

# Mercer County Human Services Advisory Council Needs Assessment Process

## **Beginning of the Process**

The New Jersey Department of Children and Families (DCF), as part of its Master Settlement Agreement, agreed to complete an annual needs assessment for youth and families at risk. Counties were asked to facilitate needs assessments as part of their Human Services Advisory Council (HSAC) grants. Mercer County agreed to participate in phase II of this process. On November 4, 2010, Mercer County participated in a conference call with DCF that reviewed the guidelines and information available for this assessment. The discussion focused on a needs assessment driven by at-risk children and families in Mercer County.

Prior to this call, DCF provided handouts including: *The DCF guidelines; DCF priority need categories sheet; a list of county level data; instructions for completing the DCF Needs Assessment Priority Ranking Form; and the county/DCF 2010 – 2011 Needs Assessment Survey*. The handouts also included a format for reporting Mercer County's findings; content was to include a description of the assessment process (including a list of the stakeholders involved, data used to inform the process and a description of the stakeholder meetings/focus groups) and a list of priority needs. The priority needs list set forth services needed most in each of the target service areas. The rationale for how the list was generated was asked to be included, as well as service inventory, sample survey tools and survey tools.

All phase II counties had requested that the consumer survey tool be reworked into a more user friendly format. The New Jersey Division of Youth and Family Services (DYFS) and a few of the HSAC chairs statewide developed a survey tool that was released in January 2011 for use in this process. The deadline for submission of this report was targeted for July 15, 2011.

## **The Organizational Meetings**

Mercer County began its process by holding a conference call of the HSAC executive committee on December 21, 2010. A large majority of the social services providers in the county participated in this call. The group determined that Mercer County would use this opportunity to conduct a needs assessment for all the areas in its program areas, but would complete the DCF requirements first.

The executive committee met January 3, 2011, with the Mercer County HSAC Chairperson, Mercer County HSAC staff and the Director of the Mercer County Department of Human Services. This meeting laid the foundation of requirements and determined the process by which the needs assessment would be done. The group determined that the committee would seek team leaders for each scope of service within the target assessment area. These team leaders would empanel provider-level focus groups and consumer-level focus groups to gather the array of feedback that the County was seeking. The executive committee also decided that the County would provide paper

surveys and use the “Survey Monkey” tool to allow the information to be obtained via an online resource. A number of content area experts were called and asked to provide the leadership for the focus groups. A guide for holding the focus groups was created to ensure that the information and conversations held were standardized so the County could compare the ensuing data.

The first needs assessment strategy meeting was held February 14, 2011, at the Lawrence Library. Invited to this meeting were staff from the County of Mercer Department of Human Services, including its Mental Health Administrator, HSAC staff, Chief of Addiction Services, Office on Aging Director, Office for the Disabled Director, Community Services Program Development Specialist and Division of Youth Services Chief; the Executive Director and the Program and Communications Manager of Mercer Alliance to End Homelessness; Mercer County’s HSAC Chair, who also is the Director of Child Care Connection; the Director and the Social Work Supervisor of Mercer County Board of Social Services (MCBOSS); the Executive Director of Mount Carmel Guild; the Executive Director of Mercer Street Friends; the Superintendent of Mercer County Technical Schools; The Crisis Ministry’s Acting Director; the Executive Director and the Program Director of Womanspace, Inc.; the Superintendent of Mercer County Schools; the President of Mercer County Community College; as well as some community members. Also in attendance were a large number of the Mercer County social services providers representing the service spectrum.

The processes of information gathering and data collection were discussed with the group and a consensus of using this as an opportunity for a larger needs assessment was made. The group agreed to address the five core areas for families and youth at risk outlined in the previously distributed DCF document: basic needs, mental health services, substance abuse treatment, transitional living services for youth leaving foster care and domestic violence support services.

The goals of the group were to gather data and information across all services areas, incorporate existing needs assessments in the process, create a needs assessment of areas not previously completed, integrate consumer feedback throughout all the assessed areas, meet the DCF request to assess service needs for DCF’s population and meet DCF’s projected target area.

