; Health Related Screening and Evaluation; Medical Care; Nursing Home Care
Community Education	Community Health; Consumer; Community Mental Health; Civil Rights/Diversity; Community Protection; Disabilities Awareness; Enrichment; Caregiver
Information & Referral	Information & Referral; Outreach

TASK FORCE'S PERCEPTION OF GAP SERVICES:

Transportation	Transportation to Out-of-County Specialty Clinics
Medical Care	Local Medical Specialty Clinics
Dental Treatment	For Uninsured, Low-Income, and Medicaid Recipients
Home Care Services	Homemaker Assistance
Housing	Affordable Housing
Day Care Services	Child Day Care; Adult Day Care

IV. RECOMMENDED PRIORITY SERVICES - SPECIFIC SERVICES:

A. **Transportation Services:** Medical Transportation (Out of County)

B. **Socialization/Group Support Service:** Social Therapeutic Recreation

C. **Day Care Services:** Child Day Care, Adult Day Care

D. **Alternative Education:** Special Education

E. **Home Care Services:** Homemaker Assistance

TARGET POPULATION: PEOPLE WITH DEVELOPMENT DISABILITIES (INCLUDING MENTAL RETARDATION)

RECOMMENDATIONS OF SPECIFIC SERVICES: From IV

A. **Transportation Services: Medical Transportation (Out-Of-County)**: Specific medical services for people with certain Developmental Disabilities do not exist in the County, making improved out of County transportation and/or an inclusion of the specific services in the County a necessity. For example, Pediatric specialists, and specialists for many specific Developmental Disabilities do not exist in Hunterdon County.

B. **Socialization/Group Support Services: Social Therapeutic Recreation** provides socialization opportunities, alleviates loneliness, and indirectly assists Caregivers in their need for respite.

C. **Day Care Services: Child Day Care** and **Adult Day Care** also provide socialization opportunities and alleviate loneliness. They indirectly assist Caregivers in their need for employment and respite. These services are identified as a Gap.

D. **Alternative Education: Special Education** is a priority service for many people with Developmental Disabilities. However, "difficulty with reading and writing," is not always satisfactorily addressed with education. Sometimes the difficulty is related to physical problems that can, or cannot, be corrected with Medical Care and/or Assistive Devices.

E. **Home Care Services: Homemaker Assistance Services** provide critical help for several populations in the community that have difficulty taking care of themselves and their homes. These services also provide some level of companionship. However, less and less people work in the area of Home Care Services, statewide, generally because of the low pay scale. State Agencies need to resolve this problem. People sometimes have to be placed in nursing homes simply due to a lack of Home Health Care Services.

RECOMMENDATIONS FOR SYSTEMIC SERVICES:

F. **Medical Treatment Services:** Services such as: **Dental Treatment, Rehabilitation Services, Nutritional Assessment, Health Related Screening and/or Evaluation**, and regular **Medical Care** are essential to the entire community. **Nursing Home Care** is often essential for many people with physical and cognitive disabilities, when the family is not able to care for the person at home. The County Department of Human Services is continuing its ongoing efforts to work with State Representatives in order to resolve the lack of participating Medicaid HMO Dentists.

G. **Transportation Services: Employment** and **Social Service Transportation** services are especially critical to people who are low-income and cannot afford a car, as well as to people who do not have a driver's license. Transportation presents the greatest difficulty for people who live in remote areas, or people who do not have typical "nine to five" schedules.

H. **Community Education:** Various aspects of Community Education, are important to the entire community. **Enrichment Education** can be particularly helpful to people who require socialization and recreational opportunities. **Consumer Education** can prove to be very helpful to low-income people or people who have a hard time budgeting money. Community education can also help people identify local human services that can be of assistance to them. These services must be physically accessible to people with disabilities, and must also be able to provide accommodations for their special needs.

I. **Information & Referral: Information & Referral** and **Outreach** are essential in helping people know where to go for help. Many services are available, but people are not aware of them. Helpline needs to be better marketed as an Information & Referral Service. Most people think of Helpline as a crisis services hotline. Consumer Education, Outreach, and Information & Referral Services can address people's questions and concerns about applying for assistance.

Note: Some Members of the Task Force commented that the small amount of money that some People with Developmental Disabilities live on makes it difficult, if not impossible, to budget successfully, no matter what services are provided.

TARGET POPULATION: PEOPLE WITH PHYSICAL DISABILITIES, OTHER THAN BLINDNESS

Clients/Consumers: # Respondents: 116 Community: # Respondents: 47 Meeting Dates: February 21, 2001 and March 14, 2001

I. TOP 10 PROBLEMS/CONDITIONS IDENTIFIED BY TASK FORCE + (RELATED SERVICE INDICATORS FROM PAGE 2):

1. Difficulty performing tasks because of physical disability/health problems (C, E)
2. Physical disability makes present housing situation difficult (A, G)
3. Lack of affordable permanent housing (G)
4. Remoteness of residence makes use of public transportation impractical (B)
5. Emotional problems make it difficult to perform daily activities (D)
6. Feeling lonely and needing someone to talk to (D)
7. Not enough money for necessities (food, shelter, clothing, utilities) (F)
8. Not knowing what agencies to go to for help (F)
9. Unable to access health care due to lack of or insufficient health insurance (E, F)
10. Difficulty taking care of self (C)

II. CLIENTS' REASONS FOR NOT GETTING HELP, WITH TASK FORCE'S COMMENTS + RELATED SERVICE INDICATORS FROM PAGE 2):

- **Do not know who to go to for help** - Helpline is not advertised an Information & Referral Service. (F)
- **Unsatisfactory experience with agency/person providing help** - People do not have the stamina to complete the application process. Providers seem to be rushed, and sometimes lack compassion. Staff turnover & reassignments create a lack of cohesion. There is a lack of trust in Providers. Staff training is required, and new outreach efforts are needed. (F)
- **Do not want help** - This response may relate to an unsatisfactory experience with Providers, or concern about confidentiality. People feel stigmatized. (F)
- **Cannot afford help** - This population often does not have money for necessities, due to the extra expenses of having a disability. People require expensive renovated vans, etc. Many people are reliant on Social Security benefits, and there may also be a lack of awareness of available assistance. (F)
- **Needed help does not exist in my community** - Some Services do not exist locally, or may be available on a very limited basis. This response may also reflect a lack of knowledge about existing services. (A, C, D, E, F, G)

III. TASK FORCE'S PERCEPTION OF PRIORITIES FROM SERVICES IN GREATEST DEMAND:

Housing Services	Rent and Mortgage Assistance; ADA Renovations - Accessibility
Transportation Services	Accessible Transportation
Home Care Services	Home Health Aide Services; Homemaker Assistance; Home Delivered Meals; Respite Care; Hospice Care; Housekeeping
Medical Treatment Services	Dental Treatment; Medical Care
Socialization/Group Support Srvcs.	Support/Self Help Groups Social/Therapeutic Recreation
Information & Referral Services	Information & Referral

TASK FORCE'S PERCEPTION OF GAP SERVICES:

Housing	Housing Renovations & ADA Accessible Housing; Rent and Mortgage Assistance; Affordable Housing
Medical Treatment Services	Medical Clinics for Specific Disabilities; Dental Care
Socialization/Group Support Services	Social/Therapeutic Recreation

IV. RECOMMENDED PRIORITY SERVICES - SPECIFIC SERVICES

A. **Housing Services:** Renovations (ADA)-Accessible Housing

B. **Transportation Services:** Accessible Transportation

C. **Home Care Services:** Home Health Aide, Homemaker Assistance, Home Delivered Meals, Respite Care, Housekeeping

D. **Socialization/Group Support Services:** Social/Therapeutic Recreation

TARGET POPULATION: PEOPLE WITH PHYSICAL DISABILITIES, OTHER THAN BLINDNESS

RECOMMENDATIONS OF SPECIFIC SERVICES: From IV

A. **Housing Services: Accessible Housing: Accessible Housing** is a major concern for people with physical disabilities. People who rent often have a difficult time obtaining a first floor apartment, much less an apartment that is truly accessible. Accessible Housing is considered a Gap in Service. Low-Income people with disabilities can obtain funding for housing renovations through the Hunterdon County Freeholder's Housing Renovations for Low-Income People with Disabilities, but this program is not able to meet the needs of everyone.

B. **Transportation Services:** ADA **Accessible Transportation** is provided by the LINK, but the LINK is not realistically able to meet all of the transportation needs of everyone with a physical disability, especially those people who live in remote areas.

C. **Home Care Services:** Home **Health Aide Services, Homemaker Assistance, Home Delivered Meals, Respite Care,** and **Housekeeping Services** are priority services for people with physical disabilities, and other populations in the County. However, *these services are difficult to obtain because few people choose to work in these occupations due to low salaries.*

D. **Socialization/Group Support Services:** The Task Force voiced concern about the general lack of recreational opportunities for people with physical disabilities. Sometimes **Social/Therapeutic Recreational** programs are advertised as being able to serve people with disabilities, but they are not really able to do so. These services can help alleviate loneliness and emotional problems. They may be especially important in a rural County, where people sometimes feel particularly isolated.

RECOMMENDATIONS FOR SYSTEMIC SERVICES:

E. **Medical Treatment Services: Medical and Dental Treatment** are necessities for everyone in the community. For people with physical disabilities, Medical and Dental Care must also be *physically accessible*. Many Physicians' and Dentists' offices cannot accommodate people with physical disabilities, so this becomes a Gap in Service. An example of this would be examining tables that do not accommodate people with certain disabilities. In addition, *Dental Care is not available* to low income people in the community. Only a few Dentists accept Medicaid Recipients. Many people have to travel Out-Of-County to receive Dental Services. Some people go without Dental Services completely. In addition, many people also have to travel Out-Of-County for specialized Medical Treatment, which does not exist in the County.

F. **Information & Referral Services: Information & Referral Services**, and **Outreach**, are essential to the entire community. They are the thread that connects the community with the Human Service Delivery System. People may be eligible for many services, but they will not be aware of the services without effective Outreach and Information and Referral.

G. **Housing Services: Affordable Housing** is considered a Gap in Service for all low-income residents of the County. The lack of affordable housing negatively affects low-income people most, and many people with disabilities are in lower income brackets. Affordable housing is a gap for low-income people throughout the County.

Note: It was the consensus of the Task Force that sensitivity to the needs of people with physical disabilities is lacking with many providers. *Sensitivity training is recommended for Provider Agencies*. This training should be County-wide and include cultural awareness of all populations' needs.

Although not surfacing as a Priority Need in the Client or Community Surveys per se, the Task Force Members agreed that the depression that some people with physical disabilities experience, related to their disability, can lead to *the abuse of drugs and alcohol.*

TARGET POPULATION: PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED

Clients/Consumers: # Respondents: **28** Community: # Respondents: **2** Meeting Dates: February 21,2001 and March 14, 2001

I. TOP 10 PROBLEMS/CONDITIONS IDENTIFIED BY TASK FORCE + (RELATED SERVICE INDICATORS FROM PAGE 2):

1. Lack of public transportation for daily activities (F)
2. Difficulty performing tasks because of physical disability/health problems (B)
3. Difficulty taking care of self (B)
4. Difficulty in reading and writing (B)
5. Lack of recreational programs or opportunities (D, F)
6. Feeling lonely and need someone to talk to (D)
7. Difficulty maintaining/cleaning home (B)
8. Not enough money for necessities (food, shelter, clothing, utilities) (A)
9. Difficulty knowing what agencies to go to for help (C, E)
10. Difficulty in feeling worthwhile (D)

II. CLIENTS' REASONS FOR NOT GETTING HELP, WITH TASK FORCE'S COMMENTS + (RELATED SERVICE INDICATORS FROM PAGE 2):

- **Do not know who to go to for help** - Helpline does not publicize itself as an Information & Referral Service. (E)
- **Cannot afford help** - There are significant barriers to employment for this population. Some barriers are real, and some are created by employers' limited understanding of the abilities of people who are Blind or Visually Impaired. Therefore, many people who are Blind or Visually Impaired are financially dependent on Social Security benefits. In addition, people who are Blind and Visually Impaired have additional living expenses that people without disabilities do not have. This response may also indicate a lack of familiarity with local services. (A, E)
- **Needed help does not exist in my community** - This comment may represent a lack of familiarity with local resources. However, there are some specific services that are not readily accessible in Hunterdon County. (B, C, D, E, F)

III. TASK FORCE'S PERCEPTION OF PRIORITIES FROM SERVICES IN GREATEST DEMAND:

Employment/Vocational Services	Assessment; Training
Basic Life Skills Education	Provision of Adaptive Devices and Training for People with Disabilities; Client Advocacy (expert advocacy for special needs for specific disabilities)
Community Education	Community Health Education; Disabilities Awareness; Enrichment Education; Caregiver Education
Information & Referral Services	Information & Referral; Outreach
Transportation	Transportation Brokering

Note: Only two people responded for this population from the community survey. Therefore, the Task Force relied largely on their own experiences and expertise.

TASK FORCE'S PERCEPTION OF GAP SERVICES:

Basic Life Skills Education	Provision of Adaptive Devices and Training for People with Disabilities
Employment/Vocational Services	Training
Advocacy	Client Advocacy (expert medical advocacy for special needs related to specific disabilities)
Community Education:	Community Health Education; Disabilities Awareness; Enrichment Education; Caregiver Education

IV. RECOMMENDED PRIORITY SERVICES - SPECIFIC SERVICES

A. **Employment/Vocational Services:** Assessment; Training

B. **Basic Life Skills:** Provision of Adaptive Devices and Training for People with Disabilities

C. **Advocacy:** Systems Advocacy

TARGET POPULATION: PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED

RECOMMENDATIONS OF SPECIFIC SERVICES: From IV

A. **Employment/Vocational Services: Assessment** and **Training**: These services are available from the Division of Vocational Rehabilitation if a person is deemed to require them to obtain employment. The Division of Vocational Rehabilitation is less likely to provide services to upgrade employment skills.

B. **Basic Life Skills: Provision of Adaptive Devices and Training** for People with Disabilities are considered a Gap in service, as they are difficult to obtain. The Regional Office of the N.J. Commission for the Blind & Visually Impaired and the Division of Vocational Rehabilitation may need to be more involved in providing these services when appropriate. Medicaid's inability to pay for some adaptive devices is also a part of this problem.

C. **Advocacy: Systems Advocacy** is required to provide local services which are specifically designed to serve people who are Blind or Visually Impaired. This relates most specifically to the need for a greater local presence of the N.J. Commission for the Blind and Visually Impaired. Hunterdon County's Regional Office of the Commission is in Toms River. The staff travels to Hunterdon County to provide services, but the Commission does not have a strong local presence. People may also need to travel out of county to obtain training designed specifically for people who are Blind or Visually Impaired.

RECOMMENDATIONS OF SYSTEMIC SERVICES:

D. **Community Education: Community Health Education, Disabilities Awareness Education, Enrichment Education**, and **Caregiver Education** are considered to be Gaps in Service for the community, as well as for this particular population. For services that do exist, more outreach is needed for full utilization.

E. **Information & Referral Services: Information & Referral** and **Outreach** are essential to the entire community. Too many people appear to be unaware of which agencies to go to for necessary services.

F. **Transportation: Transportation Brokering** helps everyone use the existing system more effectively and efficiently.

General Comment: The Task Force indicated that some services are considered gaps because services are not provided with the special needs of people who are Blind or Visually Impaired in mind. Also, Consumers often feel frustrated in their efforts to obtain prompt, empathetic services. The Task Force felt that Providers sometimes do not appear to care about the needs of the Consumer.

TARGET POPULATION: PEOPLE WHO ARE SERIOUSLY MENTALLY ILL

Clients/Consumers: # Respondents: **58** Community: # Respondents: **29** Meeting Date: March 1, 2001 and April 5, 2001

I. TOP 10 PROBLEMS/CONDITIONS IDENTIFIED BY TASK FORCE + (RELATED SERVICE INDICATORS FROM PAGE 2):

1. Unable to access health care due to lack of or inadequate health insurance (G)
2. Emotional problems that make it difficult to perform daily activities (A)
3. Lack of affordable permanent housing (D)
4. Lack of public transportation for daily activities (bus, train, taxi) (E)
5. Lack of adequate Medical/Dental Care (H)
6. Not enough money for necessities/difficulty managing or budgeting money (B)
7. Abuse of alcohol and/or drugs (C,F)
8. Difficulty knowing which agencies to go to for help/lack of knowledge of or access to service when Public Assistance stops (G)
9. Difficulty performing tasks because of physical disability/health problems (H)
10. Difficulty adjusting to new responsibilities of life stages (A)

II. CLIENTS' REASONS FOR NOT GETTING HELP, WITH TASK FORCE'S COMMENTS + (RELATED SERVICE INDICATORS FROM PAGE 2):

- **Do not know who to go to for help** - Outreach and Public Relations is needed in the form of easily readable pamphlets, or self help booklets. Informational pocket size directories (e.g., the Youth Directory), would be helpful. Churches and Temples should be asked to help with the distribution of outreach pamphlets in order to reach a wider population. (G)

- **Unsatisfactory experience with agency/person providing help** - All consumers need to be informed of their rights and the right to appeal process, in writing. Since initial contacts are so important, screeners need to be selected and trained carefully. Training in working with resistant consumers is also essential. Follow up should be increased, and follow up should always be done if a consumer does not continue services. As a follow up the Agency Ombudsperson should also reach out to consumers. (A)

III. TASK FORCE'S PERCEPTION OF PRIORITIES FROM SERVICES IN GREATEST DEMAND:

Mental Health Treatment	Outpatient Counseling Services; Medication Monitoring; Inpatient Psychiatric Care; Psychiatric Assessment
Housing Services	Rent and Mortgage Assistance; Housing Location Assistance; Housing Development
Transportation	Medical; Social Services; Employment
Employment/Vocational	Retention; Assessment; Procurement
Substance Abuse Services	Halfway House (for MICA); Residential Treatment; Intensive Outpatient; Substance Abuse Prevention/Education
Medical Treatment Services	Medical Care; Dental Care; Medical Supplies and Pharmaceutical Services

TASK FORCE'S PERCEPTION OF GAP SERVICES:

Housing Services	Rent and Mortgage Assistance; Housing Location Assistance; Housing Development; Affordable Housing
Substance Abuse Services	Halfway House (for MICA)
Transportation	Medical; Social Services; Employment Services
Medical Treatment Services	Medical Supplies and Pharmaceutical Services

IV. RECOMMENDED PRIORITY SERVICES - SPECIFIC SERVICES

A. **Mental Health Treatment:** Outpatient Counseling Services; Medication Monitoring; Inpatient Psychiatric Care; Psychiatric Assessment

B. **Employment/Vocational:** Retention; Assessment; Procurement

C. **Substance Abuse Services:** Halfway House Services (for MICA)

TARGET POPULATION: PEOPLE WHO ARE SERIOUSLY MENTALLY ILL

RECOMMENDATIONS OF SPECIFIC SERVICES: From IV

A. **Mental Health Treatment: Outpatient Counseling Services, Medication Monitoring, Inpatient Psychiatric Care** and **Psychiatric Assessment** are priority Mental Health Treatment Services.

B. **Employment/Vocational: Assessment; Procurement,** and **Retention Employment Services** are all priority services for this population, in order to ensure that special needs are taken into consideration and addressed. Persons with Serious Mental Illness often report that having and retaining a job help them with self esteem issues like difficulty in feeling worthwhile.

C. **Substance Abuse Services: Halfway House Services** (for MICA) are considered a serious gap in the community. The Task Force commented that there are no services for a person to transition back into the community from a psychiatric hospitalization when they have concurrent substance abuse issues.

RECOMMENDATIONS OF SYSTEMIC SERVICES:

D. **Housing Services: Rent and Mortgage Assistance; Housing Location Assistance;** and **Housing Development** are all considered to be priority services. The Task Force also indicated that **Affordable Permanent Housing** is a Gap in Service for the entire community. Homelessness is a special concern, for this population, due to emotional problems and Landlord/Tenant issues.

E. **Transportation: Medical; Social Services;** and **Employment Transportation** are priority services for the entire community.

F. **Substance Abuse Services: Residential Treatment Services; Intensive Outpatient Services;** and **Substance Abuse Prevention/Education Services** are priority services. There is a special need for legal services related to legal problems due to Abuse of Alcohol and/or Drugs.

G. **Information & Referral:** Ongoing **Outreach** is required in order to ensure that the entire community has access to and utilizes all of the services that are available to them. Pamphlets should be clear and easy to read.

H. **Medical Treatment Services: Medical Care, Dental Treatment,** and **Medical Supplies and Pharmaceutical Services** are problems for many Hunterdon Citizens who have no insurance, are under insured or who do not qualify for entitlements. Dental Care is rarely available for persons with Medicaid. Specific to this population, the Task Force indicated that the need for funding for prescribed medication, either on an emergency basis or regular basis, is critical.

The Task Force indicated the need to recognize that Severe Mental Illness makes life difficult with "every bend in the road."

The Task Force did not prioritize services for some of the 10 top problems or conditions identified for this population because they felt that they were more related to physical health problems, rather than mental health problems. Physical health problems were felt to be dealt with by the Task Force on Disability Services.

TARGET POPULATION: PEOPLE WHO ARE MODERATELY MENTALLY ILL

Clients/Consumers: # Respondents: **89** Community: # Respondents: **21** Meeting Date: March 1, 2001 and April 5, 2001

I. TOP 10 PROBLEMS/CONDITIONS IDENTIFIED BY TASK FORCE + (RELATED SERVICE INDICATORS FROM PAGE 2):

1. Emotional problems that make it difficult to perform daily activities (A, C)
2. Lack of affordable permanent housing (F)
3. Lack of public transportation for daily activities (bus, train, taxi)/lack of reliable personal vehicle (H)
4. Difficulty in knowing what agencies to go to for help (E)
5. Difficulty performing tasks because of physical disability/health problems (E)
6. Abuse of child, spouse, or family member (A, B, C)
7. Not enough money for necessities-food, shelter, clothing, utilities (E, F)
8. Difficulty in marriage or relationship with partner (A, C)
9. Feeling lonely and need someone to talk to (A, C)
10. Lack of adequate dental care (G)

Note: The Task Force indicates that Abuse of Alcohol and Other Drugs often result in significant problems for this population.

II. CLIENTS' REASONS FOR NOT GETTING HELP, WITH TASK FORCE'S COMMENTS + (RELATED SERVICE INDICATORS FROM PAGE 2):

- **Do not want help** - The Task Force felt that this response may have come primarily from Family Members who do not want help, due to the stigma of receiving services.
- **Help does not exist in my community** - Services are not being advertised sufficiently, and people may not be taking full advantage of the services which are, in fact, available to them. We need to increase Outreach, Information & Referral Services, and written publications announcing services. Access issues need to be addressed as well as a part of Outreach and Information & Referral Services. (E)

III. TASK FORCE'S PERCEPTION OF PRIORITIES FROM SERVICES IN GREATEST DEMAND:

Mental Health Treatment Services	Outpatient Counseling; Medication Monitoring; Inpatient Psychiatric Care; Psychiatric Assessment
Parent Skills Development	Parent Education; One-on-One Parent Aid
Counseling Services	Supportive/Crisis Counseling - Family; Individual and Group
Information & Referral	Information & Referral

TASK FORCE'S PERCEPTION OF GAP SERVICES:

Mental Health Treatment Services	Psychiatric Assessment
Housing Services	Affordable Housing
Day Care Services	Sick Child Day Care\Infant Care
Medical Care	Dental Care
Transportation	Social Service; Employment; Medical Transportation; Transportation Brokering

* Counseling Services are included in Mental Health Services

IV. RECOMMENDED PRIORITY SERVICES - SPECIFIC SERVICES

A. **Mental Health Treatment Services:** Outpatient Counseling Services; Medication Monitoring; Inpatient Psychiatric Care; Psychiatric Assessment

B. **Parent Skills Development:** Parent Education; One-on-One Parent Aid

C. **Counseling Services:** Supportive/Crisis Counseling-Family, Individual, and Group

D. **Day Care Services:** Sick Child; Infant

TARGET POPULATION: PEOPLE WHO ARE MODERATELY MENTALLY ILL

RECOMMENDATIONS OF SPECIFIC SERVICES: From IV

A. **Mental Health Treatment Services: Outpatient Counseling Services; Medication Monitoring; Inpatient Psychiatric Care** and **Psychiatric Assessment** are essential to people with moderate mental illness. These services can decrease, and even prevent, many problems. The Task Force identified Psychiatric Assessment as a Gap in Service because there are many times that people have to wait an unacceptably long time to get a Psychiatric Evaluation. In some situations, people who need assessments do not get them. People who are in need of Mental Health Treatment Services should never be turned away due to an inability to pay, or have to wait an unwarranted amount of time for services.

B. **Parent Skills Development: Parent Education** and **One-on-One Parent** Aid are extremely important in assisting people with moderate mental illness perform the role of parent. The knowledge, support, and encouragement provided by these essential services can make the difference between keeping a child in the home with the family, versus foster care. "Family Skills" are an essential need for this target population.

C. **Counseling Services:** The Task Force Members agreed unanimously that **Supportive/Crisis Counseling-Family**, Individual, and Group all fall under the category of Mental Health Treatment Services, but because people feel such embarrassment requesting Mental Health Treatment Services, they are more comfortable asking for "counseling."

D. **Day Care Services: Sick Child Day Care** was identified as a Gap in Service for the County. Working parents cannot identify Day Care Services when their children are ill, and this can put a parent at risk of losing their job, or leaving a child alone. **Infant Care** and affordable day care are needed for all populations.

RECOMMENDATIONS OF SYSTEMIC SERVICES:

E. **Information & Referral**: Effective **Information & Referral** is required by the entire community to ensure that people utilize all of the services that are available to them, including In Home Services. A large percentage of survey respondents reported that they are not aware of which agencies to go to for help. Specific needs for Information and Referral relate to providing information about the provision of financial assistance. Specific examples of crisis situations, that were discussed by the Task Force, were when people run out of medication, lose their jobs, or have other major financial needs. Comments were also made specifically related to the services provided by the Division of Social Services. The Task Force felt that it is particularly difficult to "navigate" the Division of Social Services system.

F. **Housing Services: Affordable Housing** was identified as a Gap in Services for the entire community. This is an issue which the Task Force indicated creates real problems for all people, but especially for low-income people.

G. **Medical Care: Dental Care** is considered a Gap in Services for low-income, uninsured, or under insured people. Continuing Hunterdon County Department of Human Services efforts are being made to encourage Medicaid HMOs to provide more participating Dentists in Hunterdon County. However, greater State involvement is required in order to correct this problem. In the meantime, people are traveling Out of County to obtain Dental Services. Some people are going without Dental Services completely.

H. **Transportation: Social Service, Employment**, and **Medical Transportation** are all seen as Gaps in Service. They do exist in the County but existing LINK services are realistically not able to meet the large variety of Transportation needs that exist. **Transportation Brokering** is seen as part of the solution to an ongoing County problem.

VIII. DISCUSSIONS OF THE TASK FORCES

The meetings of the 7 Task Forces generated vibrant, evocative discussions, not all of which could be incorporated into the summaries of the "Quadrant Sheets." This section reflects the flavor of these discussions. It provides elaborations on comments included in the "Quadrant Sheets" in Section VII, as well as additional impressions and perspectives of the Task Forces not captured in the summary sheets. As such, it is designed to add to and complement the Quadrant Sheets, but not to replicate that data. Complete listings of the Task Forces' Recommendations can be found in Section VII.

SUBSTANCE ABUSE

The Identified Problems for Substance Abusers are varied, and include money and health insurance issues, legal problems, relationship problems, emotional aspects, and familial issues, such as abuse and inadequate parenting. Other Problems reflect the *lack of rehabilitation facilities*. In particular, the Task Force identified gaps in services within the County for **Residential Services** and **Detoxification Services**. Of particular note was the **lack of services for Heroin users**, which is of significant concern given the current surge in heroin-related overdoses in the County. Additionally, the Task Force also discussed the need for **Counseling** and **Support Services** for Mentally Ill Chemical Abusers (MICA). An increasing need also exists for **Substance Abuse Counseling Services** in Spanish that are sensitive to the needs of the Latino population. Substance Abuse Services that consider the unique needs of adolescents, *including emotional aspects and legal aspects*, are also necessary. Gaps in Services were noted for some types of **Support Groups**. In particular, Alanon, Alateen, and Tough Love programs are offered sporadically, or not at all.

The Task Force also recognized that services are needed that go beyond addictions and abuse to *address aspects of everyday life that are disrupted by substance abuse*. Thus, **Basic Life Skills Education** can help individuals with better parenting skills and money management skills, reducing situations of abuse and neglect, and improving financial difficulties. In addition, the Task Force emphasized the need to provide youth with **safe and productive recreation and socialization opportunities**, both as a preventative measure and as a healthy alternative for youth in recovery.

The Task Force expressed concern that individuals with substance abuse problems often do not seek help for a variety of reasons. In some cases, outreach efforts are needed for those who may be in denial, and are not willing to ask for assistance. Other individuals cannot afford needed services. They may not have adequate health insurance, or any insurance at all, and even for those who do have insurance, coverage for all types of services is not guaranteed. Individuals also report that they do not know where to go to for help, suggesting that greater outreach efforts and marketing

are needed for existing services. Finally, transportation services are in great need, particularly since many services are not provided within the County.

LOW-INCOME/HOMELESS

For individuals and families who are homeless, many of the Identified Problems are as expected, given their current living situation: problems with housing, money, not enough food, and lack of medical and dental care. Other problems reflect emotional issues that are correlated with homelessness, such as not feeling worthwhile, loneliness, and stress-related emotional problems that interfere with everyday living. Other issues suggest difficulties with navigating the Human Services System. Respondents report difficulties with knowing which agencies to go to for help. The Task Force also suggested that due to their overwhelming personal situation, they may be unable to handle all of the paperwork involved with obtaining aid. They may also experience feelings of hopelessness and frustration because they have exhausted all of their resources and other means of assistance. For many in this situation, *they are without support systems*, and may feel alienated from friends and family. This can increase their stress and feelings of being overwhelmed by their situation. Similar concerns were also raised by the Mental Health Task Force.

To address these Needs, the Task Force recommended services that addressed immediate and long-term housing needs, such as **Transitional Housing**, **Boarding Homes**, and **Rent and Mortgage Assistance**, as well as services to address emotional factors, such as **Counseling**. To further aid with long-term outcomes, **Employment/Vocational Services**, in conjunction with **Employment Transportation**, was also recommended.

Individuals and families with low incomes, who may or may not be working, share many of the same concerns as those who are homeless, such as not enough money for necessities, problems with housing, lack of medical and dental care, and the emotional/self-esteem issues that are associated with these problems. In terms of medical care, in 2002, most Medicaid recipients will be mandated to enroll in the New Jersey Medicaid Managed Care Program. *This is expected to create even more problems with access to Health Care for people with low incomes*. The need for affordable **Day Care** is also pressing for this population, given that many times, both parents work to make ends meet or single parents are raising the families. Furthermore, post-TANF recipients *are experiencing high child-care fees*, which result in **high excess fees** (over and above the State rate), which the parents must pay. Currently, Hunterdon County is working with State representatives to obtain funding to help parents with this problem, and some additional slots have been made available at a reduced fee.

Many individuals with low incomes, as well as those who are homeless, may not seek help due to shame or embarrassment, and they may feel stigmatized when they do. **Socialization/Group Support Services** could benefit these individuals and families by providing them with a support system and introducing them to others with similar issues. Yet because of the stigma, they may not seek these services. Thus, **Outreach** is needed to alleviate negative perceptions and allow individuals to obtain needed services. Outreach should also be directed towards those who do not speak English, and who may not feel welcome in the system, including those who fear repercussions from being identified as undocumented.

YOUTH AND FAMILY

Many of the Identified Needs of the *larger General Youth group* are the same as those for the *Youth in Crisis group*. Some reflect problems for the Youth themselves, such as the lack of recreation programs, difficulty getting along with people at school, and difficulty in reading and writing. Others represent problems for the family, such as not enough money, or abuse within the family. "Abuse of Alcohol and/or Drugs" was also identified as a problem by both groups.

The Youth in Crisis group additionally includes as Top Needs issues that reflect on the difficulties that the Youth and Families are experiencing - "Emotional Problems That Make It Difficult to Perform Daily Activities" and "Difficulty in Knowing Which Agencies To Go To For Help." **Outreach** efforts, through **Information and Referral,** need to be made to seek out these families and provide them with information on where to find appropriate services.

Recommendations for Services reflect the different levels of risk for the two groups. Services of the General Youth group *address prevention* - i.e., stopping problems before they begin, or catching them early on. This includes **Substance Abuse Prevention/Education** and **Screening/Assessment, Parent Skills Development**, as well as **Recreation** opportunities, **Mentoring**, and **Support Groups.** Recommendations for **Counseling Services** are geared towards resolving family conflicts before greater problems develop. In contrast, for Youth in Crisis, Services are *directed towards existing problems* - how to alleviate them, and/or reduce further risk, including recidivism and continuing participation in the justice system, as well as psychological/emotional problems. Thus, Service Recommendations include **Substance Abuse Treatment Services, Counseling** for those with identified difficulties, **Juvenile Justice Services,** and **After Care Services** for youth returning from more restrictive settings. **Socialization/Group Support Services** were recommended as deterrents for further involvement with the Courts. Additional Services were also recommended as preparation for moving into adulthood, such as **Alternative Education** programs, which can also reduce the risk of school drop-outs, and **Basic Life Skills Education,** which can facilitate the transition into early adulthood and independent living.

For Single Parents Experiencing Difficulties/Problems, their expressed Needs are diverse and cover a range of issues touching the entire family. Because financial issues are a Top Problem, and a reported reason for not getting help, **Employment/Vocational Services** are strongly recommended. However, these services are not enough by themselves; additional services need to be incorporated into the process, in order to make employment a realistic and functional option in their lives. For many, maintaining a job will be possible only if adequate, affordable **Day Care** is available for all ages, for full days. Similarly, **Employment Transportation**, and **Child Care Transportation**, are critical aspects of providing these families with the possibility of employment.

Counseling Services are recommended to address several of the other reported Top Problems, which include *interpersonal issues*, such as feeling lonely and difficulty in feeling worthwhile, as well as *problematic situational and social issues*, such as abuse and difficulties with relationships. The Task Force also suggested the development of **Parent Support Groups**, which can address some of these issues, while providing a supportive network for the parents, who often report needing someone to whom they can talk.

VICTIMS OF ABUSE, NEGLECT, ABANDONMENT, OR VIOLENCE

The unique situational factors for this Target Population create special needs in direct response to the abuse. Thus, the Top Priority Recommendations include Services that directly address the abusive situation itself, such as **Emergency Shelter, Food and Clothing, Protective Services, Legal Assistance Services**, and **Transitional Housing.** Transitional Housing in particular is a critical need, because it provides both a safety net and the opportunity for individuals to get back on track with their lives. This service is enhanced when additional services, such as training and education, are included as well.

The inclusion of **Counseling Services** as a Top Priority reflects the repercussions of the abuse: *five of the top 10 Problems involve relationship and self-esteem issues, which can be viewed as factors interwoven with abusive situations*. It was noted by the Committee that although Counseling Services exist, there may not be enough to go around. Additional Counselors specializing in specific types of abuse, such as sexual abuse, are needed, as are Counselors and Services geared towards the Latino/Hispanic population, which would address language barriers and be sensitive to cultural differences in the perception of abuse. In addition, it was also noted that if **Information and Referral** efforts, through increased **Marketing** and **Outreach**, are successful, then all services will need to expand to continue to meet needs.

Although progress has been made in this area over the years, and many individuals do seek help, the perception of a stigma attached to abuse continues, which may prevent many others from seeking help. Further, the fear that is an integral and understandable aspect of the abusive

situation sometimes bleeds into the process of seeking help, such that the individual may be afraid to seek further help. Thus, it is imperative that the Service Delivery System *provides assurances of protection and confidentiality at all levels*, from the initial contact, through the legal process, to the provision of services. For some individuals who have never had contact with the system, entering the system can be a daunting process. **Marketing** and **Outreach** efforts should be geared towards allaying these fears in order to encourage more individuals to seek needed help. Service Providers connected with the legal system and human services also need to be educated on the need to be sensitive to safety and confidentiality concerns, along with other emotional issues related to the abuse.

SENIOR ADULTS (60+ YEARS)

The Task Force identified a number of Issues that took on particular meaning for Senior Adults. First, the Task Force emphasized that the Problem/Condition of "Not Enough Money For Necessities" should include a piece on the difficulty of affording taxes. Second, the Task Force noted that certain Problems are of particular concern to Seniors due to physical or health conditions related to aging. For example, "Difficulty with Reading and Writing" may relate more to physical aspects than cognitive issues. Similarly, the "Lack of Means to Obtain Prescription Medication" may go beyond financial means to include physical difficulties, such as the inability to independently leave the house to purchase medications, to problems of monitoring of intake. *In general, difficulties with monitoring of medication was noted as a particular concern*, especially for Senior Adults living on their own, who could benefit from increased monitoring due to increased need for medications and medical care. It was strongly recommended that **Medical Treatment Services** include increased and improved Monitoring as one of its services. Similarly, it was recommended that **Marketing** and **Outreach** should include efforts to familiarize Senior Adults with services such as **"Senior Assurance Calls."**

Many Senior Adults reported dissatisfaction with Service Providers/Agencies, which the Task Force believed stemmed in part from the lack of human contact often associated with agency contacts. In particular, it was pointed out that Seniors are frustrated, and sometimes overwhelmed, by automated phone answering systems. This "advance" in technology may be especially disconcerting for Seniors, who are not as accustomed to the ever-increasing technological changes and may have more difficulties navigating these systems, and who may also resent the impersonal nature of systems that used to include a human touch.

An additional concern that generated much discussion among Task Force members was in regard to the need for **In-Home Physician Care** for homebound or marginally ambulatory individuals. The Task Force noted that provision of this service would require a creative approach. They suggested developing a system, in conjunction with the Hunterdon Medical Center, that could potentially

employ Resident Physicians as Providers. This possibility would need to be explored further, with additional ideas generated for potential Medical Providers and funding options, and would require collaboration with other systems.

DISABILITIES

The Task Force emphasized that Services must address the particular needs of individuals with disabilities. In some cases, recommended services may not address the real need. For example, difficulties with reading and writing would not be addressed by education programs if the difficulty is physical in nature and could be better remedied by **Medical Care** and/or **Assistive Devices**. In other cases, services exist but are not accessible to individuals with disabilities. Thus, the Task Force notes that **Community Education** programs and **Social/Therapeutic Recreation** programs, as well as other programs, must be made physically accessible and ADA compliant. In some instances, programs are advertised as accessible, but in reality, *they cannot accommodate all needs*. Many **Medical** and **Dental Offices** are not able to accommodate individuals with physical disabilities due to lack of appropriate equipment. Additionally, **Affordable** and **Accessible Housing** was identified as a serious gap for these populations.

The Task Force recognized an additional Need, that of **Respite Care** for caretakers, which can sometimes be met indirectly through Services geared towards the family members with disabilities. For example, both **Child** and **Adult Day Care**, as well as **Socialization/Group Support Programs** can yield additional benefits through providing respite to the caretakers.

Clients' reports of not wanting help was determined to be related to several factors. First, it may be due in part *to frustrations with lengthy and complicated application processes*, for which individuals may not have the stamina to complete the process. Second, it may be affected by concerns regarding confidentiality. Outreach efforts should include assurances of privacy and confidentiality. Finally, reluctance to seek help may be related to lack of trust created by a disjointed system and/or insensitive providers. Frequent staff turnover creates a lack of cohesion and continuation of services that can lead to feelings of mistrust and frustration. *Most importantly, the Task Force emphasized concerns about the lack of sensitivity to the special Needs of people with disabilities, and strongly encouraged Sensitivity Training for Service Providers.* The Task Force also stressed that Service Providers need to go beyond the exact request and actively work to identify other services for which a person would be eligible, even though not specifically requested. Many times people with disabilities have multiple needs and workers should consider the whole person. For example, if a person needs health insurance, the worker can do much more than refer the individual to Family Care or other similar programs, by discussing other possible needs. In this example, if the individual seeks health insurance, it may be because there are pressing medical needs that can be addressed immediately through additional services.

MENTAL HEALTH

The Task Force emphasized the need to recognize that for individuals with mental illness, life is difficult with "every bend in the road." Having a serious mental illness impacts not only on the individual, *but on everyone concerned,* particularly on family members and caretakers. It is important for Providers to appreciate the challenges faced by these families and to be sensitive to their concerns and frustrations. Although some progress has been made in educating the public about mental illness, the feeling remains that there continues to be a stigma attached to mental illness. The Task Force believes that this stigma persists so strongly that consumers are actually more comfortable asking for **Counseling Services** rather than **Mental Health Treatment Services.** The Task Force also indicated that they believed that the response of "Do Not Want Help" from the Client Survey stemmed not only from the clients themselves, but also from family members who may be reacting to the stigma of receiving services, which acknowledges mental illness in the family. This reluctance to seek help may also be related *to the cost of services,* and particularly for conditions perceived as time-limited, clients and/or their family members *may opt to wait it out.*

Just as increased sensitivity would enhance the provision of services, attention to procedural issues could also strengthen the Service Delivery System and improve the care the clients receive. The Task Force pointed out the need to ensure that clients are continuously being informed of their rights, in writing, including the right to appeal decisions, even those that are financial decisions. This process must continue and be reinforced by Agency Personnel. It is necessary to continue to advocate for Clients, so that their rights are respected. Follow-up procedures by Agencies should also be implemented routinely, and efforts increased as necessary to ensure the best outcomes. Follow-ups must be done persistently whenever a client does not continue services. The Agency Ombudsperson should also increase *outreach efforts* as part of the follow-up process.

Efforts also are needed to eradicate the stigma of mental illness in the community, and to help others, such as employers and landlords, understand the stress involved in living with mental illness. To facilitate this, services that help people with mental illness adapt to everyday living, and improve functioning where they live and work, can enhance relationships and foster independent living. For example, the Task Force noted that Landlord/Tenant issues can create problems for people with mental illness, sometimes resulting in homelessness. Services that provide training in **Life Skills**, such as writing checks, paying rent, and maintaining time schedules, can go a long way towards mending Landlord/Tenant relationships and giving the individuals a chance to live on their own.

In general, the Task Force found that the Service in greatest need for individuals with mental illness is **Psychiatric Assessment.** This was identified as a serious Gap in Service, primarily due to the inordinately long periods of time that individuals often wait for an Evaluation. The Task Force

emphasized strongly *that it is unacceptable to allow individuals to wait for extensive periods of time for needed psychiatric evaluations.* Although individuals may be receiving other services, unreasonable waits for Psychiatric Assessment can unjustly delay much needed medical treatment, including the prescription of medications. In addition, **it is essential that individuals in need never be denied services due to cost.**

Another Gap in Service identified by the Task Force is the lack of **Halfway House Services** for Mentally Ill Chemical Abusers (MICA). No services currently exist in the County for individuals with mental illness and concurrent substance abuse problems to transition back into the community from a psychiatric hospitalization. As the State focuses on moving individuals back into community settings, it is imperative that programs are set in place that will help with what can sometimes be a difficult transition.

IX.

AGGREGATE REPORTS

HIGH PRIORITY PROBLEMS/CONDITIONS, FROM THE CLIENT SURVEY, BASED ON ALL RESPONDENTS, ACROSS ALL TARGET POPULATIONS

PROBLEMS/CONDITIONS:	Target Populations (# Respondents): ALL (461)	SA[a] (54)	HM (32)	LI (167)	YTH[b] (146)	YIC[c] (22)	SPR[d] (92)	VAB[e] (100)	SR (125)	DD (65)	PD (116)	BL (28)	SMI (58)	MMI (89)
1. Not enough money for necessities	184	34	29	104	52	10	66	65	34	21	45	10	34	49
2. Feeling lonely, need to talk	142	19	18	66	24	4	36	40	35	20	46	12	31	51
3. Difficulty performing tasks due to physical disability/health problems	114	12	13	47	17	6	20	21	49	19	69	17	20	34
3. Lack of public trans. for daily activities	114	15	14	54	22	6	31	26	34	16	33	11	18	30
5. Difficulty in feeling worthwhile	111	25	16	46	20	4	33	44	22	9	30	9	27	49
6. Difficulty knowing agencies for help	106	14	16	53	13	4	41	30	20	20	28	8	16	25
7. Difficulty maintaining/cleaning home	103	16	9	47	10	3	22	29	34	18	33	11	17	23
8. Difficulty taking care of self	100	13	10	38	17	2	15	22	38	21	44	13	18	26
9. Lack of adequate dental care	95	21	16	53	26	3	33	30	11	12	21	5	16	22
10. Difficulty managing/budgeting money	91	15	9	42	6	2	23	24	20	20	21	9	21	23
10. Difficulty in marriage or relationship	91	25	14	41	10	5	38	47	12	10	19	6	11	27
12. Emotional problems make it difficult to perform daily activities	72	10	11	37	19	9	21	31	11	11	24	5	31	40
12. Lack of recreational programs	72	13	9	27	32	6	21	26	9	20	20	7	14	22
14. Lack of adequate medical care	71	20	11	40	18	2	25	23	10	12	17	4	14	18
15. Difficulty in reading and writing	69	10	6	30	18	4	18	18	15	23	23	9	10	16

Notes: (1) Shaded responses indicate top 4 problems for each Target Population. Greater than 4 shaded indicates that there were equal numbers for the 4th problem chosen, so all were included. (2) If less than 4 are shaded, then the Target Population had chosen a top 4 problem that was not included in the top 15 chosen by ALL, as noted below.
(3) Sum of responses across all Target Populations does not add up to # of responses for ALL because clients could belong to multiple Target Populations.

a = SA also included in the top 4: *Unable to access health care due to lack of or insufficient health insurance* (22).
b = YTH also included in the top 4: *Abuse of child, spouse, or family member* (32) and *Difficulty in getting along with people at school/work* (31).
c = YIC also included in the top 4: *Difficulty in getting along with people at school/work* (8) and *Abuse of child, spouse, or family member* (7).
d = SPR also included in the top 4: *Divorce or separation* (37).
e = VAB also included in the top 4: *Abuse of child, spouse, or family member* (32).

Target Population Codes: **SA** = Substance Abusers; **HM** = Homeless Individuals; **LI** = Low Income Individuals; **YTH** = Youth, General; **YIC** = Youth in Crisis; **SPR** = Single Parents at Risk; **VAB** = Victims of Abuse; **SR** = Senior Adults; **DD** = People w/ Dev. Dis. (incl. M.R.); **PD** = People w/ Phys. Disabilities (not Blind or Vis. Impaired); **BL** = People who are Blind or Visually Impaired; **SMI** = Serious Mental Illness; **MMI** = Experiencing Emotional Problems (Mod. Severity or Temp. Impairment)

HIGH PRIORITY PROBLEMS/CONDITIONS, FROM THE COMMUNITY INPUT SURVEY, BASED ON ALL RESPONDENTS, ACROSS ALL TARGET POPULATIONS

	Target Populations (# Respondents):													
PROBLEMS/CONDITIONS:	ALL (378)	SA[a] (32)	HM (7*)	LI (79)	YTH[b] (112)	YIC[c] (26)	SPR[d] (19)	VAB (34)	SR (84)	DD[e] (29)	PD[f] (47)	BL (2*)	SMI (29)	MMI[g] (21)
1. Feeling lonely, need someone to talk to	357	31	7	76	106	26	19	34	81	29	44	2	29	21
2. Not enough money for necessities	330	26	7	76	92	22	19	31	75	26	37	2	28	19
3. Difficulty in feeling worthwhile	326	31	7	65	94	25	17	33	71	26	40	2	27	21
4. Diffic. knowing which agencies to go to	322	29	6	60	87	24	18	33	71	27	40	2	28	19
5. Unable to access health care due to insur.	308	28	6	63	84	20	19	29	70	22	39	2	26	20
6. Lack of public trans. for daily activities	303	27	6	67	73	15	18	28	74	26	41	1	27	13
7. Difficulty managing/budgeting money	301	26	6	63	67	17	17	27	76	28	38	2	28	17
7. Lack of adequate medical care	301	23	7	69	81	18	17	28	69	25	39	2	26	16
9. Not eating nutritious foods	300	26	5	65	85	21	18	23	74	24	39	2	28	20
10. Diffic. adjusting to new life stages	286	27	5	54	82	20	17	28	60	28	38	2	26	17
11. Emotional problems make it difficult to perform daily activities	285	27	5	52	81	20	14	30	67	24	36	1	28	20
12. Lack of adequate dental care	284	20	7	69	70	15	17	25	68	24	39	2	26	13
13. Difficulty taking care of self	280	22	6	52	75	17	13	26	70	28	44	2	27	16
14. Difficulty in reading and writing	278	23	6	62	86	23	12	20	60	27	35	1	25	18
14. Lack of means to obtain prescr. meds.	278	19	6	63	72	17	18	26	68	17	37	1	25	20
14. Abuse of child, spouse, family member	278	29	6	58	90	26	18	34	54	14	28	2	21	19

Notes: (1) Shaded responses indicate top 4 problems for each Target Population. Greater than 4 shaded indicates that there were equal numbers for the 4th problem chosen, so all were included. (2) If less than 4 are shaded, then the Target Population had chosen a top 4 problem that was not included in the top 15 chosen by ALL, as noted below.
(3) Sum of responses across all Target Populations does not add up to # of responses for ALL because clients could belong to multiple Target Populations.

a = SA also included in the top 4: *Difficulty in getting along with people at school/work* (29).
b = YTH also included in the top 4: *Difficulty in getting along with people at school/work* (96).
c = YIC also included in the top 4: *Difficulty in getting along with people at school/work* (26).
d = SPR also included in the top 4: *Lack of affordable daycare* (19).
e = DD also included in the top 4: *Difficulty in getting along with people at school/work* (28).
f = PD also included in the top 4: *Difficulty maintaining/cleaning home* (28).
g = MMI also included in the top 4: *Difficulty in getting along with people at school/work* (21) and *Divorce or separation* (20).
* HM and BL had too few responses to reasonably indicate the top 4 problems.

Target Population Codes: **SA** = Substance Abusers; **HM** = Homeless Individuals; **LI** = Low Income Individuals; **YTH** = Youth, General; **YIC** = Youth in Crisis; **SPR** = Single Parents at Risk; **VAB** = Victims of Abuse; **SR** = Senior Adults; **DD** = People w/ Dev. Dis. (incl. M.R.); **PD** = People w/ Phys. Disabilities (not Blind or Vis. Impaired); **BL** = People who are Blind or Visually Impaired; **SMI** = Serious Mental Illness; **MMI** = Experiencing Emotional Problems (Mod. Severity or Temp. Impairment)

CLIENTS' REPORTED REASONS FOR NOT GETTING HELP (461 RESPONDENTS)

PROBLEMS/CONDITIONS:	TOP 3 REASONS (FREQUENCY OF RESPONSES):
1. Not enough money for necessities	1. Do not know who to go to for help (26) 2. Needed help does not exist in my community (19) 3. Do not want help; Other (13)
2. Feeling lonely, need someone to talk to	1. Do not know who to go to for help (20) 2. Do not want help (11) 3. Needed help does not exist in my community (6)
3. Diff. performing task due to physical disability/health problems	1. Do not know who to go to for help (12) 2. Other (11) 3. Do not want help (9)
3. Lack of public transportation for daily activities (bus, train, taxi)	1. Needed help does not exist in my community (41) 2. Do not know who to go to for help (23) 3. Needed help is not available during convenient times of day (16)
5. Difficulty in feeling worthwhile	1. Do not know who to go to for help (14) 2. Do not want help (8) 3. Other (6)
6. Difficulty knowing which agencies to go to for help	1. Do not know who to go to for help (40) 2. Cannot afford help (7) 3. Do not want help; Needed help does not exist in my community (5)
7. Difficulty maintaining/cleaning home	1. Do not know who to go to for help (18) 2. Cannot afford help (14) 3. Do not want help (12)
8. Difficulty taking care of self	1. Other (11) 2. Do not want help (10) 3. Needed help does not exist in my community (5)
9. Lack of adequate dental care	1. Needed help does not exist in my community (27) 2. Do not know who to go to for help (22) 3. Cannot afford help (21)
10. Difficulty managing/budgeting money	1. Do not know who to go to for help (24) 2. Do not want help (15) 3. Needed help does not exist in my community (4)
10. Difficulty in marriage or relationship with partner	1. Do not want help (21) 2. Do not know who to go to for help (7) 3. Needed help does not exist in my community; Cannot afford help; Other (3)
12. Emotional problems make it difficult to perform daily activities	1. Do not want help (8) 2. Do not know who to go to for help (7) 3. Needed help does not exist in my community (5)
12. Lack of recreational programs or opportunities	1. Needed help does not exist in my community (18) 2. Do not know who to go to for help (17) 3. Distance is too far to travel to obtain help or services I need (8)
14. Lack of adequate medical care	1. Needed help does not exist in my community (15) 2. Cannot afford help (14) 3. Do not know who to go to for help (11)
15. Difficulty in reading and writing	1. Do not want help (15) 2. Needed help does not exist in my community (6) 3. Do not know who to go to for help (5)

TOP PROBLEMS/CONDITIONS FROM ALL TASK FORCES, BASED ON FREQUENCY OF CITATIONS, ACROSS ALL TARGET POPULATIONS

		Target Populations:												
PROBLEMS/CONDITIONS:	**# POPS. CITING**	**SA**	**HM**	**LI**	**YTH**	**YIC**	**SPR**	**VAB**	**SR**	**DD**	**PD**	**BL**	**SMI**	**MMI**
Not enough money for necessities	13	X	X	X	X	X	X	X	X	X	X	X	X	X
Feeling lonely, need someone to talk to	11		X	X	X	X	X	X	X	X	X	X		X
Difficulty knowing which agencies to go to for help	11		X	X		X	X	X	X	X	X	X	X	X
Lack of public transportation for daily activities (bus, train, taxi)	9		X	X			X		X	X	X	X	X	X
Difficulty in feeling worthwhile	8	X	X	X	X	X	X	X				X		
Lack of adequate dental care	7	X	X	X	X			X	X					X
Emotional problems that make it difficult to perform daily activities	6		X	X		X					X		X	X
Abuse of child, spouse, or family member	6	X			X	X	X	X						X
Lack of affordable permanent housing	6		X	X			X				X		X	X
Difficulty in reading and writing	5				X	X			X	X		X		
Difficulty performing tasks because of physical disability/health problems	5									X	X	X	X	X

Note: "X" indicates that the Task Force included this problem in their Top 10 Problems/Conditions for that Target Population.

Target Population Codes:

SA = Substance Abusers
HM = Homeless Individuals
LI = Low Income Individuals
YTH = Youth, General
YIC = Youth in Crisis
SPR = Single Parents at Risk
VAB = Victims of Abuse
SR = Senior Adults
DD = People w/ Dev. Disabilities (incl. M.R.)
PD = People w/ Phys. Disabilities (not Blind or Vis. Impaired)
BL = People who are Blind or Visually Impaired
SMI = Experiencing Emotional Problems (Serious Mental Illness)
MMI = Experiencing Emotional Problems (Mod. Severity or Temp. Impairment)

RECOMMENDED SPECIFIC SERVICE CLUSTERS, FROM ALL TASK FORCES, BASED ON FREQUENCY OF CITATIONS, ACROSS ALL TARGET POPULATIONS

		Target Populations:												
SPECIFIC SERVICES:	# POPS. CITING	SA	HM	LI	YTH	YIC	SPR	VAB	SR	DD	PD	BL	SMI	MMI
730 Counseling	7	X	X		X	X	X	X						X
720 Socialization/Group Support	6	X		X	X	X				X	X			
710 Day Care	4			X			X			X				X
110 Employment/Vocational	4		X				X					X	X	
230 Substance Abuse	4	X			X	X							X	
340 Transportation	3						X			X	X			
410 Basic Life Skills Education	3	X				X						X		
240 Home Care	3								X	X	X			
420 Parent Skills Development	3				X		X							X
440 Alternative Education	2					X				X				
330 Housing	2		X								X			
350 Alternative Living Arrange.	2		X					X						
220 Mental Health Treatment	2												X	X
830 Advocacy	1											X		
310 Emergency Basic Needs	1							X						
610 Protective	1							X						
620 Legal Assistance	1							X						
210 Medical Treatment	1								X					
630 Juvenile Justice	1					X								

Note: "X" indicates that the Task Force recommended it as a Priority Service Need for that Target Population.

Target Population Codes: **SA** = Substance Abusers; **HM** = Homeless Individuals; **LI** = Low Income Individuals; **YTH** = Youth, General; **YIC** = Youth in Crisis; **SPR** = Single Parents at Risk; **VAB** = Victims of Abuse; **SR** = Senior Adults; **DD** = People w/ Dev. Dis. (incl. M.R.); **PD** = People w/ Phys. Disabilities (not Blind or Vis. Impaired); **BL** = People who are Blind or Visually Impaired; **SMI** = Serious Mental Illness; **MMI** = Experiencing Emotional Problems (Mod. Severity or Temp. Impairment)

RECOMMENDED SPECIFIC SERVICE SUBSETS, FROM ALL TASK FORCES, BASED ON FREQUENCY OF CITATIONS, ACROSS ALL TARGET POPULATIONS

SPECIFIC SERVICES:	# POPS. CITING	Target Populations: SA	HM	LI	YTH	YIC	SPR	VAB	SR	DD	PD	BL	SMI	MMI
730 Counseling	7	X	X		X	X	X	X						X
731 Supp./Crisis Couns. - Individ.	7	X	X		X	X	X	X						X
732 Supp./Crisis Couns. - Family	7	X	X		X	X	X	X						X
733 Supp./Crisis Couns. - Group	7	X	X		X	X	X	X						X
720 Socialization/Group Support	6	X		X	X	X				X	X			
722 Social/Therapeutic Recreation	5	X			X	X				X	X			
721 Support/Self-Help Groups	3	X			X	X								
723 Mentoring	2				X	X								
710 Day Care	4			X			X			X				X
711 Child	4			X			X			X				X
712 Infant	2			X			X							
713 Preschool	1						X							
714 Before School	1						X							
715 After School	1						X							
716 Sick Child	1													X
718 Adult	1									X				
110 Employment/Vocational	4		X				X					X	X	
111 Assessment	3		X									X	X	
112 Training	3		X				X					X		
113 Procurement	3		X				X						X	
114 Retention	2						X						X	
230 Substance Abuse	4	X			X	X							X	
231 S.A. Prevention/Education	2	X			X									
234 Intensive Outpatient	2	X				X								
235 Detoxification	2	X				X								
237 Residential Treatment	2	X				X								
238 Halfway House	2	X											X	
232 Screening and/or Assessment	1				X									
233 Low Intensity Outpatient	1	X												
340 Transportation	3						X			X	X			
343 Medical	1									X				
345 Accessible	1										X			
347 Employment	1						X							

SPECIFIC SERVICES:	# POPS. CITING	SA	HM	LI	YTH	YIC	SPR	VAB	SR	DD	PD	BL	SMI	MMI
410 Basic Life Skills Education	3	X				X						X		
411 Life Skills	2	X				X								
412 Adaptive Devices & Training for People with Disabilities	1											X		
413 Management of Finances	1					X								
240 Home Care	3								X	X	X			
241 Homemaker Assistance	2									X	X			
242 Home Delivered Meals	2								X		X			
244 Respite Care	2								X		X			
243 Home Health Aide	1										X			
245 Hospice Care	1								X					
246 Housekeeping	1										X			
420 Parent Skills Development	3				X		X							X
421 Parent Education	3				X		X							X
422 One-on-One Parent Aid	3				X		X							X
440 Alternative Education	2					X				X				
441 Day Treatment/Alternate Education for Youth	1					X								
445 GED	1					X								
447 Special Education	1									X				
330 Housing	2		X								X			
332 Rent & Mortgage Assistance	1		X											
336 Accessibility	1										X			
350 Alternative Living Arrange.	2		X					X						
357 Transitional Housing	2		X					X						
354 Boarding Home	1		X											
220 Mental Health Treatment	2												X	X
222 Outpatient Counseling	2												X	X
224 Inpatient Psychiatric Care	2												X	X
227 Psychiatric Assessment	2												X	X
229 Medication Monitoring	2												X	X
830 Advocacy	1											X		
833 Systems Advocacy	1											X		
310 Emergency Basic Needs	1							X						
311 Emergency Shelter	1							X						
312 Emergency Food/Clothing	1							X						
610 Protective	1							X						
611 Crisis Intervention	1							X						
614 Emergency Placement	1							X						

SPECIFIC SERVICES:	# POPS. CITING	SA	HM	LI	YTH	YIC	SPR	VAB	SR	DD	PD	BL	SMI	MMI
620 Legal Assistance	1							X						
621 Legal Advice	1							X						
622 Legal Representation	1							X						
210 Medical Treatment	1								X					
211 Nutritional Assessment, Health Screening &/or Eval.	1								X					
216 Medical Supplies & Pharmaceutical Services	1								X					
630 Juvenile Justice	1					X								
632 Crisis Intervention	1					X								
633 Residential Placement	1					X								
634 Alternative Disposition	1					X								
637 Mentoring	1					X								

Note: "X" indicates that the Task Force recommended it as a Priority Service Need for that Target Population. Bold print indicates responses for general Service Clusters.

Target Population Codes: **SA** = Substance Abusers; **HM** = Homeless Individuals; **LI** = Low Income Individuals; **YTH** = Youth, General; **YIC** = Youth in Crisis; **SPR** = Single Parents at Risk; **VAB** = Victims of Abuse; **SR** = Senior Adults; **DD** = People w/ Dev. Dis. (incl. M.R.); **PD** = People w/ Phys. Disabilities (not Blind or Vis. Impaired); **BL** = People who are Blind or Visually Impaired; **SMI** = Serious Mental Illness; **MMI** = Experiencing Emotional Problems (Mod. Severity or Temp. Impairment)

RECOMMENDED SYSTEMIC SERVICE CLUSTERS, FROM ALL TASK FORCES, BASED ON FREQUENCY OF CITATIONS, ACROSS ALL TARGET POPULATIONS

		Target Populations:												
SYSTEMIC SERVICES:	**# POPS. CITING**	**SA**	**HM**	**LI**	**YTH**	**YIC**	**SPR**	**VAB**	**SR**	**DD**	**PD**	**BL**	**SMI**	**MMI**
810 Information and Referral	13	X	X	X	X	X	X	X	X	X	X	X	X	X
210 Medical Treatment	10		X	X	X		X	X	X	X	X		X	X
340 Transportation	10	X	X	X	X	X			X	X		X	X	X
330 Housing	5			X			X				X		X	X
430 Community Education	3								X	X		X		
230 Substance Abuse	1												X	

Note: "X" indicates that the Task Force recommended it as a Priority Service Need for that Target Population.

Target Population Codes: **SA** = Substance Abusers; **HM** = Homeless Individuals; **LI** = Low Income Individuals; **YTH** = Youth, General; **YIC** = Youth in Crisis; **SPR** = Single Parents at Risk; **VAB** = Victims of Abuse; **SR** = Senior Adults; **DD** = People w/ Dev. Dis. (incl. M.R.); **PD** = People w/ Phys. Disabilities (not Blind or Vis. Impaired); **BL** = People who are Blind or Visually Impaired; **SMI** = Serious Mental Illness; **MMI** = Experiencing Emotional Problems (Mod. Severity or Temp. Impairment)

RECOMMENDED SYSTEMIC SERVICE SUBSETS, FROM ALL TASK FORCES, BASED ON FREQUENCY OF CITATIONS, ACROSS ALL TARGET POPULATIONS

SYSTEMIC SERVICES:	# POPS. CITING	Target Populations: SA	HM	LI	YTH	YIC	SPR	VAB	SR	DD	PD	BL	SMI	MMI
810 Information and Referral	**13**	X	X	X	X	X	X	X	X	X	X	X	X	X
811 Information and Referral	13	X	X	X	X	X	X	X	X	X	X	X	X	X
813 Outreach	10		X		X	X	X	X	X	X	X	X	X	
812 Interpretation (Language)	1							X						
210 Medical Treatment	**10**		X	X	X		X	X	X	X	X		X	X
214 Dental Treatment	10		X	X	X		X	X	X	X	X		X	X
212 Medical Care	5		X	X						X	X		X	
211 Nutritional Assess., Health Screening, and/or Evaluation	1									X				
215 Rehabilitation	1									X				
216 Medical Supplies & Pharmac.	1												X	
217 Family Planning/Prenatal	1						X							
219 In-Home Physician	1								X					
340 Transportation	**10**	X	X	X	X	X			X	X		X	X	X
347 Employment	7		X	X	X	X				X			X	X
342 Social Service	6	X			X	X				X			X	X
343 Medical	3			X									X	X
341 Transportation Brokering	2											X		X
330 Housing	**5**			X			X				X		X	X
332 Rent and Mortgage Assistance	2			X									X	
331 Housing Location Assistance	1												X	
335 Housing Development	1												X	
430 Community Education	**3**								X	X		X		
437 Enrichment Education	3								X	X		X		
431 Community Health Education	1											X		
432 Consumer Education	1									X				
436 Disabilities Awareness	1											X		
438 Caregiver Education	1											X		
230 Substance Abuse	**1**												X	
231 S.A. Prevention/Education	1												X	
234 Intensive Outpatient	1												X	
237 Residential Treatment	1												X	

Note: "X" indicates that the Task Force recommended it as a Priority Service Need for that Target Population. Bold print indicates responses for general Service Clusters.

Target Population Codes: **SA** = Substance Abusers; **HM** = Homeless Individuals; **LI** = Low Income Individuals; **YTH** = Youth, General; **YIC** = Youth in Crisis; **SPR** = Single Parents at Risk; **VAB** = Victims of Abuse; **SR** = Senior Adults; **DD** = People w/ Dev. Dis. (incl. M.R.); **PD** = People w/ Phys. Disabilities (not Blind or Vis. Impaired); **BL** = People who are Blind or Visually Impaired; **SMI** = Serious Mental Illness; **MMI** = Experiencing Emotional Problems (Mod. Severity or Temp. Impairment)

X. NEEDS ASSESSMENT COMMITTEE - REVIEW AND RECOMMENDATIONS

A. NEEDS ASSESSMENT COMMITTEE REVIEW

Following the recommendations of the 7 Task Forces, the Needs Assessment Committee of the Health and Human Services Advisory Council (HHSAC) met to analyze the data and make global recommendations for Priority Services for the County. The Committee reviewed data from the Needs Assessment Survey and the Task Forces' deliberations. They evaluated the Summary Reports ("Quadrant Sheets") of the recommendations for each Target Population (Section VII), as well as aggregate reports on Clients' Identified Problems and on Recommended Priority Services, across all Target Populations (Section IX).

The ultimate goal of the Needs Assessment Committee **was to recommend Top Priority Services for Hunterdon County**, based on Identified Needs/Problems. This was accomplished through a three-fold process. First, based principally upon the Clients' Reports of Problems, the Committee identified the Top Problems/Needs across all Populations. Second, the Committee identified Top Priority Service Clusters for the County at large which relate to the Identified Problems/Needs. Finally, within each Service Cluster, the Committee specified which Subsets of Services were of greatest priority for the County.

Thus, the Needs Assessment Committee developed the following:

- The Top 10 Problems/Conditions - These represent the Priority Needs for the community. In some cases, inter-related items were combined into one unified description of a Problem or Need. For example, several items were synthesized into: "Difficulty Performing Tasks Due to Physical Disability/Health Problems or to a Lack of Life Management Skills Including Managing/Budgeting Money, Not Eating Nutritious Foods, Difficulty Taking Care of Self and Reading and Writing."

- The Top 10 Priority Service Clusters - All address one or more of the Identified Problems. For two of the recommended Services, the Committee chose to combine aspects of three inter-related Service Clusters into one integrated set. For example, Socialization/Group Support Services, Counseling Services, and Mental Health Treatment were linked to represent a **"Continuum of Care for Mental Health."**

- The Embedded Priority Subsets of Services within each Service Cluster - These are the specific individual services within each larger grouping that are universally of Top Priority for the County. For one Service Cluster (**Home Care Services**), rather than designate priority

individual services, the Committee recommended that a *more global, integrated system be created.*

B. GUIDELINES OF THE NEEDS ASSESSMENT COMMITTEE

Establishment of the Top Priority Services was developed with the following operating principles in mind:

- **As in the past, Priority Services are not ranked, and are instead listed in alphabetical order.** All Priority Services address a wide variety of needs and are targeted to many populations. As such, they are all considered essential to *an integrated service delivery system,* and thus are not assigned differential values.

- **All of the Recommended Top Priority Services address one or more of the Clients' Identified Problems.** As an integral part of the planning process, the Task Forces and the Needs Assessment Committee all developed their recommendations of Priority Services based on the Clients' reports regarding their current needs. Thus, all of the Top Priority Services relate directly to specific Identified Problems, which are annotated in the Needs Assessment Summary Table (Section X, D), and throughout the explanatory text (Section XI).

- **It is recognized that Services already in existence, which have been shown to be effective and that continue to be in demand, should be maintained.** Existing services that have been effective over time at meeting needs *are less likely to surface as Priority Services.* It is critical that we not overlook these productive and valuable services since elimination or reduction of these services would create greater needs in the future.

- **Services identified as Priorities for specific Target Populations, but which were not prioritized by the Needs Assessment Committee, continue to be considered essential services that should be maintained.** In addition, the Summary Reports for each Target Population stand as an historical record representing the individualized needs for each population. A benefit from this process is that these records can be used as a foundation for planning and developing prioritizations by the individual HHSAC Service Specific Committees, which is an integral aspect of the entire planning process.

- **"Gap" Services, as identified by Survey Respondents, were not necessarily supported by Task Forces as such, but still need to be appraised.** Upon evaluation by the representative Task Forces, a number of services identified on the Community Input Survey as Gap Services were not thought to be "true gaps." Nonetheless, we need to examine how these services are being

perceived by the community, and reconcile these differences. If services are being perceived as unavailable, yet do actually exist in the County, then efforts towards increasing awareness of these particular services are indicated.

- **Priority Services are inter-related and constitute a unified system.** Although services are identified individually, it is important to consider how they inter-connect to form an overall integrated system. Because Services relate back to multiple and overlapping Identified Problems, the Human Service Delivery System, as a whole, is designed to reflect and address the needs of the vulnerable residents in the County.

- **The planning process is, by design, dynamic and not static.** The process is ongoing, not meant to merely reflect one period in time. The overall goal of the planning process is to create a framework which can be continually updated and re-formulated to meet current needs.

C. RECOMMENDATIONS OF THE NEEDS ASSESSMENT COMMITTEE

Based on the above, the Needs Assessment Committee recommended the following Service Clusters, *listed alphabetically*, as Top Priorities for the County:

- Continuum of Care for Mental Health:
  - Socialization/Group Support
  - Counseling
  - Mental Health Treatment
- Employment/Vocational Services
- Home Care Services
- Housing
- Information and Referral
- Life Management Skills Education:
  - Basic Life Skills Education
  - Parent Skills Education
  - Alternative Education
- Medical Treatment
- Protective Services
- Substance Abuse Services
- Transportation

Each Service Cluster, as well as the embedded individual Service Subsets within each, are described in detail in Section XI, which includes discussion on the needed services, how the services relate to Identified Problems, as well as suggestions for how to resolve issues, implement services, or create new approaches to service delivery.

D. NEEDS ASSESSMENT SUMMARY REPORT

The Summary Table on the following two pages is a product of the Needs Assessment Committee. It includes the **Identified Top 10 Problems**, the **Recommended Top 10 Service Categories**, and

summaries regarding **Recommended Priority Service Subsets.** In addition, it includes annotations regarding how the Services correspond to the Identified Problems. As can be seen from this table, in most cases, numerous Services address each Need, highlighting how inter-connected the Services and the Needs are.

The information from this Summary Report is fleshed out and elaborated upon in the section that follows entitled, **Top Priority Human Services** (Section XI).

X. (D) NEEDS ASSESSMENT SUMMARY REPORT - PRIORITY SERVICES

PROBLEMS/CONDITIONS (Note: Items are NOT ranked. Items from Column 1 do not line up directly with Services from Column 2. Instead, the letters in () reflect related services, from the 2nd column, that address each problem.)	**PRIORITY SERVICE CLUSTERS** (Listed alphabetically, NOT ranked)	**PRIORITY SERVICE SUBSETS ***		
Difficulty knowing which agencies to go to for help (G)	**Continuum of Care for Mental Health:** A. 220 - **Mental Health Treatment** B. 720 - **Socialization/Group Support** C. 730 - **Counseling**	- **Psychiatric Assessment** is the top Priority. It is a "Gap" now. Need to eliminate Waiting Lists for this service as it is the *first* step in the Mental Health process.	- **Social/Therapeutic Recreation** is the top Priority.	- **Individual** and **Family Counseling** are the top Priorities.
Lack of public transportation for daily activities (bus, train, taxi) (G, N)	D. 110 - **Employment/Vocational**	- *Successful Placement* should be the result of a process requiring all 4 components: **Assessment**, **Training**, **Procurement**, and **Retention**.		
Emotional problems that make it difficult to perform daily tasks (A,B,C,M)	E. 240 - **Home Care**	- *Recommend*: Development of an **Integrated Home Care Support Service System**, which goes beyond narrow definitions of segmented funding and tasks to consolidate and unite related Services. Determine what needs to be done to attract people to do this work, and DO IT!		
Lack of affordable and accessible permanent housing (F)	F. 330 - **Housing**	- **Affordable** and **Accessible Housing**, including expansion or actual development of **Affordable Rentals**, are Priorities.		
Not enough money for necessities (D,G,H,I,N)	G. 810 - **Information & Referral**	- Strengthened, enhanced **Information & Referral**, augmented with increased **Outreach/Marketing**; Both **ADA & Language Interpretation** are embodied as integral to I & R. - *Recommend*: **Creation of an HHSAC Task Force to develop** comprehensive systemic recommendations on how to enhance the current system, including how to encourage increased individual agency marketing and/or develop more sophisticated centralized marketing through the County, United Way, etc.		

NEEDS ASSESSMENT SUMMARY REPORT - PRIORITY SERVICES continued

PROBLEMS/CONDITIONS	PRIORITY SERVICE CLUSTERS	PRIORITY SERVICE SUBSETS *		
Difficulty performing tasks due to physical disability/health problems or to a lack of life management skills including managing/ budgeting money, not eating nutritious foods, difficulty taking care of self and reading and writing. (E,H,I,J,K)	**Life Management Skills Education:** H. 410 - **Basic Life Skills Education** I. 420 - **Parent Skills Development** J. 440 - **Alternative Education**	- **Life Skills Education,** including Personal/ Home Care, and Management of Finances, is the top Priority.	- **Parenting Education,** with an emphasis on **One-On-One Parent Aid**, is top Priority.	- **Supplemental Education**, including **ESL, GED, Literacy**, and **Instruction for Individuals with Disabilities**, is the top Priority.
Difficulty in feeling worthwhile (A,B,C,D,G,M)	K. 210 - **Medical Treatment**	- **Dental Treatment** is the top Priority; we need new innovative approaches for vulnerable Populations, including the uninsured or the underinsured. Very few Dentists in the County are part of the Medicaid/ Managed Care System which, itself, has developed into a major health care problem which also needs to be addressed.		
Abuse of child, spouse, or family member (M,L)	L. 610 - **Protective Services**	- **Crisis Intervention & Protective Services Investigation** are the core of Protective Services and need to be maintained. - **Protective Service Case Management** for children and adults - not only is additional staffing needed, but staff must be specifically trained. - **Emergency Placements**, such as Foster Homes, Shelter, are a necessity. - Judicial and Law Enforcement personnel need to be educated about **Guardianship** as a viable option for adults.		
Lack of adequate health care, particularly dental care (K)	M. 230 - **Substance Abuse**	- The general area of **Residential Placements** is the top Priority, and includes **Halfway Houses, Detoxification**, and **Residential Treatment**.		
Feeling lonely, need someone to talk to (B,C,D,E,G,M,N)	N. 340 - **Transportation**	- Rural transportation is a top priority, particularly for remote areas, with emphasis on (but not limited to) **Employment Transportation** and **Social Service Transportation** (defined broadly to include socialization activities as well as human/social services). - *Recommend*: **Creation of a specialized Group to address** work-related issues including out-of-county transportation. This group should include the DHS, HART, the WIB, United Way, Local School Districts, and major Businesses.		

* The Needs Assessment Committee has identified the top Priorities within each Service Cluster. Please note that Individual Services that were identified by the Task Forces as Priorities for individual Target Populations, but which were not prioritized by the Needs Assessment Committee, continue to be considered essential services that should be maintained.

XI. COUNTY OF HUNTERDON
TOP PRIORITY HUMAN SERVICES, 2002-2007

In the following pages, each of the Top Priority Service Clusters accepted by the Health and Human Services Advisory Council and approved by the Board of Chosen Freeholders is discussed in terms of the recommendations and suggestions offered by both the Needs Assessment Committee, the individual Task Forces, and the Health and Human Services Advisory Council. In all cases, top Priority Services are referenced to top Identified Problems/Conditions of the Clients. Embedded Service Subsets for each Cluster are identified within the text, and are also listed following each discussion. "Top Priority Subsets" refer to those individual services identified by the Needs Assessment Committee and the Council as Priorities for the County as a whole. "Additional Priority Subsets" include additional subsets identified by individual Task Forces as Priorities for specific Target Populations.

NOTE: In addition to the Top Priority Service Clusters, it is recommended that all ongoing services, which have been shown to be effective and that continue to be in demand, should continue to be maintained.

The following Priority Services are listed in alphabetical order, and are NOT ranked.

CONTINUUM OF CARE FOR MENTAL HEALTH

The following 3 Service Clusters are linked together to represent a ***Continuum of Care for Mental Health and Wellness:***

720 -Socialization/Group Support Services
730 -Counseling Services
220 - Mental Health Treatment

720 - SOCIALIZATION/GROUP SUPPORT SERVICES

Socialization/Group Support Services are seen as a potential initial step for individuals who may later need more intensive services. These services can often be conceived as *prevention services*, for example, for youth who are at risk of involvement with the judicial system. **Social/Therapeutic Recreation** is identified as the top Priority Individual Service needed. In general, these services provide needed recreation and socialization opportunities for many populations, and can help to alleviate or prevent problems such as "Feelings of Loneliness," "Difficulty in Feeling Worthwhile,"

and "Emotional Problems That Make It Difficult To Perform Daily Tasks." These services may be especially important in a rural County, where people sometimes feel particularly isolated. Socialization/Group Support Services can also help indirectly, by providing needed Respite for caregivers.

More specifically, several Task Forces noted that **Support/Self-Help Groups** are also essential services for certain Target Populations. Specifically, it was recommended that groups that are related to Substance Abuse, such as AA, NA, Alanon, Alateen, etc., as well as recreation and socialization activities specifically geared towards youth, should be maintained for certain populations. In addition, a shortage of recreational opportunities for people with disabilities was noted, since even those that advertise as being accessible often are not really able to make adequate accommodations.

EMBEDDED SERVICE SUBSETS

Top Priority Subset:

- SOCIAL/THERAPEUTIC RECREATION (722)

Additional Priority Subset:

- SUPPORT/SELF-HELP GROUPS (721)

730 -COUNSELING SERVICES

For some individuals, **Counseling** is an intermediate step in the continuum of mental health care. Counseling Services, like Mental Health Treatment Services, can help address Identified Problems such as loneliness, difficulty feeling worthwhile, and other emotional problems. It was also noted by the Mental Health Task Force that Counseling can fall under the category of Mental Health Treatment, but because individuals are embarrassed requesting Mental Health Treatment Services, they are more comfortable asking for "Counseling." The stigma attached to the Mental Health Treatment label may prevent some individuals from seeking needed help.

Individual and **Family Counseling** are identified as top Service Priorities. A number of "Gaps" specific to individual Target Populations were also noted by Task Forces. Counseling Services and Support Groups are needed for Mentally Ill Chemical Abusers (MICA). There is also a shortage of therapists who are specifically trained for counseling Victims of Child Sexual Assault and Perpetrators of Child Sexual Assault. More Spanish speaking counselors are necessary to address the needs of the Latino population. Additional weekend and evening hours are needed to better serve individuals who are employed, and off-site counseling opportunities are essential to protect the privacy and safety of individuals who are victims of abuse.

EMBEDDED SERVICE SUBSETS

Top Priority Subsets:

- INDIVIDUAL COUNSELING (731)
- FAMILY COUNSELING (732)

220 - MENTAL HEALTH TREATMENT

Mental Health Treatment is an integral aspect of a continuum of care, which might initiate with **Socialization/Group Support Services**, continue to **Counseling Services** and then proceed to **Mental Health Treatment**, for some Clients.

Psychiatric Assessment is determined as the top Priority Service, and attention to this service needs to take precedence. Currently **Psychiatric Assessment** is perceived as a serious "Gap" in our community, primarily because of the long waiting lists that exist. *It is essential that we eliminate the waiting lists.* Assessment is the first step for Clients in the process of seeking treatment, and any lag can delay much needed treatments or even discourage individuals from seeking treatment.

Along with Assessment, **Outpatient Counseling Services**, **Medication Monitoring**, and **Inpatient Psychiatric Care** were identified as priorities for special populations. Mental Health Services can address pervasive problems such as "Difficulty in Feeling Worthwhile" and "Emotional Problems That Make It Difficult To Perform Daily Tasks." In addition, it was noted that individuals seeking **Substance Abuse Services** are sometimes unable to get into certain programs if they have Mental Health issues as well. This concern needs to be further explored.

EMBEDDED SERVICE SUBSETS

Top Priority Subset:

- PSYCHIATRIC ASSESSMENT (227)

Additional Priority Subsets:

- OUTPATIENT COUNSELING SERVICES (222)
- MEDICATION MONITORING (229)
- INPATIENT PSYCHIATRIC CARE (224)

110 -EMPLOYMENT/VOCATIONAL SERVICES

Successful placement, the goal of **Employment/Vocational Services**, would best be attained through an integrated process that coordinates 4 components: **Assessment**, **Training**, **Procurement**, and

Retention. These services are all essential because gainful employment can relieve some of the top Identified Problems, such as financial issues and self-esteem issues, all of which may be inter-related.

For some populations, such as the seriously mentally ill, services need to be offered that take into account their special needs. These services can be particularly beneficial for special populations, since they can help with self-esteem issues such as "Difficulty in Feeling Worthwhile" and "Feeling Lonely." Training can also be utilized for upgrading and updating skills which can help toward improving the quality of life for vulnerable individuals and families. For many low-income individuals and families and/or single parents, employment may be the best way to improve their financial situation and address the identified need of "Not Enough Money for Necessities." These services could make the difference in their pursuit of living independently.

Employment Services will be coordinated through the Workforce Investment Board (WIB). Public Assistance recipients will also be assisted with Employment issues by the Division of Social Services.

EMBEDDED SERVICE SUBSETS

Top Priority Subsets:

- ASSESSMENT (111)
- TRAINING (112)
- PROCUREMENT (113)
- RETENTION (114)

240 - HOME CARE SERVICES

Home Care Services can be instrumental in helping individuals who report such problems as "Having Difficulty Performing Tasks" and "Feeling Lonely." However, *the entire grouping of **Home Care Services** is earmarked as needing an overhaul.* Current definitions of individual services are limiting and narrowly defined. This can create situations, for example, in which three employees may be required to do what one person could do if permissible duties were described more broadly. In addition, a major problem noted in this area is the difficulty of attracting staff, primarily because of the low pay offered. This unfortunate shortage of Home Care Services can sometimes lead to individuals being placed in Nursing Homes prematurely and unnecessarily. A special effort needs to be made to determine how to attract people to this line of work, and then we need to do it!

Overall, we need a new approach - one that does not focus on isolated, circumscribed services. We strongly recommend the development of an Integrated Home Care Support Service System, which

goes beyond narrow definitions of segmented funding and tasks, to consolidate and unite related Services. This will require a creative approach - **thinking "out of the box"** - and will need to go beyond the local level, in order to rework definitions and develop new prototypes and guidelines. It is noted that advocacy efforts will be needed to work with current groups and associations at different levels, who may have longstanding, specifically defined tasks and job specifications for their constituents, and may be resistant to change.

EMBEDDED SERVICE SUBSETS

Top Priority Subset:

- INTEGRATED HOME CARE SUPPORT SERVICE SYSTEM

330 - HOUSING

Affordable and Accessible Housing is recognized as a Top Priority for many vulnerable populations. The dearth of **Affordable Housing** and **Affordable Rentals** in Hunterdon County has a major impact on low-income individuals and families, including people with mental illness and those with other disabilities. Task Forces representing the populations in need identified **Rent and Mortgage Assistance, Housing Location Assistance,** and **Housing Development** as Priority Services.

In addition to Affordable Housing, **Accessible Housing,** including **Rentals,** is perceived as a "Gap" for individuals with physical disabilities. It is difficult to obtain first floor apartments, let alone truly accessible rentals. Although County funding for **Housing Renovations** does exist for low-income people with physical disabilities, it is not enough to cover all needs.

EMBEDDED SERVICE SUBSETS

Top Priority Subset:

- AFFORDABLE AND ACCESSIBLE HOUSING, INCLUDING RENTALS

Additional Priority Subsets:

- RENT AND MORTGAGE ASSISTANCE (332)
- HOUSING LOCATION ASSISTANCE (331)
- HOUSING DEVELOPMENT (335)
- RENOVATIONS - ACCESSIBILITY (336)

810 - INFORMATION AND REFERRAL SERVICES

"Difficulty Knowing Which Agencies To Go To For Help" was reported as a top Problem by Clients, and "Do Not Know Where To Go To For Help" was a commonly specified Reason For Not Getting Help. This cut across all populations, and is inherently a systemic issue. As a result, **Information and Referral** was identified as a Priority Service for all 13 Target Populations and thus, is recommended as a Top Priority Service. Within this service, both **Interpretation for People with Disabilities** and **Language Interpretation** are embodied as integral aspects. In general, all of the groups agreed that Information and Referral Services do exist within the County, but the community is unaware of where and how to access the information. Concern was raised by several Task Forces that Helpline is mistakenly perceived by the community solely as a **Crisis Service**, rather than as an equally important centralized **Information and Referral Service**. Thus, *we recommend fortifying **Information and Referral Services**, and concentrating on expanding **Outreach** into the community, particularly by means of improved **Marketing** of services*. Better information will link Clients to services and programs that can address Identified Problems such as "Feeling Lonely," "Difficulty in Feeling Worthwhile," and "Not Enough Money for Necessities," as well as help them find appropriate Public Transportation.

*We strongly recommended that an **HHSAC Task Force** be created to develop comprehensive systemic recommendations on how to enhance and promote the current system*. In particular, two parallel, but interrelated, approaches are proposed for consideration. The first strategy would be to develop more sophisticated centralized marketing, coordinated through the County, United Way, and/or another entity. Clear entry points into the system would need to be identified and advertised, and a concerted effort to include all agencies and human services in the system, in a non-partial manner, would be needed. A second tactic would encourage increased individual agency marketing and outreach. Evidence of adequate marketing could be required of agencies, and linked to ongoing and/or additional funding. However, concern was raised that with limited funding, agencies acting individually would be constrained in what they could accomplish.

Additional suggestions to enhance **Information and Referral Services**, as well as **Outreach** and **Marketing**, were proposed by the Task Forces:

- A **"2-1-1" system** (similar to "9-1-1" for emergencies) *could be instituted* that would link phone callers to the primary **Information and Referral system.**
- The **County Web-site** *could be expanded* to include links to agencies and services that would be regularly updated.
- **Outreach and Marketing** would benefit *from expanded distribution* of easily readable informational pamphlets, self-help booklets, and pocket-sized directories for specific needs (e.g., Youth Directory). This information should be regularly updated and widely distributed.

- Informational Outreach *should be ongoing* to Schools, Churches/Temples, Civic Groups, and Agencies. These entities could be resources for dissemination of materials in an effort to reach a wider population.
- New and innovative methods of Outreach and Marketing *need to be created* to allay fears regarding confidentiality, to provide assurance of safety within the system, and to encourage the seeking of help among vulnerable populations. For example, some individuals may avoid contact with the system due to fears of Immigration and Naturalization Services (INS) reprisal.
- Outreach and Marketing *need to be culturally sensitive*. Cultural differences may inhibit individuals from seeking help, either due to language barriers or cultural norms. For example, what is considered abuse in the dominant culture may be perceived differently by other cultures. Part of an outreach effort would then include education about legal and social aspects of abuse in this example.
- Public service providers, such as the Workforce Investment Board (WIB), *should increase their outreach and marketing efforts* to low-income and/or homeless individuals and families, so that they may fully utilize these resources.
- *Specific efforts should be made to augment* Outreach and Information and Referral Services regarding Financial Assistance.

EMBEDDED SERVICE SUBSETS

Top Priority Subsets:

- INFORMATION AND MARKETING (811)
- OUTREACH (813)
- MARKETING

LIFE MANAGEMENT SKILLS EDUCATION

The following 3 Service Clusters are recognized as inter-connected, and represent a category of Services related to Education in Life Management Skills to aid vulnerable individuals in issues of everyday living:

410 - Basic Life Skills Education
420 - Parent Skills Development
440 - Alternative Education - (Supplemental Educational Services)

410 - BASIC LIFE SKILLS EDUCATION

Basic Life Skills Education can help address some of the issues/problems of everyday living for vulnerable individuals who have "Difficulty Performing Tasks Due to Physical Disability/Health Problems or to a Lack of Life Management Skills." In particular, **Personal/Home Care Education** can affect issues such as "Not Eating Nutritious Foods" and "Difficulty Taking Care of Self." Education on **Management of Finances** can help with "Managing/Budgeting Money." The Youth Task Force noted that Youth-in-Crisis are often lacking in Basic Life Skills, and could benefit from this service. Individuals with Substance Abuse issues, and people with disabilities who are dependent on Social Security Disability (SSD) and Supplemental Security Income (SSI) for their income, could benefit from training in the management of finances. The issue of "Not Enough Money for Necessities" may stem in part from a lack of basic skills on how to budget on an everyday basis.

The **Provision of Adaptive Devices and Training for People with Disabilities** is considered a Gap in service, as they are difficult to obtain. The Regional Office of the N.J. Commission for the Blind & Visually Impaired and the Division of Vocational Rehabilitation may need to be more involved in providing these services when appropriate. Medicaid's inability to pay for some adaptive devices is also a large part of this problem, and needs to be addressed on a systemic level.

EMBEDDED SERVICE SUBSETS

Top Priority Subsets:

- PERSONAL/HOME CARE (411)
- MANAGEMENT OF FINANCES (413)

Additional Priority Subsets:

- PROVISION OF ADAPTIVE DEVICES AND TRAINING FOR PEOPLE WITH DISABILITIES (412)

420 - PARENT SKILLS DEVELOPMENT

Another Service Cluster identified as helping individuals who are coping with issues and problems of everyday living is **Parent Skills Development**. **Parenting Education**, with an emphasis on **One-On-One Parent Aid**, is the top Priority. The Youth and Family Task Force recommended Parenting Education as a top Priority Service for parents of the General Youth Population, as well as for Single Parents. This would be particularly beneficial for those who may feel isolated and who would not only profit from the educational aspects, but from the supportive nature of parenting groups. Parenting Education can also aid families in which substance abuse is an obstacle to healthy family relations.