The data provided by DCF was distributed with guidance to each meeting participant. The availability of other data sources was discussed; it was agreed that the needs assessments from other sources would be made available to the leaders in charge of each focus group area. For example, the Chief of the Mercer County Office on Addiction Services led the “addiction” data gathering process. The Office conducts a tri-annual Comprehensive Needs Assessment for Substance Abuse Services in Mercer County and the Chief was able to make this information available to the group. The Program Director from Womanspace had client and aggregate level data available from her agency that helped to inform the domestic violence assessment process.

Through our community relationships and resources with our social service agencies located in Mercer County, the County was provided with additional information. These extra resources that we used or referred to in our report include: Maternal Child Health and Community Resources for Mercer County/Trenton; A Fact List from the Mercer Alliance to End Homelessness (including the *Faces of Homelessness, Housing vs. Income, Costs of Homelessness and Housing Needs*, and the *Mercer County Point in Time Survey 1/2011*); The Mercer County Comprehensive Alcohol and Drug Plan; Kids Count a publication from Advocates of Children for New Jersey (ACNJ); and the Comprehensive County Youth Services Plan.

The facilitation of focus groups was discussed, and the County asked providers of each service area to hold at least two focus groups, one for providers and one for consumers, and more if indicated. The County asked these groups to create a needs assessment ranked in order of priority and to develop an inventory of services.

Follow-up meetings were held April 13, 2011, and May 3, 2011, with the smaller target group areas that were required by DCF. Those present discussed the use of the Survey Monkey, including how many people were not entering data into the online tool, and the progress of the focus group meetings. A large portion of the provider meetings and focus groups had been held by this time and most of the team leaders were completing their consumer focus groups. The HSAC office also had received a large number of paper surveys so the group decided that County staff would input the surveys into Survey Monkey. Team leaders discussed some of the hurdles and barriers that they were having, as well as some of the redundancy of the provider survey tool.

The Survey Monkey continued to receive surveys until June 30, 2011.

The following outlines the outcomes of the provider and consumer focus groups.

### **Focus Group Meetings**

#### ***Basic Needs***

##### ***Provider Focus Group***

The basic needs provider focus group was held March 21, 2011, at the Lawrence Library. Seven providers were present.

When asked to provide the most critical need in the area of basic needs, the following, ranked in order of priority, were the group's responses:

- Education
  - i. Mandatory General Equivalency Diploma (GED) program
  - ii. Job skills training
  - iii. Vo-Tech training
  - iv. Individualize assessment tests and plans
- Money (cash assistance)
- Affordable housing, including transitional housing for 18-21 year olds
- Affordable housing for seniors, single women and those with mental illness

The greatest gaps in the basic needs service area were identified in order of importance:

- Cost to have a criminal record expunged
- Money
- Jobs
- Capacity issues
- Job skills and training

Barriers to accessing services in order of greatest barrier were listed as:

- Concerns about return calls from Homeless Hotline
- Recipients of Social Security Disability (SSD) do not receive MCBOSS services (food stamps and energy assistance).
- Difficult communication with MCBOSS caseworkers; clients reported that they do not receive calls back from caseworkers.
- The federal government removed the GED part of the Work First program. How does a client get his or her GED now that this is no longer a requirement? Agencies do not get paid for assisting clients in this area.
- Some MCBOSS clients are no longer eligible for services because they have not fulfilled their program requirements. In these cases, what does an agency do?

The provider group also believed it was important to reflect other issues that are specific to individuals who are homeless. These issues, in order of greatest barrier, were:

- Undocumented immigrants who are ineligible for services
- Lack of identification, including birth certificates
- Credit issues as a barrier to housing and jobs
- Criminal issues as a barrier to housing and jobs

Additionally, the group agreed that transportation and housing were specialized issues for this population. Their key concerns related to this were:

- Transportation: Being placed by the homeless hotline in one location and then getting back to MCBOSS is a problem.
- Accessing bus passes from the Mercer County Board of Social Services (MCBOSS) was also a concern.
- Bus passes are needed to look for a job or housing, and clients must be in a program to get bus passes.
- Transportation to mental health programs
- Communication about what is available and how to access those services

#### *Consumer Focus Groups*

Four consumer focus groups were held. The first was held at the Trenton Area Soup Kitchen (TASK) on March 24, 2011; five consumers (women) attended. Seven consumers (men) attended the second one at TASK on March 25, 2011. The Rescue Mission hosted a focus group on April 1, 2011; five consumers (men) attended. The last was held at HomeFront Family Preservation Center on April 5, 2011; five consumers (women) attended.