Parent Education and One-On-One Parent Aid are extremely important in assisting people with moderate mental illness perform the role of parent. The knowledge, support, and encouragement provided by these essential services can make the difference between keeping a child in the home with the family, versus placing the child in foster care. The development of "family skills" is an essential need for this population.

EMBEDDED SERVICE SUBSETS

Top Priority Subsets:

- ONE-ON-ONE PARENT AID (422)
- PARENT EDUCATION (421)

440 - ALTERNATIVE EDUCATION

The Needs Assessment Committee cited as a top Priority those services within this category hereby termed **Supplemental Educational Services**, which includes **English as a Second Language, GED (General Equivalency Diploma) Instruction, Literacy Education**, and **Instruction for Individuals with Disabilities.** These Service Subsets address problems related to "Difficulty Performing Tasks Due to A Physical Disability/Health Problems or to a Lack of Life Management Skills," including "Difficulty in Reading and Writing." Problems with reading and writing can stem from many different factors, including general problems of literacy, physical problems that make reading and writing difficult, and/or language barriers. Thus, a variety of services are recommended to address this issue. Provision of these services can also aid in seeking employment.

In addition, the Task Force for Youth In Crisis further identified **GED Instruction** and **Day Treatment/Alternative Education for Youth** as essential for some youth at risk who may otherwise drop out of the educational system.

EMBEDDED SERVICE SUBSETS

Top Priority Subsets:

- LITERACY EDUCATION (444)
- GED (GENERAL EQUIVALENCY DIPLOMA) (445)
- ENGLISH AS A SECOND LANGUAGE (446)
- INSTRUCTION FOR INDIVIDUALS WITH DISABILITIES

Additional Priority Subset:

- DAY TREATMENT/ALTERNATIVE EDUCATION FOR YOUTH

210 -MEDICAL TREATMENT

In general, the "Lack of Adequate Health Care, Particularly Dental Care" was a top Identified Problem across most of the Target Populations. **Dental Treatment** is identified as the Top Service Priority in this category. Low-income and homeless individuals and families are often without Medical and Dental Insurance, or are under-insured for their needs. Those who have Medicaid are often not able to obtain care since very few Dentists in the County accept Medicaid Fee for Services or the Medicaid Managed Care Programs. As a result, many people are forced to seek treatment outside of the County, or go without care. Dentists in Hunterdon County do not have their own organized Dental Society, which impedes the ability to communicate with them as a group to work towards solutions. We need to develop new innovative approaches to ensure that vulnerable populations receive needed treatment. One potential solution is a Mobile Dental Unit, which could serve all vulnerable populations in every part of the county. This would be particularly beneficial given the rural nature of our County, and concurrent difficulties some individuals have with Transportation. This option is currently being explored within the County Department of Human Services.

Problems with Medicaid/HMOs are not only localized; they are part of a larger problem. The **Medicaid/Managed Care System** itself has developed into a major health care problem, which needs to be addressed. The County Department of Human Services continues its efforts to encourage Medicaid HMOs to provide more participating dentists. Full resolution of this issue, though, will require greater State involvement.

In addition to Dental Treatment, several Task Forces identified specific Medical Services that are essential for certain Target Populations. **Rehabilitation Services, Nutritional Assessment, Health Related Screening and/or Evaluation**, and regular **Medical Care** are necessary for the entire community. Medical and Dental care must be *physically accessible*. Many Physicians' offices and Dental offices cannot accommodate people with disabilities (for example, they have examining tables that cannot accommodate people with certain disabilities), and these services can be considered a "Gap" for some individuals. **Nursing Home Care** is often essential for individuals with physical and/or cognitive disabilities, when the family is not able to care for the person at home, and **Home Health Care Services** are not available. Nursing Home placements are often expensive, and may be unsuitable for younger individuals with disabilities.

Medical Supplies/Pharmaceutical Services can be a problem for those who are uninsured or underinsured. In particular, funding for prescribed medication, on an emergency basis and a regular basis, are critical for individuals with serious mental illness and people with other disabilities. In addition, it is recommended that access and use of medical supplies and

pharmaceuticals be better monitored for seniors, to ensure that their needs are being met. The Task Force for Senior Adults also noted the need for **In-Home Physician Care** to serve homebound/marginally ambulatory individuals. They recommend that a program be developed, in cooperation with the Hunterdon Medical Center, to provide this service, possibly utilizing "Resident" Physicians (General Practitioners) as Service Providers.

EMBEDDED SERVICE SUBSETS

Top Priority Subset:

- DENTAL TREATMENT (214)

Additional Priority Subsets:

- REHABILITATION SERVICES (215)
- NUTRITIONAL ASSESSMENT, HEALTH RELATED SCREENING &/OR EVALUATION (211)
- MEDICAL CARE (212)
- NURSING HOME CARE (218)
- MEDICAL SUPPLIES/PHARMACEUTICAL SERVICES (216)
- IN-HOME PHYSICIAN SERVICE (219)

610 - PROTECTIVE SERVICES

Protective Services are critical for individuals who experience "Abuse of Child, Spouse, or Family Member." Protective Services should also aid in the identification and protection of youth at risk of substance abuse or currently using substances, or who live in families in which substance abuse is an issue.

All of the following Service Subsets are considered to be Priority Services:

- **Crisis Intervention** and **Protective Services Investigation** are the core of **Protective Services**, and need to be maintained.
- **Emergency Placements**, such as Foster Homes and Shelters, are a necessity. It has been difficult securing placements, especially for children.
- Additional staffing, along with specific training in Protective Services, is needed for the effective delivery of **Protective Service Case Management** for both children and adults.
- Judicial and Law Enforcement personnel need to be educated about **Guardianship** as a viable option for adults, when it is truly necessary.

EMBEDDED SERVICE SUBSETS

Top Priority Subsets:

- CRISIS INTERVENTION (611)
- PROTECTIVE SERVICES INVESTIGATION (612)
- EMERGENCY PLACEMENTS (614)
- PROTECTIVE SERVICE CASE MANAGEMENT (613)
- GUARDIANSHIP (616)

230 -SUBSTANCE ABUSE SERVICES

Residential Placements in general are the top Priority in this category. This includes **Halfway Houses, Detoxification,** and **Residential Treatment.** Additionally, the Task Force on Substance Abuse identified all current substance abuse services as priorities that need to be maintained since they provide a continuum of care for adults and adolescents. The Youth Task Force emphasized the need for **Substance Abuse Screening and/or Assessment** and **Prevention/Education Services,** as pivotal initial steps. **Intensive Outpatient Services, Residential Treatment Services,** and **Detoxification Services** were identified as critical for Youth-in-Crisis, who are frequently arrested for substance abuse violations. *It is essential to ensure that all youth with substance abuse problems will get treatment.* These services were also considered imperative for individuals with mental illness. It was additionally noted that there is a special need for **Legal Services** related to substance abuse for individuals with mental illness.

Some "Gaps" in specific services were also noted. The absence of **Halfway House Services** for Mentally Ill Chemical Abusers (MICA) in New Jersey is considered a serious gap. There are also no services available for an individual to transition back into the community from a psychiatric hospitalization when there are concurrent substance abuse issues. Substance Abuse Services in Spanish, and for the deaf and hard of hearing, were also identified as general needs in the County. Lastly, in the absence of County-based Residential Services and Sub-Acute Detoxification Services (including Detoxification for Heroin), transportation to these facilities is needed. These services are crucial for both adults and adolescents.

In general, **Substance Abuse Services** can be of particular consequence since substance abuse issues may be involved in several of the top Identified Problems/Conditions, including "Feeling Lonely," "Difficulty in Feeling Worthwhile," "Emotional Problems," and "Abuse of Child, Spouse, or Family Member." Task Forces representing Individuals With Disabilities and Victims of Abuse also suggested that **Substance Abuse** may be of particular relevance to these populations, and their special needs in regards to **Substance Abuse Services** needs to be further explored.

In addition, due to the changing nature of the "drugs of choice" in the County, it is critical that shifts and trends are closely monitored. Further, it is necessary that plans are in place which can accommodate to these shifts in usage, and customize services to the resultant side effects of different substances. It is imperative to adopt a forward-looking and adaptable approach to prevention and treatment.

EMBEDDED SERVICE SUBSETS

Top Priority Subsets:

- RESIDENTIAL PLACEMENTS, INCLUDING:
  - HALFWAY HOUSE (238)
  - DETOXIFICATION SERVICES (235)
  - RESIDENTIAL TREATMENT (237)

Additional Priority Subsets:

- SUBSTANCE ABUSE SCREENING &/OR ASSESSMENT (232)
- SUBSTANCE ABUSE PREVENTION/EDUCATION SERVICES (231)
- INTENSIVE OUTPATIENT SERVICES (234)

340 - TRANSPORTATION SERVICES

Transportation was identified as a needed Priority Service by 12 Target Populations and is recommended as a Top Priority Service for the County. Due to the rural nature of Hunterdon County, transportation for remote areas is identified as a particular concern. Transportation is of particular import because of its impact on many different aspects of daily living, including the ability to socialize, travel to employment, and get to appointments. Public transportation can also be part of the solution for the Identified Problem of "Feeling Lonely and Need Someone To Talk To," a problem that can be exacerbated by isolation due to lack of adequate transportation. Thus, **Transportation** is a systemic issue - one that addresses the needs of many vulnerable populations and that is interconnected with other Service Needs, such as **Employment Services, Medical** and **Mental Health Services**, and **Substance Abuse Services**.

Employment Transportation and **Social Service Transportation** are emphasized as *particular* Priority Needs (although it is noted that other types of transportation, such as **Medical Transportation**, continue to be necessary as well). **Employment Transportation** is especially critical for low-income individuals and families who cannot afford a car and for those who do not have drivers' licenses, and need a means of getting to work. Transportation is intimately related to **Employment Services**, which can affect Identified Problems such as "Difficulty in Feeling Worthwhile" and "Not Enough Money for Necessities." In general, the current emphasis on Welfare-to-Work increases the need

for Public Transportation that is specifically geared to transporting low income individuals to and from their places of employment. Because many individuals do not work traditional "9 to 5" hours, **Employment Transportation** is needed weekends and evenings, and is currently perceived as a "Gap."

Because the need for **Employment Transportation** has increased, it is recommended that *a specialized Group be created to address work-related transportation issues*. This group should include the Hunterdon County Department of Human Services, HART, the Workforce Investment Board (WIB), United Way, Local School Districts, and major Businesses in the area. This group should also address issues involving broader transportation systems, *such as inter-county transportation* for individuals who live in the County and work out-of-county, or vice-versa. The need for **Child Care Transportation**, which is related to **Employment Transportation**, should also be addressed.

Social Service Transportation, defined broadly to include socialization activities as well as human/social services, is also identified as a need in Hunterdon County. Within the County, most Human Services are located in a few consolidated areas; however, the vulnerable population is spread out, necessitating more far-reaching transportation options. In addition, transportation to socialization activities is recognized as essential to help alleviate Identified Problems such as "Feeling Lonely and Need Someone To Talk To." Because these activities may occur during the evenings or on weekends, it is again recommended that there be more diversified options for time schedules.

A few additional recommendations were made by some of the individual Task Forces. First, the continuation of **Transportation Brokering**, which involves the arranging of services through providing information and purchasing services, is encouraged as a means of increasing the efficiency and effectiveness of the system for its consumers. Second, the arrangement of **Out-of-County Transportation** for specific needs such as Medical and Substance Abuse Services was earmarked as a distinctive "Gap." Specifically, out-of-county Medical Transportation is needed for those who cannot obtain Medical Services, such as Services from Medical Specialists or Dental Services, either because they do not exist in our County or because they are unable to obtain services within the County due to lack of, or insufficient, insurance. For example, few Dentists in the County accept Medicaid, and many of the specialists that people with certain disabilities need are also located out-of-county. Similarly, for those needing Substance Abuse Services, all **Subacute Detoxification Services** and **Residential Services** are out of the County, and require out-of-county transportation for those with no other means of obtaining these services. Finally, it was recommended that LINK services continue to be expanded to include more sedan type service, and to reduce on-board time for its riders, whenever possible.

EMBEDDED SERVICE SUBSETS

Top Priority Subsets:

- EMPLOYMENT TRANSPORTATION (347)
- SOCIAL SERVICE TRANSPORTATION (342)

Additional Priority Subsets:

- TRANSPORTATION BROKERING (341)
- OUT-OF-COUNTY TRANSPORTATION

ADDITIONAL NOTES:

Additional issues that are not service-specific but relate to the **Service Delivery System** as a whole are noted:

- One recurring issue reflects *frustrations experienced by Clients* during the service delivery process. Some clients who reported "Do Not Want Help" as a Reason For Not Getting Help cited bad experiences as an explanation for why they no longer sought help. Complaints about long and complicated application processes, and fears of lack of confidentiality, discouraged individuals from continuing to seek aid. Insensitivity to cultural differences as well as toward people with disabilities (including those with mental health issues) was also cited as a dissuading factor in obtaining services. At another level, some clients reported feeling humiliated, and experienced a general lack of respect and understanding of their problems, by some service providers. ***Sensitivity training is recommended for Provider Agencies***. This training should be County-wide and include awareness of all population's needs.

- The Needs Assessment Committee noted that issues go beyond the Service Delivery System *into the community at large*. On a more global level, it was recognized that there is a general lack of community/personal awareness of obligation for support of vulnerable populations. Part of the overall Human Services Plan for the County should include creative ways of expanding, and redefining, Outreach into the community to encourage Businesses and Citizens to contribute and participate in Human Services.

COUNTY OF HUNTERDON
PRIORITY FUNDING RECOMMENDATIONS FOR HUMAN SERVICES
(as of 08/14/01)

THE ATTACHED FUNDING OPTIONS WERE BASED ON THE FOLLOWING CRITERIA:

Choose One (#1, 2, or 3):
1. Decrease Funding (For Update Use)
2. Level Funding
3. Maintain and Expand

Add, If Appropriate (#4 or 5):
4. Support Funding for Development of New Services
5. Development of New Delivery Approach
(Does NOT necessarily reflect new funding)

EXPLANATION OF CODES

Option 1 - Decrease Funding: This is an option to be considered in subsequent "Updates" to this Plan. It will not be used for the initial Priority Services of the Plan.

Option 2 - Level Funding: Continue funding an existing service at the same level.

Option 3 - Maintain and Expand: Service is not only to be maintained but is appropriate for additional funding to be allocated to it.

Choose Options #4 or 5, If the Following Conditions Are Met:

Option 4 - Development of New Services: This option reflects totally **new funding** directed toward a **new service** per the following criteria:

A. It must address an identified **"gap"** in services;

B. There is an influx of new funding in some manner; or,

C. Barring any new monies becoming available, funding, in subsequent years, identified for a new service would have to be offset by a decrease in funding of some other service; AFTER,

(1) focusing on and/or exhausting the possibility of alternative sources of funding;

(2) first exploring more collaborative efforts amongst organizations or, even within, organizations.

Option 5 - Development of New Delivery Approach: This option involves major restructuring, and is generally, although not necessarily, beyond local means, requiring collaboration and coordination with other public entities and/or organizations. This can include new services, but does NOT necessarily reflect new funding.

COUNTY OF HUNTERDON
PRIORITY FUNDING RECOMMENDATIONS FOR HUMAN SERVICES

1st Recommendation: <u>All ongoing services, publicly funded at the time this Plan was accepted, will be maintained at least through current allocation cycles and/or until re-evaluated.</u>

1 PRIORITY SERVICE CLUSTERS (Alphabetical, NOT ranked, Order)	2 FUNDING RECOMM.	RATIONALE/JUSTIFICATION (Based on the findings of the 2002 Comprehensive Plan)
Continuum of Care for Mental Health: A. 720 - **Socialization/Group Support** B. 730 - **Counseling** C. 220 - **Mental Health Treatment**	 3 3 3, 4	 - GAP SERVICE - Psychiatric Assessment
D. 110 - **Employment/Vocational**	2, 5	- Need a new approach that incorporates all aspects: Assessment, Training, Procurement, and Retention - Available funding is sufficient to address the need
E. 240 - **Home Care**	2, 5	- Adequate funding currently exists; however, the system needs *an entirely new approach*, with better integration and coordination of services, as described in the Plan.
F. 330 - **Housing**	3, 4	- Expand if, and wherever, possible - Creation of new, innovative services needed to address continuing lack of low-income rentals and housing
G. 810 - **Information & Referral**	3, 5	- Creation of a new multi-organizational Task Force, to recommend systemic changes (refer to Plan for specifics)
Life Management Skills Education: H. 410 - **Basic Life Skills Education** I. 420 - **Parent Skills Development** J. 440 - **Alternative Education**	3, 5	- Need to pull services together to create a new unified approach to Life Management Skills Education - May, or may not, need to expand services when new approach is developed
K. 210 - **Medical Treatment**	3, 4, 5	- Dental Treatment - Need a new approach, with possible new services, such as a Mobile Dental Unit- May require new funding, e.g., through grants
L. 610 - **Protective Services**	3, 5	- Services exist but are not always available - need to expand current services - Need to continue advocating for new fully coordinated approach for children's services
M. 230 - **Substance Abuse**	3, 4	- Need to maintain and expand current services, & develop new services to meet needs in our County and address ongoing shifts in drugs of choice - Legislation to free up some DEDR funding for program administration
N. 340 - **Transportation**	3, 4, 5	- Creation of a Specialized Group as identified in Plan focusing on new approach for out-of-county Transportation - New services needed to address GAPS: weekend and evening services; out-of county services

1 = Refer to Accompanying Review of Priority Services for Additional Elaboration. **(Section XI)**

2 = FUNDING OPTIONS:

<u>Choose One (#1, 2, or 3)</u>:
1. Decrease Funding (For Update Use)
2. Level Funding
3. Maintain and Expand

<u>Add, If Appropriate (#4 or 5)</u>:
4. Support Funding for Development of New Services
5. Development of New Delivery Approach (Does NOT necessarily reflect new funding)

XIII.
APPENDICES

APPENDIX A

TARGET POPULATION DEFINITIONS

DEFINITIONS OF TARGET POPULATIONS

1. Substance Abusers - Drugs/Alcohol (SA)

Individuals who suffer from a physical/psychological dependence on alcohol and/or chemical substances. There is a continuous pattern of heavy use that includes progressive/frequent intoxication and progressive/impaired functioning. The progressive nature of both use and the adverse consequences to self and others is the key to the chemical/alcohol dependency.

2. Homeless or Near Homeless (HM)

Individual or family that is without, or is in danger of losing, temporary or permanent housing.

3. Low-Income Individuals/Families (LI)

An individual, family, or persons in the same household with income at or below $36,360/year ($3,030/month). This figure is based on the Council on Affordable Housing (COAH) 2000 Regional Income Lower Limits for a 3 person family (based on the average family size from the Hunterdon County Needs Assessment Survey returns.)

4. Youth - General (YTH)

Infants (ages 0 - 4 years), Children (5 - 11 years), and Youth (ages 12 -17 years) who are experiencing problems or are at risk for experiencing problems of any kind.

5. Youth in Crisis or Involved with Juvenile Justice System (YIC)

"Youth in Crisis" includes:

- Juveniles who are experiencing emotional or behavioral difficulties which negatively impact on their ability to function in the community; and

- Juveniles who have been found to be delinquent, have been referred to the Family Court, and are pre-adjudicated or adjudicated as delinquent; and

- Juveniles, or other family members, whose behavior, conduct, or a condition results in:

- A serious threat to the well-being and physical safety of a juvenile;

- A serious conflict between a parent or guardian and a juvenile regarding rules of conduct which has been manifested by repeated disregard for lawful parental authority by a juvenile, or misuse of lawful parental authority by a parent or guardian;

- Unauthorized absence by a juvenile for more than 24 hours from his/her home;

- A pattern of repeated unauthorized absences from school by a juvenile subject to the compulsory education provision of Title 18A of the New Jersey Statute.

6. Single Parents Experiencing Difficulties or Problems (SPR)

Individuals who are single parents and experiencing problems/difficulties due to age (e.g., teenaged parents), low income, health problems, or any other issues that may hinder their ability to parent adequately.

7. Victims of Abuse (e.g., Child, Elder, Sexual), Neglect, Abandonment, or Violence (VAB)

This target population includes:

- Individuals who have been inflicted with physical, sexual, and/or emotional injury by parent(s), caretaker(s), spouse, or any other person(s), through other than accidental means;

- Individuals whose physical, mental, or emotional condition has been impaired, or is in danger of becoming impaired, by acts or omissions of the parent(s), caretaker(s), spouse, or any other person(s). This includes, but is not limited to, risk of serious injury;

- Individuals who are without proper and sufficient protection due to the failure of the parent(s), caretaker(s), spouse, or other individuals, to provide care, custody or control, or due to failure to do, or permit to be done, any act necessary for the individual's physical, mental, or emotional well-being.

8. Senior Adults - 60+ Years (SR)

This target population covers adults, 60 years and older, who are experiencing life challenges specific to aging, and have special needs and requirements, including physical, social, emotional, and/or medical needs.

9. People with Developmental Disabilities, including Mental Retardation (DD)

The term "developmentally disabled" means a severe, chronic disability of a person which:

- is attributable to a mental or physical impairment or combination of mental and physical impairments; and

- is manifest before age 22; and

- is likely to continue indefinitely; and

- results in substantial functional limitations in three or more of the following areas of major life activities:

  - self care
  - receptive and expressive language
  - learning
  - mobility
  - self-direction
  - capacity for independent living
  - economic self-sufficiency; and

- reflects the person's needs for a combination and sequence of special, inter-disciplinary, or generic care, treatment, or other services which are of lifelong or extended duration, and are individually planned and coordinated.

Developmental Disability includes, but is not limited to, severe disabilities attributable to Mental Retardation, Autism, Cerebral Palsy, Epilepsy, Spina Bifida, and other neurological impairments for which the above criteria are met.

10. People with Physical Disabilities - Other than Visually Impaired (PD)

Individuals with one or more physical disabilities (other than visual impairment) which limit their ability to perform activities of daily living. The physical disabilities may be either permanent or of a temporary nature, due to physical illness or injury.

11. People with Physical Disabilities - Blind or Visually Impaired (BL)

Individuals with either total loss of eyesight or vision impairment caused by documented eye diseases, or injuries, and/or a predisposition for the development of eye diseases.

12. People Experiencing Emotional Problems - Serious Mental Illness (SMI)

Includes:

- Seriously mentally ill (SMI) inpatients and individuals with a history of psychiatric hospitalizations:

  Psychiatric hospital inpatients and individuals who have experienced one or more inpatient psychiatric stays in State, County, or general hospitals, have a diagnosis of a serious mental illness, and are unable to function without assistance in the community.

- Persons in crisis and at risk of psychiatric hospitalization:

  Persons who are in imminent danger to themselves or others or who have recently been seen in screening or emergency services because of a severe psychiatric crisis.

- Persons with a serious mental illness diagnosis, who have not needed hospitalization:

  Persons who have a diagnosis of serious mental illness, who are not hospitalized, and who are able to remain in the community with a variety of community supports.

13. People Experiencing Emotional Problems (Moderate Severity or Temporary Impairment) (MMI)

People experiencing emotional problems or disorders that limit one's ability to perform activities of daily living. The emotional problems or disorders are of a moderate degree of severity and often temporary, but require various types of human service interventions to prevent the problems from worsening and becoming long-term chronic mental illness.

APPENDIX B

DEMOGRAPHICS OF CLIENT SURVEY RESPONDENTS

CLIENT RESPONDENT DEMOGRAPHICS (n=461) AND SURVEY RESPONSE RATE

A. City/Township

Alexandria	9	High Bridge	28
Bethlehem	2	Holland	6
Bloomsbury	6	Kingwood	5
Califon	9	Lambertville	32
Clinton	7	Lebanon Boro	3
Clinton Twp	12	Lebanon Twp	21
Delaware	3	Milord	10
East Amwell	19	Raritan Twp	44
Flemington	98	Readington	43
Franklin	4	Stockton	1
Frenchtown	14	Tewksbury	3
Glen Gardner	14	Union	9
Hampton	14	West Amwell	10
No Response	35		

B. Year of Birth

1900-1909	7
1910-1919	36
1920-1929	34
1930-1939	23
1940-1949	54
1950-1959	111
1960-1969	92
1970-1979	59
1980-1989	23
1990-2000	4
No Response	18

C. Gender

Female	339
Male	117
No Response	5

D. Marital Status

Single	158
Married	124
Separated	31
Divorced	75
Widowed	69
No Response	4

E. Health Insurance

(could mark more than one)

Medicaid	126
Medicare	105
Private	232
None	74

F. Veteran Status

Self	26
Member of Household	37
Self + Member of House	3
No Response	395

G. Resident of County

1 Year of Less	56
2-5 Years	84
6-10 Years	52
11-20 Years	94
21-30 Years	70
31+ Years	93
No Response	12

H. Highest Grade Completed

Grammar School	30
Between 9-12	100
H.S. Diploma/GED	148
Between 1-4 College	67
College Degree	72
Graduate Degree	36
No Response	8

I. Housing Situation

Own Home	166
Rent	169
Transitional Living	35
Need Permanent Housing	24
Group Home or Sup. Indep. Living	38

J. (1) Family Structure

Single parent w/children	122
Two parents w/children	106
Single Adult	165
Couple	43
No Response	25

(2) Household: 2 or more adult generations?

Yes	94
No	289
No Response	78

CLIENT RESPONDENT DEMOGRAPHICS

K. Ages of Household Members
(could mark more than one)

0-4 Years	91
5-11 Years	185
12-17 Years	166
18-59 Years	582
60+	191

N. Household Income Source
(could mark more than one)

Employment	226
Public Asst.	68
Soc. Sec./Pension	162
Unemployment	18
Other	72

L. Ethnic Origins of Household

	Client	Infant	Child	Youth	Adult	Senior Adult
White	404	52	100	96	171	79
Black/Afr-Am.	12	3	2	1	2	0
Latino/Hispanic	14	7	3	3	10	1
Asian	5	2	3	0	3	0
Native American	1	1	1	0	0	0
White, Native Am.	1	0	0	0	1	0
White, Latino	1	0	1	1	0	0
White, Black, N. Am.	1	0	0	0	0	0
Other	3	0	3	4	15	4

SURVEY RESPONSE RATE

Client Survey

	# Sent	#Returned	% Returned
Provider Agencies	1110	407	37%
Schools	378	49	13%
Churches	546	5	1$
Other (Daycare, Medical)	84	0	0%
Totals:	2118	461	22%

Community Survey

	# Sent	#Returned	% Returned
Provider Agencies	394	195	50%
HHSAC Committees	609	152	25%
Schools	126	26	21%
Churches	182	5	3%
Other (Daycare, Medical)	28	0	0%
Totals:	1339	378	28%

APPENDIX C

AGENCIES/ORGANIZATIONS IN NEEDS SURVEY

LIST OF AGENCIES SURVEYED

AGENCY NAME	CODE #	FORMS FORWARDED		COMPLETED SURVEYS RETURNED	
		Community	Client	Community	Client
Alternatives, Incorporated	252570000	2	6		
American Cancer Soc.	080190001	2	6		
Amer. Heart Assoc.	250040000	2	6		
Amer. Red Cross	081060000	2	6		
Anderson House	085140000	2	6	2	6
ARC of Hunt. County	080990105	12	36	11	31
Big Brothers/Big Sisters/Hunt. Co.	080240002	2	6		6
Bridgeway Psychiatric Rehabilitation	085480000	2	6	2	6
Catholic Charities	080250103	12	36	5	2
Center for Educ. Advancement	080220000	6	18	3	10
Charlestown Med. Associates	082110000	2	6		
Town of Clinton Police	082150000	1	0		
Community Care Association of Hunterdon County	080200001	6	18	5	15
Cooper's RHC	080660000	2	6		
Creative Basics	082640000	2	6		
Darts Mill Day Care	080350100	6	18		
Delaware Valley Family Health Center	080600001	2	6		
Developmental Resources Corporation	251540000	2	6	2	4
East Amwell Township GA	080770000	1	3	1	2
Easter Seal Society	080980001	12	36	5	12
ESC	085190000	12	36	10	17
Fisherman's Mark	080140101	12	36	4	12
Flemington Food Pantry	082030000	2	6	2	4
Flemington State Police	082980000	1	0		
Freedom House	080290000	6	18		
Frenchtown Police Department	084150000	1	0		
Friendship Center for New Beginnings	083770000	2	6		
Glen Gardner Youth Center	082040000	2	6		
Good News Home for Women	081030000	2	6	2	5
Heartland Learning Center	085500000	2	6		
Hickory Run Family Health Practice	083360000	2	6		
High Bridge Police Department	084370000	1	0		

AGENCY NAME	CODE #	FORMS FORWARDED		COMPLETED SURVEYS RETURNED	
		Community	Client	Community	Client
High Point Partial Care Day Hospital	085510000	6	18	2	11
Holland Township GA	080840000	1	3		
Homestead House	080610000	2	6		
Hunterdon Care Center	081120000	6	18	6	15
Hunterdon Alliance Mentally Ill	085160000	2	6		
Hunterdon Behavioral Health	080110100	12	36	6	9
Hunterdon County Dental Health Comm.	081020000	2	6	1	2
Hunterdon County Jail - Warden	085470000	6	18		
Hunterdon County Probation	082010003	6	18	4	15
Hunterdon County Prosecutors Office	081190001	2	6	2	6
Hunterdon County Public Defenders Office	082120000	1	0		
Hunterdon County Sheriff's Office	085080000	3	0		
Hunt. Co. Superior Court Family Case Management	083600004	6	18	3	4
Hunterdon Drug Awareness	080280003	6	18	4	11
Hunterdon Economic Partnership	085180000	2	6		
Hunterdon Helpline	080050004	2	6		
Hunterdon Hills Assisted Living	081130000	2	6		
Hunterdon Hospice	080150001	2	6	2	4
Hunterdon Learning Center	081050000	2	6		
Hunterdon Medical Center	080110000	12	36	5	18
HMC - Emergency Room	080110022	2	0		
Hunterdon Pediatric Association	085520000	6	18		
Hunterdon Prevention Resources	080020000	2	6	2	
Hunterdon Youth Services	080970001	2	6		
Immaculate Conception Church - Dis., Home. Prg	083460000	2	6		
Interfaith Hospitality Network	083370000	2	6	1	1
Judges, Municipal	082260000	2	0		
Judge, Superior	082430000	5	0		
Kessler Institute At Beaver Brook	250130004	2	6		
Lambertville GA	080860000	0	3		3
Lambertville Police Dept.	084300000	1	0	1	
League of Women Voters	083400000	2	6	1	
Lebanon Township Police Department	084310000	1	0		
Legal Service Corporation of Hunterdon County	080060001	2	6	1	6

AGENCY NAME	CODE #	FORMS FORWARDED		COMPLETED SURVEYS RETURNED	
		Community	Client	Community	Client
Little Brook Nursing Home	081140000	2	6	2	2
Little Haven Rest Home	080650000	2	6		
Lord's Closet	083660000	2	6		
Meals on Wheels	080030006	6	18	6	17
Milford Borough GA	080890000	1	3	1	
N.J. Department of Labor - Unemployment Office	240550000	6	18		
N.J. Foundation of Dentistry for Persons, Disability	254270000	2	6	2	
N.J. State Police	240450000	1	0		
Newton's Guest Home - Flem./Glen Gardner	080630000	2	6		
North Hunterdon Food Bank	083740000	2	6	2	6
North Hunterdon Senior Center	080080000	6	18		
NORWESCAP	250010000	6	18	4	11
Parents Without Partners	251960000	2	6		
Phillips Barber Family Health Center	082100000	2	6		
Planned Parenthood	251000101	6	18	3	1
Progressive Center for Independent Living	085420000	2	6		
Readington Twp Food Pantry	082890000	2	6		3
Readington Twp GA	080910001	1	3		
Readington Twp Police	082340000	1	0		
Right at Home Daycare	085530000	2	6		
Rolling Hills Care Center	081150000	2	6	1	
Round Valley Youth Center	082020000	2	0		
Rutgers Cooperative Extension	080680001	6	18		
Senior Health Services	081180001	2	6		
Senior Multi-Purpose Center	080702000	6	18	3	7
South Hunterdon Recreation	085540000	2	6		
SPAN (Flemington Office)	083440000	2	6		
Special Child Health Services	080110011	2	6	1	5
Spina Bifida Association of N.J.	085170000	2	6		1
St. Ann's Food Pantry	085440000	2	6		
Stone Arch Health Care Center	081110000	2	6	2	5
United Cerebral Palsy	082090000	2	6		
United Way of Hunterdon	083790000	3	0	3	
Visiting Health & Support Services	080030001	12	36	11	14

AGENCY NAME	CODE #	FORMS FORWARDED		COMPLETED SURVEYS RETURNED	
		Community	Client	Community	Client
Voorhees Residential Group Center	080270000	2	6		
West Amwell Twp GA	080950000	0	3		3
Women's Crisis Services	080080001	6	18	6	18
Work/Family Connection	083080000	2	6	1	
YMCA of Hunterdon County	080670000	12	36	5	
AIDS Task Force	085030000	13	6	1	3
Chamber of Commerce	082950000	3	0		
Division of Developmental Disabilities	24010001	3	0		
Division of Medical Assistance/Health Services	240040100	3	0	1	
Division of Mental Health Services	240120001	3	0		
Division of Social Services	080120000	12	36	8	21
Division of Vocational Rehabilitation	240440000	6	18	2	4
Division of Youth & Family Services	240090000	12	36	3	24
Hunterdon Area Rural Transit (HART)	085550000	2	6	1	
Hunterdon County Department of Health	080300000	6	18		7
Hunterdon County Department of Human Services	082500000	--	--		
Housing Agency	082500003	6	18	6	16
Mental Health Board	082500006	27	0	4	
Committee on Disability Services	082500008	21	0	7	
LACADA	082500007	18	0	8	
PACADA	082500012	21	0	4	
CEAS	082500013	33	0	9	
Allocations Committee	082500014	21	0	3	
Monitoring and Evaluation Comm.	082500015	21	0	1	
Professional Advisory Comm.	082500019	36	0	7	
Systems Review Comm.	082500020	30	0	6	
Child Abuse & Missing Children Comm.	082500022	15	0	7	
YSC Child Care Comm.	082500025	27	0	7	
Prevention and Alternatives Comm.	082500026	15	0	3	
Multi-Disciplinary Team	082500027	9	0	3	
Municipal Alliances	082500028	21	0	6	
Transportation Advis. Comm.	082500002	24	0	6	
Youth Serv./Juv. Justice Comm.	082500005	48	0	14	
HHSAC	082240600	72	0	30	

AGENCY NAME	CODE #	FORMS FORWARDED		COMPLETED SURVEYS RETURNED	
		Community	Client	Community	Client
Hunterdon County Housing Corp	082230000	3	0	2	
Hunterdon County Office on Aging	080070107	54	0		
Hunterdon County Parks - (Sr. Cit. & Ther. Rec.)	082860000	6	18	4	3
The LINK	080250002	3	18	1	2
WIB	085560000	36	0	7	
Alexandria Middle School	085610000	6	18	4	
Bloomsbury Public School	253730000	6	18	5	1
Delaware Valley Regional High School	082170000	12	36	2	5
High Bridge Middle School	084810000	6	18	5	8
Hunterdon Central High School	082420000	12	36		10
Lambertville Public School	084840000	6	18		
Lebanon Township Elementary	084860000	6	18	6	7
North Hunterdon High School	084880000	12	36		
North Hunterdon Polytech	080550001	6	18		4
Reading-Fleming Middle School	085570000	6	18		
Readington Middle School	084890000	6	18		
Robert Hunter Elementary	085580000	6	18		
Round Valley Middle School	085590000	6	18		
South Hunterdon High School	082380000	12	36		
Spruce Run Elementary School	084900001	6	18		
Voorhees High School	082400000	12	36	4	14
Bloomsbury Presbyterian Church	085620006	2	6	1	
Clinton Baptist Church	085620017	2	6	2	2
Our Lady of Lourdes	085620062	2	6	1	3
Presbyterian Church of Flemington	085620065	2	6		1

APPENDIX D

TASK FORCE AND NEEDS ASSESSMENT COMMITTEE PARTICIPANTS

TASK FORCE

TASK FORCE	TARGET POPULATIONS	COMMITTEE MEMBERS	
Substance Abuse	(1) Substance Abusers (drugs/alcohol)	Brenda Reasoner Theodora Martin Robert Bernot Edward Jakubco John Hurlburt Joan Furze Linda Stampoulos*	Robert Brighton Harry O'Rourke Grace Hart Ned Kelley Sue Morrow Linda Trombetta
Low-Income Homeless	(1) Homeless or Near Homeless (2) Low Income Individuals/Families	Richard A. Miller Tracy Sette Nancy Connor Diane Clapp Tammy LaBar Bill Claus Linda Stampoulos*	Lauren Bendict Martha Gonzalez Liz Schmid Jack Cahalan Skip Carney Joyce Brenly Barbara Metzger
Youth and Family	(1) Youth (General) (2) Youth-in-Crisis or involved with Juvenile Justice System (3) Single Parents Experiencing Difficulties or Problems	Paul Bilik David Eichlin Sharon McCobin Joyce Henshaw Linda Stampoulos Cathy Zahn*	Debbie Heinbach Jannifer Hoffer Karin Gruss Nicole Fetherman Bill Claus* Roberta Kestenbaum
Victims of Abuse	(1) Victims of Abuse (e.g., Child, Elder, (Sexual), Neglect, Abandonment, or Violence	Barbara Berberian Mark Donlon Sharon McCobin Mildred Ramirez Roberta Kestenbaum Linda Stampoulos	Susan Chambers Bill Hunt Ann St. John Peter Christianson* Barbara Metzger

TASK FORCES (Cont.)

TASK FORCE	TARGET POPULATIONS	COMMITTEE MEMBERS	
Senior Adults	(1) Senior Adults (60+ years)	Lucy Bentson Juanita Gonzalez Margaret Hilson Frank Holbrook Christine Klein Susan Chambers Roberta Kestenbaum	Bob Falstead Grace Goodman Barbara Holbrook Peggy Hylan Al Roesch Joyce Brenly* Peter Christianson
Disabilities	(1) People with Physical Disabilities (Blind or Visually Impaired) (2) People with Physical Disabilities (Other than Visually Impaired) (3) People with Developmental Disabilities (including Mental Retardation	Paul Acquino Ralph Bengivenga Cynthia Good Darlene LaRue Barbara Podgorski Linda Trombetta Linda Stampoulos	Diane Attanasio Sharon Frant-Brooks Bruce Hayes Rose Marie Pietruszewski Elaine Suehnholz Barbara Metzger* Joyce Brenly
Mental Health	(1) People Experiencing Emotional Problems (Serious Mental Illness) (2) People Experiencing Emotional Problems (Moderate Severity or Temporary Impairment)	Brenda Saharic James Swain Dorothy Faherty Bambi Kuhl Joseph Suozzo Gary Piscitelli Amy Hock Dale Watson Cathy Zahn*	Helen LaRue Joseph Riccardi Margaret Dockry Dominick Mazzagetti Al Bassetti Doug Reichert Leslie Santiago Angelo DiOrio* Barbara Metzger

* = Hunterdon County Department of Human Services Staff, Meeting Facilitator(s)

MEMBERS OF THE NEEDS ASSESSMENT COMMITTEE

Diane Attanasio
Jack Cahalan
Susan Chambers
William Hunt
Helen LaRue
Sue Morrow
Cynthia Yard
John Beckley
Jeanne Cassano
Diane Clapp
John Kellogg
Jane Kovara
Sharon McCobin

APPENDIX E

LIST OF SERVICE CLUSTERS/SPECIFIC SERVICES

HUNTERDON COUNTY DEPARTMENT OF HUMAN SERVICES
FY2000 COMPREHENSIVE PLAN PROCESS
LIST OF SERVICE CLUSTERS/SPECIFIC SERVICES

Service Clusters	Specific Services
110. Employment/Vocational Services	111. Assessment 112. Training 113. Procurement 114. Retention
130. Income Maintenance Services	131. General/Emergency Financial Assistance 132. Medical Insurance
210. Medical Treatment Services	211. Nutritional Assessment, Health Related Screening and/or Evaluation 212. Medical Care 213. Child Health Services 214. Dental Treatment 215. Rehabilitation Services 216. Medical Supplies and Pharmaceutical Services 217. Family Planning/Prenatal Services 218. Nursing Home Care 219. In-Home Physician Service
220. Mental Health Treatment	221. Emergency/Screening Service 222. Outpatient Counseling Services 223. Partial Care 224. Inpatient Psychiatric Care 225. PACT (Program for Assertive Community Treatment) 226. Integrated Case Management 227. Psychiatric Assessment 228. Psychological Assessment 229. Medication Monitoring
230. Substance Abuse Services	231. Substance Abuse Prevention/Education Services 232. Substance Abuse Screening and/or Assessment 233. Low Intensity Outpatient Services 234. Intensive Outpatient Services 235. Detoxification Services 236. Partial Care Services (3 to 5 days per week) 237. Residential Treatment Service 238. Halfway House Services 239. Support Groups: AA, NA, Al-Anon, Ala-Teen

HUNTERDON COUNTY DEPARTMENT OF HUMAN SERVICES

Service Clusters	Specific Services
240. Home Care Services	241. Homemaker Assistance 242. Home Delivered Meals 243. Home Health Aide Service 244. Respite Care 245. Hospice Care 246. Housekeeping
310. Emergency Basic Needs Service	311. Emergency Shelter 312. Emergency Food/Clothing Provision 313. Emergency Fuel/Utilities Provision 314. Emergency Medication
320. Food Services	321. Group Dining/Nutrition Sites 322. Nutrition Supplements, such as WIC, Home Delivered Meals, Food Pantry
330. Housing Services	331. Housing Location Assistance 332. Rent and Mortgage Assistance 333. Housing Maintenance/Repair 334. Weatherization 335. Housing Development 336. Renovations (ADA) - Accessibility
340. Transportation Services	341. Transportation Brokering 342. Social Service Transportation 343. Medical Transportation 344. Special Group Transportation 345. ADA Accessible Transportation 346. ADA Accessible Parking 347. Employment Transportation
350. Alternative Living Arrangements	351. Foster Home Care 352. Group Home Care 353. Skill Development Homes 354. Boarding Home/Residential Health Care Facility 355. Supervised Independent Living Arrangements 356. Independent Living Arrangements 357. Transitional Housing 358. Assisted Living 359. Shared Housing

Service Clusters	Specific Services
410. Basic Life Skills Education	411. Life Skills Education (Personal/Home Care) 412. Provision of Adaptive Devices and Training for People with Disabilities 413. Management of Finances
420. Parent Skills Development	421. Parent Education 422. One-on-One Parent Aid
430. Community Education	431. Community Health Education 432. Consumer Education 433. Community Mental Health Education 434. Civil Rights/Diversity Education 435. Community Protection 436. Disabilities Awareness 437. Enrichment Education 438. Caregiver Education
440. Alternative Education	441. Day Treatment/Alternative Education for Youth 442. Day Training Services for Adults 443. Homebound Instruction/Tutorial Instr. 444. Literacy Education 445. GED (General Equivalency Diploma) 446. English as a Second Language 447. Special Education
610. Protective Services	611. Crisis Intervention 612. Protective Services Investigation 613. Protective Service Case Management 614. Emergency Placement 615. Protective Custody 616. Guardianship
620. Legal Assistance Services	621. Legal Advice 622. Legal Representation 623. Mediation and Arbitration 624. Legal Advocacy
630. Juvenile Justice	631. Station House Adjustment 632. Crisis Intervention 633. Residential Placement 634. Alternative Disposition 635. Detention 636. Respite 637. Mentoring 638. Probation

HUNTERDON COUNTY DEPARTMENT OF HUMAN SERVICES

Service Clusters	Services
710. Day Care Services	711. Child Day Care 712. Infant Care 713. Pre School Care 714. Before School Day Care 715. After School Day Care 716. Sick Child Day Care 717. Early Intervention/Day Care for Special Needs Children 718. Adult Day Care Medical 719. Adult Day Care Social
720. Socialization/Group Support Services	721. Support/Self-Help Groups 722. Social/Therapeutic Recreation 723. Mentoring
730. Counseling Services	731. Supportive/Crisis Counseling - Individual 732. Supportive/Crisis Counseling - Family 733. Supportive/Crisis Counseling - Group
740. Companionship Services	741. Companionship - Out of Home 742. Companionship - In Home 743. Mentoring 744. Telephone Reassurance
810. Information & Referral Services	811. Information and Referral 812. Interpretation (Language) 813. Outreach 814. Interpretation for People with Disabilities (ADA)
820. Assessment/Case Management	821. Assessment 822. General Case Management 823. Clinical Case Management
830. Advocacy	831. Assisted Self-Advocacy 832. Client Advocacy 833. Systems Advocacy

APPENDIX F

SUMMARY REPORT OF WRITTEN COMMENTS FROM THE SURVEYS

Additional Comments from the Client Survey

(Abstracted Examples)

1. Client's Personal Situation/Quality of Life Issues (39 comments)
   (a) I'm part of the "sandwich" generation - caring for mom and family - sometimes too much.
   (b) Daughter assisting her with budget and finances.
   (c) Children currently in custody of abusive parent leaving me powerless to intervene.
   (d) My daughter was born extremely prematurely and has some developmental delays. We are very pleased with the therapy that is being provided to her.
2. Financial Issues (18 comments)
   (a) Financially devastated after divorce - $25,000 debt - working, but not enough $ - too much for assistance? Go figure!
   (b) Have reliable vehicle but not the means to pay for insurance. Not able to have this paid through WFNJ/GA as I am not employable.
   (c) Live in long-term care - receive $35/month for personal use - not enough for my needs.
3. Transportation Services (16 comments)
   (a) I am limited with grocery shopping because the LINK only allows me to bring 2 bags per trip.
   (b) Hunterdon County really needs more public transportation, especially evenings.
   (c) Use the LINK but the pick-up and drop-off times are not fitting with family needs.
4. Client's Perception of Needed Services (12 comments)
   (a) County should provide free therapy for juveniles on probation and free family counseling for their families if they do not have insurance or resources. Probation counselors should provide appointments at school.
   (b) Need seminars to educate about: preparing for divorce taking into account domestic violence, abusers, rights after the divorce, seminars for kids.
   (c) Being in this homeless situation, there should be a temporary/stable place to stay when you have children and lots of personal items, until you find help.
   (d) Issue is lack of before and after school care for special needs.
   (e) Lack of long-term mental health care. I am struggling to afford one-on-one therapy on my own, and it must be therapy with a specialist who understands domestic violence.
5. Medical (including Dental) Services (7 comments)
   (a) Lack of health insurance and means by which to get it are a big problem.
   (b) I have to go to the Developmental Center for dental care because there are not enough dentists in the area that will take my insurance.

6. Recreation Services (5 comments)
   (a) Waiting lists for rec. programs are over 2 years waiting time.
   (b) Need recreation for teens./Would like more recreation for adults.
7. Lack of Support Staff for Services (4 comments)
   (a) Unable to get out due to lack of individual support staff needed to go into the community.
   (b) We're on waiting list for services - behaviorist help and recreational programs for children with special needs - programs can't serve all due to lack of aides.
8. Housing Issues (3 comments)
   We need more affordable/clean/safe housing in this County!!!
9. Problems with Agency Staff (2 comments)
   No response from case manager when needed.

Additional Comments from the Community Input Survey

(Abstracted Examples)

1. Professional/Informed Citizen's Perception of Needed Services (15 comments)
   (a) Psychiatric and Psychological assessments are impossible to obtain for someone on assistance. The waiting periods for clients needing mental health treatment that is not an emergency is much too long. Need detox. services for other than alcohol!
   (b) Need: More health aides with better pay and benefits; More nutrition sites for people who have to travel far; More people who want to visit and socialize with homebound.
   (c) Our clients need free or low cost educational training.
   (d) Huge lack of adequate long and short time care for substance abusers. NJ is lacking! Need an Alternate School for at-risk kids. High School is not meeting the needs of these children.
   (e) We need more preventative, before and after school programs/night activities, like the YMCA.
2. Medical (including Dental) Services (9 comments)
   (a) Good dental services needed for poor or low income adults. Clients with mental illness often do not get treated for medical problems, medical staff ignores them and treats them for mental illness.
   (b) Our clients need Dental Service Providers who will accept Medicaid.
3. Transportation Services (7 comments)
   (a) From my observation, services needed are either non-existent or very difficult to access
   (schedule/route).
   (b) Need more and extended (hours) of transportation to meet needs of community for employment, recreational and medical needs.
   (c) A taxi service is absolutely necessary in the County!
4. Recreation Services (4 comments)
   (a) Most need - teen after school rec. programs. The greatest risk for crime is the hours of 3-6 pm.
   (b) There need to be more recreational options for children with disabilities, and funding to support this along with day camps with therapy services that are not extremely costly.
5. Housing Issues (3 comments)
   Hunterdon County lacks affordable housing for the most part.
6. Financial Issues (2 comments)
   Personal Needs Allowance money - $35/month- has been same for over 20 years - totally inadequate - for haircut, cards, small gifts, social outings, etc. - a shame to all of us.

7. Lack of Support Staff for Services (2 comments)
   Although the safety net for persons with dev. disabilities appears for most to be adequate, there is need, approaching crisis dimensions, for sufficient and qualified direct care and support staff.
8. Comments about Agencies (1 comment)
   I am appalled that local agencies providing services for the disabled do not always have a stringent screening process for staff. Physical and sexual abuse can/does occur.
9. Problems with Agency Staff (1 comment)
   Difficulty getting DDD case manager to respond to requests.

APPENDIX G

HUNTERDON COUNTY RESOURCE INVENTORY

Note: Blanks = No Data Provided

AGENCY NAME	PROGRAM NAME	SERVICES		MAXIMUM PROGRAM CASELOAD#	ANNUAL UNDUP. # OF CLIENTS	AVG. # ON WAITING LIST	AVG. TIME ON WAITING LIST
ALTERNATIVES, INC.	GROUP HOME	ADVOCACY,DEV DISABLD	TRANSPORTATION	6			
(908-685-1444)		EMPLOYMENT/VOC. TRNG	SOCIALIZATION				
		BASIC SKILLS TRNG	DISABLED SVCS				
		GROUP HOME					
	SUPPORTIVE LIVING PROGRAM	ADVOCACY,DEV DISABLD	TRANSPORTATION	10			
		EMPLOYMENT/VOC. TRNG	SOCIALIZATION				
		BASIC SKILLS TRNG	DISABLED SVCS				
AMERICAN CANCER SOCIETY	BREAST CANCER SUPPORT GROUP	COMMUNITY SVCS,GENL	SUPPORT GROUP				
(908-782-6112)							
	CANDLELIGHTERS SUPPORT GROUP	SUPPORT GROUP	HEALTH				
	HUNTERDON CO. PROGRAM	COUNSEL,SUPPORT,INDV	TRANSPORT,COORD'ION				
		EDUCATION,HEALTH	COUNSEL,SUPPORT,GRP				
		ADVOCACY	MEDICAL SUPPLIES				
		FINANCIAL ASSIST	HEALTH				
		SUPPORT GROUP					
AMERICAN HEART ASSOCIATION	FLEMINGTON CHAPTER						
AMERICAN RED CROSS-HUNT. CO.	AMERICAN RED CROSS	EMERG FOOD	HEALTH				
(908-782-4121)		EMERG CLOTHING	EDUCATION,HEALTH				
		EMERG SHELTER					
	MILITARY FAMILIES AND VETERANS	EMERG FOOD	HEALTH				
		EMERG CLOTHING	EDUCATION,HEALTH				
		EMERG SHELTER					
	SAFETY SERVICES	EMERG FINANC ASSIST	MEDICAL INSURANCE				
		EMERG SHELTER	EMERG BASIC NEEDS				
		CASE MANAGEMENT	EMERG TRANSPORT				
		CRISIS INTER,FAMILY	HEALTH				
		EMERG FOOD					
	YOUTH SERVICES	CHILD CARE	SEX EDUCATION				
		MEDICAL CARE,EMERG	EDUCATION,HEALTH				
		HEALTH	BLOOD MOBILE				
		SWIMMING					
ANDERSON HOUSE	HALFWAY HOUSE	SEE BELOW		14	48	6	2 MOS.
(908-534-5818)		BASIC LIFE SKILLS ED	HALFWAY HOUSE,WOMEN				
		FAMILY THERAPY	EMPLYMNT PROCUREMENT				
		COUNSEL,VOCATIONAL	EDUCATION,ALC/DRUG				
		RESIDENTIAL,ALC/DRUG	COUNSEL,THERAPY,FAM				
		COUNSEL,THERAPY,INDV	GROUP THERAPY				
ARC OF HUNTERDON COUNTY	ADULT SERVICES	CHORES,HOUSEHOLD	SOCIAL'ION/RECREATION	24			
(908-730-7827)		EDUCATION,LIFE SKILL	DISABLED SVCS				
		BASIC SKILLS TRNG	PLACEMENT,RESIDENT'L				
		ADVOCACY,DEV DISABLD	GROUP HOME				
	FAMILY SUPPORT	PARENT EDUCATION	DISABLED SVCS				
		COMMUNITY EDUCATION	EDUC/PREV. DEV. DIS'LD				

Note: Blanks = No Data Provided

AGENCY NAME	PROGRAM NAME	SERVICES		MAXIMUM PROGRAM CASELOAD#	ANNUAL UNDUP. # OF CLIENTS	AVG. # ON WAITING LIST	AVG. TIME ON WAITING LIST
		ADVOCACY,DEV DISABLD	SUPPORT GROUP				
	INFO. AND REFERRAL	DISABLED SVCS	INFOR/REFER				
	RECREATION	RECREATION	DISABLED SVCS	78			
		SOCIALIZATION					
	RESIDENTIAL SUPPORT	EMPLOYMENT/VOC. TRNG	DISABLED SVCS	10			
		EMPLOYMENT,SHELTERED					
	SATURDAY RESPITE	RECREATION	CHILD CARE				
		DISABLED SVCS					
	SELF ADVOCACY	ADVOCACY,SELF	SOCIALIZATION				
		SUPPORT GROUP	DISABLED SVCS				
		ADVOCACY,DEV DISABLD					
BIG BROTHERS/BIG SISTERS		SEE BELOW		70	105	10	4-6 MOS.
(908-730-7773)		BIG BROTHER	BIG SISTER				
		RECREATION	ROLE MODEL				
		SOCIAL'ION/RECREATION					
BRIDGEWAY PSYCHIATRIC REHAB	SUPPORTIVE HOUSING IN HUNT. CO	PLACEMENT,RESIDENT'L					
(908-237-2577)							
CATHOLIC CHARITIES	CASE MANAGEMENT	MENTAL HEALTH TRTMNT	MENTAL HEALTH SVCS	38			
(908-782-7905)		EVALUATION,PSY'TRIC					
	COMP.FAM.TRTMNT.OF ADOL.ALC.ABUSE	SEE BELOW		4	33	0	0
		FAMILY THERAPY	OUTREACH				
		MENTAL HEALTH TRTMNT	ASSESS,MENTAL,HEALTH				
		COUNSEL,SUPPORT,FAM	OUTPT COUNSEL				
		PARENT EDUCATION	ASSESS,PSYCHOLOGICAL				
	COMPREHENSIVE TREATMENT	SEE BELOW		10	29	0	0
		COUNCIL, IN-HOME	FAMILY THERAPY				
		ASSESS,PSYCHOLOGICAL	MENTAL HEALTH SVCS				
		PSYCHIATRIC TRTMNT	PARENT EDUCATION				
		OUTREACH	BASIC LIFE SKILLS ED				
	COUNS.DUALLY-DIAG.DEVELO.DISABLD.	SEE BELOW		28	37	0	0
		ADVOCACY,DEV DISABLD	MENTAL HEALTH SVCS				
		COUNSEL,VOCATIONAL	MENTAL HEALTH TRTMNT				
		DISABLED SVCS	COUNSEL,SUPPORT,INDIV				
		OUTPT THERAPY	GROUP THERAPY				
		ASSESS,PSYCHOLOGICAL	OUTREACH				
		BASIC LIFE SKILLS ED	ADVOCACY,HANDICAPPED				
	COUNSELING FOR ALCO.RECOV. (CARE)	SEE BELOW		25	37	10	2-4 WKS.
		EVALUATION,SUBS ABUSE	ADVOCACY,SUBS,ABUSE				
		COUNSEL,THERAPY,FAM	EDUCATION,ALC/DRUG				
		OUTREACH	ASSESS/CASE MANAGMNT				
		COUNSEL,THERAPY,INDV	OUTPT TRTMNT,ALC/DRUG				
		SUBSTNC ABUSE TRTMNT	GROUP THERAPY				
		EDUC/PREV,SUBS ABUSE					

Note: Blanks = No Data Provided

AGENCY NAME	PROGRAM NAME	SERVICES		MAXIMUM PROGRAM CASELOAD#	ANNUAL UNDUP. # OF CLIENTS	AVG. # ON WAITING LIST	AVG. TIME ON WAITING LIST
	FAMILY EVAL./JUV. COUNSELING SRVC		SEE BELOW	28	211	5	2 WKS.
		COUNSEL,SUPPORT,INDV	COUNSELING SVCS				
		COUNSEL,THERAPY,INDV	FAMILY COURT ONLY				
		JUV SPEC OFFEND SVCS	GROUP THERAPY				
		MENTAL HEALTH SVCS	MENTAL HEALTH TRTMNT				
		COUNSEL,THERAPY,FAM	OUTPT THERAPY				
	FAMILY SERVICES		SEE BELOW	85	371	10	2-6 WKS.
		FAMILY THERAPY	ASSESS,PSYCHOLOGICAL				
		COUNSEL,SUPPORT,FAM	COUNSEL,THERAPY,INDV				
		PARENT EDUCATION	OUTPT COUNSEL				
		INTAKE	CHILD REARING TRNG				
		ASSESS,MENTAL HEALTH	PSYCHIATRIC TRTMNT				
		MENTAL HEALTH TRTMNT	MENTAL HEALTH SVCS				
	HOPE		SEE BELOW	15	38	0	0
		EVALUATION,SUBS ABUSE	ALC/DRUG AFTERCARE				
		COUNSEL,THERAPY,FAM	ADVOCACY,SUBS. ABUSE				
		OUTREACH	ASSESS/CASE MANAGMNT				
		COUNSEL,THERAPY,INDV	OUTPT.TRTMNT,ALC/DRG				
		SUBSTNC ABUSE TRTMNT	GROUP THERAPY				
	HIV SERVICES			5	8	0	0
	REGIONAL INDEPENDENT LIVING			10	37	0	0
CENTER FOR EDUCATIONAL ADVANCE	FOOD/BUILDING SERVICES		SEE BELOW	10		0	0
(908-782-1480)	PACKAGING & ASSEMBLY TRAINING		SEE BELOW				
	RETAIL TRAINING		SEE BELOW	2		0	0
	JOB COACH/SUPPORTED EMPLOYMENT		SEE BELOW	15		0	0
	EXTENDED EMPLOYMENT		SEE BELOW	70		0	0
		COUNSEL,VOCATIONAL	LIFE SKILLS TRAINING				
		EDUCATION,VOCATIONAL	EMPLOYMENT PROCUREMNT				
		SPECIAL ED	DISABLED SVCS				
		EDUCATION,GED	CASE MANAGEMENT				
		EMPLOYMENT/VOC. TRNG	VOCATIONAL TRAINING				
		VOCATIONAL ASSESS	JOB PLACEMENT				
COMMUN. CARE ASSOCIATION OF H.C.	BRITESIDE I ADULT DAY CARE		SEE BELOW	20	66	0	
(908-782-8080)	BRITESIDE II ADULT DAY CARE		SEE BELOW	20	53	0	
		COUNSEL,SUPPORT,INDV	COMMUNITY EDUCATION				
		TRANSPORT,SPEC. GRP.	ADULT DAY CARE				
		CASE MANAGEMENT	SOCIAL'ION/RECREATION				
		SOCIALIZATION	HEALTH				
		DINING GROUP	COUNSEL,SUPPORT,FAM				
		ADVOCACY,ELDERLY	DAY CARE, ADULT				
COOPERS HOME FOR THE AGED	BOARDING HOME	ALTER LIVING ARRANGE	BOARDING HOME	20			
(908)996-2819		COMPANIONSHIP	RESIDENTIAL, HEALTH				
		FOOD SERVICES					

Note: Blanks = No Data Provided

AGENCY NAME	PROGRAM NAME	SERVICES		MAXIMUM PROGRAM CASELOAD#	ANNUAL UNDUP. # OF CLIENTS	AVG. # ON WAITING LIST	AVG. TIME ON WAITING LIST
DARTS MILL DAY CARE	CHILD DAY CARE	CHILD CARE,AFFORD'BL	THERAPY, SPEECH	60			
		DAY CARE,CHILD	DAY CARE,CH. AGE 2-12				
		PARENTING TRNG	CRISIS,MENTAL HLTH				
		CHILD CARE	EVALUATION,HEARING				
		COUNSEL,SUPPORT,INDV	CHILD DAY CARE				
		EDUCATION,PRESCHOOL					
DEVELOPMENTAL RESOURCES CORP.	FAMILY SUPPORT	SEE BELOW			13	0	
(908)707-8844	KALEIDOSCOPE RECREATION	SEE BELOW			2	0	
	SUPPORTED LIVING	SEE BELOW			7	0	
	RESIDENTIAL	SEE BELOW		15	12	0	
		RESPITE CARE	PLACEMENT,RESIDENT'L				
		CHORES, HOUSEHOLD	GROUP HOME				
		EDUCATION, LIFE SKILL	PARENT EDUCATION				
		BASIC SKILLS TRNG	COMMUNITY EDUCATION				
		ADVOCACY, DEV DISABLD	EDUC/PREV.DEV.DIS'LD				
		SOCIAL'ION/RECREATION	SUPPORT GROUP				
		DISABLED SVCS					
DIV. OF SOCIAL SERVICES	ACCAP			3	0	0	
(908)788-1300	ADULT PROTECTIVE SERVICES	SEE BELOW			123	0	
		PROTECTIVE SERVICE	TRANSPORT,BROKERING				
		RESPITE CARE	OUTREACH				
		PLACEMENT,EMERGENCY	CASE MANAGEMENT				
		COUNSEL,IN-HOME	HOMEMAKER				
		CRISIS INTERVENTION	ADVOCACY				
		INTAKE	EMERG SCREENING				
	BOARDING HOMES	SEE BELOW			85	0	0
		ADVOCACY,HANDICAPPED	ADVOCACY,SELF				
		ASSESS/CASE MANAGMNT	COUNSEL,IN-HOME				
		OUTREACH	COUNSEL,SUPPORT,INDV.				
		PROTECT SVCS,INVEST.	HOUSING SERVICES				
		CASE MANAGEMENT	TRANSPORT,BORKERING				
		ADVOCACY					
	CHILD SUPPORT AND PATERNITY	SEE BELOW			126	0	0
		LOCATION	PATERNITY ESTABLISHMNT				
		ADVOCACY					
	COMM.CARE PROG ELDERLY + DISABLED	SEE BELOW		20	4	0	0
		INTAKE	DISABLED SVCS				
		TRANSPORT,MEDICAL	HOME HEALTH AIDE				
		DAY CARE,ADULT	COUNSEL,SUPPORT,FAM				
		CASE MANAGEMENT	HEALTH				
		RESPITE CARE					
	COMP. EMER. ASSIST. SYSTEM/CEAS	SEE BELOW			16	0	0
		EMERG SHELTER	CRISIS INTERVENTION				

Note: Blanks = No Data Provided

AGENCY NAME	PROGRAM NAME	SERVICES		MAXIMUM PROGRAM CASELOAD#	ANNUAL UNDUP. # OF CLIENTS	AVG. # ON WAITING LIST	AVG. TIME ON WAITING LIST
		OUTREACH	FOOD COUPON				
		EMERG BASIC NEEDS	SCREENING,EMERGENCY				
		INTAKE	RENT ASSIST				
		SHELTER VOUCHER					
	CTY. CHILD CARE VOUCHER PROGRAM	SEE BELOW			68	0	0
		CASE MANAGEMENT	DAY CARE,CHILD				
		INTAKE	OUTREACH				
		ADVOCACY	CHILD CARE,AFFORD'BL				
		CHILD CARE					
	EMERGENCY ASSISTANCE	SEE BELOW					
		CASE MANAGEMENT	TRANSPORTATION				
		PLACEMENT,EMERGENCY	PLACEMENT,EMERGENCY				
		CLOTHING	INTAKE				
		SCREENING,EMERGENCY	EMERG BASIC NEEDS				
		INCOME MAINT'ANC SVC	UTILITIES VOUCHER				
		EMERG FOOD	INCOME MAINTENANCE				
	FAMILY CARE				9	0	
	FAMILY PLANNING	SEE BELOW					
		FAMILY PLANNING	HEALTH				
		MEDICAL CARE,WOMEN					
	FOOD STAMPS	SEE BELOW			293	0	0
		FOOD STAMPS	HEALTH				
		EMERG FOOD	OUTREACH				
		INTAKE					
	GENERAL ASSISTANCE				135	0	
	HOMEMAKER VOUCHER PROGRAM	SEE BELOW		15			
		ASSESS/CASE MANAGMNT	HOME HEALTH AIDE				
		COUNSEL,SUPPORT,INDV	CHORES,HOUSEHOLD				
		HOMEMAKER VOUCHER	HOMEMAKER				
		CASE MANAGEMENT	HEALTH				
		INTAKE					
	INFORMATION AND REFERRAL	SEE BELOW			877	0	
		INFO/REFER	ASSESS/CASE MANAGMNT				
		INTAKE					
	JERSEY CARE				194	0	
	MEDICAID ONLY				96	0	
	MEDICAID TRANSPORTATION	SEE BELOW		15			
		TRANSPORT VOUCHER	ADVOCACY				
		INTAKE	CASE MANAGEMENT				
	MEDICALLY NEEDY				16	0	
	MODEL WAIVER				1		
	NURSING HOME-MEDICAID	SEE BELOW			278	0	
		MEDICAID COVERAGE	COUNSEL,SUPPORT,FAM				

Note: Blanks = No Data Provided

AGENCY NAME	PROGRAM NAME	SERVICES		MAXIMUM PROGRAM CASELOAD#	ANNUAL UNDUP. # OF CLIENTS	AVG. # ON WAITING LIST	AVG. TIME ON WAITING LIST
		ASSESS/CASE MANAGMNT	INTAKE				
		NURSING HOME	HEALTH				
	REFUGEE RESET+CUBAN HAITIAN ENTR		SEE BELOW		1	0	
		COUNSEL,SUPPORT,INDV	EMERG FINANC ASSIST				
		MEDICAID COVERAGE	INTAKE				
		COUNSEL,SUPPORT,FAM	FINANCIAL ASSIST				
	SOCIAL SVC. BLOCK GRANT SERVICES		SEE BELOW				
		ADVOCACY	OUTREACH				
		ASSESS/CASE MANAGMNT	EVALUATION,HEALTH				
		MEDICAL CARE,GENERAL	COUNSEL,SUPPORT,INDIV				
		FAMILY PLANNING	EMERG. FOOD				
		COUNSEL,SUPPORT,FAM	ASSESS,MENTAL,HEALTH				
	SR. CITIZEN EMERGENCY PROGRAM		SEE BELOW		24	0	0
		MEDICAL SUPPLIES	CASE MANAGEMENT				
		EMERG BASIC NEEDS	UTILITIES VOUCHER				
		EMERG UTILITIES	ASSESS/CASE MANAGMNT				
	TANF		SEE BELOW		90	0	0
		EMERG FINANC ASSIST	TRANSPORT,MEDICAL				
		CASE MANAGEMENT	INTAKE				
		ASSESS/CASE MANAGMNT	UTILITIES VOUCHER				
		MEDICAID COVERAGE					
DIV. VOCATIONAL REHABILITATION		ADVOCACY,HANDICAPPED	DISABLED SVCS	600			
		EMPLOYMENT,SHELTERED	VOCATIONAL ASSESS				
		HANDICAP SVCS COORD	EMPLOYMENT/VOC. TRNG				
		VOCATIONAL TRAINING	EMPLOYMENT PROCUREMNT				
		COUNSELING SVCS	JOB TRAINING				
		ASSISTIVE DEVICES					
DIV. YOUTH + FAMILY SERVICES	ADOPTION RESOURCE CENTRAL	ADOPTION SVCS					
(609)219-6565							
(908)782-8784	CHILD PROTECTIVE SERVICES	PROTECTIVE SERVICE	ADVOCACY,CHILDREN				
		FOSTER CARE	CHILD DAY CARE				
		CASE MANAGEMENT	PLACEMENT,EMERGENCY				
		ASSESS/CASE MANAGMNT	COUNSEL,SUPPORT,FAM				
		PROTECT SVCS,INVEST.	MEDICAID COVERAGE				
	CHILD WELFARE	INTAKE	RESIDENTIAL,YOUTH				
		FOSTER CARE	EMERG FOOD				
		PROTECTIVE SERVICE	ASSESS/CASE MANAGMNT				
		ADVOCACY,CHILDREN	CASE MANAGEMENT				
		DAY CARE,CHILD					
	DIV.YOUTH + FAM.SERV.-REG.DIST.	PROTECTIVE SERVICE					
	FAMILY SERVICES	CRISIS INTER,FAMILY	ADVOCACY,CHILDREN				
		COUNSEL,SUPPORT,FAM	HOMEMAKER				
		EMERG UTILITIES	COMMUNITY EDUCATION				

Note: Blanks = No Data Provided

AGENCY NAME	PROGRAM NAME	SERVICES		MAXIMUM PROGRAM CASELOAD#	ANNUAL UNDUP. # OF CLIENTS	AVG. # ON WAITING LIST	AVG. TIME ON WAITING LIST
		TRANSPORT,SOC. SVCS.	EDUCATION,PARENT				
		RESIDENTIAL,YOUTH	COUNSEL,IN-HOME				
		CHILD DAY CARE	LIFE SKILLS TRAINING				
EASTER SEALS OF N.J.	INTEGRATED CASE MANAGEMENT	SEE BELOW		150	196	4	2 MOS.
(908)788-7580		DISABLED SERVICES	BASIC LIFE SKILLS ED				
		CASE MANAGEMENT	COUNSEL,SUPPORT,FAMILY				
		COUNSEL, SUPPORT, GROUP					
	PATH/HOMELESS MENTALLY ILL	SEE BELOW		24	77		
		TRANSPORTATION	BASIC LIFE SKILLS ED				
		COUNSEL,SUPPORT,INDV	CRISIS INTERVENTION				
		DISABLED SVCS	OUTREACH				
		CASE MANAGEMENT	COUNSEL,SUPPORT,FAM				
		EMERG FOOD	HOUSING LOCAT. ASSIST.				
		COUNSEL,SUPPORT,GRP					
	HUNTERDON HOUSING - LEVEL A	SEE BELOW		5	5	0	0
	LEVEL B	SEE BELOW		35	43	4	2 MOS.
	LEVEL C	SEE BELOW		10	9	0	0
		COUNSEL,SUPPORT,INDV	LIFE SKILLS TRAINING				
		DISABLED SVCS	CRISIS INTER,FAMILY				
		BASIC LIFE SKILLS ED	PLACEMENT,RESIDENT'L				
		TRANSITIONAL SVC,MH	TRANSITIONAL HOUSE,MH				
		COUNSEL,VOCATIONAL	RECREATION				
		EDUCATION,LIFE SKILL	MENTAL HEALTH SVCS				
EDUCATIONAL SERVICES COMMISSION	PEACH(PARENT ED ADULT&CHILD HUNT)	EDUCATION,ALTERNA'VE	EDUCATION,PARENT	80			
(908)806-8174		PARENT EDUCATION	PARENTING TRNG				
		PARENTING TRNG,GRP	CHILD REARING TRNG				
		EDUC/PREV,MNTL HLTH	OUTREACH				
	ADULT ED	GED	ENG., 2ND LANGUAGE				
FISHERMANS MARK	FACILITY USE PROGRAM	SEE BELOW			496	0	0
(609)397-0194	FOOD PANTRY	PARENTING TRNG.GRP	CHILD CARE				
	INFORMATION AND REFERRAL	SUPPORT GROUP	INFO/REFER				
	CLOTHING THRIFT VOUCHER	COUNSEL,SUPPORT.GRP	ADVOCACY,ELDERLY				
		EMERG FOOD	OUTREACH				
		EMERG CLOTHING	TELEPHONE REASSURE				
		CLOTHING	CASE MANAGEMENT		382	0	0
		FOOD DELIVERY	ADVOCACY,FOR POOR				
		EMERG BASIC NEEDS	HOUSING LOCAT ASSIST				
		DAY CARE,CHILD	ADVOCACY,SELF				
		DAY CARE SERVICES	LITERACY EDUCATION				
		PARENT AIDE	BASIC LIFE SKILLS ED				
		CHILD CARE,AFFORD'BL	EDUCATION,GED				
		DAY CARE VOUCHER	EDUCATION,LIFE SKILL				
		DAY CARE,CH. AGE 6-14	EDUCATION,ESL				

Note: Blanks = No Data Provided

AGENCY NAME	PROGRAM NAME	SERVICES		MAXIMUM PROGRAM CASELOAD#	ANNUAL UNDUP. # OF CLIENTS	AVG. # ON WAITING LIST	AVG. TIME ON WAITING LIST
		CHILD DAY CARE					
FLEMINGTON AREA FOOD PANTRY	FOOD PANTRY	FOOD SERVICES					
(908)788-5568		FOOD PANTRY			673 Fam.		
FREEDOM HOUSE	HALFWAY HOUSE, MEN	COUNSEL,VOCATIONAL	BASIC LIFE SKILLS ED	28			
(908)537-6043		RESIDENTIAL,ALC/DRUG	COUNSEL,THERAPY,INDV				
		FAMILY THERAPY	HALFWAY HOUSE,MEN				
		EMPLOYMENT PROCUREMENT	GROUP THERAPY				
		COUNSEL,THERAPY,FAM	EDUCATION,ALC/DRUG				
FRIENDSHIP CTR FOR NEW BEGINNINGS		COMMUNITY SPT,SINGLE MOM			101	0	0
(908)806-4444		RESIDENTIAL PRG.		6	5	4	
GLEN GARDNER YOUTH CENTER	PRE-TEEN	SOCIALIZATION		35			
(908)537-4594		RECREATION					
	RECREATION, EDUCATION, & SOCIAL	EDUCATION,PRESCHOOL	SOCIALIZATION	20			
		CHILD CARE,AFFORD'BL	RECREATION				
GOOD NEWS HOME FOR WOMEN	RESIDENTIAL SUBS. ABUSE TRTMNT	SEE BELOW		12	31	3	1 MOS.
(908)782-4132	OUTPATIENT TREATMENT, ALC/DRUG	SEE BELOW			5		
	OUTPATIENT TREAMTNE, INTENSIVE	SEE BELOW			2		
		COUNSEL,VOCATIONAL	EDUCATION, ALC/DRUG				
		RESIDENTIAL,ALC/DRUG	SUBSTANCE ABUSE COORD.				
		FAMILY THERAPY	EDUC/PREV, DRUG				
		EMPLOYMENT PROCUREMENT	SUBSTANCE ABUSE TRTMNT				
		COUNSEL,THERAPY, INDV.	COUNSELING SERVICES				
		GROUP THERAPY	OUTPT TREATMNT, ALC/DRUG				
HICKORY RUN FAMILY HLTH PRACTICE		MEDICAL CARE,GENERAL	HEALTH				
(908)832-2125		OUTREACH					
HIGH POINT PARTIAL CARE	PARTIAL CARE PROGRAM, MENTALLY ILL	SEE BELOW		87	110	0	N/A
(908)788-5979		LIFE SKILLS TRAINING	RECREATION				
		SOCIALIZATION	CLUB HOUSE (MODEL)				
HOLLAND TWP. GENERAL ASSISTANCE	HOLLAND TWP. GEN. ASST.	EMERG FINANC ASSIST	EMERG FOOD	25			
(908)995-4847		SCREENING,EMERGENCY	EMERG SCREENING				
		EMERG CLOTHING	INCOME MAINT'ANC SVC				
		EMERG UTILITIES	INCOME MAINTENANCE				
		EMERG SHELTER	HOUSING SERVICES				
HOMESTEAD HOUSE	RESIDENTIAL HOMECARE	BOARDING HOME		17			
(908)996-2965							
HUNTERDON ALLIANCE MENTALLY ILL	CONSUMER SUPPORT GROUP	MENTAL HEALTH SVCS					
(908)782-7263							
HUNT BEHAVIORAL HEALTH/HMC	ACUTE ADOLESCENT HOSPITAL PRGRAM	MNTL HLTH SVC PLANNG	TRANSITIONAL SVC.MH				
(908)788-6100		MENTAL HEALTH SVCS					
	ADDICTIONS TREATMENT DEPT.	SUBSTNC ABUSE COORD	EDUC/PREV,SUBS ABUSE				
		REHAB,ALCOHOL	ADVOCACY,ALCOHOL				
		EDUC/PREV,DRUG	COUNSELING SVCS				
		REHAB,ALCOHOL/DRUG	ADVOCACY,SUBS. ABUSE				

Note: Blanks = No Data Provided

AGENCY NAME	PROGRAM NAME	SERVICES		MAXIMUM PROGRAM CASELOAD#	ANNUAL UNDUP. # OF CLIENTS	AVG. # ON WAITING LIST	AVG. TIME ON WAITING LIST
		OUTPT TRTMNT,DRUG	OUTPT TRTMNT,ALC/DRG				
		SUBSTNC ABUSE TRTMNT					
	ADULT PARTIAL HOSPITAL	COUNSEL,SUPPORT,INDV	MNTL HLTH SVC PLANNG				
		EVALUATION,PSY'TRIC	MENTAL HEALTH SVCS				
		SUICIDE PREVENTION	PARTIAL CARE,PSY'TRC				
		MENTAL HEALTH TRTMNT	ADVOCACY				
	COMMUNITY CONNECTIONS	COUNSEL,IN-HOME	COUNSEL,SUPPORT,FAM	85			
		ASSESS/CASE MANAGMNT	BASIC SKILLS TRNG				
		CASE MANAGEMENT	ADVOCACY				
		ASSESS,MENTAL HEALTH	OUTREACH				
		COUNSEL,SUPPORT,INDV	ADVOCACY,SELF				
		MNTL HLTH SVC COORD	MENTAL HEALTH SVCS				
	CRISIS INTERVENTION UNIT	CRISIS INTER,FAMILY	ADVOCACY	25			
		CRISIS INTER,YOUTH	MENTAL HEALTH SVCS				
		CRISIS,MENTAL HLTH	COUNSELING SVCS				
		ALTER LIVING ARRANGE	CRISIS INTERVENTION				
		CRISIS INTER,SUICIDE	EMERG SHELTER				
		COUNSEL,SUPPORT,FAM					
	EMERGENCY SERVICES/SCREENING CTR	EVALUATION,PSY'TRIC	SCREENING,EMERGENCY				
		EMERG MENTAL HEALTH					
	HOST HOME PROGRAM	ALTER LIVING ARRANGE	COUNSEL,SUPPORT,INDV				
		MENTAL HEALTH SVCS	COUNSEL,SUPPORT,FAM				
	INPATIENT DRUG+ALCOHOL DETOX UNT	MEDICAL CARE,GENERAL	GROUP THERAPY	14			
		COUNSEL,THERAPY,INDV					
	INPATIENT UNIT	MENTAL HEALTH TRTMNT	EVALUATION,PSY'TRIC				
		COUNSEL,THERAPY,INDV	PSYCHIATRIC TRTMNT				
		INPT PSYCHIATRIC	MENTAL HEALTH SVCS				
	JUVENILE COUNSELING SERVICE	COUNSEL,SUPPORT,INDV	COUNSEL,THERAPY,INDV	50			
		OUTPT THERAPY	GROUP THERAPY				
		CRISIS INTER,SUICIDE	MENTAL HEALTH TRTMNT				
		MENTAL HEALTH SVCS	COUNSEL,THERAPY,FAM				
		COUNSELING SVCS	SUICIDE PREVENTION				
	LIAISON SERVICES	LIAISON,PSY'TRC	CASE MANAGEMENT				
		MENTAL HEALTH SVCS	COUNSEL,SUPPORT,GRP				
	OLDER ADULTS PROGRAM	EDUC/PREV,MNTL HLTH	CRISIS INTERVENTION	150			
		MENTAL HEALTH SVCS	TRANSPORT,SOC. SVCS.				
		ADVOCACY,ELDERLY	INFO/REFER				
		COUNSEL,SUPPORT,GRP	ASSESS,MENTAL HEALTH				
		COUNSELING SVCS	DISABLED SVCS				
		COMMUNITY EDUCATION					
	OUTPATIENT SERVICES	MENTAL HEALTH TRTMNT	EMERG MENTAL HEALTH				
		COUNSEL,THERAPY,FAM	OUTPT THERAPY				
		GROUP THERAPY	PSYCHIATRIC TRTMNT				

Note: Blanks = No Data Provided

AGENCY NAME	PROGRAM NAME	SERVICES		MAXIMUM PROGRAM CASELOAD#	ANNUAL UNDUP. # OF CLIENTS	AVG. # ON WAITING LIST	AVG. TIME ON WAITING LIST
		EVALUATION,PSY'TRIC	FAMILY THERAPY				
		OUTPT COUNSEL	MENTAL HEALTH SVCS				
		COUNSELING SVCS					
	PSYCHO EDUCATION SVCS TO FAMILIES	COUNSEL,IN-HOME	COUNSEL,SUPPORT,FAM	93			
		COUNSELING SVCS	COUNSEL,SUPPORT,GRP				
		CASE MANAGEMENT	ASSESS,MENTAL HEALTH				
		FAMILY THERAPY	ADVOCACY				
		MENTAL HEALTH TRTMNT	EDUCATION,MNTL HLTH				
		MENTAL HEALTH SVCS	DISABLED SVCS				
	SCHOOL BASED YOUTH SERVICES	COUNSEL,VOCATIONAL	ADOL. PREGNANCY SVCS	200			
		EMPLOYMENT/VOC. TRNG	RECREATION				
		SUICIDE PREVENTION	EDUCATION,HEALTH				
		MENTAL HEALTH SVCS	ASSESS,PSYCHOLOGICAL				
		COUNSEL,SUPPORT,INDV	ASSESS/CASE MANAGMNT				
	TEEN ACTIVITY GROUP (TAG)	SOCIAL'ION/RECREATION	DISABLED SVCS,YOUTH	8			
		COUNSEL,SUPPORT,GRP	DISABLED SVCS				
		COUNSEL,VOCATIONAL	SUPPORT GROUP				
		MENTAL HEALTH SVCS	HANDICAP SVCS,YOUTH				
		RECREATION	SOCIALIZATION				
	THRESHOLDS EMPLOYEE ASSISTANCE	ASSESS,VOCATIONAL	ASSESS,EDUCATIONAL				
		COUNSEL,THERAPY,INDV					
	TRANSITIONAL SERVICES	COUNSEL,IN-HOME	LIFE SKILLS TRAINING	410			
		TRANSITIONAL SVC,MH	DISABLED SVCS				
		EDUCATION,MNTL HLTH	THERAPEUTIC CLUBS				
		VOCATIONAL TRAINING	GROUP THERAPY				
		COUNSEL,VOCATIONAL	MENTAL HEALTH SVCS				
		COUNSEL,SUPPORT,FAM	VOCATIONAL ASSESS				
	YOUTH CASE MANAGEMENT	COUNSEL,IN-HOME	EVALUATION,PSY'TRIC	20			
		ADVOCACY	CASE MANAGEMENT				
		OUTREACH	CRISIS INTERVENTION				
		ASSESS,MENTAL HEALTH	MENTAL HEALTH SVCS				
		EDUC/PREV,MNTL HLTH	OUTPT COUNSEL				
HUNTERDON CARE CENTER	NURSING HOME	NURSING HOME	THERAPY,OCCUPATIONAL	150			
(908)788-9292		REHAB,PHYSICAL	HEALTH				
		EVALUATION,HEALTH	FOOD SERVICES				
		THERAPY,SPEECH	SOCIAL'ION/RECREATION				
		RESPITE CARE	MEDICAL CARE,GENERAL				
		RECREATION					
HUNTERDON CO. DEPT. HEALTH	ADOLESCENT PREGNANCY PROJECT	ADOL. PREGNANCY SVCS	COUNSEL,SUPPORT,INDV	50			
(908)806-4570		CHILD REARING TRNG	HEALTH				
		PARENTING TRNG,GRP	PRENATAL HEALTH				
		COMMUNITY EDUCATION	EDUCATION,PARENT				
	ADULT HLTH SRVCS-CANCER	EDUCATION,HEALTH	HEALTH DEPT				

Note: Blanks = No Data Provided

AGENCY NAME	PROGRAM NAME	SERVICES		MAXIMUM PROGRAM CASELOAD#	ANNUAL UNDUP. # OF CLIENTS	AVG. # ON WAITING LIST	AVG. TIME ON WAITING LIST
		COMMUNITY EDUCATION	SCREENING,HEALTH				
		COUNSEL,NUTRITION	HEALTH				
	ADULT HLTH SRVCS-CARDIOVASCULAR	EDUCATION,HEALTH	HEALTH DEPT				
		COMMUNITY EDUCATION	SCREENING,HEALTH				
		COUNSEL,NUTRITION	HEALTH				
	ADULT HLTH SRVCS-DIABETES	EDUCATION,HEALTH	HEALTH DEPT				
		MEDICAL CARE,GENERAL	SCREENING,HEALTH				
		HEALTH	NUTRITION ASSESS				
		COUNSEL,NUTRITION					
	COMMUNICABLE DISEASES	EDUCATION,HEALTH	HEALTH				
		HEALTH DEPT	COMMUNITY EDUCATION				
		COUNSEL,NUTRITION					
	HIV CO. TESTING SITE	SEE BELOW		30	490	0	0
		EDUCATION,HEALTH	HEALTH				
		HEALTH DEPT	INFO/REFER				
		COUNSEL,SUPPORT,INDV					
	IMPROVED PREGNANCY OUTCOME	PRENATAL HEALTH	PARENTING TRNG,GRP	50			
		EDUCATION,PARENT	COUNSEL,SUPPORT,INDV				
		CHILD REARING TRNG	HEALTH				
	LEAD SCREENING	SCREENING,HEALTH	EDUCATION,HEALTH				
		HEALTH	HEALTH DEPT				
	MATERNAL AND CHILD HEALTH	COUNSEL,SUPPORT,FAM	EVALUATION,HEALTH				
		HEALTH	HEALTH DEPT				
	NEW CONSTRUCTION WELL WATER TEST	WATER TEST, NEW WELL	HEALTH DEPT.				
	PUBLIC HEALTH NURSING + EDUCATION	EDUCATION,HEALTH					
	T.B. CONTROL SERVICES	EDUCATION,HEALTH	HEALTH DEPT				
		COMMUNITY EDUCATION	SCREENING,HEALTH				
		COUNSEL,NUTRITION	HEALTH				
HUNTERDON CO. DEPT. HUMAN SRVCS (908)788-1336	HOUSING AGENCY	HOUSING SERVICES	HOUSING LOCAT ASSIST	422			
		HOUSING INSPECTION	RENT ASSIST				
	MENTAL HEALTH SERVICES PLANNING	MNTL HLTH SVC COORD	ADVOCACY,DEV DISABLD				
		COMMUNITY EDUCATION	ADVOCACY,CHILDREN				
		ADVOCACY,HANDICAPPED	DISABLED SVCS				
		ADVOCACY,ELDERLY	OUTREACH				
		MNTL HLTH SVC PLANNG	ADVOCACY,LEGAL SVCS				
		ADVOCACY	ADVOCACY,FOR POOR				
	PERSONAL ASSISTANCE SERVICES	SEE BELOW		7	8	7	6 MOS.
		CHORES,HOUSEHOLD	PERSONAL CARE,HOME				
		HANDICAP SVCS COORD	OUTREACH				
		DISABLED SVCS	HANDICAP SVCS PLANNG				
		HEALTH	TRANSPORTATION				
		ASSESS/CASE MANAGMNT	HOME CARE				
	SUBSTANCE ABUSE SERVICES PLANNING	SUBSTNC ABUSE COORD	ALC ABUSE SVC COORD				

Note: Blanks = No Data Provided

AGENCY NAME	PROGRAM NAME	SERVICES		MAXIMUM PROGRAM CASELOAD#	ANNUAL UNDUP. # OF CLIENTS	AVG. # ON WAITING LIST	AVG. TIME ON WAITING LIST
	THE LINK		SEE BELOW		3028	12	
		TRANSPORT PLANNING	TRANSPORT,MEDICAL				
		TRANSPORT,COORD'ION	TRANSPORTATION				
		TRANSPORT,SPEC. GRP.	TRANSPORT,BROKERING				
		TDD	TRANSPORT,SOC. SVCS.				
		TRANSPORT VOUCHER	DISABLED SVCS				
	YOUTH SERVICES PLANNING	ADVOCACY	COMMUNITY ORG'ION				
		YOUTH SVCS COORD'ION	ADVOCACY,LEGAL SVCS				
		ADVOCACY,FOR POOR	ADVOCACY,CHILDREN				
		ADVOCACY,DRUG	COMMUNITY EDUCATION				
		YOUTH SVCS PLANNING					
HUNTERDON CO. PARKS SYSTEM	PARK SITES	DISABLED SVCS	RECREATION				
(908)782-1158		SOCIAL'ION/RECREATION	YOUTH,RECREATION				
		SOCIALIZATION	CAMPING,GENERAL				
		CAMP,DAY					
	GENERAL INDIV./FAMILY PROGRAMS	CAMP,DAY	HORTICULTURE	26			
		ADVENTR/WILDRNS SVCS	RECREATION				
	SENIOR CITIZEN PROGRAMS	ADVENTR/WILDRNS SVCS	RECREATION	26			
		HORTICULTURE	CAMP,DAY				
	THERAPEUTIC RECREATION		SEE BELOW	10	46		
		ADVENTR/WILDRNS SVCS	DISABLED SVCS	10	46		
		HORTICULTURE	CAMP,DAY				
		RECREATION	PARKS				
HUNTERDON CO. PROBATION DEPT.		PROBATION					
(908)788-1155	BAIL TRACKING	LEGAL ASSISTANCE	BAIL	100			
	CHILD SUPPORT ENFORCEMENT	CHILD SUPPORT ENFORC	HELPLINE,MONMOUTH				
	COMMUNITY SERVICE	COMMUNITY SVC/RESTUT					
	FAMILY CASE MANAGEMENT	DOMESTIC VIOLENC AID	RESTRAIN ORDER				
	PROBATION SUPERVISOR	PROBATION SUPERVISN					
HUNTERDON CO. Y.M.C.A.			SEE BELOW	12000	12000	300-400	6 WKS.
(908)782-1044	ADULT PROGRAM	SWIMMING					
		RECREATION	SUPPORT GROUP				
	CAMP CHALLENGERS	CAMP,DAY	DISABLED SVCS				
		SOCIAL'ION/RECREATION					
	GYMNASTICS AND KARATE PROGRAMS	RECREATION	YOUTH,RECREATION				
	SENIOR SERVICES	RECREATION		400			
	YOUTH SERVICES	CHILD CARE,AFFORD'BL	EDUCATION,PRESCHOOL				
		CAMPING,GENERAL	CHILD CARE				
		EDUC/PREV,SUBS ABUSE					
HUNT DRUG AWARENESS PROGRAM	ALCOHOL/DRUG PROGRAM	COUNSEL,SUPPORT,INDV	INFO/REFER	20			
(908)788-1900		EDUCATION,ALC/DRUG	FAMILY THERAPY				
		SUBSTNC ABUSE TRTMNT	COUNSEL,SUPPORT,GRP				
		SUBSTNC ABUSE COORD	OUTPT TRTMNT,ALC/DRG				

Note: Blanks = No Data Provided

AGENCY NAME	PROGRAM NAME	SERVICES		MAXIMUM PROGRAM CASELOAD#	ANNUAL UNDUP. # OF CLIENTS	AVG. # ON WAITING LIST	AVG. TIME ON WAITING LIST
		ALC ABUSE SVC COORD	CASE MANAGEMENT				
		EDUC/PREV,LEGAL	ADVOCACY,SUBS. ABUSE				
	EDUCATION/PREVENTION	EDUC/PREV,SUBS ABUSE	PARENT EDUCATION	500			
		COMMUNITY EDUCATION	EDUC/PREV,DRUG				
		OUTREACH	EDUC/PREV,ALCOHOL				
	INDIGENT PRETREATMENT SCREENING	RES'L,ALC,LOW INCOME	RES'L,DRG,LOW INCOME	25			
	INTOX. DRIVER RESOURCE CENTER	EVALUATION,SUBS ABUSE	PLACEMENT,RESIDENT'L	20			
		EDUCATION,ALC/DRUG	EDUC/PREV,DRUG				
		INTAKE	EDUC/PREV,SUBS ABUSE				
		COMMUNITY EDUCATION	INFO/REFER				
		HEALTH INSRNC ASSIST					
	TREATMENT/INTERVENTION	OUTPT TRTMNT,ALC/DRG	EVALUATION,SUBS ABUSE	150			
		COUNSEL,THERAPY,FAM	ALC/DRUG AFTERCARE				
		SUBSTNC ABUSE TRTMNT	COUNSEL,SUPPORT,INDV				
		ALC/DRUG URINE TEST	COUNSEL,THERAPY,INDV				
		COUNSEL,SUPPORT,GRP	ASSESS,PSYCHOLOGICAL				
		GROUP THERAPY					
HUNTERDON HELPLINE, INC.	CEAS/HOMELESSNESS	EMERG SHELTER	EMERG FOOD				
(908)735-4357		HOUSING SERVICES	EMERG BASIC NEEDS				
	CRISIS/SUICIDE PREVENTION	CRISIS INTER,SUICIDE	CRISIS,MENTAL HLTH				
		SUICIDE PREVENTION					
	INFORMATION AND REFERRAL	INFO/REFER	HOUSING SERVICES	15064 CALLS			
		CRISIS INTER,SUICIDE	TDD				
		HOUSING LOCAT ASSIST	CRISIS,MENTAL HLTH				
		EMERG FOOD	TELEPHONE REASSURE				
		COUNSEL,SUPPORT,INDV	EMERG SHELTER				
		SUICIDE PREVENTION	DISABLED SVCS				
	LISTENING	COUNSEL,SUPPORT,INDV	CRISIS,MENTAL HLTH				
	FRIENDLY VISITORS	SEE BELOW		25	33	10	2 MOS.
		SOCIALIZATION	RECREATION				
		COMPANIONSHIP SERVICES	COMPANIONSHIP				
		ADVOCACY, ELDERLY					
	TELEPHONE ASSURANCE	TELEPHONE REASSURE		80	29894 CALLS		
HUNTERDON HILLS ASSISTED LIVING	NURSING HOME	NURSING HOME	RECREATION	32			
(908)537-2717		COUNSEL,SUPPORT,INDV	HEALTH				
		MEDICAL CARE,GENERAL					
		COUNSEL,SUPPORT,FAM					
HUNTERDON HOSPICE	BEREAVEMENT SERVICES	SEE BELOW		20	57		
(908)788-6600		COUNSEL,SUPPORT,FAM	COUNSEL,IN-HOME				
		COUNSEL,SUPPORT,GRP	SUPPORT GROUP				
		EDUCATION,MAILINGS	COUNSEL,SUPPORT,INDV				

Note: Blanks = No Data Provided

AGENCY NAME	PROGRAM NAME	SERVICES		MAXIMUM PROGRAM CASELOAD#	ANNUAL UNDUP. # OF CLIENTS	AVG. # ON WAITING LIST	AVG. TIME ON WAITING LIST
		COUNSELING SVCS	VOLUNTEER TRAINING				
	YOUTH BEREAVEMENT	ART THERAPY		30	49		
	HOSPICE CARE	HOSPICE SERVICES	CASE MANAGEMENT	30			
		RESPITE CARE	HEALTH				
		MEDICAL CARE,GENERAL	HOME CARE				
		COUNSEL,SUPPORT,INDV	COUNSEL,SUPPORT,FAM				
	VOLUNTEER PROGRAM	HOSPICE SERVICES	COMMUNITY EDUCATION				
		RESPITE CARE	COMPANIONSHIP SRVCS				
		SOCIALIZATION	VOLUNTEER TRAINING				
HUNTERDON LEARNING CENTER	DAY SCHOOL	EDUCATION,ALTERNA'VE	EDUCATION,LIFE SKILL	88			
(908)832-7200		ADVENTR/WILDRNS SVCS	EDUC/PREV,MNTL HLTH				
		EDUC/PREV,SUBS ABUSE	COUNSEL,SUPPORT,INDV				
		ADVOCACY,CHILDREN	SPECIAL ED				
		GROUP THERAPY	SEX EDUCATION				
		EDUCATION,HEALTH					
HUNTERDON MEDICAL CENTER	BLOOD DONOR SERVICE	BLOOD DONOR	HEALTH				
	CHILDBIRTH EDUCATION-BABY STEPS	PARENT EDUCATION	PARENTING TRNG,GRP				
		EDUCATION,PARENT					
	COMMUNTY NUTRITION SERVICE	COUNSEL,NUTRITION	HEALTH				
		NUTRITION ASSESS					
	HOME HEALTH SERVICES	HOME CARE	HEALTH				
	INDIGENT MEDICAL CARE	MEDICAL CARE,LO COST	HEALTH				
		INFO/REFER					
	LIFELINE PROGRAM	LIFELINE	HEALTH				
		MEDICAL CARE,EMERG					
	MEDICAL EXAMINERS OFFICE	CORONER SVCS	HEALTH				
	PEDIATRIC REHABILITATION	ASSESS,EDUCATIONAL	ASSESS,PSYCHOLOGICAL				
		EVALUATION,HEARING	EVALUATION,SPEECH				
		DISABLED SVCS	HEALTH				
		EVALUATION,PSYCHO'AL					
	PHYSICIAN REFERRAL SERVICE	MEDICAL CARE,GENERAL	HEALTH				
		INFO/REFER					
	SPECIAL CHILD HEALTH SERVICES	SEE BELOW		160	160	0	0
		ASSESS/CASE MANAGMNT	CRISIS INTER,FAMILY				
		ADVOCACY,CHILDREN	CHILD HLTH SVCS				
		ADVOCACY,DEV DISABLD	OUTREACH				
		DISABLED SVCS	ADVOCACY,HANDICAPPED				
		FINANCIAL ASSIST	HANDICAP SVCS COORD				
		EDUC/PREV,HANDICAP	HEALTH				
	STOP SMOKING PROGRAM	MEDICAL CARE,GENERAL	HEALTH				
	VOLUNTEER SERVICES	VOLUNTEER,OPPORTUNTS	COMMUNITY SVCS,GENL				
HUNT PREVENTION RESOURCES	ADVOCACY	ADVOCACY	ADVOCACY,ALCOHOL				
(908)782-3909		ADVOCACY,SUBS. ABUSE	ADVOCACY,DRUG				

Note: Blanks = No Data Provided

AGENCY NAME	PROGRAM NAME	SERVICES		MAXIMUM PROGRAM CASELOAD#	ANNUAL UNDUP. # OF CLIENTS	AVG. # ON WAITING LIST	AVG. TIME ON WAITING LIST
	ALCOHOL ABUSE EVALUATION + I.&R.	EVALUATION,SUBS ABUSE	CRISIS INTERVENTION				
		COUNSEL,SUPPORT,FAM	INFO/REFER				
		INTAKE					
	BABES	COMMUNITY EDUCATION	EDUCATION,ALC/DRUG				
		EDUC/PREV,DRUG	EDUCATION,HEALTH				
		EDUC/PREV,SUBS ABUSE	EDUCATION,LIFE SKILL				
	EDUCATION + PREVENTION COORD	COMMUNITY EDUCATION	PARENT EDUCATION				
		EDUC/PREV,DRUG	EDUCATION,HEALTH				
		EDUCATION,ALC/DRUG	EDUCATION,LIFE SKILL				
		EDUC/PREV,SUBS ABUSE					
HUNT PREVENTION RESOURCES (908)782-3914	EMPLOYEE ASSISTANCE PROGRAM	EVALUATION,PSYCHO'AL	OUTPT TRTMNT,DRUG				
		COUNSELING SVCS	WORK ADJUSTMENT				
		OUTPT TRTMNT,ALCOHOL	COUNSEL,SUPPORT,INDV				
		PLACEMENT,RESIDENT'L	INTAKE				
		ASSESS/CASE MANAGMNT	OUTPT TRTMNT,ALC/DRG				
		EVALUATION,SUBS ABUSE					
	ST. DESIGNATED RESOURCE CTR 4 ATOD	EDUCATION,ALC/DRUG	EVALUATION,SUBS ABUSE				
		EDUC/PREV,SUBS ABUSE	EDUC/PREV,DRUG				
		EDUC/PREV,ALCOHOL					
HUNTERDON YOUTH SERVICES (908)782-1046	RESIDENTIAL SHELTER/GROUP HOMES	SEE BELOW		19	123		
		EMERG SHELTER	EDUC/PREV,SUBS ABUSE				
		COUNSEL,SUPPORT,INDV	JUV DETENTION ALTERN				
		TRANSPORTATION	EDUCATION,ALC/DRUG				
		RECREATION	EDUCATION,FORMAL				
		EVALUATION,SUBS ABUSE	LIFE SKILLS TRAINING				
		PLACEMENT,RESIDENT'L	GROUP HOME				
	INSIDE-OUT	EVALUATION,SUBS ABUSE	LIFE SKILLS TRAINING	19			
		ROLE MODEL	RECREATION				
		HALFWAY HOUSE,YOUTH	EDUC/PREV,SUBS ABUSE				
		EDUCATION,ALC/DRUG	RESIDENTIAL,ALC/DRUG				
		PLACEMENT,RESIDENT'L	TRANSPORTATION				
IMMACULATE CONCEPTION CHURCH (908)236-6884	DISABLED AND HOMEBOUND PROGRAM	SOCIALIZATION	SOCIAL'ION/RECREATION				
		DISABLED SVCS	COMMUNITY SVCS,GENL				
INTERFAITH HOSPITALITY NETWORK (908)782-2490	HOMELESS SHELTERS	EMERG SHELTER		14			
LEAGUE OF WOMEN VOTERS		VOTER REGISTRATION	COMMUNITY EDUCATION				
LEGAL SERVICE CORP. OF HUNT. CO. (908)782-7979	LEGAL SERVICES	ADVOCACY,DEV DISABLD	LEGAL ADVICE	150			
		ADVOCACY	LEGAL ASSISTANCE				
		DOMESTIC VIOLENC AID	LEGAL REPRESENTATION				
		ADVOCACY,FOR POOR	ADVOCACY,ELDERLY				
		ADVOCACY,HANDICAPPED	ADVOCACY,CHILDREN				
		ADVOCACY,LEGAL SVCS					
	LEGAL SERV. FOR 60 AND OVER	ADVOCACY,ELDERLY	LEGAL ADVICE	20			

Note: Blanks = No Data Provided

AGENCY NAME	PROGRAM NAME	SERVICES		MAXIMUM PROGRAM CASELOAD#	ANNUAL UNDUP. # OF CLIENTS	AVG. # ON WAITING LIST	AVG. TIME ON WAITING LIST
		LEGAL REPRESENTATION	LEGAL ASSISTANCE				
LITTLE BROOK NURSING HOME	NURSING HOME	NURSING HOME	THERAPY,OCCUPATIONAL	30			
(908)832-2220		REHAB,PHYSICAL	RESPITE CARE				
		HEALTH	DISABLED SVCS				
		PLACEMENT,RESIDENT'L					
LITTLE HAVEN REST HOME	BOARDING HOME	SEE BELOW		27			
(609)397-1551		RESIDENTIAL,HEALTH	BOARDING HOME				
LORDS CLOSET		TOYS	CLOTHING				
(908)534-1777		FURNITURE					
MILFORD BORO	GENERAL ASSISTANCE	EMERG FINANC ASSIST	EMERG FOOD	25			
(908)995-4323		SCREENING,EMERGENCY	EMERG SCREENING				
		EMERG CLOTHING	INCOME MAINT'ANC SVC				
		EMERG UTILITIES	INCOME MAINTENANCE				
		EMERG SHELTER	HOUSING SERVICES				
NEWTONS GUEST HOME, FLEMINGTON	RESIDENTIAL HEALTH CARE	ADVOCACY,HANDICAPPED	ADVOCACY,HANDICAPPED	23			
(908)782-8670		DINING GROUP	DINING GROUP				
		BOARDING HOME	BOARDING HOME				
		ALTER LIVING ARRANGE	ALTER LIVING ARRANGE				
		DISABLED SVCS	DISABLED SVCS				
		HEALTH	HEALTH				
		RESIDENTIAL,HEALTH	RESIDENTIAL,HEALTH				
		RESPITE CARE	RESPITE CARE				
N.J. DEPT. LABOR	UNEMPLOYMENT OFFICE	EMPLOYMENT PROCUREMENT					
(908)782-3711		INCOME MAINTENANCE					
NJ FOUNDATION OF DENTISTRY							
NORWESCAP	FIRST CALL FOR HELP-WARREN CO.	INFO/REFER					
(908)454-4357		HELPLINE,WARREN					
(908)454-4322	FOOD BANK	FOOD DISTRIBUTION					
(908)454-7000	HOMELESS SERVICES	EMERG SHELTER	EMERG BASIC NEEDS	40			
		SHELTER VOUCHER					
(908)454-7000	WEATHERIZATION	WEATHERIZATION	REPAIRS,HOUSEHOLD	250			
		HOUSING MAINT	HOUSING REHAB				
		UTILITIES VOUCHER					
	HOME ENERGY ASSISTANCE	SEE BELOW					
		UTILITIES VOUCHER	CASE MANAGEMENT				
		EMERGENCY SHELTER					
(908)454-1210	WOMAN, INFANT, CHILD FOOD (WIC)	FOOD COUPON	NUTRITION ASSESS				
		PRENATAL HEALTH	COUNSEL,NUTRITION				
		NUTRITION SUPPLMNTS					
(908)689-9570	HEADSTART	DENTAL CARE,LOW COST	EDUCATION,PRESCHOOL	255			
		ADVOCACY,FOR POOR	ADVOCACY,CHILDREN				
OPEN CUPBOARD		SEE BELOW			265	0	0
(908)638-5773		FOOD SERVICES	FOOD PANTRY				

Note: Blanks = No Data Provided

AGENCY NAME	PROGRAM NAME	SERVICES		MAXIMUM PROGRAM CASELOAD#	ANNUAL UNDUP. # OF CLIENTS	AVG. # ON WAITING LIST	AVG. TIME ON WAITING LIST
PARENTS WITHOUT PARTNERS		INFO/REFER	HOTLINE,PARENTS				
(800)637-7974		SOCIAL'ION/RECREATION	SUPPORT GROUP				
		COMPANIONSHIP SRVCS					
PLANNED PARENTHOOD-HUNT. CO.	CLINICAL SERVICES		SEE BELOW	30	1197		
(908)782-7727		EDUCATION,HEALTH	HEALTH				
		FAMILY PLANNING	EDUCATION,PARENT				
		MEDICAL SUPPLIES	MEDICAL CARE,LO COST				
		PARTIAL CARE,MEDICAL	EVALUATION,HEALTH				
		MATERNITY CARE	SEX EDUCATION				
		MEDICAL CARE,WOMEN	COUNSEL,ABORTION				
PROGRESSIVE CTR FOR INDEP. LIVING		DISABILITY SERVICES					
READINGTON TWP.	GENERAL ASSISTANCE	EMERG FINANC ASSIST	EMERG SCREENING	25			
(908)534-4051		SCREENING,EMERGENCY	INCOME MAINT'ANC SVC				
		EMERG CLOTHING	INCOME MAINTENANCE				
		EMERG SHELTER	HOUSING SERVICES				
		EMERG FOOD	EMERG UTILITIES				
READINGTON TWP. FOOD PANTRY	FOOD PANTRY	FOOD SERVICES					
(908)534-2319		FOOD PANTRY					
ROLLING HILLS CARE CENTER	NURSING HOME	NURSING HOME	RESPITE CARE	62			
(908)236-2011		MEDICAID COVERAGE					
RUTGERS COOP. EXTENSION OF HUNT.	AGRICULTURE RESOURCE DEVELOP	OUTREACH					
(908)788-1338		FARMLAND PRESERV					
(908)788-1341	FAMILY AND CONSUMER SCIENCE		SEE BELOW				
	NUTRITION AND DIET		SEE BELOW		347		
	HUMAN DEVELOPMENT		SEE BELOW		350		
	FOOD STAMP NUTRITION		SEE BELOW		59		
		EDUCATION,HEALTH	COMMUNITY EDUCATION				
		CHILD REARING TRNG	EDUCATION,PARENT				
		EDUCATION,CONSUMER					
(908)788-1339	HOME HORTICULTURE	COMMUNITY EDUCATION	INFO/REFER				
(908)788-1340	HORTICULTURE	EDUCATION,ALTERNA'VE	HORTICULTURE				
		JOB TRAINING					
	4-H CLUB				342	30	4 MOS.
SENIOR HEALTH SERVICES	FITNESS		SEE BELOW		4364	0	0
(908)782-7224		EDUCATION,HEALTH	SOCIALIZATION				
		OUTREACH	EDUCATION,CONSUMER				
		RECREATION	INDEPENDENT LIVING				
		COUNSEL,NUTRITION	HEALTH				
		COMPANIONSHIP SRVCS					
	INFORMATION AND REFERRAL	CHORES,HOUSEHOLD	OUTREACH				
		DENTAL CARE,LOW COST	HOME CARE				
		INFO/REFER	EDUCATION,HEALTH				
		MEDICAID COVERAGE	EDUCATION,CONSUMER				

Note: Blanks = No Data Provided

AGENCY NAME	PROGRAM NAME	SERVICES		MAXIMUM PROGRAM CASELOAD#	ANNUAL UNDUP. # OF CLIENTS	AVG. # ON WAITING LIST	AVG. TIME ON WAITING LIST
		COUNSEL,SUPPORT,INDV	MEDICAL INSURANCE				
		LEGAL REPRESENTATION	HEALTH				
	SCREENING AND HEALTH AWARENESS	EDUCATION,HEALTH	INDEPENDENT LIVING	150			
		EDUCATION,CONSUMER	COUNSEL,NUTRITION				
		NUTRITION ASSESS	SCREENING,HEALTH				
		EVALUATION,HEARING	HEALTH				
		OUTREACH					
SOUTH CTY. REC. EDUC. FOUNDATION (609)397-8813	ART FOR YOUTH	ART		20	20	0	0
SPAN(STATEWIDE PARENTS ADV. NTWK) (973)642-8100		ADVOCACY					
SPINA BIFIDA ASSOCIATION OF N.J. (908)782-7475		ADVOCACY,HANDICAPPED					
ST. ANNS FOOD PANTRY (908)537-2221		FOOD PANTRY					
UNITED CEREBRAL PALSY-N.W. N.J. (908)813-8292	ADVOCACY	ADVOCACY,DEV DISABLD	SUPPORT GROUP				
		ADVOCACY,SELF	ADVOCACY,CHILDREN				
		EDUC/PREV,HANDICAP	DISABLED SVCS				
		ADVOCACY	ADVOCACY,FOR POOR				
VISITING HEALTH AND SUPPORT. SVC. (908)788-2544	CERTIFIED HOME HLTH AIDE, DYFS CASES		SEE BELOW	6	8	2	
		ADVOCACY,CHILDREN	CHILD REARING TRNG				
		ROLE MODEL	LIFE SKILLS TRAINING				
		EDUCATION,PARENT	CHILD CARE				
		PARENTING TRNG	CRISIS INTERVENTION				
		BASIC LIFE SKILLS ED	PARENT EDUCATION				
	CERTIFIED HOME HEALTH AIDE		SEE BELOW	157	259		
		THERAPY,PHYSICAL	HOME CARE				
		HOME HEALTH AIDE	PERSONAL CARE,HOME				
		ASSESS/CASE MANAGMNT	RESPITE CARE				
		EVALUATION,HEALTH	HEALTH				
		MEDICAL CARE,GENERAL	INTAKE				
		HOMEMAKER	SOCIALIZATION				
		CHORES,HOUSEHOLD					
	STATEWIDE RESPITE CARE		SEE BELOW	55	35		
		ADULT DAY CARE	PERSONAL CARE,HOME				
		HOME CARE	TRANSPORT,MEDICAL				
		NURSING HOME	HEALTH				
		SOCIALIZATION	MEDICAL CARE,GENERAL				
		ASSESS/CASE MANAGMNT	RESPITE CARE				
		HOME HEALTH AIDE	DISABLED SVCS				
	NEIGHBOR CARE	SEE BELOW		7	7		
		SOCIALIZATION	RECREATION				
		COMPANIONSHIP SRVCS	COMPANIONSHIP				

Note: Blanks = No Data Provided

AGENCY NAME	PROGRAM NAME	SERVICES		MAXIMUM PROGRAM CASELOAD#	ANNUAL UNDUP. # OF CLIENTS	AVG. # ON WAITING LIST	AVG. TIME ON WAITING LIST
	MEALS ON WHEELS, CONGREGATE		SEE BELOW	100	289		
	MEALS ON WHEELS, HOME DELIVERED		SEE BELOW		477		
	MEALS ON WHEELS, WEEKEND MEALS		SEE BELOW		165		
		COMMUNITY EDUCATION	FOOD SERVICES				
		NUTRITION SUPPLMNTS	SOCIALIZATION				
		HEALTH	EDUCATION,HEALTH				
		COUNSEL,NUTRITION	DISABLED SVCS				
VOORHEES RES. GROUP CNTR		EDUCATION,ALTERNA'VE	JUV INCARCNTN ALTERN	20			
(908)638-4677		REHAB,ALCOHOL	RESIDENTIAL,YOUTH				
		EDUC/PREV,SUBS ABUSE	RESIDENTIAL,ALC/DRUG				
		EVALUATION,SUBS ABUSE	REHAB,ALCOHOL/DRUG				
		SUBSTNC ABUSE TRTMNT					
WOMEN'S CRISIS SERVICES	CHILDRENS COUNSELING	COUNSEL,SUPPORT,GRP					
(908)788-7666	COURT ADVOCATE	CRISIS INTER,DOM VIO	VICTIM/WITNESS SVCS				
		COUNSEL,SUPPORT,INDV	ADVOCACY				
	CRISIS AND SUPPORT		SEE BELOW		517		
		CRISIS INTER,DOM VIO	COUNSEL,THERAPY,INDV				
		ADVOCACY,SELF	COUNSEL,SUPPORT,INDV				
		CASE MANAGEMENT	TELEPHONE REASSURE				
		ADVOCACY	GROUP THERAPY				
		SUPPORT GROUP	EMERG SHELTER				
		DOMESTIC VIOLENCE AID	PROTECTIVE SERVICE				
	DOMESTIC VIOLENCE SPRT. GRP.	SUPPORT GROUP	DOMESTIC VIOLENCE AID				
	DOUBLE JEOPARDY	DOMESTIC VIOLENC AID	SUPPORT GROUP				
	MEN'S GROUP	COUNSEL,SUPPORT,GRP					
	RAPE HOTLINE	HOTLINE,EATING					
	SEXUAL ASSAULT	COUNSEL,SUPPORT,INDV	VICTIM/WITNESS SVCS				
		COUNSEL,THERAPY,INDV	TELEPHONE REASSURE				
	WOMENS RAPE GROUP	COUNSEL,SUPPORT,GRP					
	WOMENS SHELTER	SHELTER,WOMEN	PROTECTIVE SERVICE	15	92		
		DOMESTIC VIOLENC AID	CRISIS INTER,DOM VIO				
		EMERG SHELTER	COUNSEL,SUPPORT,INDV				
	TRANSITIONAL HOUSING	SEE BELOW		15	15		
		COUNSEL,SUPPORT,INDV	LIFE SKILLS TRAINING				
		BASIC LIFE SKILLS ED	CRISIS INTER,FAMILY				
		COUNSEL,VOCATIONAL	PLACEMENT,RESIDENT'L				
		EDUCATION,LIFE SKILL	RECREATION				
WORK/FAMILY CONNECTION	SCHOOL AGE PROGRAM		SEE BELOW	1000	450	0	
(908)439-3387	BEFORE/AFTER SCHOOL CARE		SEE BELOW				
	EXTENDED DAY KINDERGARTEN		SEE BELOW				
	SUMMER CAMP		SEE BELOW				
	HOLIDAY/VACATION PROGRAMS		SEE BELOW				
		JOB TRAINING	INFO/REFER				

Note: Blanks = No Data Provided

AGENCY NAME	PROGRAM NAME	SERVICES		MAXIMUM PROGRAM CASELOAD#	ANNUAL UNDUP. # OF CLIENTS	AVG. # ON WAITING LIST	AVG. TIME ON WAITING LIST
		ADVOCACY,CHILDREN	COMMUNITY EDUCATION				
		PARENT EDUCATION	SUPPORT GROUP				
		PARENTING TRNG	CHILD REARING TRNG				
		CHILD CARE					

H&HSAC (only) 1998-2000 PROGRAM MONITORING OVERVIEW

	Contracts Monitored			Agency Contract Compliance Rating			
	1998	1999	2000		1998	1999	2000
State Contract Programs	79	97	101	Full Compliance -	92%	78%	66%
County Contract Programs	65	80	82	Partial Compliance -	5%	22%	34%
				Non-Compliance -	3%	0%	0%

Trackable Units of Service Delivered

	1998	1999	2000
Direct Service Hours	65,214	71,263	71,166
I&R Telephone Inquiries	46,052	48,595	53,359
Program/Activity Days	23,825	31,130	33,604
Residential Care Days	32,564	32,644	35,168
Cases/Patients	11,997	23,196	25,526
Contacts	81,613	98,969	100,043
Pounds, Food (Food Bank Only)	402,256	344,922	426,967
Meals, (Low Sodium/Home Delivered)	65,478	67,927	63,579
Riders	2,919	3,023	3,302

HUNTERDON FY2000 COUNTY HEALTH AND HUMAN SERVICES SNAPSHOT

Overview - Major Known Sources of Public Funding For All Community Services

	1999	2000	2001
Hunterdon County	$4,296,829	$4,316,368	$4,704,147
New Jersey, Institutional Costs	1,782,603	1,924,808	2,116,659
New Jersey/United States, Welfare	1,736,496	1,610,884	1,912,963
New Jersey, Div. of Youth and Family Services	1,840,815	1,960,468	2,576,854
U.S., H.U.D.	3,837,812	3,650,846	3,760,371
New Jersey Division of Mental Health Services	3,901,539	4,086,223	4,091,516
New Jersey Division of Developmental Disabilities	3,555,807	3,644,702	4,004,421
Social Service Block Grant	1,314,262	1,333,976	1,361,990
Public Health Services	524,901	516,862	590,201
Chapter 51, Alcohol/Juv. Care, Municipal Alliance	1,481,337	1,557,063	1,669,116
Title III, Area Office on Aging	444,751	462,222	554,169
New Jersey, Casino Revenue (Transportation)	392,256	407,605	407,946
U.S. Section 5311, Fed. Transit Adm. (Trans.)	280,839	304,303	324,467
Other Transportation	449,259	490,746	566,590
Family Court/Juvenile Justice	225,922	331,318	328,278
Personal Assistant Services Program	82,271	82,271	83,999
Crime Victim's Services	87,271	105,201	105,725
C.E.A.S./FEMA (Homeless)	54,609	56,280	72,191
TANF/Employment Services	155,183	155,462	198,237
CIACCC/CART	165,385	168,554	169,868
Child Care Related	913,470	1,095,698	1,118,708
WIB/WIA	?	682,604	682,604
Miscellaneous	1,128,104	1,443,718	1,247,619
Sm. Cities Comm. Dev./Sh. Spt. Grants	0	400,000	--------
TOTAL	**$28,652,015**	**$30,788,182**	**$32,648,639**
Funding involved in HHSAC contract related programs	$21,865,005	$22,736,972	$23,262,177
Clients served through HHSAC contract programs	62,205	67,977	

COFNDF
8/27/01

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
	COUNTY FUNDING REVIEW - APPROPRIATIONS BASIS											HEALTH & WELFARE BREAKOUT: (REFER BELOW)				
YEAR	COUNTY POP'ION	AVG. ANNUAL GROWTH	COUNTY BUDGET >	% +/-	HEALTH & WELFARE >	% +/-	H & W AS % OF COL.C	PRIVATE, NON-PROFITS >	AS % OF COL.E	PATIENTS, INST'IONS	DIVISION OF SOC.SVC.	HEALTH	HUM.SVC. OFFICES	DYFS RES'AL	JINS	MISC.
2001	123575	1.3%	$67,670,808	4.1%	$7,486,718	7.1%	11.06%	$1,544,769	20.63%	$2,307,710	$762,553	$1,314,956	$1,076,458	$198,961	$270,556	$238,511
2000	121989	2.6%	$65,028,452	8.5%	$6,991,842	7.6%	10.75%	$1,448,345	20.71%	$2,044,052	$828,990	$1,216,117	$996,579	$193,588	$220,000	$266,793
1999	125183	1.9%	$59,915,837	4.5%	$6,497,618	-12.0%	10.84%	$1,419,940	21.85%	$1,873,964	$847,604	$971,754	$931,982	$180,966	$180,000	$263,799
1998	122842	1.6%	$57,320,630	5.1%	$7,383,928	1.4%	12.88%	$1,378,197	18.66%	$2,976,780	$779,430	$898,844	$892,690	$175,695	$180,000	$90,856
1997	120900	2.0%	$54,564,594	6.0%	$7,284,071	1.5%	13.35%	$1,337,939	18.37%	$2,891,907	$910,910	$836,256	$864,783	$168,386	$210,000	$61,025
1996	118485	2.8%	$51,453,098	7.7%	$7,178,750	0.4%	13.95%	$1,245,648	17.35%	$3,305,969	$974,841	$800,103	$826,034	$166,197	$150,000	$60,258
1995	115304	1.5%	$47,785,985	5.1%	$7,150,251	-1.1%	14.96%	$1,203,525	16.83%	$3,517,707	$984,500	$747,787	$821,565	$125,709	$140,000	$52,968
1994	113652	2.4%	$45,448,243	7.2%	$7,229,462	3.1%	15.91%	$1,161,078	16.06%	$3,335,428	$1,267,134	$730,843	$790,161	$130,940	$135,000	$84,897
1993	111000	0.5%	$42,386,579	-1.5%	$7,011,094	9.6%	16.54%	$1,197,347	17.08%	$3,097,778	$1,172,032	$693,696	$785,833	$172,776	$135,000	$94,536
1992	110422	1.8%	$43,030,519	2.3%	$6,396,083	6.7%	14.86%	$1,179,630	18.44%	$2,833,798	$939,312	$664,423	$799,222	$262,080	$110,000	$91,089
1991	108500	0.7%	$42,079,591	6.3%	$5,992,256	28.2%	14.24%	$1,141,367	19.05%	$2,470,823	$909,716	$672,300	$773,371	$258,368	$110,000	$76,311
1990	107776		$39,599,900		$4,673,393		11.80%	$1,087,381	23.27%	$1,335,000	$926,572	$674,345	$724,795	$190,000	$110,000	$44,000
1980	87361		$13,361,683		$1,782,371		13.34%	$431,008	24.18%	$225,000	$608,447	$267,379	$119,208	$86,700	$20,000	$24,629

NOTE: A. ALL FISCAL FIGURES ARE COUNTY TAX BASE DOLLARS, I.E., COUNTY FUNDS APPROPRIATED/EXPENDED ANNUALLY.
B. SINCE 1991, COL.'S J. K. & N REFLECT CO. APPROPRIATIONS REQUIRED FOR UPFRONT COSTS, BUT WHICH ARE HEAVILY REIMBURSED BY THE STATE BY YEAR END (SEE MULTI-YEAR EFFECT, TABLE BELOW)
C. COUNTY POPULATION ADJUSTED PER 2000 CENSUS. ACTUAL POPULATION PERCENT CHANGE, 1990-2000 = 13.1%.

KEY:

1. PRIVATE,NON-PROFITS = LEGALLY INCORPORATED HUMAN SERVICE AGENCIES.
2. PATIENTS = COUNTY COST SHARE FOR RESIDENTS OF MH/MR INSTITUTIONS. REFER NOTE B. ABOVE.
3. DIV., SOC. SVCS = COUNTY SHARE OF WELFARE AGENCY. REFER NOTE B. ABOVE.
4. HEALTH = INTERLOCAL GOVERNMENT SERVICES ACT PROGRAMS.
5. HUM.SVC.OFCS = COUNTY DEPT'S FOR HUMAN SERVICES ONLY.
6. DYFS = COUNTY SHARE OF COST FOR DYFS RESIDENTIAL PLACEMENTS. REFER NOTE B. ABOVE.
7. JINS = JUVENILE DETENTION FACILITY COSTS.
8. MISC. = INCL'S: WAR VETS;PUB.ASSISTANCE;DENTAL CLINIC;CHILD CARE VCHERS;CO. MATCHES.

HUMAN SERVICE AGENCIES IMPACTED BY COUNTY FUNDING:				
YEAR	#.FUNDED AGENCIES	#, ADDED	NEW AGENCIES	NEW SERVICES
2000	29	3	1	9
1999	26	0	0	3
1998	27	3	3	5
1997	26	1	-	5
1996	25	-	-	2
1995	27	-	-	4
1994	27	1	1	2
1993	27	2	2	9
1992	25	-	-	1
1991	25	-	-	-
1990	25	2	5	9

					ACTUAL CO. COST - EFFECT OF STATE REIMBURSEMENTS ON COUNTY APPROPRIATIONS FOR HEALTH & WELFARE SINCE 1991 CHANGE											
YEAR	COUNTY POP'ION	AVG. ANNUAL GROWTH	COUNTY BUDGET >	% +/-	HEALTH & WELFARE >	% +/-	H & W AS % OF COL.C	PRIVATE, NON-PROFITS >	AS % OF COL.E	PATIENTS, INST'IONS	DIVISION OF SOC.SVC.	HEALTH	HUM.SVC. OFFICES	DYFS RES'AL	JINS	MISC.
2001	123575	1.3%	$59,316,338	10.3%	$4,732,942	5.4%	7.98%	$1,544,769	32.64%	$191,051	$486,842	$924,755	$1,076,458	$0	$270,556	$238,511
2000	121989	2.6%	$53,782,000	6.8%	$4,491,368	-3.2%	8.35%	$1,448,345	32.25%	$119,244	$566,152	$874,255	$996,579	$0	$220,000	$266,793
1999	125183	1.9%	$50,367,000	7.3%	$4,638,290	4.8%	9.21%	$1,419,940	30.61%	$91,361	$779,454	$971,754	$931,982	$0	$180,000	$263,799
1998	122842	1.6%	$46,922,000	5.0%	$4,424,027	-0.1%	9.43%	$1,378,197	31.15%	$287,162	$696,278	$898,844	$892,690	$0	$180,000	$90,856
1997	120900	2.0%	$44,685,000	6.9%	$4,429,179	3.5%	9.91%	$1,337,939	30.21%	$299,335	$819,841	$836,256	$864,783	$0	$210,000	$61,025
1996	118485	2.8%	$41,796,000	9.6%	$4,279,357	1.3%	10.24%	$1,245,648	29.11%	$350,326	$846,988	$800,103	$826,034	$0	$150,000	$60,258
1995	115304	1.5%	$38,125,378	6.3%	$4,222,633	-3.3%	11.08%	$1,203,525	28.50%	$347,306	$909,482	$747,787	$821,565	$0	$140,000	$52,968
1994	113652	2.4%	$35,867,242	5.8%	$4,364,673	2.7%	12.17%	$1,161,078	26.60%	$315,405	$1,147,289	$730,843	$790,161	$0	$135,000	$84,897
1993	111000	0.5%	$33,885,971	2.2%	$4,249,493	7.8%	12.54%	$1,197,347	28.18%	$283,433	$1,059,648	$693,696	$785,833	$0	$135,000	$94,536
1992	110422	1.8%	$33,141,365	0.7%	$3,943,397	4.0%	11.90%	$1,179,630	29.91%	$266,702	$832,331	$664,423	$799,222	$0	$110,000	$91,089
1991	108500	0.7%	$32,895,719	-1.5%	$3,791,947	-14.1%	11.53%	$1,141,367	30.10%	$223,663	$794,935	$672,300	$773,371	$0	$110,000	$76,311
1990	107776	1.2%	$33,412,319	-8.4%	$4,414,858	-2.1%	13.21%	$1,087,381	24.63%	$752,765	$926,572	$674,345	$724,795	$95,000	$110,000	$44,000

APPENDIX H
SELECTED SOCIO-DEMOGRAPHIC DATA

?	Children below poverty, percent, 1997 model-based estimate	3.9%	14.8%

	Business QuickFacts	Hunterdon County	New Jersey
?	Private nonfarm establishments with paid employees, 1998	3,776	230,860
?	Private nonfarm employment, 1998	40,135	3,368,365

?	Private nonfarm employment, percent change 1990-1998	24.3%	4.6%
?	Nonemployer establishments, 1997	9,325	457,920
?	Manufacturers shipments, 1997 ($1000)	1,104,440	97,060,800
?	Retail sales, 1997 ($1000)	1,454,478	79,914,892
?	Retail sales per capita, 1997	$12,064	$9,922
?	Minority-owned firms, 1992	407	64,074
?	Women-owned firms, 1992	3,546	164,798
?	Housing units authorized by building permits, 1999	708	31,976
?	Federal funds and grants, 1999 ($1000)	289,868	40,397,603
?	Local government employment - full-time equivalent, 1997	3,934	298,363

	Geography QuickFacts	Hunterdon County	New Jersey
?	Land area, 2000 (square miles)	430	7,417
?	Persons per square mile, 2000	283.7	1,134.5
?	Metropolitan Area	Middlesex-Somerset-Hunterdon, NJ PMSA	

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

FN: Footnote on this item for this area in place of data
NA: Not available
D: Suppressed to avoid disclosure of confidential information
X: Not applicable
S: Suppressed; does not meet publication standards
Z: Value greater than zero but less than half unit of measure shown

Data Quality Statement

What do you think of our new QuickFacts? Send comments to quickfacts@lists.census.gov

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, 2000 Census of Population and Housing, 1990 Census of Population and Housing, Small Area Income and Poverty Estimates, County Business Patterns, 1997 Economic Census, Minority- and Women-Owned Business, Building Permits, Consolidated Federal Funds Report, 1997 Census of Governments

Last Revised: Friday, 07-Sep-2001 13:28:15 EDT

Browse more data sets for Hunterdon County, New Jersey

Table DP-1. Profile of General Demographic Characteristics: 2000

Geographic Area: Hunterdon County, New Jersey

[For information on confidentiality protection, nonsampling error, and definitions, see text]

Subject	Number	Percent
Total population	**121,989**	**100.0**
SEX AND AGE		
Male	60,240	49.4
Female	61,749	50.6
Under 5 years	8,082	6.6
5 to 9 years	9,233	7.6
10 to 14 years	9,278	7.6
15 to 19 years	6,916	5.7
20 to 24 years	4,972	4.1
25 to 34 years	13,846	11.4
35 to 44 years	24,336	19.9
45 to 54 years	21,084	17.3
55 to 59 years	7,462	6.1
60 to 64 years	4,552	3.7
65 to 74 years	6,774	5.6
75 to 84 years	4,055	3.3
85 years and over	1,399	1.1
Median age (years)	38.8	(X)
18 years and over	90,615	74.3
Male	44,212	36.2
Female	46,403	38.0
21 years and over	87,506	71.7
62 years and over	14,725	12.1
65 years and over	12,228	10.0
Male	5,247	4.3
Female	6,981	5.7
RACE		
One race	120,779	99.0
White	114,563	93.9
Black or African American	2,743	2.2
American Indian and Alaska Native	169	0.1
Asian	2,348	1.9
Asian Indian	791	0.6
Chinese	754	0.6
Filipino	285	0.2
Japanese	73	0.1
Korean	255	0.2
Vietnamese	63	0.1
Other Asian [1]	127	0.1
Native Hawaiian and Other Pacific Islander	35	-
Native Hawaiian	8	-
Guamanian or Chamorro	6	-
Samoan	10	-
Other Pacific Islander [2]	11	-
Some other race	921	0.8
Two or more races	1,210	1.0
Race alone or in combination with one or more other races: [3]		
White	115,599	94.8
Black or African American	3,052	2.5
American Indian and Alaska Native	472	0.4
Asian	2,716	2.2
Native Hawaiian and Other Pacific Islander	82	0.1
Some other race	1,378	1.1

Subject	Number	Percent
HISPANIC OR LATINO AND RACE		
Total population	**121,989**	**100.0**
Hispanic or Latino (of any race)	3,371	2.8
Mexican	549	0.5
Puerto Rican	1,062	0.9
Cuban	322	0.3
Other Hispanic or Latino	1,438	1.2
Not Hispanic or Latino	118,618	97.2
White alone	112,473	92.2
RELATIONSHIP		
Total population	**121,989**	**100.0**
In households	117,643	96.4
Householder	43,678	35.8
Spouse	28,953	23.7
Child	37,732	30.9
Own child under 18 years	30,158	24.7
Other relatives	3,543	2.9
Under 18 years	908	0.7
Nonrelatives	3,737	3.1
Unmarried partner	1,808	1.5
In group quarters	4,346	3.6
Institutionalized population	3,962	3.2
Noninstitutionalized population	384	0.3
HOUSEHOLD BY TYPE		
Total households	**43,678**	**100.0**
Family households (families)	32,837	75.2
With own children under 18 years	16,188	37.1
Married-couple family	28,953	66.3
With own children under 18 years	14,271	32.7
Female householder, no husband present	2,755	6.3
With own children under 18 years	1,420	3.3
Nonfamily households	10,841	24.8
Householder living alone	8,722	20.0
Householder 65 years and over	2,843	6.5
Households with individuals under 18 years	16,819	38.5
Households with individuals 65 years and over	8,535	19.5
Average household size	2.69	(X)
Average family size	3.14	(X)
HOUSING OCCUPANCY		
Total housing units	**45,032**	**100.0**
Occupied housing units	43,678	97.0
Vacant housing units	1,354	3.0
For seasonal, recreational, or occasional use	288	0.6
Homeowner vacancy rate (percent)	0.7	(X)
Rental vacancy rate (percent)	3.2	(X)
HOUSING TENURE		
Occupied housing units	**43,678**	**100.0**
Owner-occupied housing units	36,533	83.6
Renter-occupied housing units	7,145	16.4
Average household size of owner-occupied units	2.81	(X)
Average household size of renter-occupied units	2.11	(X)

- Represents zero or rounds to zero. (X) Not applicable.

[1] Other Asian alone, or two or more Asian categories.

[2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

[3] In combination with one or more of the other races listed. The six numbers may add to more than the total population and the six percentages may add to more than 100 percent because individuals may report more than one race.

Source: U.S. Census Bureau, Census 2000.

Population Characteristics for Hunterdon County New Jersey
Census of April 1, 2000

Municipality	Total Pop.	Male	Female	Under 5	5 to 9	10 to 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 59	60 to 64	65 to 74	75 to 84	85+	Median age	18+	18+ male	18+ female	21+	62+	65+	65+ male	65+ female
Alexandria	4,698	2,353	2,345	331	388	436	258	139	334	940	857	284	163	250	194	124	40	3,378	1,646	1,732	3,259	654	568	235	333
Bethlehem	3,820	1,921	1,899	283	336	343	229	127	314	817	726	255	141	156	66	27	39	2,693	1,346	1,347	2,598	324	249	113	136
Bloomsbury	886	427	459	102	85	52	36	23	131	209	116	26	17	52	30	7	36	622	301	321	605	100	89	38	51
Califon	1,055	504	551	67	76	97	62	24	116	207	204	68	22	68	36	8	39	772	366	406	746	124	112	50	62
Clinton town	2,632	1,284	1,348	200	209	193	122	93	394	537	397	146	93	149	81	18	37	1,938	930	1,008	1,892	297	248	97	151
Clinton township	12,957	7,023	5,934	852	993	1,023	802	1,166	1,372	2,363	2,226	782	427	570	261	120	36	9,559	5,307	4,252	9,081	1,161	951	424	527
Delaware	4,478	2,226	2,252	220	303	334	282	176	337	851	939	315	191	309	178	43	42	3,429	1,717	1,712	3,301	647	530	266	264
East Amwell	4,455	2,265	2,190	269	303	339	294	159	423	808	862	361	182	239	164	52	41	3,328	1,634	1,694	3,218	556	455	212	243
Flemington	4,200	2,038	2,162	296	253	242	229	273	812	737	541	180	127	245	178	87	35	3,267	1,572	1,695	3,134	572	510	162	348
Franklin	2,990	1,482	1,508	174	222	223	172	87	266	570	546	219	150	213	115	33	42	2,244	1,117	1,127	2,183	450	361	173	188
Frenchtown	1,488	721	767	94	93	98	79	68	232	292	239	87	60	77	57	12	38	1,153	563	590	1,102	183	146	60	86
Glen Gardner	1,902	929	973	135	157	123	99	82	340	444	268	65	44	74	54	17	35	1,421	672	749	1,374	173	145	48	97
Hampton	1,546	798	748	126	108	105	90	137	215	253	224	69	49	88	67	15	35	1,148	596	552	1,086	193	170	59	111
High Bridge	3,776	1,830	1,946	326	264	298	227	128	569	804	611	185	118	122	98	26	36	2,732	1,314	1,418	2,636	318	246	95	151
Holland	5,124	2,532	2,592	290	416	382	281	184	482	891	859	374	224	407	260	74	41	3,856	1,880	1,976	3,715	861	741	334	407
Kingwood	3,782	1,910	1,872	262	293	318	227	114	373	824	625	216	131	221	143	35	39	2,750	1,370	1,380	2,653	472	399	191	208
Lambertville city	3,868	1,882	1,986	145	150	177	201	157	519	734	760	253	183	328	199	62	43	3,274	1,579	1,695	3,156	684	589	248	341
Lebanon borough	1,065	511	554	81	71	64	58	22	150	224	165	53	53	74	37	13	39	808	365	443	786	155	124	44	80
Lebanon township	5,816	2,869	2,947	352	425	448	372	185	580	1,103	1,009	423	239	362	218	100	40	4,332	2,123	2,209	4,180	821	680	291	389
Milford	1,195	606	589	70	95	88	70	35	153	245	146	75	55	76	72	15	39	892	440	452	863	196	163	63	100
Raritan	19,809	9,606	10,203	1,431	1,755	1,744	1,197	577	2,267	4,183	3,335	977	573	894	625	251	37	14,010	6,637	7,373	13,570	2,092	1,770	700	1,070
Readington	15,803	7,782	8,021	1,171	1,286	1,136	838	532	1,690	3,139	2,790	1,031	648	891	504	147	39	11,618	5,619	5,999	11,279	1,890	1,542	666	876
Stockton	560	262	298	38	34	33	22	16	76	117	95	29	17	49	26	8	41	441	203	238	432	90	83	34	49
Tewksbury	5,541	2,729	2,812	373	409	462	280	127	380	1,018	1,059	490	320	413	167	43	43	4,091	2,004	2,087	3,989	796	623	311	312
Union	6,160	2,557	3,603	278	356	360	279	268	1,072	1,600	1,043	324	176	265	114	25	38	4,980	1,966	3,014	4,842	499	404	181	223
West Amwell	2,383	1,193	1,190	116	153	160	110	73	249	426	442	175	149	182	111	37	43	1,879	945	934	1,826	417	330	152	178
Hunterdon	**121,989**	**60,240**	**61,749**	**8,082**	**9,233**	**9,278**	**6,916**	**4,972**	**13,846**	**24,336**	**21,084**	**7,462**	**4,552**	**6,774**	**4,055**	**1,399**	**39**	**90,615**	**44,212**	**46,403**	**87,506**	**14,725**	**12,228**	**5,247**	**6,981**

Prepared by: Hunterdon County Planning Board, May 2001
Source: United States Census Bureau and New Jersey Department of Labor, New Jersey State Data

Housing Characteristics for Hunterdon County New Jersey
Census of April 1, 2000

Municipality	Total Pop.	Household size	Family size	HU	Occupied	Vacant	Vacant for seasonal, recr., or occ. Use	Homeowner vacancy rate (%)	Rental rate (%)	Occupied HU	Owner Occupied	Renter Occupied	Avg. Household size of Owner Occ.	Avg. Household Size of Renter Occ.
Alexandria township	4,698	2.95	3.25	1,598	1,535	63	10	0.7	3.3	1,535	1,416	119	3	2.32
Bethlehem township	3,820	3.02	3.26	1,303	1,266	37	6	1.1	1.8	1,266	1,211	55	3.04	2.6
Bloomsbury borough	886	2.74	3.11	342	322	20	0	3.6	6.6	322	265	57	2.86	2.19
Califon borough	1,055	2.63	3.11	410	401	9	1	1.7	1.9	401	349	52	2.74	1.92
Clinton town	2,632	2.46	3.00	1,095	1,068	27	4	0.3	1.5	1,068	797	271	2.65	1.89
Clinton township	12,957	2.82	3.23	4,234	4,129	105	19	0.8	3.5	4,129	3,748	381	2.9	2.06
Delaware township	4,478	2.72	3.06	1,701	1,643	58	21	0.2	4.7	1,643	1,418	225	2.81	2.18
East Amwell township	4,455	2.80	3.07	1,624	1,581	43	12	0.5	2.9	1,581	1,378	203	2.86	2.44
Flemington borough	4,200	2.26	3.00	1,876	1,804	72	4	0.1	2	1,804	700	1,104	2.47	2.13
Franklin township	2,990	2.74	3.04	1,125	1,091	34	5	0.4	7.1	1,091	974	117	2.79	2.29
Frenchtown borough	1,488	2.38	2.99	630	613	17	1	1.1	2.6	613	355	258	2.68	1.97
Glen Gardner borough	1,902	2.33	3.07	829	805	24	3	1.1	3.8	805	552	253	2.57	1.8
Hampton borough	1,546	2.58	3.20	574	559	15	4	0.8	1.6	559	372	187	2.86	2.04
High Bridge borough	3,776	2.64	3.10	1,478	1,428	50	2	1.5	6.2	1,428	1,184	244	2.71	2.34
Holland township	5,124	2.72	3.06	1,942	1,881	61	18	0.7	4	1,881	1,738	143	2.75	2.43
Kingwood township	3,782	2.82	3.21	1,422	1,340	82	40	0.5	2.7	1,340	1,124	216	2.91	2.35
Lambertville city	3,868	2.06	2.82	1,961	1,860	101	26	0.7	4.5	1,860	1,201	659	2.26	1.71
Lebanon borough	1,065	2.33	2.97	477	458	19	3	0.6	6.7	458	360	98	2.35	2.22
Lebanon township	5,816	2.79	3.15	2,020	1,963	57	20	0.4	3.5	1,963	1,713	250	2.86	2.32
Milford borough	1,195	2.55	3.11	484	469	15	0	2.4	0.7	469	320	149	2.7	2.22
Raritan township	19,809	2.81	3.24	7,094	6,939	155	24	0.6	2.6	6,939	6,091	848	2.91	2.14
Readington township	15,803	2.77	3.18	5,794	5,676	118	18	0.4	3.8	5,676	5,069	607	2.84	2.19
Stockton borough	560	2.28	2.94	258	246	12	3	0.6	3.7	246	167	79	2.49	1.82
Tewksbury township	5,541	2.79	3.05	2,052	1,986	66	17	0.7	4.5	1,986	1,816	170	2.83	2.37
Union township	6,160	2.61	3.18	1,725	1,666	59	14	0.8	1.6	1,666	1,417	249	2.7	2.09
West Amwell township	2,383	2.51	2.93	984	949	35	13	0.5	2.6	949	798	151	2.57	2.15
Hunterdon	**121,989**	**2.62**	**3.09**	**45,032**	**43,678**	**1,354**	**288**	**22.8**	**90.4**	**43,678**	**36,533**	**7,145**	**2.74**	**2.16**

Prepared by: Hunterdon County Planning Board, May 2001
Source: United States Census Bureau and New Jersey Department of Labor, New Jersey State Data Center

Family Characteristics for Hunterdon County New Jersey
Census of April 1, 2000

Municipality	Total Pop.	In Households	Householder	Spouse	Child	Own Child. Under 18	Other Rel.	Other Rel. under 18	Nonrelatives	Unmarried partners	In Group Quarters	Institutionalized	Noninstitutionalized	Total Households
Alexandria township	4,698	4,528	1,535	1,195	1,600	1,280	112	31	86	38	170	167	3	1,535
Bethlehem township	3,820	3,820	1,266	1,016	1,351	1,082	106	37	81	41	0	0	0	1,266
Bloomsbury borough	886	882	322	213	301	259	18	3	28	21	4	0	4	322
Califon borough	1,055	1,055	401	276	345	277	16	6	17	6	0	0	0	401
Clinton town	2,632	2,625	1,068	591	783	677	75	13	108	47	7	0	7	1,068
Clinton township	12,957	11,663	4,129	3,020	3,990	3,303	246	58	278	133	1,294	1,274	20	4,129
Delaware township	4,478	4,471	1,643	1,171	1,386	1,025	125	19	146	74	7	0	7	1,643
East Amwell township	4,455	4,432	1,581	1,166	1,404	1,058	136	38	145	59	23	19	4	1,581
Flemington borough	4,200	4,077	1,804	699	1,094	855	202	58	278	109	123	91	32	1,804
Franklin township	2,990	2,990	1,091	805	895	704	120	40	79	48	0	0	0	1,091
Frenchtown borough	1,488	1,459	613	306	385	314	59	16	96	46	29	0	29	613
Glen Gardner borough	1,902	1,874	805	375	563	470	45	6	86	56	28	28	0	805
Hampton borough	1,546	1,445	559	298	481	380	51	17	56	28	101	95	6	559
High Bridge borough	3,776	3,774	1,428	889	1,231	1,012	90	25	136	73	2	0	2	1,428
Holland township	5,124	5,124	1,881	1,376	1,602	1,199	157	66	108	59	0	0	0	1,881
Kingwood township	3,782	3,782	1,340	923	1,246	988	137	29	136	53	0	0	0	1,340
Lambertville city	3,868	3,839	1,860	750	803	545	158	38	268	142	29	0	29	1,860
Lebanon borough	1,065	1,065	458	231	298	245	37	9	41	19	0	0	0	458
Lebanon township	5,816	5,474	1,963	1,395	1,774	1,407	172	50	170	82	342	328	14	1,963
Milford borough	1,195	1,195	469	277	363	287	42	13	44	20	0	0	0	469
Raritan township	19,809	19,521	6,939	4,733	6,749	5,591	575	156	525	259	288	168	120	6,939
Readington township	15,803	15,718	5,676	3,932	5,185	4,052	505	104	420	193	85	0	85	5,676
Stockton borough	560	560	246	124	154	118	9	1	27	14	0	0	0	246
Tewksbury township	5,541	5,541	1,986	1,533	1,725	1,408	155	29	142	61	0	0	0	1,986
Union township	6,160	4,351	1,666	1,039	1,385	1,139	108	30	153	81	1,809	1,792	17	1,666
West Amwell township	2,383	2,378	949	620	639	483	87	16	83	46	5	0	5	949
Hunterdon	**121,989**	**117,643**	**43,678**	**28,953**	**37,732**	**30,158**	**3,543**	**908**	**3,737**	**1,808**	**4,346**	**3,962**	**384**	**43,678**

Prepared by: Hunterdon County Planning Board, May 2001
Source: United States Census Bureau and New Jersey Department of Labor, New Jersey State Data Center

Family Characteristics for Hunterdon County New Jersey (cont'd)
Census of April 1, 2000

Municipality	Families	Families with child. Under 18	Married Couple Families	Marr. Coup. With child. Under 18	Female Household, no husband	Female House with own child. Under 18	Nonfamily households	Householder living alone	Householder 65 and over	Households with ind. Under 18	Households with ind. 65 and over	Household size	Family size
Alexandria township	1,291	659	1,195	615	67	34	244	207	80	679	289	2.95	3.25
Bethlehem township	1,093	552	1,016	516	49	24	173	131	42	575	188	3.02	3.26
Bloomsbury borough	252	147	213	124	29	18	70	51	17	151	62	2.74	3.11
Califon borough	302	147	276	134	18	7	99	85	35	151	85	2.63	3.11
Clinton town	724	378	591	304	95	56	344	281	76	388	196	2.46	3.00
Clinton township	3,255	1,739	3,020	1,607	170	97	874	717	210	1,782	655	2.82	3.23
Delaware township	1,303	555	1,171	497	80	37	340	243	99	573	367	2.72	3.06
East Amwell township	1,306	579	1,166	522	89	38	275	210	89	606	336	2.80	3.07
Flemington borough	998	483	699	317	211	128	806	680	218	518	406	2.26	3.00
Franklin township	890	377	805	342	62	30	201	155	66	403	260	2.74	3.04
Frenchtown borough	376	188	306	144	52	34	237	177	48	199	107	2.38	2.99
Glen Gardner borough	474	265	375	206	78	50	331	275	69	275	123	2.33	3.07
Hampton borough	378	204	298	154	60	38	181	155	73	218	138	2.58	3.20
High Bridge borough	1,051	570	889	477	121	70	377	298	69	587	187	2.64	3.10
Holland township	1,523	627	1,376	561	98	42	358	291	144	665	501	2.72	3.06
Kingwood township	1,042	521	923	464	80	45	298	236	93	550	291	2.82	3.21
Lambertville city	940	340	750	263	145	57	920	721	200	365	445	2.06	2.82
Lebanon borough	287	141	231	109	44	26	171	151	48	147	96	2.33	2.97
Lebanon township	1,556	755	1,395	681	108	54	407	305	107	791	354	2.79	3.15
Milford borough	323	157	277	127	26	15	146	127	56	165	122	2.55	3.11
Raritan township	5,389	2,982	4,733	2,655	487	260	1,550	1,263	386	3,083	1,167	2.81	3.24
Readington township	4,413	2,152	3,932	1,943	345	149	1,263	1,032	328	2,221	1,137	2.77	3.18
Stockton borough	148	70	124	60	16	8	98	75	27	71	62	2.28	2.94
Tewksbury township	1,663	726	1,533	664	101	51	323	249	90	747	441	2.79	3.05
Union township	1,163	598	1,039	535	76	38	503	405	90	621	275	2.61	3.18
West Amwell township	697	276	620	250	48	14	252	202	83	288	245	2.51	2.93
Hunterdon	**32,837**	**16,188**	**28,953**	**14,271**	**2,755**	**1,420**	**10,841**	**8,722**	**2,843**	**16,819**	**8,535**	**2.62**	**3.09**

Prepared by: Hunterdon County Planning Board, May 2001
Source: United States Census Bureau and New Jersey Department of Labor, New Jersey State Data Center

Detailed Race Characteristics for Hunterdon County New Jersey
Census of April 1, 2000

Municipality	1 Race	White	Black	Amer. Indian or Alaska Nat.	Asian	Asian Indian	Chinese	Filipino	Japanese	Korean	Vietnamese	Other Asian	Nat. Haw. Or Other	Nat. Haw.	Guamanian or Chamorro	Samoan	Other Pac. Islander	Some Other
Alexandria township	4,657	4,558	37	5	34	4	9	10	3	6	0	2	2	0	0	0	2	21
Bethlehem township	3,804	3,725	33	4	39	12	18	7	0	1	0	1	2	1	0	1	0	1
Bloomsbury borough	879	870	3	2	3	1	1	0	0	1	0	0	0	0	0	0	0	1
Califon borough	1,049	1,041	0	0	8	1	1	4	1	0	0	1	0	0	0	0	0	0
Clinton town	2,604	2,423	35	12	98	28	27	31	2	5	5	0	0	0	0	0	0	36
Clinton township	12,812	11,365	902	26	304	100	127	12	12	39	2	12	9	4	0	0	5	206
Delaware township	4,453	4,375	18	2	46	17	18	0	3	4	1	3	1	0	0	1	0	11
East Amwell township	4,421	4,320	32	6	41	11	8	6	5	7	3	1	1	0	0	1	0	21
Flemington borough	4,101	3,684	134	13	131	51	16	29	1	5	18	11	7	0	4	0	3	132
Franklin township	2,968	2,916	12	7	23	1	17	1	3	1	0	0	0	0	0	0	0	10
Frenchtown borough	1,475	1,428	6	3	18	2	1	6	0	9	0	0	0	0	0	0	0	20
Glen Gardner borough	1,880	1,820	17	2	28	2	6	8	0	1	0	11	2	0	2	0	0	11
Hampton borough	1,517	1,407	77	6	15	6	1	5	1	0	0	2	0	0	0	0	0	12
High Bridge borough	3,749	3,634	30	13	54	6	13	22	2	8	2	1	1	0	0	1	0	17
Holland township	5,092	5,026	22	2	22	2	11	2	0	7	0	0	0	0	0	0	0	20
Kingwood township	3,754	3,692	23	3	29	9	10	4	2	2	0	2	0	0	0	0	0	7
Lambertville city	3,827	3,661	75	13	41	8	8	2	0	9	0	14	2	2	0	0	0	35
Lebanon borough	1,062	1,016	7	2	33	14	8	0	1	6	0	4	0	0	0	0	0	4
Lebanon township	5,770	5,640	47	6	54	18	14	7	0	7	3	5	1	1	0	0	0	22
Milford borough	1,180	1,166	2	2	5	0	0	2	0	2	0	1	4	0	0	4	0	1
Raritan township	19,557	18,466	244	17	693	284	230	64	10	61	25	19	2	0	0	1	1	135
Readington township	15,654	15,035	120	10	405	173	133	28	15	37	1	18	0	0	0	0	0	84
Stockton borough	557	552	0	0	5	2	0	1	0	2	0	0	0	0	0	0	0	0
Tewksbury township	5,513	5,365	29	0	104	22	37	21	1	16	0	7	0	0	0	0	0	15
Union township	6,072	5,041	823	11	98	13	38	8	9	15	3	12	1	0	0	1	0	98
West Amwell township	2,372	2,337	15	2	17	4	2	5	2	4	0	0	0	0	0	0	0	1
Hunterdon	**120,779**	**114,563**	**2,743**	**169**	**2,348**	**791**	**754**	**285**	**73**	**255**	**63**	**127**	**35**	**8**	**6**	**10**	**11**	**921**

Prepared by: Hunterdon County Planning Board, May 2001
Source: United States Census Bureau and New Jersey Department of Labor, New Jersey State Data Center

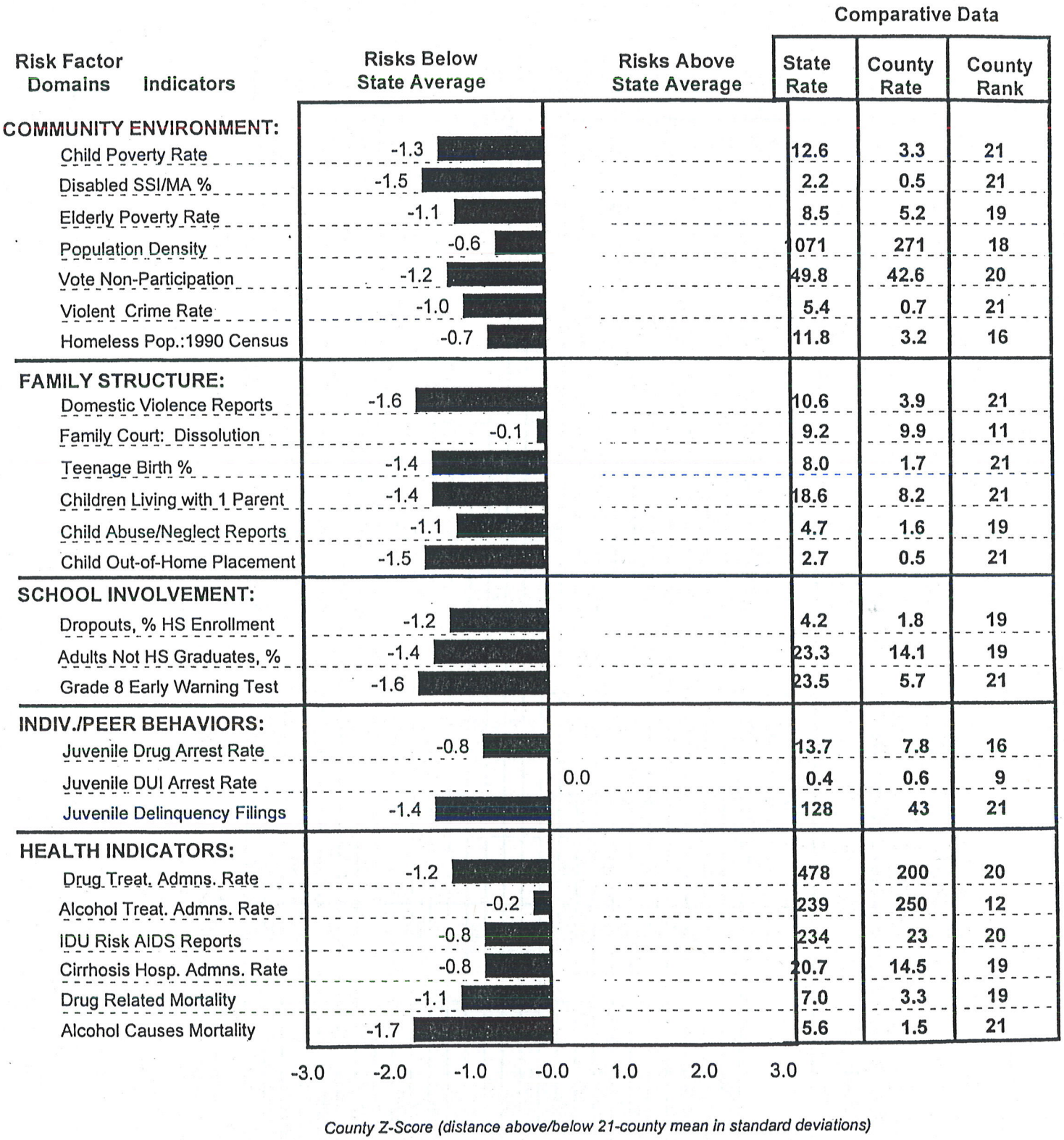
Detailed Race Characteristics for Hunterdon County New Jersey (cont'd)
Census of April 1, 2000

Municipality	2 or more	White or Comb.	Black or Comb.	Amer. Indian or Comb.	Asian or Comb.	Nat. Haw. Or Comb.	Some Other or Comb.	Total Pop	Hisp or Lat	Mexican	Puerto Rican	Cuban	Other Hisp	Not Hisp	White Not Hisp.
Alexandria township	41	4,599	49	19	38	2	32	4,698	81	17	30	6	28	4,617	4,509
Bethlehem township	16	3,738	36	8	48	2	5	3,820	62	5	25	8	24	3,758	3,670
Bloomsbury borough	7	876	8	2	3	0	6	886	13	1	2	2	8	873	861
Califon borough	6	1,047	0	4	10	0	0	1,055	5	3	1	1	0	1,050	1,036
Clinton town	28	2,451	39	19	109	0	42	2,632	108	15	18	6	69	2,524	2,355
Clinton township	145	11,459	961	60	353	17	259	12,957	507	36	253	46	172	12,450	11,140
Delaware township	25	4,400	21	6	54	2	24	4,478	51	3	15	12	21	4,427	4,342
East Amwell township	34	4,352	41	25	54	2	23	4,455	68	15	6	6	41	4,387	4,278
Flemington borough	99	3,765	149	22	155	13	197	4,200	461	143	40	3	275	3,739	3,408
Franklin township	22	2,937	19	13	29	0	17	2,990	67	13	20	7	27	2,923	2,867
Frenchtown borough	13	1,440	10	8	19	0	24	1,488	39	2	5	0	32	1,449	1,413
Glen Gardner borough	22	1,842	23	12	32	2	17	1,902	65	9	23	7	26	1,837	1,769
Hampton borough	29	1,432	93	15	16	1	21	1,546	44	3	26	2	13	1,502	1,385
High Bridge borough	27	3,659	38	20	58	1	29	3,776	80	11	39	4	26	3,696	3,579
Holland township	32	5,057	31	13	28	1	27	5,124	87	21	21	10	35	5,037	4,958
Kingwood township	28	3,718	30	18	36	0	16	3,782	70	7	22	16	25	3,712	3,635
Lambertville city	41	3,691	99	30	47	2	40	3,868	120	69	19	5	27	3,748	3,595
Lebanon borough	3	1,019	7	5	33	0	4	1,065	22	4	14	1	3	1,043	998
Lebanon township	46	5,676	61	22	67	4	36	5,816	100	18	27	9	46	5,716	5,575
Milford borough	15	1,181	3	8	5	4	10	1,195	24	10	2	1	11	1,171	1,157
Raritan township	252	18,696	285	47	781	15	266	19,809	552	86	173	80	213	19,257	18,085
Readington township	149	15,173	139	38	474	6	131	15,803	324	34	103	35	152	15,479	14,807
Stockton borough	3	555	0	1	5	0	2	560	3	0	0	1	2	557	551
Tewksbury township	28	5,391	32	9	117	0	22	5,541	85	8	16	15	46	5,456	5,295
Union township	88	5,101	859	40	123	7	125	6,160	316	15	159	38	104	5,844	4,883
West Amwell township	11	2,344	19	8	22	1	3	2,383	17	1	3	1	12	2,366	2,322
Hunterdon	**1,210**	**115,599**	**3,052**	**472**	**2,716**	**82**	**1,378**	**121,989**	**3,371**	**549**	**1,062**	**322**	**1,438**	**118,618**	**112,473**

Prepared by: Hunterdon County Planning Board, May 2001
Source: United States Census Bureau and New Jersey Department of Labor, New Jersey State Data Center

HUNTERDON COUNTY

SELECTED SOCIAL AND HEALTH INDICATORS



Risk Factor Domains / Indicators	Risks Below State Average / Risks Above State Average	Comparative Data: State Rate	County Rate	County Rank
COMMUNITY ENVIRONMENT:				
Child Poverty Rate	-1.3	12.6	3.3	21
Disabled SSI/MA %	-1.5	2.2	0.5	21
Elderly Poverty Rate	-1.1	8.5	5.2	19
Population Density	-0.6	1071	271	18
Vote Non-Participation	-1.2	49.8	42.6	20
Violent Crime Rate	-1.0	5.4	0.7	21
Homeless Pop.:1990 Census	-0.7	11.8	3.2	16
FAMILY STRUCTURE:				
Domestic Violence Reports	-1.6	10.6	3.9	21
Family Court: Dissolution	-0.1	9.2	9.9	11
Teenage Birth %	-1.4	8.0	1.7	21
Children Living with 1 Parent	-1.4	18.6	8.2	21
Child Abuse/Neglect Reports	-1.1	4.7	1.6	19
Child Out-of-Home Placement	-1.5	2.7	0.5	21
SCHOOL INVOLVEMENT:				
Dropouts, % HS Enrollment	-1.2	4.2	1.8	19
Adults Not HS Graduates, %	-1.4	23.3	14.1	19
Grade 8 Early Warning Test	-1.6	23.5	5.7	21
INDIV./PEER BEHAVIORS:				
Juvenile Drug Arrest Rate	-0.8	13.7	7.8	16
Juvenile DUI Arrest Rate	0.0	0.4	0.6	9
Juvenile Delinquency Filings	-1.4	128	43	21
HEALTH INDICATORS:				
Drug Treat. Admns. Rate	-1.2	478	200	20
Alcohol Treat. Admns. Rate	-0.2	239	250	12
IDU Risk AIDS Reports	-0.8	234	23	20
Cirrhosis Hosp. Admns. Rate	-0.8	20.7	14.5	19
Drug Related Mortality	-1.1	7.0	3.3	19
Alcohol Causes Mortality	-1.7	5.6	1.5	21

County Z-Score (distance above/below 21-county mean in standard deviations)

NJDHSS/DAS updated 10/99

Hunterdon

County Facts

Child Poverty Estimate 1995	3.3%	Population Under 20 Estimate	33,593
Per Capita Personal Income 1998	$42,471	Percent Population Under 20	27%
Federal EITC Participants 1997	2,018	Percent Population Under 20	9%

Economic Support

	1990	1995	1996	1997	1998	1999
Children Receiving AFDC/TANF	332	357	280	188	139	82
Rate Per 1,000	*13*	*12*	*9*	*6*	*5*	*3*
	1992	1995	1996	1997	1998	1999
Children Receiving Food Stamps	546	501	443	314	257	230
Rate Per 1,000	*20*	*17*	*15*	*10*	*8*	*7*
Children Receiving Medicaid			765	730	722	1,074
Rate Per 1,000			*26*	*24*	*24*	*35*
	1991		1996	1997	1998	
Women, Infant & Children Receiving Benefits (WIC)	350		376	366	393	

Health

	1990	1994	1995	1996	1997
Births	1,489	1,442	1,448	1,462	1,416
Low Birth Weight	78	62	84	84	87
Percent of all Births	*5.2*	*4.3*	*5.8*	*5.7*	*6.1*
No Prenatal Care	1	0	1	3	n/a*
Percent of all Births	*0.1*	*0*	*0.1*	*0.2*	*n/a*
Infant Mortality	9	n/a*	7	n/a*	7
Rate Per 1,000 Births	*6*	*2.1*	*4.8*	*2.7*	*4.9*
Child Deaths (Ages 1 to 14)	n/a*	n/a*	n/a*	n/a*	n/a*
Rate Per 100,000	*9*	*16*	*16*	*4*	*n/a*
Teen Deaths (Ages 15 to 19)	8	6	0	7	5
Rate Per 100,000	*122*	*89*	*0*	*100*	*70*
Births to Teens (Ages 15 to 19)	35	32	21	19	28
Rate Per 1,000	*11*	*10*	*7*	*6*	*8*

Youth Behavior

	1990	1995	1996	1997	1998	1999
Juvenile Arrests (Under Age 18)	489	612	620	691	586	525
Rate Per 1,000	*19*	*21*	*21*	*23*	*19*	*17*
Juvenile Commitments (Ages 13 to 18)	0	3	11	6	4	1
Rate Per 1,000	*0*	*34*	*122*	*66*	*43*	*10*

Child Welfare

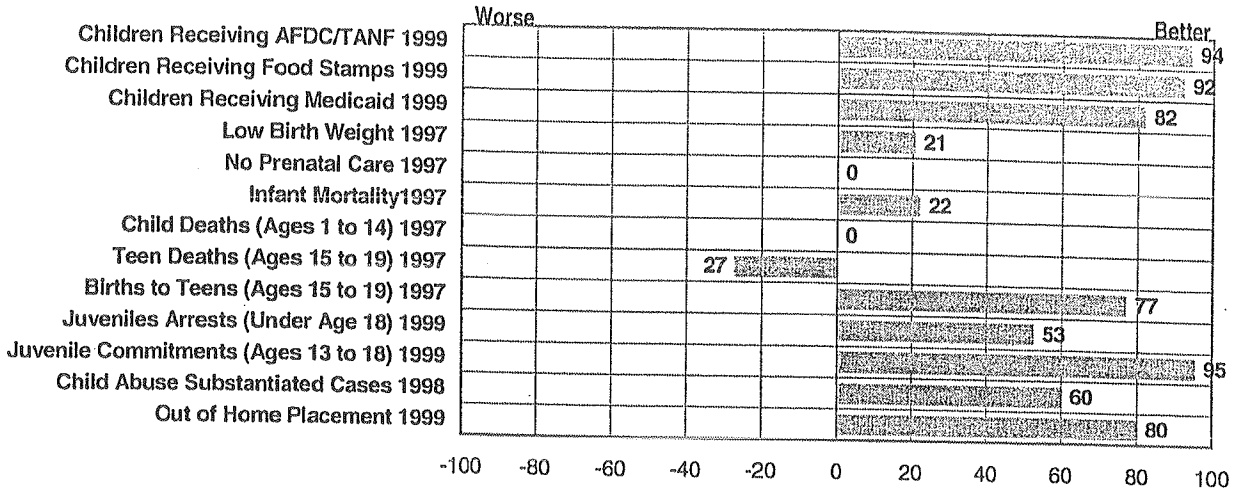
	1993	1995	1996	1997	1998
Child Abuse Substantiated Cases	43	52	49	56	53
Rate Per 1,000	*2*	*2*	*2*	*2*	*2*
Family Problems**	148	156	116	156	225**
Rate Per 1,000	*5*	*5*	*4*	*5*	*7*

	1990	1995	1996	1997	1998	1999
Out of Home Placement	48	42	35	37	16	32
Rate Per 1,000	*2*	*1*	*1*	*1*	*1*	*1*

Notes:
* Less than five cases reported.
** Due to modifications in data collection practices, comparisons can not be made between 1998 family problems and previous years. See glossary for more information.
*** In counties with a small number of incidents the rate may be statistically insignificant and caution is recommended when using rates and comparing across years.

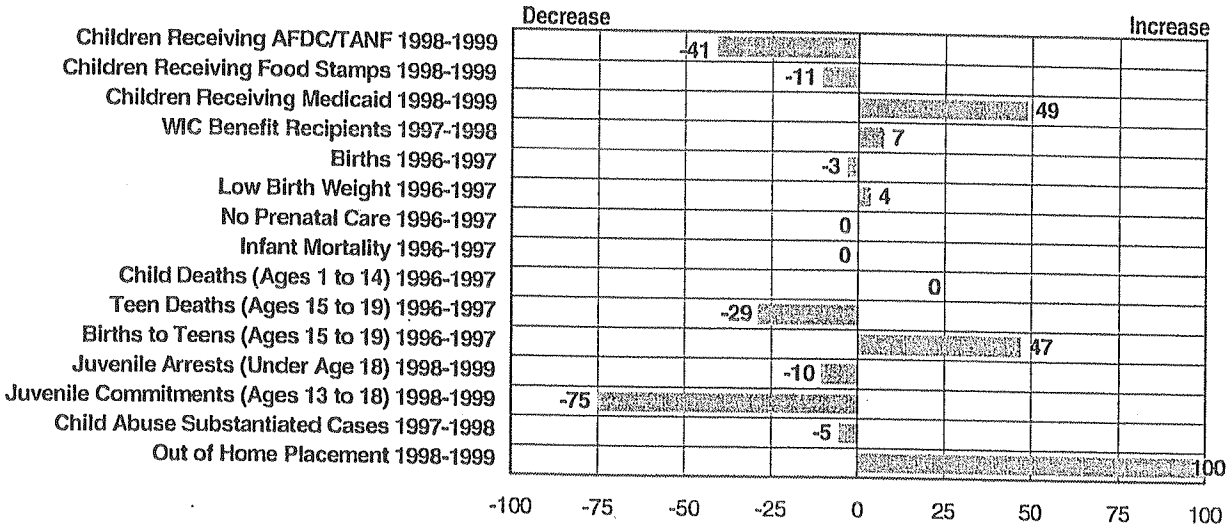
Percent Better or Worse than State Rate

(For the Last Year of Data)



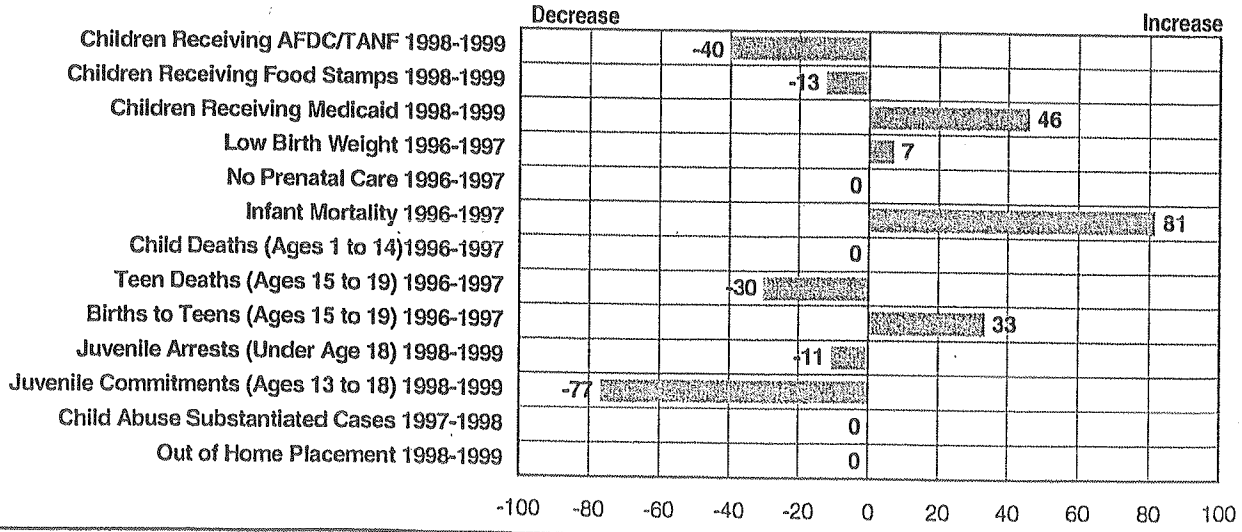
Percent Change in Number of Cases

(For Last Two Years of Data)



Percent Change in Rate

(For Last Two Years of Data)



HUNTERDON COUNTY

VOLUME/RATE

- Index crimes in the county totaled 1,344 in 2000, a decrease of 6 percent when compared to 1999.
- Violent crime decreased 14 percent and the nonviolent crime group decreased 5 percent.
- The crime rate for Hunterdon County was recorded at 11.0 victims per 1,000 population, a 5 percent decrease from 1999.
- Burglary decreased 17 percent while motor vehicle theft decreased by 13 percent.
- The value of property stolen, from Index crimes, amounted to $2.7 million, of which 22 percent was recovered.

ARRESTS/CLEARANCES

- In 2000, there were 2,808 persons arrested, representing a 10 percent increase compared to 1999.
- Adult arrests increased 12 percent and juvenile arrests increased 4 percent.
- The total clearance rate for Index offenses was 21 percent; juveniles accounted for 25 percent of those cases cleared.

COMPARATIVE ARRESTS BY COUNTY 1999/2000

COUNTY	1999 TOTAL	2000 TOTAL	PERCENT CHANGE	2000 RATE PER 1,000 INHABITANTS
ATLANTIC	21,453	19,238	-10	76.2
BERGEN	23,711	22,974	-3	26.0
BURLINGTON	18,249	19,550	7	46.2
CAMDEN	33,471	32,862	-2	64.6
CAPE MAY	11,810	10,391	-12	101.5
CUMBERLAND	12,194	10,856	-11	74.1
ESSEX	43,848	43,244	-1	54.5
GLOUCESTER	13,459	13,807	3	54.2
HUDSON	33,069	33,724	2	55.4
HUNTERDON	2,550	2,808	10	23.0
MERCER	29,874	31,252	5	89.1
MIDDLESEX	26,355	26,885	2	35.8
MONMOUTH	31,685	29,653	-6	48.2
MORRIS	12,751	12,708	*	27.0
OCEAN	18,257	18,591	2	36.4
PASSAIC	23,583	21,073	-11	43.1
SALEM	4,794	4,634	-3	72.1
SOMERSET	7,691	8,052	5	27.1
SUSSEX	3,820	4,107	8	28.5
UNION	24,343	22,481	-8	43.0
WARREN	3,566	3,603	1	35.2

* Less than one-half of one percent.

ADULT AND JUVENILE ARRESTS BY COUNTY
MALE - FEMALE—2000

COUNTY	COUNTY TOTAL ARRESTS		ADULTS		JUVENILES	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
ATLANTIC	14,954	4,284	12,507	3,428	2,447	856
BERGEN	18,088	4,886	14,772	3,861	3,316	1,025
BURLINGTON	15,123	4,427	13,068	3,805	2,055	622
CAMDEN	25,284	7,578	18,387	5,116	6,897	2,462
CAPE MAY	8,181	2,210	6,847	1,799	1,334	411
CUMBERLAND	8,457	2,399	6,774	1,819	1,683	580
ESSEX	33,734	9,510	28,896	8,024	4,838	1,486
GLOUCESTER	10,903	2,904	9,199	2,366	1,704	538
HUDSON	28,307	5,417	25,230	4,621	3,077	796
HUNTERDON	2,260	548	1,841	421	419	127
MERCER	25,309	5,943	21,964	4,616	3,345	1,327
MIDDLESEX	21,803	5,082	19,308	4,214	2,495	868
MONMOUTH	23,311	6,342	19,744	5,162	3,567	1,180
MORRIS	10,105	2,603	8,503	2,016	1,602	587
OCEAN	14,739	3,852	12,169	2,877	2,570	975
PASSAIC	16,794	4,279	14,100	3,281	2,694	998
SALEM	3,742	892	3,350	765	392	127
SOMERSET	6,269	1,783	4,742	1,272	1,527	511
SUSSEX	3,149	958	2,644	780	505	178
UNION	18,006	4,475	14,391	3,458	3,615	1,017
WARREN	2,874	729	2,371	573	503	156

TOTAL ARRESTS BY COUNTY - 2000

OFFENSES	Atlantic	Bergen	Burling-ton	Camden	Cape May	Cumber-land	Essex	Glou-cester
Murder	14	2	4	22	2	3	56	4
Rape	30	33	22	44	23	30	123	22
Robbery	193	205	153	313	53	196	877	64
Aggravated Assault	428	598	359	960	172	376	2,256	240
Burglary	312	480	304	496	232	398	1,008	223
Larceny-Theft	2,047	2,950	1,355	2,564	651	1,025	2,996	1,352
Motor Vehicle Theft	75	63	103	91	27	43	136	53
SUBTOTAL INDEX OFFENSES	**3,099**	**4,331**	**2,300**	**4,490**	**1,160**	**2,071**	**7,452**	**1,958**
Manslaughter	1	1	2	2	1	2	4	1
Simple Assault	2,035	2,456	2,017	3,302	583	1,240	3,192	1,205
Arson	43	32	18	35	9	20	61	12
Forgery & Counterfeiting	138	164	94	139	18	73	106	77
Fraud	483	621	146	585	125	54	1,047	144
Embezzlement	3	4	5	38	0	4	2	2
Stolen Property; Buying, Receiving, Possessing, etc.	248	373	306	591	75	134	1,981	206
Criminal/Malicious Mischief	401	630	420	708	315	254	680	285
Weapons; Carrying, Possessing, etc.	275	264	168	357	68	127	1,092	88
Prostitution and Commercialized Vice	112	22	45	64	2	28	401	7
Sex Offenses (Except Forcible Rape and Prostitution)	81	185	75	122	33	72	234	63
Drug Abuse Violations	2,142	2,609	2,057	4,302	1,104	1,061	11,326	1,706
Gambling	249	11	1	1	29	3	8	1
Offenses Against Family and Children	1,245	925	793	1,998	432	22	197	943
Driving Under the Influence	1,837	2,454	1,851	2,919	847	1,036	986	1,254
Liquor Laws	268	625	392	599	2,528	32	383	390
Disorderly Conduct	1,230	1,578	538	1,948	774	629	2,159	1,511
Vagrancy	0	4	19	5	3	45	2,925	13
All Other Offenses (Except Traffic)	5,130	5,388	8,223	6,035	2,156	3,686	8,184	3,774
Curfew and Loitering Law Violations	168	89	33	3,784	102	263	55	159
Runaways	50	208	47	838	27	0	769	8
GRAND TOTAL	**19,238**	**22,974**	**19,550**	**32,862**	**10,391**	**10,856**	**43,244**	**13,807**

TOTAL ARRESTS BY COUNTY - 2000

Hudson	Hunter-don	Mercer	Middle-sex	Mon-mouth	Morris	Ocean	Passaic	Salem	Somer-set	Sussex	Union	Warren
29	0	17	6	5	3	6	30	0	2	1	26	1
18	0	35	37	29	10	27	30	7	10	6	33	5
697	2	219	162	167	68	101	267	14	37	7	282	22
1,487	46	419	662	564	294	430	789	79	62	86	442	54
592	41	302	345	399	213	327	397	97	77	109	302	63
2,062	170	1,533	2,333	2,280	1,113	1,093	1,680	178	785	203	1,936	324
84	26	84	88	77	55	61	180	15	32	20	100	19
4,969	**285**	**2,609**	**3,633**	**3,521**	**1,756**	**2,045**	**3,373**	**390**	**1,005**	**432**	**3,121**	**488**
1	0	0	1	0	0	1	4	2	0	3	3	0
2,762	174	1,432	1,862	2,329	836	1,478	2,113	382	899	402	2,076	321
17	0	18	35	40	14	47	11	3	13	7	12	3
143	10	84	170	86	60	50	113	25	14	17	80	29
822	32	182	221	278	147	77	243	38	88	212	166	100
2	1	12	6	7	0	0	6	0	2	0	7	0
737	24	510	418	309	188	122	283	32	69	47	664	34
471	130	494	592	783	372	404	414	112	231	108	450	110
597	53	333	313	314	153	183	281	34	79	29	328	45
256	1	67	124	84	66	83	248	3	8	0	326	0
227	12	120	116	135	80	66	212	15	34	34	85	29
6,044	540	3,215	3,049	4,151	1,553	2,797	3,612	342	706	379	4,477	430
10	0	385	22	3	0	1	25	7	0	0	11	0
1,139	121	1,360	1,681	2,313	383	255	33	716	329	258	942	323
1,017	483	1,037	2,204	2,549	1,963	2,028	1,386	471	971	579	965	404
351	95	1,354	418	1,394	476	625	205	74	192	108	401	132
2,351	111	2,593	1,944	2,612	692	1,211	1,911	156	781	145	1,533	170
3	1	135	1	21	3	32	2	0	17	0	8	0
11,480	701	14,592	9,870	8,367	3,763	6,607	6,027	1,775	2,396	1,332	5,670	978
82	4	45	33	241	28	163	5	42	33	1	1,017	2
243	30	675	172	116	175	316	566	15	185	14	139	5
33,724	**2,808**	**31,252**	**26,885**	**29,653**	**12,708**	**18,591**	**21,073**	**4,634**	**8,052**	**4,107**	**22,481**	**3,603**

JUVENILE ARRESTS BY COUNTY - 2000

OFFENSES	Atlantic	Bergen	Burling-ton	Camden	Cape May	Cumber-land	Essex	Glou-cester
Murder	-	-	-	2	-	-	5	1
Rape	6	4	5	6	2	5	21	3
Robbery	76	38	46	95	14	79	199	10
Aggravated Assault	95	106	84	209	32	74	336	50
Burglary	127	141	110	165	90	165	134	87
Larceny-Theft	632	721	379	749	279	387	441	390
Motor Vehicle Theft	26	10	45	24	13	20	56	15
SUBTOTAL INDEX OFFENSES	**962**	**1,020**	**669**	**1,250**	**430**	**730**	**1,192**	**556**
Manslaughter	-	-	-	-	-	-	1	-
Simple Assault	390	395	381	571	98	244	506	235
Arson	27	19	13	24	8	16	24	9
Forgery & Counterfeiting	3	14	3	4	1	7	3	2
Fraud	20	17	2	22	1	5	16	12
Embezzlement	1	-	1	-	-	-	-	-
Stolen Property; Buying, Receiving, Possessing, etc.	95	69	97	183	21	52	615	57
Criminal/Malicious Mischief	204	388	198	345	133	132	249	146
Weapons; Carrying, Possessing, etc.	100	113	58	114	15	50	280	25
Prostitution and Commercialized Vice	2	-	-	5	-	1	-	-
Sex Offenses (Except Forcible Rape and Prostitution)	21	27	17	25	2	18	49	14
Drug Abuse Violations	278	411	357	769	211	146	1,186	342
Gambling	68	-	-	-	-	1	-	-
Offenses Against Family and Children	-	2	1	-	-	2	-	3
Driving Under the Influence	19	16	38	50	18	17	10	22
Liquor Laws	98	306	195	254	429	9	112	100
Disorderly Conduct	455	588	66	452	86	211	606	151
Vagrancy	-	-	-	-	1	-	38	1
All Other Offenses (Except Traffic)	342	659	501	669	162	359	613	400
Curfew and Loitering Law Violations	168	89	33	3,784	102	263	55	159
Runaways	50	208	47	838	27	-	769	8
GRAND TOTAL	**3,303**	**4,341**	**2,677**	**9,359**	**1,745**	**2,263**	**6,324**	**2,242**

JUVENILE ARRESTS BY COUNTY - 2000

Hudson	Hunter-don	Mercer	Middle-sex	Mon-mouth	Morris	Ocean	Passaic	Salem	Somer-set	Sussex	Union	Warren
4	-	1	-	-	-	1	4	-	-	-	-	-
1	-	1	4	7	1	4	1	2	1	1	5	3
236	-	98	45	40	12	31	98	7	12	-	59	8
227	11	136	100	123	38	102	116	13	15	23	57	16
108	11	109	78	158	49	122	108	36	25	23	78	28
277	58	595	652	813	349	513	429	76	264	85	571	122
32	15	58	25	29	8	16	69	2	15	5	32	6
885	**95**	**998**	**904**	**1,170**	**457**	**789**	**825**	**136**	**332**	**137**	**802**	**183**
-	-	-	-	-	-	-	-	-	-	-	-	-
374	46	487	291	390	118	391	512	90	235	53	312	76
9	-	13	24	25	8	39	7	3	7	4	6	2
7	1	4	13	7	7	2	3	-	-	-	1	9
8	1	6	9	11	17	12	6	-	8	10	16	2
-	-	1	1	3	-	-	-	-	-	-	-	-
168	3	216	76	73	37	36	99	10	19	11	181	9
163	86	302	255	379	189	238	230	40	141	49	204	59
118	10	73	96	105	54	73	108	7	42	9	93	17
4	1	1	-	-	-	1	1	-	-	-	1	-
33	2	77	26	17	18	15	46	2	13	7	28	9
721	89	425	433	607	278	510	434	30	179	93	516	74
-	-	23	-	3	-	-	-	-	-	-	1	-
2	2	-	14	-	3	4	1	-	-	1	4	4
5	8	11	18	42	38	32	12	12	4	18	11	2
106	36	95	153	434	254	149	72	19	63	45	150	50
337	31	993	317	410	219	206	370	18	446	26	523	38
-	-	1	-	20	-	5	-	-	-	-	-	-
608	101	226	528	694	289	564	395	95	331	205	627	118
82	4	45	33	241	28	163	5	42	33	1	1,017	2
243	30	675	172	116	175	316	566	15	185	14	139	5
3,873	**546**	**4,672**	**3,363**	**4,747**	**2,189**	**3,545**	**3,692**	**519**	**2,038**	**683**	**4,632**	**659**

POLICE DISPOSITION OF JUVENILES TAKEN INTO CUSTODY BY COUNTY - 2000

COUNTY		HANDLED WITHIN DEPARTMENT & RELEASED	REFERRED TO JUVENILE COURT OR PROBATION DEPARTMENT	REFERRED TO WELFARE AGENCY	REFERRED TO OTHER POLICE AGENCY	REFERRED TO CRIMINAL OR ADULT COURT	TOTAL POLICE DISPOSITION OF JUVENILES
ATLANTIC	Number	1,025	2,184	24	11	59	**3,303**
	Percent Distribution	31.0	66.1	0.7	0.3	1.8	—
BERGEN	Number	1,715	2,533	60	5	28	**4,341**
	Percent Distribution	39.5	58.4	1.4	0.1	0.6	—
BURLINGTON	Number	684	1,932	14	8	39	**2,677**
	Percent Distribution	25.6	72.2	0.5	0.3	1.5	—
CAMDEN	Number	4,847	4,409	14	36	53	**9,359**
	Percent Distribution	51.8	47.1	0.1	0.4	0.6	—
CAPE MAY	Number	441	1,284	3	6	11	**1,745**
	Percent Distribution	25.3	73.6	0.2	0.3	0.6	—
CUMBERLAND	Number	477	1,780	5	-	1	**2,263**
	Percent Distribution	21.1	78.7	0.2	0.0	✪	—
ESSEX	Number	1,577	4,738	5	2	2	**6,324**
	Percent Distribution	24.9	74.9	0.1	✪	✪	—
GLOUCESTER	Number	510	1,712	-	-	20	**2,242**
	Percent Distribution	22.7	76.4	0.0	0.0	0.9	—
HUDSON	Number	1,005	2,851	3	12	2	**3,873**
	Percent Distribution	25.9	73.6	0.1	0.3	0.1	—
HUNTERDON	Number	174	367	2	2	1	**546**
	Percent Distribution	31.9	67.2	0.4	0.4	0.2	—
MERCER	Number	2,284	2,376	6	1	5	**4,672**
	Percent Distribution	48.9	50.9	0.1	✪	0.1	—

POLICE DISPOSITION OF JUVENILES TAKEN INTO CUSTODY BY COUNTY - 2000

COUNTY		HANDLED WITHIN DEPARTMENT & RELEASED	REFERRED TO JUVENILE COURT OR PROBATION DEPARTMENT	REFERRED TO WELFARE AGENCY	REFERRED TO OTHER POLICE AGENCY	REFERRED TO CRIMINAL OR ADULT COURT	TOTAL POLICE DISPOSITION OF JUVENILES
MIDDLESEX	Number	686	2,666	1	4	6	**3,363**
	Percent Distribution	20.4	79.3	✪	0.1	0.2	—
MONMOUTH	Number	1,006	3,664	1	15	61	**4,747**
	Percent Distribution	21.2	77.2	✪	0.3	1.3	—
MORRIS	Number	601	1,353	30	179	26	**2,189**
	Percent Distribution	27.5	61.8	1.4	8.2	1.2	—
OCEAN	Number	1,413	2,070	2	17	43	**3,545**
	Percent Distribution	39.9	58.4	0.1	0.5	1.2	—
PASSAIC	Number	1,299	2,257	1	8	127	**3,692**
	Percent Distribution	35.2	61.1	✪	0.2	3.4	—
SALEM	Number	34	481	2	-	2	**519**
	Percent Distribution	6.6	92.7	0.4	0.0	0.4	—
SOMERSET	Number	923	960	139	13	3	**2,038**
	Percent Distribution	45.3	47.1	6.8	0.6	0.1	—
SUSSEX	Number	74	593	2	-	14	**683**
	Percent Distribution	10.8	86.8	0.3	0.0	2.0	—
UNION	Number	2,569	2,018	23	14	8	**4,632**
	Percent Distribution	55.5	43.6	0.5	0.3	0.2	—
WARREN	Number	67	556	-	1	35	**659**
	Percent Distribution	10.2	84.4	0.0	0.2	5.3	—
STATE TOTALS†	**Number**	**23,431**	**42,884**	**337**	**334**	**546**	**67,532**
	Percent Distribution	**34.7**	**63.5**	**0.5**	**0.5**	**0.8**	—

Percent distribution may not equal 100.0 percent due to rounding.
† Includes arrests by State agencies in unspecified counties.
✪ Less than one-tenth of one percent.

COUNTY ARRESTS BY RACE—2000

COUNTY	TOTAL ARRESTS BY RACE			
	WHITE	BLACK	AMERICAN INDIAN OR ALASKAN NATIVE	ASIAN OR PACIFIC ISLANDER
ATLANTIC	10,933	7,874	10	421
BERGEN	16,921	5,217	25	811
BURLINGTON	11,475	7,876	29	170
CAMDEN	19,254	13,347	23	238
CAPE MAY	9,140	1,215	3	33
CUMBERLAND	5,899	4,936	13	8
ESSEX	11,665	31,365	26	188
GLOUCESTER	9,655	4,055	24	73
HUDSON	18,927	14,345	16	436
HUNTERDON	2,509	279	4	16
MERCER	9,780	21,281	20	171
MIDDLESEX	18,030	8,397	26	432
MONMOUTH	20,572	8,899	10	172
MORRIS	10,585	1,957	8	158
OCEAN	15,439	2,993	95	64
PASSAIC	13,188	7,742	21	122
SALEM	2,540	2,087	2	5
SOMERSET	5,632	2,322	15	83
SUSSEX	3,951	135	2	19
UNION	9,871	12,451	19	140
WARREN	3,266	324	2	11

COUNTY ARRESTS BY RACE—2000

ADULT ARRESTS BY RACE				JUVENILE ARRESTS BY RACE			
WHITE	BLACK	AMERICAN INDIAN OR ALASKAN NATIVE	ASIAN OR PACIFIC ISLANDER	WHITE	BLACK	AMERICAN INDIAN OR ALASKAN NATIVE	ASIAN OR PACIFIC ISLANDER
9,147	6,382	8	398	1,786	1,492	2	23
13,476	4,494	24	639	3,445	723	1	172
9,661	7,041	26	145	1,814	835	3	25
14,617	8,711	21	154	4,637	4,636	2	84
7,584	1,033	1	28	1,556	182	2	5
4,769	3,807	12	5	1,130	1,129	1	3
10,120	26,620	22	158	1,545	4,745	4	30
7,967	3,507	22	69	1,688	548	2	4
16,622	12,806	15	408	2,305	1,539	1	28
2,005	237	4	16	504	42	-	-
8,152	18,284	15	129	1,628	2,997	5	42
15,656	7,504	25	337	2,374	893	1	95
17,317	7,449	10	130	3,255	1,450	-	42
8,688	1,694	7	130	1,897	263	1	28
12,345	2,560	84	57	3,094	433	11	7
10,948	6,311	14	108	2,240	1,431	7	14
2,216	1,892	2	5	324	195	-	-
4,155	1,783	11	65	1,477	539	4	18
3,299	109	2	14	652	26	-	5
7,954	9,757	18	120	1,917	2,694	1	20
2,641	290	2	11	625	34	-	-

COUNTY ARRESTS BY ETHNIC ORIGIN - 2000

COUNTY	TOTAL		ADULTS		JUVENILES	
	HISPANIC	NON-HISPANIC	HISPANIC	NON-HISPANIC	HISPANIC	NON-HISPANIC
Atlantic	2,672	16,566	2,233	13,702	439	2,864
Bergen	3,812	19,162	3,178	15,455	634	3,707
Burlington	947	18,603	820	16,053	127	2,550
Camden	4,617	28,245	2,664	20,839	1,953	7,406
Cape May	475	9,916	380	8,266	95	1,650
Cumberland	2,189	8,667	1,793	6,800	396	1,867
Essex	5,041	38,203	4,498	32,422	543	5,781
Gloucester	477	13,330	433	11,132	44	2,198
Hudson	11,337	22,387	9,645	20,206	1,692	2,181
Hunterdon	127	2,681	115	2,147	12	534
Mercer	3,261	27,991	2,790	23,790	471	4,201
Middlesex	5,262	21,623	4,718	18,804	544	2,819
Monmouth	2,025	27,628	1,763	23,143	262	4,485
Morris	1,634	11,074	1,410	9,109	224	1,965
Ocean	1,258	17,333	1,122	13,924	136	3,409
Passaic	7,186	13,887	5,939	11,442	1,247	2,445
Salem	283	4,351	243	3,872	40	479
Somerset	1,276	6,776	1,065	4,949	211	1,827
Sussex	130	3,977	115	3,309	15	668
Union	3,844	18,637	3,117	14,732	727	3,905
Warren	171	3,432	154	2,790	17	642

COMPARATIVE DRUG ARRESTS BY COUNTY 1999/2000

	SALE/MANUFACTURE ARRESTS			POSSESSION/USE ARRESTS			GRAND TOTAL		
	1999	2000	PERCENT CHANGE	1999	2000	PERCENT CHANGE	1999	2000	PERCENT CHANGE
ATLANTIC	217	262	21	2,099	1,880	-10	2,316	2,142	-8
BERGEN	309	351	14	2,218	2,258	2	2,527	2,609	3
BURLINGTON	328	312	-5	1,838	1,745	-5	2,166	2,057	-5
CAMDEN	855	893	4	3,548	3,409	-4	4,403	4,302	-2
CAPE MAY	95	170	79	973	934	-4	1,068	1,104	3
CUMBERLAND	158	192	22	1,085	869	-20	1,243	1,061	-15
ESSEX	4,251	4,309	1	7,439	7,017	-6	11,690	11,326	-3
GLOUCESTER	270	238	-12	1,384	1,468	6	1,654	1,706	3
HUDSON	2,712	3,480	28	2,517	2,564	2	5,229	6,044	16
HUNTERDON	90	64	-29	379	476	26	469	540	15
MERCER	1,275	996	-22	2,181	2,219	2	3,456	3,215	-7
MIDDLESEX	530	585	10	2,240	2,464	10	2,770	3,049	10
MONMOUTH	508	468	-8	3,910	3,683	-6	4,418	4,151	-6
MORRIS	255	238	-7	1,363	1,315	-4	1,618	1,553	-4
OCEAN	486	563	16	2,371	2,234	-6	2,857	2,797	-2
PASSAIC	1,147	1,231	7	2,208	2,381	8	3,355	3,612	8
SALEM	88	85	-3	341	257	-25	429	342	-20
SOMERSET	46	102	122	540	604	12	586	706	20
SUSSEX	82	50	-39	266	329	24	348	379	9
UNION	692	756	9	4,195	3,721	-11	4,887	4,477	-8
WARREN	90	96	7	286	334	17	376	430	14

DOMESTIC VIOLENCE OFFENSES/ARRESTS BY COUNTY 1999/2000

County	Year	Homicide	Assault	Terroristic Threats	Kidnapping	Criminal Restraint	False Imprison-ment	Sexual Assault	Criminal Sexual Contact
Atlantic	1999	3	1,984	234	-	2	2	8	2
	2000	**2**	**1,979**	**194**	**3**	**5**	**2**	**14**	**1**
Bergen	1999	5	2,462	380	2	7	6	10	7
	2000	**1**	**2,338**	**368**	**1**	**12**	**2**	**11**	**5**
Burlington	1999	6	1,931	95	-	5	-	9	2
	2000	**2**	**1,599**	**89**	**1**	**4**	**3**	**6**	**3**
Camden	1999	5	4,028	285	4	12	5	25	3
	2000	**2**	**3,861**	**272**	**4**	**10**	**4**	**21**	**6**
Cape May	1999	1	634	48	-	1	-	2	-
	2000	**1**	**557**	**41**	**1**	**2**	**2**	**3**	**-**
Cumberland	1999	-	1,520	81	3	11	1	8	2
	2000	**1**	**1,553**	**99**	**2**	**10**	**-**	**6**	**1**
Essex	1999	11	4,803	978	7	20	5	27	7
	2000	**5**	**3,488**	**684**	**4**	**17**	**1**	**27**	**6**
Gloucester	1999	1	1,402	108	-	10	1	5	1
	2000	**1**	**1,251**	**113**	**-**	**2**	**1**	**4**	**4**
Hudson	1999	3	3,431	518	4	12	3	10	4
	2000	**-**	**3,316**	**509**	**7**	**6**	**5**	**18**	**9**
Hunterdon	1999	-	181	16	-	-	1	-	-
	2000	**-**	**169**	**28**	**1**	**4**	**-**	**1**	**1**
Mercer	1999	1	1,613	47	-	5	4	8	1
	2000	**4**	**1,713**	**60**	**-**	**10**	**3**	**13**	**-**

* Less than one-half of one percent.

DOMESTIC VIOLENCE OFFENSES/ARRESTS BY COUNTY 1999/2000

Lewdness	Criminal Mischief	Burglary	Criminal Trespass	Harassment	Stalking	County Total	Percent Change	Arrests
1	227	27	27	2,572	17	5,106	-2	1,257
-	**201**	**35**	**27**	**2,513**	**14**	**4,990**		**1,505**
-	206	35	109	2,523	35	5,787	-2	1,606
2	**215**	**29**	**92**	**2,594**	**28**	**5,698**		**1,688**
-	214	26	42	1,499	6	3,835	-13	2,070
-	**199**	**13**	**37**	**1,389**	**2**	**3,347**		**1,938**
1	550	114	69	2,687	38	7,826	-5	2,984
-	**544**	**83**	**60**	**2,507**	**23**	**7,397**		**2,902**
-	78	4	27	739	4	1,538	-9	521
-	**68**	**4**	**22**	**689**	**5**	**1,395**		**485**
-	217	30	17	620	7	2,517	5	995
1	**190**	**28**	**30**	**718**	**5**	**2,644**		**1,064**
-	395	112	53	919	52	7,389	-23	2,534
-	**351**	**77**	**36**	**960**	**45**	**5,701**		**2,113**
-	192	13	40	1,060	4	2,837	-4	954
-	**200**	**19**	**35**	**1,096**	**11**	**2,737**		**909**
2	278	64	22	1,683	42	6,076	-1	1,637
1	**295**	**72**	**16**	**1,713**	**40**	**6,007**		**1,536**
-	18	-	10	252	2	480	6	118
-	**16**	-	**10**	**279**	**1**	**510**		**123**
1	295	33	45	1,103	16	3,172	9	1,007
-	**246**	**41**	**28**	**1,320**	**14**	**3,452**		**1,024**

New Jersey Alcohol and Drug Abuse Data System
ADADS Annual Summary Report
Admissions January 1, 1999-December 31, 1999

Hunterdon County

	Number	Per Cent
Primary Drug		
Alcohol	299	53%
Heroin	128	23%
Cocaine/Crack	47	8%
Marijuana	76	13%
Other Drugs	17	3%
Treatment Setting		
Couns/Coord-I/R	0	0%
Hosp Detox/IMU	26	5%
Res Detox	23	4%
Short Term Res	28	5%
Therapeutic Comm	15	3%
Ext-Care/Half Hse	18	3%
Outpatient Care	396	70%
Meth Maint OP	21	4%
Intensive OP	33	6%
Detox OP	7	1%
Sex		
Male	395	70%
Female	172	30%
Race/Ethnicity		
White	526	93%
Black	20	4%
Hispanic	9	2%
Other	12	2%
Age at Admission		
0-17	51	9%
18-20	97	17%
21-24	71	13%
25-29	64	11%
30-34	59	10%
35-44	157	28%
45-54	53	9%
55 and over	15	3%
Unemployed	232	41%

	Number	Per Cent
Legal Problem*		
None	201	35%
Prob/Parole	158	28%
DWI	117	21%
Other	129	23%
Referral Source		
Self-referral	133	23%
Family/Friend	70	12%
Social Agency	163	29%
Criminal Justice	126	22%
IDRC	71	13%
Any Prior Treatment	384	68%
Ever Attended 12 Step Program		
No	205	36%
NA Only	15	3%
AA Only	222	39%
Both NA and AA	121	21%
Smoke Tobacco (Yes)	400	71%
Health Insurance at Admission*		
No Insurance	255	45%
Public Insurance	32	6%
Private Insurance	174	31%
Other/Unknown	104	18%
Primary Reimbursement Source		
None	131	23%
Medicare/Medicaid	14	2%
Other Public	2	0%
County/State Fund	46	8%
Self Pay	109	19%
BC-BS/Private	151	27%
Other	83	15%
Clients Treated in Their County of Residence	395	70%

Number of Admissions January, 1999-December, 1999 =567

*Totals greater than 100% because of multiple responses.

Substance Abuse Admission Rates by County of Residence and Primary Drug, 1999 Admissions

County of Residence	Primary Drug			County Population 1999	Per 100,000 Population		
	Alcohol	Drugs	Total		Alcohol	Drugs	Total
	N	N	N	N	Rate	Rate	Rate
Atlantic	854	1391	2245	239626	356.4	580.5	936.9
Bergen	1381	1671	3052	857052	161.1	162.3	323.4
Burlington	645	795	1440	424510	151.9	187.3	339.2
Camden	1371	2091	3462	503093	272.5	415.6	688.1
Cape May	443	470	913	98009	452.0	479.5	931.5
Cumberland	524	592	1116	140112	374.0	422.5	796.5
Essex	865	7046	7911	747355	115.7	942.8	1058.5
Gloucester	661	712	1373	250492	263.9	284.2	548.1
Hudson	1555	3628	5183	552819	281.3	656.3	937.6
Hunterdon	300	271	571	124553	240.9	217.6	458.4
Mercer	905	1664	2569	333861	271.1	498.4	769.5
Middlesex	933	2479	3412	717949	130.0	345.3	475.2
Monmouth	2048	3157	5205	611444	334.9	516.3	851.3
Morris	957	1171	2128	463545	206.5	252.6	459.1
Ocean	1362	2042	3404	497533	273.8	410.4	684.2
Passaic	736	2844	3580	485064	151.7	586.3	738.0
Salem	219	166	385	64534	339.4	257.2	596.6
Somerset	268	497	765	288090	93.0	172.5	265.5
Sussex	401	392	793	144700	277.1	270.9	548.0
Union	810	3275	4085	498759	162.4	656.6	819.0
Warren	340	402	742	100312	338.9	400.7	739.7
State Total	17578	36756	54334	8143412	215.9	451.4	667.2

First Time Clients By County of Residence and Primary Drug, 1999 NJ Resident Admissions

County of Residence	Primary Drug										State Total	
	Alcohol		Cocaine		Heroin		Marijuana		Others			
	N	%	N	%	N	%	N	%	N	%	N	%
Atlantic	352	5.0	86	4.5	230	4.9	139	4.7	22	5.0	829	4.9
Bergen	526	7.5	87	4.5	137	2.9	85	2.9	27	6.2	862	5.1
Burlington	265	3.8	67	3.5	55	1.2	86	2.9	12	2.8	485	2.9
Camden	614	8.8	149	7.7	242	5.2	236	8.0	37	8.5	1278	7.5
Cape May	220	3.1	51	2.6	38	0.8	113	3.8	16	3.7	438	2.6
Cumberland	240	3.4	54	2.8	61	1.3	113	3.8	2	0.5	470	2.8
Essex	313	4.5	226	11.7	1267	27.1	240	8.2	24	5.5	2070	12.2
Gloucester	289	4.1	52	2.7	54	1.2	103	3.5	16	3.7	514	3.0
Hudson	528	7.5	190	9.9	481	10.3	232	7.9	35	8.0	1466	8.6
Hunterdon	109	1.6	7	0.4	28	0.6	33	1.1	8	1.8	185	1.1
Mercer	391	5.6	137	7.1	107	2.3	245	8.3	12	2.8	892	5.3
Middlesex	397	5.7	99	5.1	349	7.5	259	8.8	31	7.1	1135	6.7
Monmouth	793	11.3	207	10.8	282	6.0	311	10.6	58	13.3	1651	9.7
Morris	312	4.4	27	1.4	140	3.0	41	1.4	14	3.2	534	3.1
Ocean	563	8.0	104	5.4	210	4.5	216	7.4	60	13.8	1153	6.8
Passaic	295	4.2	159	8.3	317	6.8	185	6.3	15	3.4	971	5.7
Salem	110	1.6	25	1.3	12	0.3	32	1.1	4	0.9	183	1.1
Somerset	101	1.4	23	1.2	48	1.0	47	1.6	4	0.9	223	1.3
Sussex	151	2.2	7	0.4	51	1.1	18	0.6	9	2.1	236	1.4
Union	311	4.4	145	7.5	534	11.4	146	5.0	22	5.0	1158	6.8
Warren	133	1.9	23	1.2	30	0.6	58	2.0	8	1.8	252	1.5
State Total	7013	100.0	1925	100.0	4673	100.0	2938	100.0	436	100.0	16985	100.0

Clients by In-County and Out-of-County Treatment Setting, 1999 NJ Resident Admissions

	Treatment Clinic								State Total			
	In-County				Out-of-County							
	Primary drug				Primary drug				Primary drug			
	Alcohol		Drugs		Alcohol		Drugs		Alcohol		Drugs	
	N	%	N	%	N	%	N	%	N	%	N	%
Atlantic	518	60.7	827	59.5	336	39.3	564	40.5	854	100.0	1391	100.0
Bergen	1094	79.2	1021	61.1	287	20.8	650	38.9	1381	100.0	1671	100.0
Burlington	176	27.3	198	24.9	469	72.7	597	75.1	645	100.0	795	100.0
Camden	928	67.7	1245	59.5	443	32.3	846	40.5	1371	100.0	2091	100.0
Cape May	320	72.2	315	67.0	123	27.8	155	33.0	443	100.0	470	100.0
Cumberland	286	54.6	311	52.5	238	45.4	281	47.5	524	100.0	592	100.0
Essex	508	58.7	4197	59.6	357	41.3	2849	40.4	865	100.0	7046	100.0
Gloucester	318	48.1	243	34.1	343	51.9	469	65.9	661	100.0	712	100.0
Hudson	1333	85.7	2479	68.3	222	14.3	1149	31.7	1555	100.0	3628	100.0
Hunterdon	253	84.3	150	55.4	47	15.7	121	44.6	300	100.0	271	100.0
Mercer	630	69.6	1018	61.2	275	30.4	646	38.8	905	100.0	1664	100.0
Middlesex	612	65.6	1366	55.1	321	34.4	1113	44.9	933	100.0	2479	100.0
Monmouth	1778	86.8	2522	79.9	270	13.2	635	20.1	2048	100.0	3157	100.0
Morris	746	78.0	812	69.3	211	22.0	359	30.7	957	100.0	1171	100.0
Ocean	549	40.3	761	37.3	813	59.7	1281	62.7	1362	100.0	2042	100.0
Passaic	355	48.2	1545	54.3	381	51.8	1299	45.7	736	100.0	2844	100.0
Salem	66	30.1	13	7.8	153	69.9	153	92.2	219	100.0	166	100.0
Somerset	152	56.7	192	38.6	116	43.3	305	61.4	268	100.0	497	100.0
Sussex	243	60.6	117	29.8	158	39.4	275	70.2	401	100.0	392	100.0
Union	580	71.6	2068	63.1	230	28.4	1207	36.9	810	100.0	3275	100.0
Warren	276	81.2	231	57.5	64	18.8	171	42.5	340	100.0	402	100.0
State Total	11721	66.7	21631	58.9	5857	33.3	15125	41.1	17578	100.0	36756	100.0

Clients by Age, Sex, Ethnicity, Primary Drug and County of Residence, 1999 NJ Resident Admissions

Hunterdon		Sex										Total				
		Female					Male									
		Ethnicity				Total	Ethnicity				Total	Ethnicity				Total
		Black	White	Hisp.	Other		Black	White	Hisp.	Other		Black	White	Hisp.	Other	
		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
00-17	Alcohol		5		1	6		13			13		18		1	19
	Drugs		8			8		22	1	1	24		30	1	1	32
	Total		13		1	14		35	1	1	37		48	1	2	51
18-20	Alcohol		4			4		16			16		20			20
	Drugs	1	25	1		27		49		1	50	1	74	1	1	77
	Total	1	29	1		31		65		1	66	1	94	1	1	97
21-24	Alcohol		3		1	4		21	1		22		24	1	1	26
	Drugs	1	12			13	1	30			31	2	42			44
	Total	1	15		1	17	1	51	1		53	2	66	1	1	70
25-29	Alcohol		6			6	1	21	1		23	1	27	1		29
	Drugs		18			18	2	16		1	19	2	34		1	37
	Total		24			24	3	37	1	1	42	3	61	1	1	66
30-34	Alcohol	1	10			11	2	27		1	30	3	37		1	41
	Drugs	3	5			8	3	9	1		13	6	14	1		21
	Total	4	15			19	5	36	1	1	43	9	51	1	1	62
35-39	Alcohol		9		1	10	1	36	1	1	39	1	45	1	2	49
	Drugs	1	13	1	1	16	1	13			14	2	26	1	1	30
	Total	1	22	1	2	26	2	49	1	1	53	3	71	2	3	79
40-44	Alcohol		18			18		38	1	1	40		56	1	1	58
	Drugs	1	7		1	9	1	9			10	2	16		1	19
	Total	1	25		1	27	1	47	1	1	50	2	72	1	2	77
45-49	Alcohol		6			6	1	21			22	1	27			28
	Drugs		1			1		4	1		5		5	1		6
	Total		7			7	1	25	1		27	1	32	1		34

New Jersey Alcohol and Drug Abuse Data System
January 1, 1999 to December 31, 1999

COUNTY HUNTERDON

	ALCOHOL		COCAINE		HEROIN		MARIJUANA		OTHER		TOTAL	
	COUNT	%	COUNT	%	COUNT	%	COUNT	%	COUNT	%	COUNT	%
RESCODE												
ALEXANDRIA TWP	3	100.0									3	100.0
BETHLEHEM TWP	1	50.0			1	50.0					2	100.0
BLOOMSBURY BORO	5	55.6	1	11.1	2	22.2			1	11.1	9	100.0
CALIFON BORO	10	62.5			4	25.0	2	12.5			16	100.0
CLINTON TOWN	10	71.4	1	7.1	3	21.4					14	100.0
CLINTON TWP	13	54.2	3	12.5	4	16.7	4	16.7			24	100.0
DELAWARE TWP	4	50.0			2	25.0			2	25.0	8	100.0
EAST AMWELL TWP	11	45.8	1	4.2	4	16.7	7	29.2	1	4.2	24	100.0
FLEMINGTON BORO	93	58.9	14	8.9	31	19.6	17	10.8	3	1.9	158	100.0
FRANKLIN TWP	7	46.7			3	20.0	2	13.3	3	20.0	15	100.0
FRENCHTOWN BORO	13	59.1	2	9.1	2	9.1	1	4.5	4	18.2	22	100.0
GLEN GARDNER BORO	11	47.8	1	4.3	7	30.4	4	17.4			23	100.0
HAMPTON BORO	6	19.4	10	32.3	8	25.8	6	19.4	1	3.2	31	100.0
HIGH BRIDGE BORO	17	81.0			3	14.3	1	4.8			21	100.0
HOLLAND TWP			1	100.0							1	100.0
KINGWOOD TWP	5	62.5			2	25.0			1	12.5	8	100.0
LAMBERTVILLE CITY	18	54.5	3	9.1	3	9.1	7	21.2	2	6.1	33	100.0
LEBANON BORO	7	35.0	1	5.0	8	40.0	3	15.0	1	5.0	20	100.0
LEBANON TWP	4	50.0	1	12.5			3	37.5			8	100.0
MILFORD BORO	16	39.0	3	7.3	11	26.8	11	26.8			41	100.0
RARITAN TWP	11	73.3			4	26.7					15	100.0
READINGTON TWP	26	55.3	4	8.5	12	25.5	4	8.5	1	2.1	47	100.0
STOCKTON BORO	5	31.3	1	6.3	5	31.3	3	18.8	2	12.5	16	100.0

(Continued)

New Jersey Alcohol and Drug Abuse Data System
January 1, 1999 to December 31, 1999

COUNTY HUNTERDON

	ALCOHOL		COCAINE		HEROIN		MARIJUANA		OTHER		TOTAL	
	COUNT	%	COUNT	%	COUNT	%	COUNT	%	COUNT	%	COUNT	%
RESCODE												
TEWKSBURY TWP	2	33.3			3	50.0	1	16.7			6	100.0
UNION TWP					1	100.0					1	100.0
WEST AMWELL TWP	1	100.0									1	100.0
TOTAL	299	52.7	47	8.3	123	21.7	76	13.4	22	3.9	567	100.0

	18 & 0
	COUNT
RESCODE	
ALEXANDRIA TWP	3
BETHLEHEM TWP	1
BLOOMSBURY BORO	5
CALIFON BORO	10
CLINTON TOWN	9
CLINTON TWP	12
DELAWARE TWP	4
EAST AMWELL TWP	11
FLEMINGTON BORO	90
FRANKLIN TWP	3
FRENCHTOWN BORO	12
GLEN GARDNER BORO	11
HAMPTON BORO	5
HIGH BRIDGE BORO	16
HOLLAND TWP	
KINGWOOD TWP	3
LAMBERTVILLE CITY	17
LEBANON BORO	6

New Jersey Alcohol and Drug Abuse Data System
Hunterdon County Admissions 1999

	PRIMDRUG												TOTAL					
	ALC						OTHER DRUG											
	18 & OVER		UNDER 18		TOTAL		18 & OVER		UNDER 18		TOTAL		18 & OVER		UNDER 18		TOTAL	
	COUNT	%	COUNT	%	COUNT	%	COUNT	%	COUNT	%	COUNT	%	COUNT	%	COUNT	%	COUNT	%
RESCODE																		
LEBANON TWP	3	75.0	1	25.0	4	100.0	3	75.0	1	25.0	4	100.0	6	75.0	2	25.0	8	100.0
MILFORD BORO	16	100.0			16	100.0	20	80.0	5	20.0	25	100.0	36	87.8	5	12.2	41	100.0
RARITAN TWP	11	100.0			11	100.0	4	100.0			4	100.0	15	100.0			15	100.0
READINGTON TWP	24	92.3	2	7.7	26	100.0	21	100.0			21	100.0	45	95.7	2	4.3	47	100.0
STOCKTON BORO	5	100.0			5	100.0	9	81.8	2	18.2	11	100.0	14	87.5	2	12.5	16	100.0
TEWKSBURY TWP	2	100.0			2	100.0	3	75.0	1	25.0	4	100.0	5	83.3	1	16.7	6	100.0
UNION TWP							1	100.0			1	100.0	1	100.0			1	100.0
WEST AMWELL TWP	1	100.0			1	100.0							1	100.0			1	100.0
TOTAL	280	93.6	19	6.4	299	100.0	236	88.1	32	11.9	268	100.0	516	91.0	51	9.0	567	100.0

Gloucester	9,253	1,648	3,050	2,204	6,902	16,155
Hudson	33652	8,703	7,749	5,662	22,114	55,766
Hunterdon	5,026	656	641	1,362	2,659	7,685
Mercer	25,175	2,204	7,081	3,878	13,163	38,338
Middlesex	41,194	6,289	6,181	4,231	16,701	57,895
Monmouth	37,528	3,796	9,174	7,399	20,369	57,897
Morris	20,377	2,656	2,282	1,799	6,737	27,114
Ocean	39,622	2,955	3,746	4,130	10,831	50,453
Passaic	21,036	6,102	6,182	4,593	16,877	37,913
Salem	4,470	186	1,316	663	2,165	6,635
Somerset	13,759	1,356	1,961	1,873	5,190	18,949
Sussex	10,500	573	702	1,709	2,984	13,484
Union	17,369	7,714	5,487	3,668	16,869	34,238
Warren	8,827	412	1,282	889	2,583	11,410
Total	453,218	86,353	93,741	73,635	253,729	706,947

Estimates of lifetime need for alcohol treatment based on data from the New Jersey 1998 Telephone Household Survey.

Estimates of current need for illicit drug treatment based on capture-recapture analysis of data from the Alcohol and Drug Abuse Data System (ADADS): 1996-1998.

HUNTERDON COUNTY CHILD CARE PLAN 2000

Daycare Centers -Full day

Town	# of centers	infant slots	toddler slots	Preschool	Kindergarten	Afterschool	willing to add	type	accept rate
Ananadale	1	0	0	55	0	0	0		0
Clinton	2	0	0	41	0	0	1	toddler	0
Clinton Twp	3	4	12	70	10	0	1	inf/tod	0
Flem/Raritan	2	10	24	52	15	0	0		0
Flemington	7	46	78	399	33	54	1	tod/sa	3*
Glen Gardner	2	0	15	100	26	18	1	toddler	0
Lambertville	1	0	0	40	0	40	1	infant	1*
Lebanon	3	20	36	131	15	10	1	inf/tod	2
Lebanon Twp	3	8	28	164	0	22	2	inf/tod/as	1*
Stanton	1	0	0	40	14	20	1	inf/tod	0
Stockton	1	0	0	45	0	0	0		1*
Union	1	0	3	32	6	0	1	toddler	1*
Total	27	88	196	1,169	119	164	10	5inf/8tod/2as	9

* These centers do not have infant slots
Two centers take state rate and serve infants - Lebanon

Average rates in Hunterdon County
Infant - $200/week
Toddler - $173/week
Preschool - $150/week
Kindergarten - $144
After School rates vary since after school hours range from 1/2 day to 2 or 3 hours

HUNTERDON COUNTY CHILD CARE PLAN 2000

Afterschool Programs

Organization	# of programs in Hunterdon	# of slots	Accept Rate
Clinton Public	1	unknown	1
Catholic Charities	4	227	4
Hunterdon YMCA	13	750	13*
Work Family Connection	7	317	7**
Approximate Total	25	1,294	25

Work Family Connection has 35 am & pm Kindergarteners in Clinton
and 21 pm Kindergarteners in Union

* Fee is lower than state rate
** case by case

Average fees
Before school $80/month
After school $205/month
1/2 day Kindergarten $230/month

HUNTERDON COUNTY CHILD CARE PLAN 2000

Preschool Programs in Hunterdon

Town	# of schools	# of slots	willing to add	type of slot	year round	accept rate
Califon	1	40			0	0
Clinton	2	92			0	1
Flemington/Raritan	1	36	1	PreK	0	0
Flemington	6	312	1	3's - 5's	1	1
Glen Gardner	2	30+	2	kindergarten	1	1
Highbridge	1	32			0	0
Milford	2	91	1	2 1/2 - 6 yrs	0	0
Oldwick	1	15			0	0
Reading Township	1	120			0	0
Tewksbury	1	60			0	0
Union	1	10	1	up for disscusion	0	?
Whitehouse	1	30			0	0
Total	20	868	6	2 1/2 - 6 yrs	2	3

Chart 11

Family Day Care Providers

Town	Providers	Take Infants	Accept Rates
Annandale	6	3	1?
Asbury	3	1	
Bloomsbury	5	2	
Clinton	3	3	
Flemington	9	3	1
Frenchtown	3	2	1
Glen Gardner	2	2	
Hampton	7	4	1
High Bridge	8	7	1
Lambertville	0	0	
Lebanon	7	5	1?
Milford	3	3	
Pittstown	2	2	
Ringoes	1	1	
Stockton	1	1	
Stanton	2	1	
Three Bridges	1	1	
Whitehouse	1		
Whitehouse Station	8	4	1
Total	72	41	7

Chart 12

HUNTERDON COUNTY CHILD CARE PLAN 2000

TANF&TCC

Town	Home	Care
Alexandria	1	1
Annandale	1	1
Asbury	1	1
Flemington	6	7
Glen Gardner		2
Hampton	5	1
High Bridge	1	1
Lambertville	1	1
Lebanon		1
Ringoes	1	
Warren County		1
Total cases 17	17	17

Chart 13

New Jersey Cares for Kids

Town	Work	School	Home	Care
Alexandria		1	3	1
Califon			1	
Clinton	2		5	5
Flemington	17	0	18	17
Frenchtown	1		1	2
Glen Gardner		1		4
Hampton	3		5	3
Highbridge	3		4	1
Lambertville	7		12	12
Lebanon	1		2	3
Lebanon Twp			1	1
Milford	1		1	2
Pittstown			1	
Stockton			1	
Three Bridges			1	1
Whitehouse St	2		2	1
Out of County	17	9	1"	6

HUNTERDON COUNTY CHILD CARE PLAN 2000

County Child Care Projections

Hunterdon County 2000

Infants/Toddlers (Under 24 Months Old)

	All Child Care Arrangements	In Home of Child				In Home of Provider			Day Care	Nursery / Preschool	School Based	In School	Mother	Child Cares for Self	Unknown
		Father	Grandparent	Other Relative	Non Relative	Grandparent	Other Relative	Non Relative							
Less than 50% of poverty	80	16	8	6	7	10	8	8	5	4	0	1	7	0	0
Less than 100% of poverty	170	29	11	12	4	14	18	19	35	9	0	2	17	0	0
Less than 150% of poverty	241	55	16	16	7	32	17	35	38	14	0	0	9	0	0
Less than 200% of poverty	481	98	33	24	13	54	27	68	107	24	0	5	28	0	0
Over 200% of poverty	4,531	793	240	95	276	449	199	752	1,042	408	9	41	222	0	0
All Children - This Age	*5,013*	*891*	*273*	*119*	*289*	*503*	*227*	*821*	*1,149*	*432*	*9*	*46*	*250*	*0*	*0*

Preschoolers (3 to 5 Years Old)

	All Child Care Arrangements	In Home of Child				In Home of Provider			Day Care	Nursery / Preschool	School Based	In School	Mother	Child Cares for Self	Unknown
		Father	Grandparent	Other Relative	Non Relative	Grandparent	Other Relative	Non Relative							
Less than 50% of poverty	79	16	8	6	7	10	8	8	5	4	0	1	7	0	0
Less than 100% of poverty	168	28	11	12	4	14	18	19	35	9	0	2	17	0	0
Less than 150% of poverty	237	54	16	15	7	31	17	34	37	14	0	0	9	0	0
Less than 200% of poverty	473	97	33	24	12	53	27	67	105	24	0	5	28	0	0
Over 200% of poverty	4,458	780	236	94	272	441	196	740	1,025	401	9	40	218	0	0
All Children - This Age	*4,931*	*877*	*269*	*117*	*284*	*494*	*223*	*807*	*1,130*	*425*	*9*	*45*	*246*	*0*	*0*

School-Aged (6 to 13 Years Old)

	All Child Care Arrangements	In Home of Child				In Home of Provider			Day Care	Nursery / Preschool	School Based	In School	Mother	Child Cares for Self	Unknown
		Father	Grandparent	Other Relative	Non Relative	Grandparent	Other Relative	Non Relative							
Less than 50% of poverty	114	13	4	6	3	5	3	6	5	1	6	0	3	6	52
Less than 100% of poverty	372	43	13	20	9	16	9	20	18	3	20	0	10	20	170
Less than 150% of poverty	672	78	24	36	17	29	15	36	32	5	37	0	19	36	308
Less than 200% of poverty	1,359	158	48	73	34	58	31	72	65	11	75	0	38	73	622
Over 200% of poverty	12,944	1,501	453	699	324	557	298	686	621	104	712	0	362	699	5,928
All Children - This Age	*14,302*	1,659	501	772	358	615	329	758	687	114	787	0	400	772	6,550
Grand Total All Age Groups:	*24,246*	*3,427*	*1,043*	*1,009*	*931*	*1,612*	*779*	*2,386*	*2,966*	*971*	*805*	*90*	*897*	*772*	*6,550*

HUNTERDON COUNTY CHILD CARE PLAN 2000

County Child Care Projections

Hunterdon County 2005

Infants/Toddlers (Under 24 Months Old)

	All Child Care Arrangements	In Home of Child				In Home of Provider			Day Care	Nursery / Preschool	School Based	In School	Mother	Child Cares for Self	Unknown
		Father	Grandparent	Other Relative	Non Relative	Grandparent	Other Relative	Non Relative							
Less than 50% of poverty	76	15	8	6	6	10	8	8	5	4	0	1	6	0	0
Less than 100% of poverty	162	27	11	11	4	13	17	18	33	8	0	2	17	0	0
Less than 150% of poverty	229	53	16	15	7	30	16	33	36	14	0	0	8	0	0
Less than 200% of poverty	459	94	32	23	12	51	26	65	102	23	0	5	27	0	0
Over 200% of poverty	4,318	756	229	91	263	427	190	717	993	389	9	39	212	0	0
All Children - This Age	*4,777*	*849*	*261*	*114*	*275*	*479*	*216*	*782*	*1,095*	*412*	*9*	*43*	*239*	*0*	*0*

Preschoolers (3 to 5 Years Old)

	All Child Care Arrangements	In Home of Child				In Home of Provider			Day Care	Nursery / Preschool	School Based	In School	Mother	Child Cares for Self	Unknown
		Father	Grandparent	Other Relative	Non Relative	Grandparent	Other Relative	Non Relative							
Less than 50% of poverty	75	15	8	6	6	10	8	8	5	3	0	1	6	0	0
Less than 100% of poverty	160	27	11	11	4	13	17	18	33	8	0	2	16	0	0
Less than 150% of poverty	226	52	15	15	7	30	16	32	36	13	0	0	8	0	0
Less than 200% of poverty	451	92	31	23	12	51	26	64	100	23	0	5	27	0	0
Over 200% of poverty	4,248	743	225	89	259	421	187	705	977	382	8	38	208	0	0
All Children - This Age	*4,699*	*835*	*256*	*112*	*271*	*471*	*213*	*769*	*1,077*	*405*	*8*	*43*	*235*	*0*	*0*

School-Aged (6 to 13 Years Old)

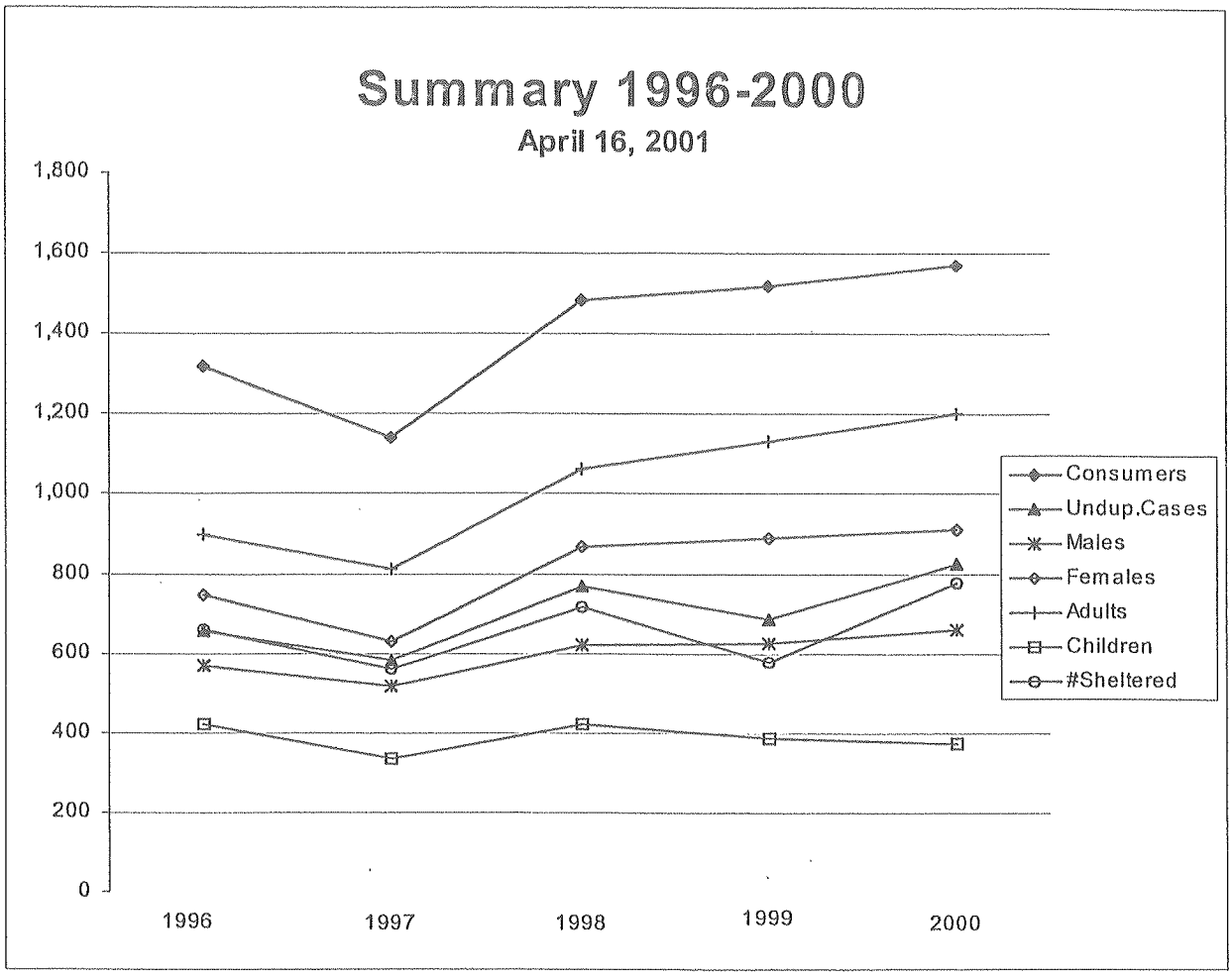
	All Child Care Arrangements	In Home of Child				In Home of Provider			Day Care	Nursery / Preschool	School Based	In School	Mother	Child Cares for Self	Unknown
		Father	Grandparent	Other Relative	Non Relative	Grandparent	Other Relative	Non Relative							
Less than 50% of poverty	118	14	4	6	3	5	3	6	6	1	6	0	3	6	54
Less than 100% of poverty	382	44	13	21	10	16	9	20	18	3	21	0	11	21	175
Less than 150% of poverty	691	80	24	37	17	30	16	37	33	6	38	0	19	37	316
Less than 200% of poverty	1,397	162	49	75	35	60	32	74	67	11	77	0	39	75	640
Over 200% of poverty	13,305	1,543	466	718	333	572	306	705	639	106	732	0	373	718	6,093
All Children - This Age	*14,701*	1,705	515	794	368	632	338	779	706	118	809	0	412	794	6,733
Grand Total All Age Groups:	*24,177*	*3,390*	*1,031*	*1,019*	*914*	*1,582*	*767*	*2,330*	*2,878*	*934*	*826*	*86*	*885*	*794*	*6,733*

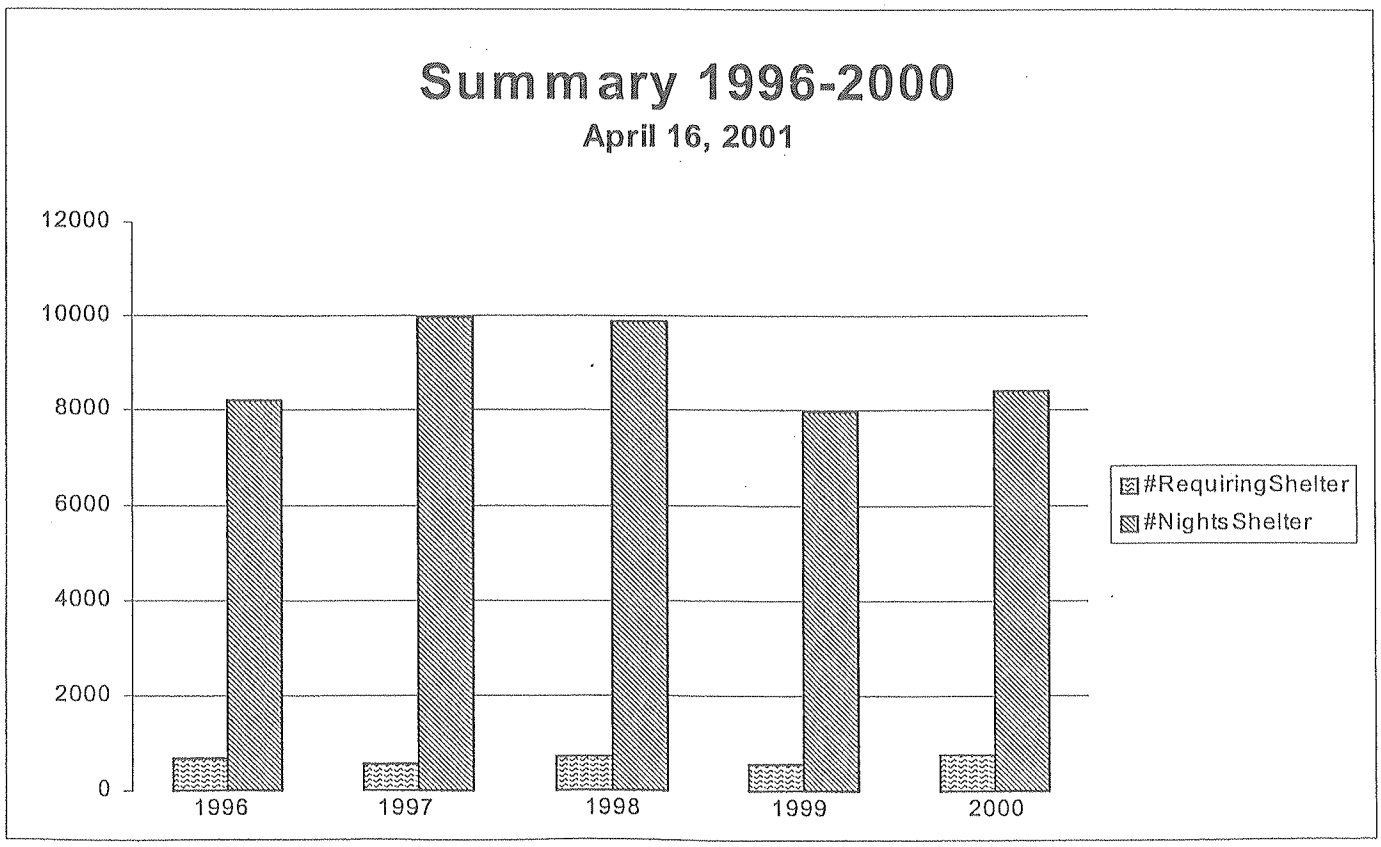
All Clients Receiving Homeless Services By Household Classification	Total Cases	2000 Clients served as: Individual	Couple	Families
Provider Organizations				
Easter Seal	51	51	0	0
Div. Youth & Family Svcs	17	0	0	17
Interfaith Hospitality Network	26	15	1	10
Hunterdon Youth Svcs	123	123	0	0
Hunterdon Helpline	115	101	4	10
Women's Crisis Svcs	43	17	0	26
H.C. Div. Social Svcs	214	156	8	50
Catholic Charities	5	5	0	0
Fisherman's Mark (No Report)	0	0	0	0
Legal Svcs	14	5	1	8
Salvation Army	15	5	0	10
DCA Homeless Prevention Program	32	4	2	26
Reporting GA's	171	171	0	0
Hunterdon Red Cross-no report	0			
TOTALS:	826	653	16	157

All Clients Receiving Homeless Services By Household Classification	Total Cases	1999 Clients served as: Individual	Couple	Families
Provider Organizations				
Easter Seal	40	40	0	0
Div. Youth & Family Svcs	6	1	0	18
Interfaith Hospitality Network	32	17	2	34
Hunterdon Youth Svcs	94	94	0	0
Hunterdon Helpline	83	67	12	23
Women's Crisis Svcs	41	19	0	22
H.C. Div. Social Svcs	141	87	10	163
Catholic Charities	5	5	0	0
Fisherman's Mark	22	16	2	14
Legal Svcs	16	8	4	17
Salvation Army	28	16	0	12
DCA Homeless Prevention Prgm	47	13	6	114
Hunterdon Red Cross	13	0	0	13
Reporting GA's	118	118	0	0
TOTALS:	686	501	36	430

Linda\Home00Homeless Services By Household Classification

SUMMARY CHARTS





APPENDIX I

SAMPLE OF SURVEYS AND INSTRUCTIONS

CLIENT SURVEY OF PROBLEM NEEDS

HUNTERDON COUNTY DEPT. OF HUMAN SERVICES

In order to compile the survey results, we need the following information about yourself and other family/household members. **All information is CONFIDENTIAL.**

FOR OFFICE USE ONLY

MARKING INSTRUCTIONS

- Use a No. 2 pencil only. • Make solid marks that fill the response completely.
- Make no stray marks on this form. CORRECT: ● INCORRECT: ✓ ✗ ◒ ◔

DO NOT WRITE ABOVE THIS LINE

If you cannot complete this form in English or need assistance in filling out this form, please call
Si no se puede completar esta encuesta ingles, o si necisita una ayuda completandola, por favor llame el numero **1-800-272-4630**

Part I: Profile of your Family and Household

A WRITE IN YOUR CITY/TOWNSHIP

FILL IN GRID FOR CITY/TOWN-SHIP USING SHEET GIVEN

B YEAR OF YOUR BIRTH

WRITE ABOVE; FILL IN BELOW

C YOUR GENDER

- ○ Male
- ○ Female

D YOUR MARITAL STATUS

- ○ Single
- ○ Married
- ○ Separated
- ○ Divorced
- ○ Widowed

E HEALTH INSURANCE

(MARK ALL THAT APPLY)

- ○ Medicaid
- ○ Medicare
- ○ Private
- ○ None

F VETERAN STATUS

- ○ Yourself
- ○ Member of Household

G RESIDENT OF COUNTY

- ○ 1 year or less
- ○ 2-5 years
- ○ 6-10 years
- ○ 11-20 years
- ○ 21-30 years
- ○ 31+years

H YOUR HIGHEST GRADE COMPLETED

- ○ Grammar School
- ○ Between 9-12
- ○ High School Diploma/GED
- ○ Between 1-4 College
- ○ College Degree
- ○ Graduate Degree

I YOUR HOUSING SITUATION

- ○ Own Your Home
- ○ Rent
- ○ Transitional Living
- ○ Need Permanent Housing
- ○ Group Home or Supported Independent Living

J YOUR FAMILY STRUCTURE

- ○ Single parent w/children
- ○ Two parents w/children
- ○ Single Adult
- ○ Couple

Is your household made up of 2 or more adult generations?

- ○ Yes
- ○ No

K AGES OF ALL HOUSEHOLD MEMBERS

IDENTIFY AGES BY FILLING IN BUBBLE WITH APPROPRIATE NUMBER IN THAT GROUP.

0-4 years	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
5-11 years	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
12-17 years	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
18-59 years	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
60+ years	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

L ETHNIC ORIGIN OF YOUR HOUSEHOLD

(MARK ALL THAT APPLY)

	Yourself	Infant Ages 0-4	Children Ages 5-11	Youth Ages 12-17	Other Adults 18-59	Senior Adults 60+
White	○	○	○	○	○	○
Black/AfrAmer	○	○	○	○	○	○
Latino/Hispanic	○	○	○	○	○	○
Asian	○	○	○	○	○	○
Native Amer.	○	○	○	○	○	○
Other	○	○	○	○	○	○

M MONTHLY HOUSEHOLD INCOME BEFORE TAXES

WRITE ABOVE; FILL IN BELOW

N HOUSEHOLD INCOME SOURCE

In the last 12 months, have you, or a member of your family/household, received income/benefits through any of the following?
(MARK ALL THAT APPLY)

- ○ Employment
- ○ Public Assistance (TANF/GA/SSI)
- ○ Social Security/Pension
- ○ Unemployment Benefits
- ○ Other

DesignExpert™ by NCS Printed in U.S.A. Mark Reflex® EW-235678-1:654321 HR99

PLEASE DO NOT WRITE IN THIS AREA

002397

CLIENT SURVEY OF PROBLEM NEEDS

HUNTERDON COUNTY DEPT. OF HUMAN SERVICES

Part II: Which, if any, of the following **Major Problems/Conditions** apply to you or any one of your family household? (MARK ALL THAT APPLY)	Problem for me	Infant Ages 0-4	Children Ages 5-11	Youth Ages 12-17	Other Adults Ages 18-59	Other Adults Ages 60+
1. Victim of Abuse (e.g child,elder,sexual), Neglect, Abandonment, or Violence	○	○	○	○	○	○
2. Physical Disability (blind or visually impaired)	○	○	○	○	○	○
3. Physical Disability (other than visually impaired)	○	○	○	○	○	○
4. Experiencing emotional problems (serious mental illness)	○	○	○	○	○	○
5. Experiencing emotional problems (moderate severity,temporary impairment)	○	○	○	○	○	○
6. Developmental Disability (includes mentally retarded)	○	○	○	○	○	○
7. Single Parent experiencing difficulties/problems	○	○	○	○	○	○
8. Substance Abuse (drugs/alcohol)	○	○	○	○	○	○
9. Homelessness	○	○	○	○	○	○
10. Veteran of military service and experiencing difficulties/problems	○	○	○	○	○	○
11. Youth in crisis or, involved with Juvenile Justice System	○	○	○	○	○	○

Part III: INSTRUCTIONS

All respondents to the survey are asked to complete the ENTIRE section below entitled "General Problems and/or Conditions" and then, all other sections that you feel apply to you or your family.

A. Read the problem/condition statement and determine if you or one of your family/household members experienced this problem/condition **within the last year**.
B. If the problem/condition applies, fill in the bubble(s) which identifies the age group(s) of family/household member(s) experiencing the problem/condition. Leave blank if the problem/condition does not apply.
C. For those that **DO APPLY**, fill in the "Y" bubble if you are receiving help for the particular problem, or fill in the "N" bubble **only** if **no** help is being received for the particular problem.
D. **Then, for the problems/conditions for which the "N" bubble was filled in, also fill in the bubble that corresponds to the reasons for not receiving help, using the key to the far left.**

KEY: Reasons For Not Receiving Help For Problem

1=Do not want help
2=Do not know who to go to for help
3=Needed help doesn't exist in my community
4=Needed help is not available during convenient times of day
5=Distance is too far to travel to obtain help or services I need
6=Cannot afford help
7=Unsatisfactory experience with agency/person providing help
8=Other (Please specify in comment section on page 4)

ARE YOU OR YOUR HOUSEHOLD/FAMILY RECEIVING HELP FOR THE PROBLEMS YOU IDENTIFIED?

USING KEY AT FAR LEFT, MARK REASONS YOU ANSWERED NO. MARK ALL THAT APPLY.

General Problems and/or Conditions Experienced by You or Your Family	Problem for Senior Adult 60+	Problem for Other Adult 18-59	Problem for Youth Ages 12-17	Problem for Children Ages 5-11	Problem for Infant Ages 0-4	Problem for Me	ARE YOU OR YOUR HOUSEHOLD/FAMILY RECEIVING HELP FOR THE PROBLEMS YOU IDENTIFIED?	USING KEY AT FAR LEFT, MARK REASONS YOU ANSWERED NO. MARK ALL THAT APPLY.
01 Not enough money for necessities - food, shelter, clothing, utilities	M	I	C	Y	A	S	Y N	1 2 3 4 5 6 7 8
02 Difficulty in getting along with people at school/work	M	I	C	Y	A	S	Y N	1 2 3 4 5 6 7 8
03 Abuse of child, spouse, or family member	M	I	C	Y	A	S	Y N	1 2 3 4 5 6 7 8
04 Feeling unsafe in neighborhood due to crime	M	I	C	Y	A	S	Y N	1 2 3 4 5 6 7 8
05 Feeling lonely and need someone to talk to	M	I	C	Y	A	S	Y N	1 2 3 4 5 6 7 8
06 Inappropriate residential or institutional placement of a family member	M	I	C	Y	A	S	Y N	1 2 3 4 5 6 7 8
07 Difficulty in marriage or relationship with partner	M	I	C	Y	A	S	Y N	1 2 3 4 5 6 7 8
08 Difficulty in feeling worthwhile	M	I	C	Y	A	S	Y N	1 2 3 4 5 6 7 8
09 Lack of time to spend with family due to work demands, etc.	M	I	C	Y	A	S	Y N	1 2 3 4 5 6 7 8
10 Victim of a recent crime against individual or a family member	M	I	C	Y	A	S	Y N	1 2 3 4 5 6 7 8
11 Difficulty maintaining/cleaning home	M	I	C	Y	A	S	Y N	1 2 3 4 5 6 7 8
12 Difficulty accessing services because of discrimination	M	I	C	Y	A	S	Y N	1 2 3 4 5 6 7 8
13 Lack of affordable day care for children or family member	M	I	C	Y	A	S	Y N	1 2 3 4 5 6 7 8
14 Lack of respite care (temporary relief from caregiving)	M	I	C	Y	A	S	Y N	1 2 3 4 5 6 7 8

45 Severe mental illness

46 Lack of long-term care for a permanent or chronic mental health disability

47 At risk of homelessness due to mental illness

48 Issues about one's own sexual identity

Employment Related Problems and/or Conditions

49 Difficulties in present job in doing the work that is expected

50 Not having a job and looking for work

51 Employment discrimination

52 Lack of formal education/training opportunities to develop employment skills

53 Lack of help in finding a job

54 Housing discrimination

55 Household goods and furnishings need repair or do not work

56 Unhealthy environmental conditions

CLIENT SURVEY OF PROBLEM NEEDS

HUNTERDON COUNTY DEPT. OF HUMAN SERVICES

KEY: Reasons For Not Receiving Help For Problem

1=Do not want help
2=Do not know who to go to for help
3=Needed help doesn't exist in my community
4=\Needed help is not available during convenient times of day
5=Distance is too far to travel to obtain help or services I need
6=Cannot afford help
7=Unsatisfactory experience with agency/person providing help
8=Other (Please specify in comment section on page 4)

ARE YOU OR YOUR HOUSEHOLD/FAMILY RECEIVING HELP FOR THE PROBLEMS YOU IDENTIFIED?

USING KEY AT FAR LEFT, MARK REASONS YOU ANSWERED NO. MARK ALL THAT APPLY.

		Problem for Senior Adult 60+	Problem for Other Adult 18-59	Problem for Youth Ages 12-17	Problem for Children Ages 5-11	Problem for Infant Ages 0-4	Problem for Me	Y	N	1	2	3	4	5	6	7	8
57	Lack of safe gas, water, or electric	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
58	Present housing and living conditions are inadequate/substandard	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
59	Landlord problems	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
60	Lack of temporary/transitional housing	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
61	Lack of affordable permanent housing	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
62	Lack of help in finding permanent housing	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
63	Lack of help in finding temporary housing	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
	Substance Abuse Related Problems and/or Conditions																
64	Abuse of alcohol and/or drugs	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
65	Substance abuse has resulted in legal problems	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
66	Other people have expressed concern over individual's alcohol and/or drug use	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
67	Lack of substance abusenon-residential rehabilitation facilities	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
68	Lack of substance abuse residential rehabilitation facilities	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
69	Difficulty in meeting responsibilities due to loss of driver's license	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
	Transportation Related Problems and/or Conditions																
70	Lack of public transportation for daily activities (bus, train, taxi)	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
71	Lack of reliable personal vehicle	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
72	Lack of transportation at times that coordinate with employment	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
73	Public transportation does not coordinate with family needs	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
74	Lack of access to a car/van pool that meets needs of family	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
75	Remoteness of residence makes the use of public transportation impractical	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
	Youth Related Problems and/or Conditions																
76	Truant from school	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
77	Need alternative education for children with special needs	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
78	Inadequate parental care or parental neglect	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
79	Difficulty in providing for child: food preparation, health, supervision, safety	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
80	Lack of positive peer influence for children	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
81	Grades or performance in school is below capability	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
82	Absence of parent or caretaker for minor child	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
83	Difficulty in communicating with children about high risk behaviors	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
84	Runaway behavior	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
85	School District is not meeting the needs of special needs child	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
86	Lack of parent education	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8
87	Threat of, or victim of, violence in school	M	I	C	Y	A	S	Y	N	1	2	3	4	5	6	7	8

Comments: _____

PLEASE DO NOT WRITE IN THIS AREA

002397

HUNTERDON COUNTY DEPARTMENT OF HUMAN SERVICES

INSTRUCTIONS FOR COMPLETING CLIENT SURVEY OF PROBLEM NEEDS

November, 2000

PLEASE USE A #2 PENCIL. Fill in your selections completely. If you make an error, please erase your mark completely. **All information is confidential.**

Part I: Profile of your Family and Household

1. Do **NOT** fill in the blocks above the line indicated. Fill in the lettered blocks **BELOW THE LINE** according to the following instructions:

   A. YOUR CITY/TOWNSHIP NAME: On the line, write the name of the **municipality** in which you live. Then fill in the grid using the following municipal codes. For example if you live in Raritan Township, fill in the code 1021.

MUNICIPALITY CODES

ALEXANDRIA	1001	HIGH BRIDGE	1014
BETHLEHEM	1002	HOLLAND	1015
BLOOMSBURY	1003	KINGWOOD	1016
CALIFON	1004	LAMBERTVILLE	1017
CLINTON TOWN	1005	LEBANON BORO	1018
CLINTON TWP.	1006	LEBANON TWP.	1019
DELAWARE	1007	MILFORD	1020
EAST AMWELL	1008	RARITAN TWP.	1021
FLEMINGTON	1009	READINGTON	1022
FRANKLIN	1010	STOCKTON	1023
FRENCHTOWN	1011	TEWKSBURY	1024
GLEN GARDNER	1012	UNION	1025
HAMPTON	1013	WEST AMWELL	1026

   B. YEAR OF YOUR BIRTH: In the squares, write in your year of birth (e.g., 1943), and then fill in the corresponding numbered bubbles below in each column.

   C. YOUR GENDER: Fill in the bubble that corresponds to your gender.

   D. YOUR MARITAL STATUS: Fill in the bubble that corresponds to your marital status.

   E. HEALTH INSURANCE: Fill in the bubble(s) that correspond to the type(s) of medical insurance you currently have.

   F. VETERAN STATUS: Fill in the appropriate bubble, <u>**only**</u> if you or a member of your household is a veteran.

   G. RESIDENT OF COUNTY: Fill in the bubble that corresponds to the number of years you have lived in Hunterdon County.

   H. YOUR HIGHEST GRADE COMPLETED: Fill in the bubble that corresponds to the highest grade in school you have completed or the degree attained.

   I. HOUSING: Fill in the bubble that corresponds to your current housing situation.

   J. YOUR FAMILY STRUCTURE: In the first part, fill in the bubble that best describes your <u>family</u> with whom you are <u>currently</u> living. In the second part, indicate whether your household is made up of two or more adult generations (for example, an adult living with a parent).

   K. AGE GROUPS OF ALL HOUSEHOLD MEMBERS: Fill in the bubble(s) that reflects the number of <u>all</u> of the people in your household in each age group, including yourself. If you live in a group home, or a supported independent living environment, include only yourself.

L. ETHNIC ORIGIN OF YOUR HOUSEHOLD: Fill in the bubbles that best describe your ethnic origin and that of household members, according to their age groups. If a person is of multiple origins, mark all that apply.

M. MONTHLY HOUSEHOLD INCOME BEFORE TAXES: Write your total monthly household income before deductions (e.g. taxes, social security) in the squares, and then fill in the corresponding numbered bubbles.

N. HOUSEHOLD INCOME SOURCE: Fill in the bubbles that identify the sources of income for your family/household for the past 12 months.

Part II: Major Problems/Conditions

Read through the 11 major problems/conditions found in this block. If one or more of them apply to you or a member of your household, fill in the appropriate space, indicating whether it is a problem for you and/or a member of your household according to the age group. If no one is experiencing these problems, leave this block blank.

Part III: Problems and/or Conditions.

1. **ALL RESPONDENTS TO THE SURVEY ARE ASKED TO COMPLETE THE SECTION ENTITLED "GENERAL PROBLEMS AND/OR CONDITIONS."**

   A. Read the problem/condition statement and determine if you or one of your family/household members experienced this problem/condition **within the last year**.

   B. If the problem/condition applies, fill in the bubble(s) which identifies the age group(s) of family/household member(s) experiencing the problem/condition. Leave blank if the problem/condition does not apply.

   C. For those that **do apply**, fill in the "Y" bubble if you are receiving help for the particular problem, OR fill in the "N" bubble ONLY if no help is being received for the particular problem.

   D. Then, for the problems/conditions for which the **"N" bubble** was filled in, also fill in the bubbles that correspond to the reasons for not receiving help using the KEY on the far left side.

2. After completing the General Problems and/or Conditions section, proceed to the specific Problems/Conditions sections. If you find any specific Problem/Condition that applies to you or a member of your family/household, respond to the statements in that particular section following the directions noted above.

3. Comments: If you wish to be more specific or comment on any of the problems/conditions, or note problems/conditions not found in the survey, please do so at the end of the survey in the comments section by indicating the number of the problem/condition, followed by your comments.

Final Instructions:

If you have completed this survey through an Agency, Committee, or Organization please return your completed survey to the appropriate Contact Person for transmittal to the Hunterdon County Department of Human Services.

If you have completed this survey other than through an Organization, please mail your response to:

Hunterdon County Department of Human Services
Attn: Roberta Kestenbaum
P O Box 2900
Flemington, New Jersey 08822-2900

If you are returning multiple forms, please use a large unfolded envelope. If you are returning a single form, and wish to fold it, please fold only along the folds which are already there.

All surveys are due back on December 19, 2000.

THANK YOU FOR TAKING THE TIME TO HELP US IDENTIFY PROBLEMS IN HUNTERDON COUNTY SO WE CAN BETTER PLAN FOR THE NECESSARY SERVICES TO ADDRESS THEM!

COMMUNITY INPUT INFORMATION

HUNTERDON COUNTY DEPT. OF HUMAN SERVICES

MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Make solid marks that fill the response completely.
- Make no stray marks on this form.

CORRECT: ● INCORRECT: ✓ ✗ ◒ ◔

SECTION 1 SELECT ONE

You are a:
- Human Services Professional ○
- Concerned Citizen ○

FOR OFFICE USE ONLY

1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
4	4	4	4	4	4	4	4	4
8	8	8	8	8	8	8	8	8

SECTION 2A SELECT ONE:		SECTION 2B YOUR PRIMARY TARGET POPULATION SELECT ONE:	
PRIMARY TARGET AGE GROUP		Victims of Abuse (e.g., child, elder, sexual), Neglect, Abandonment, or Violence	○
		People with Physical Disabilities (blind or visually impaired)	○
		People with Physical Disabilities (other than visually impaired)	○
Infants (Ages 0-4)	○	People experiencing emotional problems (serious mental illness)	○
		People experiencing emotional problems(moderate severity or temporary impairment)	○
Children (Ages 5-11)	○	People with Developmental Disabilities (includes mental retardation)	○
		Single Parents experiencing difficulties/problems	○
Youth (Ages 12-17)	○	Substance Abusers (drugs/alcohol)	○
		Homeless or near-homeless	○
Adults (Ages 18-59)	○	Veterans of Military Service experiencing difficulties/problems	○
		Youth in Crisis or involved with Juvenile Justice System	○
Senior Adults (Ages 60+)	○	Low-Income Individuals/Families	○
		Minorities At-Risk	○

SECTION 3

Using the Age Group & Target Population you marked above, prioritize what you feel are their target problems by going down each line and filling in one of the five codes defined below:

4 = target problem is both life-threatening and frequently exists for target population
3 = target problem is a severe/life-threatening condition
2 = target problem is frequently experienced by target population
1 = target problem infrequently experienced by target population and not a severe/life-threatening condition
0 = not applicable

General Problems and/or Conditions Experienced by your Target Groups:

		SELECT ONE
01	Not enough money for necessities - food, shelter, clothing, utilities	0 1 2 3 4
02	Difficulty in getting along with people at school/work	0 1 2 3 4
03	Abuse of child, spouse, or family member	0 1 2 3 4
04	Feeling unsafe in neighborhood due to crime	0 1 2 3 4
05	Feeling lonely and need someone to talk to	0 1 2 3 4
06	Inappropriate residential or institutional placement of a family member	0 1 2 3 4
07	Difficulty in marriage or relationship with partner	0 1 2 3 4
08	Difficulty in feeling worthwhile	0 1 2 3 4
09	Lack of time to spend with family due to work demands, etc.	0 1 2 3 4
10	Victim of a recent crime against individual or a family member	0 1 2 3 4
11	Difficulty maintaining/cleaning home	0 1 2 3 4
12	Difficulty accessing services because of discrimination	0 1 2 3 4
13	Lack of affordable day care for children or family member	0 1 2 3 4
14	Lack of respite care (temporary relief from caregiving)	0 1 2 3 4
15	Difficulty taking care of self	0 1 2 3 4
16	Denial of legal rights or lack of legal representation	0 1 2 3 4
17	Preventing pregnancy or unplanned pregnancy	0 1 2 3 4
18	Lack of recreational programs or opportunities	0 1 2 3 4
19	Lack of adequate dental care	0 1 2 3 4
20	Lack of adequate medical care	0 1 2 3 4
21	Difficulty in reading and writing	0 1 2 3 4

DesignExpert™ by NCS Printed in U.S.A. Mark Reflex® EW-235633-1:65432 HR99

PLEASE DO NOT WRITE IN THIS AREA

1910

COMMUNITY INPUT INFORMATION

Using the Age Group & Target Population you marked above, prioritize what you feel are their target problems by going down each line and filling in one of the five codes defined below:

4 = target problem is both life-threatening and frequently exists for target population
3 = target problem is a severe/life-threatening condition
2 = target problem is frequently experienced by target population
1 = target problem infrequently experienced by target population and not a severe/life-threatening condition
0 = not applicable

		SELECT ONE
22	Difficulty managing or budgeting money	0 1 2 3 4
23	Divorce or separation	0 1 2 3 4
24	Difficulty knowing which agencies to go to for help	0 1 2 3 4
25	Lack of basic or remedial skill training	0 1 2 3 4
26	Overwhelming personal debt	0 1 2 3 4
27	Not eating nutritious foods	0 1 2 3 4
28	Not enough food to eat	0 1 2 3 4
29	Lack of knowledge of or access to services when Public Assistance stops	0 1 2 3 4
30	Difficulty in reading or writing English as a second language	0 1 2 3 4
31	Unable to access services due to language barrier	0 1 2 3 4
32	Unable to access advocacy services for special needs	0 1 2 3 4
33	Unable to access health care due to lack of or insufficient health insurance	0 1 2 3 4
34	Lack of means to obtain prescription medications	0 1 2 3 4
35	Difficulty adjusting to new responsibilities of life stages	0 1 2 3 4
36	AIDS/HIV Positive	0 1 2 3 4
37	Lack of acceptance by others due to sexual orientation	0 1 2 3 4

Disability Related Problems and/or Conditions

38	Difficulty performing tasks because of physical disability/health problems	0 1 2 3 4
39	Lack of short-term care/rehabilitation for a temporary disability (physical)	0 1 2 3 4
40	Physical disability makes present housing situation difficult	0 1 2 3 4
41	Lack of long-term care for a permanent or chronic disability	0 1 2 3 4
42	Physical barriers to accessing services, or noncompliance with ADA	0 1 2 3 4

Emotional and/or Mental Health Related Problems and/or Conditions

43	Emotional problems that make it difficult to perform daily activities	0 1 2 3 4
44	Lack of short-term care/rehabilitation for a temporary mental health problem	0 1 2 3 4
45	Severe mental illness	0 1 2 3 4
46	Lack of long-term care for a permanent or chronic mental health disability	0 1 2 3 4
47	At risk of homelessness due to mental illness	0 1 2 3 4
48	Issues about one's own sexual identity	0 1 2 3 4

Employment Related Problems and/or Conditions

49	Difficulties in present job in doing the work that is expected	0 1 2 3 4
50	Not having a job and looking for work	0 1 2 3 4
51	Employment discrimination	0 1 2 3 4
52	Lack of formal education/training opportunities to develop employment skills	0 1 2 3 4
53	Lack of help in finding a job	0 1 2 3 4

Housing Related Problems and/or Conditions

54	Housing discrimination	0 1 2 3 4
55	Household goods and furnishings need repair or do not work	0 1 2 3 4
56	Unhealthy environmental conditions	0 1 2 3 4
57	Lack of safe gas, water, or electric	0 1 2 3 4
58	Present housing and living conditions are inadequate/substandard	0 1 2 3 4

COMMUNITY INPUT INFORMATION

Using the Age Group & Target Population you marked above, prioritize what you feel are their target problems by going down each line and filling in one of the five codes defined below:

4 = target problem is both life-threatening and frequently exists for target population
3 = target problem is a severe/life-threatening condition
2 = target problem is frequently experienced by target population
1 = target problem infrequently experienced by target population and not a severe/life-threatening condition
0 = not applicable

		SELECT ONE
59	Landlord problems	0 1 2 3 4
60	Lack of temporary/transitional housing	0 1 2 3 4
61	Lack of affordable permanent housing	0 1 2 3 4
62	Lack of help in finding permanent housing	0 1 2 3 4
63	Lack of help in finding temporary housing	0 1 2 3 4

Substance Abuse Related Problems and/or Conditions

64	Abuse of alcohol and/or drugs	0 1 2 3 4
65	Substance abuse has resulted in legal problems	0 1 2 3 4
66	Other people have expressed concern over individual's alcohol and/or drug use	0 1 2 3 4
67	Lack of substance abuse non-residential rehabilitation facilities	0 1 2 3 4
68	Lack of substance abuse residential rehabilitation facilities	0 1 2 3 4
69	Difficulty in meeting responsibilities due to loss of driver's license	0 1 2 3 4

Transportation Related Problems and/or Conditions

70	Lack of public transportation for daily activities (bus, train, taxi)	0 1 2 3 4
71	Lack of reliable personal vehicle	0 1 2 3 4
72	Lack of transportation at times that coordinate with employment	0 1 2 3 4
73	Public transportation does not coordinate with family needs	0 1 2 3 4
74	Lack of access to a car/van pool that meets needs of family	0 1 2 3 4
75	Remoteness of residence makes the use of public transportation impractical	0 1 2 3 4

Youth Related Problems and/or Conditions

76	Truant from school	0 1 2 3 4
77	Need alternative education for children with special needs	0 1 2 3 4
78	Inadequate parental care or parental neglect	0 1 2 3 4
79	Difficulty in providing for child: food preparation, health, supervision, safety	0 1 2 3 4
80	Lack of positive peer influence for children	0 1 2 3 4
81	Grades or performance in school is below capability	0 1 2 3 4
82	Absence of parent or caretaker for minor child	0 1 2 3 4
83	Difficulty in communicating with children about high risk behaviors	0 1 2 3 4
84	Runaway behavior	0 1 2 3 4
85	School District is not meeting the needs of special needs child	0 1 2 3 4
86	Lack of parent education	0 1 2 3 4
87	Threat of or victim of violence in school	0 1 2 3 4

Comments:

COMMUNITY INPUT INFORMATION

SECTION 4- Service Clusters

Refer to your target population from Section 2B. **Choose all age groups that apply.**

COLUMN A
Identify the THREE most needed service clusters of greatest demand among clients

AGE GROUP SELECTIONS:
I = Infants ages 0-4
C = Children ages 5-11
Y = Youth ages 12-17
A = Other Adults ages 18-59
S = Senior Adults ages 60+

COLUMN B
Identify the SINGLE most needed "gap" service that does not exist in the County

I C Y A S	110—Employment/Vocational	I C Y A S
I C Y A S	130—Income Maintenance Services	I C Y A S
I C Y A S	210—Medical Treatment Services	I C Y A S
I C Y A S	220—Mental Health Treatment Services	I C Y A S
I C Y A S	230—Substance Abuse Treatment Services	I C Y A S
I C Y A S	240—Home Care Services	I C Y A S
I C Y A S	310—Emergency Basic Needs Services	I C Y A S
I C Y A S	320—Food Services	I C Y A S
I C Y A S	330—Housing Services	I C Y A S
I C Y A S	340—Transportation Services	I C Y A S
I C Y A S	350—Alternative Living Arrangements	I C Y A S
I C Y A S	410—Basic Life Skills Education	I C Y A S
I C Y A S	420—Parent Skills Development	I C Y A S
I C Y A S	430—Community Education	I C Y A S
I C Y A S	440—Alternative Education Services	I C Y A S
I C Y A S	610—Protective Services	I C Y A S
I C Y A S	620—Legal Assistance Services	I C Y A S
I C Y A S	630—Juvenile Justice	I C Y A S
I C Y A S	710—Day Care Services	I C Y A S
I C Y A S	720—Socialization/Group Support Services	I C Y A S
I C Y A S	730—Counseling Services	I C Y A S
I C Y A S	740—Companionship Services	I C Y A S
I C Y A S	810—Information & Referral Services	I C Y A S
I C Y A S	820—Assessment/Case Management Services	I C Y A S
I C Y A S	830—Advocacy	I C Y A S

SECTION 5 - SPECIFIC SERVICES

Expand on your responses in Section 4 by identifying more specific services below.

A. **Refer to your choices in Column A above.** Using the accompanying list of specific services identify as many more specific needed services from your chosen clusters as you see fit by filling in the appropriate bubbles below in the first column (marked A).

B. **Refer to your choices in Column B above.** Using the same accompanying list, identify up to THREE more specific gap services from your chosen gap service cluster by filling in **up to 3** appropriate bubbles below in the 2nd column (marked B).

111	A B	223	A B	242	A B	341	A B	412	A B	446	A B	637	A B	741	A B
112	A B	224	A B	243	A B	342	A B	413	A B	447	A B	638	A B	742	A B
113	A B	225	A B	244	A B	343	A B	421	A B	611	A B	711	A B	743	A B
114	A B	226	A B	245	A B	344	A B	422	A B	612	A B	712	A B	744	A B
131	A B	227	A B	246	A B	345	A B	431	A B	613	A B	713	A B	811	A B
132	A B	228	A B	311	A B	346	A B	432	A B	614	A B	714	A B	812	A B
211	A B	229	A B	312	A B	347	A B	433	A B	615	A B	715	A B	813	A B
212	A B	231	A B	313	A B	351	A B	434	A B	616	A B	716	A B	814	A B
213	A B	232	A B	314	A B	352	A B	435	A B	621	A B	717	A B	821	A B
214	A B	233	A B	321	A B	353	A B	436	A B	622	A B	718	A B	822	A B
215	A B	234	A B	322	A B	354	A B	437	A B	623	A B	719	A B	823	A B
216	A B	235	A B	331	A B	355	A B	438	A B	624	A B	721	A B	831	A B
217	A B	236	A B	332	A B	356	A B	441	A B	631	A B	722	A B	832	A B
218	A B	237	A B	333	A B	357	A B	442	A B	632	A B	723	A B	833	A B
219	A B	238	A B	334	A B	358	A B	443	A B	633	A B	731	A B		
221	A B	239	A B	335	A B	359	A B	444	A B	635	A B	732	A B		
222	A B	241	A B	336	A B	411	A B	445	A B	636	A B	733	A B		

PLEASE DO NOT WRITE IN THIS AREA

1910

COUNTY OF HUNTERDON NEW JERSEY
DEPARTMENT OF HUMAN SERVICES

Human Services Planning, Mental Health, Alcohol & Drug Abuse,
Youth Services, Social Services, Disabled, Aging, Transportation, Housing

Angelo F. DiOrio, A.C.S.W.
Administrator

PO Box 2900
Flemington, New Jersey 08822-2900
(Location: 8 Gauntt Place)

908-788-1253 V/TDD
908-788-1372 V/TDD
908-806-4204 FAX
humansvc@co.hunterd

on.nj.us

INSTRUCTIONS FOR COMPLETING COMMUNITY INPUT INFORMATION
November, 2000

PLEASE USE A #2 PENCIL. Fill in your selections completely. If you make an error, please erase your mark completely. **All information is confidential.**

I. **Section 1:** Identify whether you are a Human Services Professional or a Concerned/Involved Citizen by filling in the appropriate bubble.

II. **Section 2A/B: You must complete this section.** Select **ONE** Target Age Group in 2A, and **ONE** Target Population in 2B which most closely corresponds to your area of expertise, concern or involvement. If you wish to include another target age group or target population, please do so on a separate form.

III. **Section 3:** Using the Age/Target Populations you marked in Section 2, prioritize Target Problems/Conditions by going down each line and filling in **ONE** of the five codes noted below:

0 = not applicable

1 = target problem/condition is <u>infrequently</u> experienced by Target Population and is <u>not</u> a severe/life threatening condition.

2 = target problem/condition is <u>frequently</u> experienced by Target Population, but is <u>not</u> severe or life threatening.

3 = target problem is not frequently experienced but is a <u>severe/life threatening</u> condition.

4 = target problem is <u>BOTH</u> a <u>severe/life-threatening</u> condition <u>AND</u> <u>frequently</u> exists for Target Population.

****

IV. **Section 4:** The remainder of the survey (page 4) has to do with services related to the problems of your Target Population (as selected in Section 2B). NOTE: For <u>this</u> Section, you may select one <u>or</u> <u>more</u> Target Age Groups using the following codes:

I = Infants ages 0-4

C = Children ages 5-11

Y = Youth ages 12-17

A = Adults ages 18-59

E = Senior Adults

A. In Section 4, Column A: Identify **THREE** <u>Service Clusters</u> (general service groupings) of greatest demand among clients or potential clients. For each Cluster chosen, indicate all relevant age groups.

B. In Section 4, Column B: Identify the **SINGLE** most needed Service Cluster that does **NOT** exist or is the least available in the County. Indicate all age groups for which it is lacking.

V. **Section 5:** This section allows you to expand on your responses in Section 4, by listing more specific services.

A. Using the accompanying **LIST OF SERVICE CLUSTERS/SPECIFIC SERVICES,** identify the Specific Services of greatest demand among clients or potential clients, from each Service Cluster identified in Section 4, Column A. Fill in your responses for this section in the 1st column in the bubbles marked "A."

B. Using the accompanying **LIST OF SERVICE CLUSTERS/SPECIFIC SERVICES**, identify up to THREE more Specific gap services relating to your choice of the gap service cluster in Section 4, column B. Fill in your responses for this section in the 2nd column, in the bubbles marked "B".

Final Instructions:

If you have completed this survey through an Agency, County Advisory Committee, or other Organization, please return your completed survey to the appropriate Contact Person for transmittal to the Hunterdon County Department of Human Services.

If you have completed this survey other than through an Organization, please mail your response to:

Hunterdon County Department of Human Services
Attn: Roberta Kestenbaum
PO Box 2900
Flemington, NJ 08822-2900

If you are returning multiple forms, please use a large unfolded envelope. If you are returning a single form, and wish to fold it, please fold only along the folds which already exist.

All surveys are due back on December 19, 2000.

THANK YOU FOR TAKING THE TIME TO HELP US IDENTIFY PROBLEMS IN HUNTERDON COUNTY SO WE CAN BETTER PLAN FOR THE NECESSARY SERVICES TO ADDRESS THEM!