Participants represented mostly two spectrums of the homeless population: currently homeless or chronically homeless, with 10 (45%) consumers representing those who are currently homeless (within six months) and 11 (50%) representing chronically homeless individuals (over one year or four times within the past three years).

The groups focused primarily on the barriers to housing, but outlined other significant issues as they relate to service provision for basic needs including significant barriers to service.

#### Social service agencies

- They reported a lack of information, conflicting and/or incorrect information and/or knowledge of resources. Rather than official information, word-of-mouth often is the major source of information for clients. Consumers also reported that they experienced difficulty in navigating the system.
- Consumers indicated difficulty with contacting MCBOS. Clients said they encountered the automated system and/or did not receive calls back. Also, they noted that if a client has no phone, he or she is unable to receive a call back.
- “Unfriendly, unknowledgeable or unresponsive service providers. Social services are not set up for people to succeed.” Consumers said they felt judged when asking for help.
- Consumers indicated that there is no mechanism by which to direct valid complaints and problems.
- When participating in a program/seeing a caseworker, consumers said they were not informed of all available resources.

#### Issues related to criminal convictions

- Not being able to obtain photo identification and having a past criminal conviction(s) were major causes of sustained homelessness. Lack of proper identification and/or having a criminal past hinders consumers from obtaining employment. Without employment, consumers lack of money to pay child support, fines, and/or Division of Motor Vehicles surcharges, etc.
- If an individual has drug distribution charges, he or she is not eligible for benefits from MCBOS. This is a major contributing factor causing and prolonging homelessness, according to consumers.
- Consumers indicated that it is difficult to interview and/or keep a job when a person lacks clean, safe housing. There is a lack of access to washing machines/dryers and storage for clothing and personal items. Under these circumstances, it is difficult to have clean, presentable clothes and to maintain cleanliness.
- Consumers reported a lack of discharge planning from jail or prison.
- Consumers said there is a shortage of jobs for ex-cons. Employers either do not know about or do not want to participate in The Federal Bonding Program.
- The economy has made it even more difficult to get employment for ex-cons, according to consumers.

### Healthcare

- Consumers indicated a lack of access to healthcare or believed that they were provided with inferior healthcare.
- Consumers reported a lack of access to detoxification programs.

### Housing and food

- “Feel like stuck in homelessness.” Consumers believed that there is no plan or smooth transition from emergency housing to permanent, stable housing. The system is set-up for them to fail, said consumers.
- Consumers indicated a lack of housing.
- There was a unanimous agreement that Trenton has a good system of food banks and soup kitchens. “You can’t starve in Trenton.”

The greatest barriers to individuals in the basic needs service area were identified in order of importance:

Health/Disability (mental or physical) and/or Substance Abuse	19 (90%)
Fines/Motor Vehicle Surcharges	16 (76%)
Lack of Sustainable Work	14 (67%)
Lack of Affordable Housing	13 (62%)
Difficulty in Obtaining ID	12 (57%)

### ***Mental Health***

#### *Provider Focus Groups:*

The Mercer County Division of Mental Health and the Office on Addiction Services facilitated a joint provider focus group at their bi-annual Professional Advisory Committee (PAC) meeting on March 8, 2011; therefore their needs, barriers and gaps in service were done conjointly. Seventeen mental health providers and 16 addiction providers were at this meeting.

The group noted the below as emerging issues in mental health and addictions:

- Licensure
- Dual certification, as the NJ Division of Addiction Services and the Division of Mental Health Services have different licensing requirements – the merger between the two State divisions highlights questions about which certifications will be required or if an entirely new one will be identified
- Facility licensure
- Transition to accessing services through one referral source to eliminate the frustration and burden of multiple contacts with different providers and to minimize the duplication of services as well as gaps in service
- The “unknown” of how reimbursement will be affected by changing trends
- What providers should call the person who is seeking treatment (i.e. client or consumer)

The group noted the following barriers:

- Lack of transportation to residential treatment, as many treatment facilities are out of the Mercer area so a taxi service is cost prohibitive

- Dual treatment for addiction and mental health issues, as clients usually have to go to separate agencies or clinicians for services and the merger of the NJ Division of Mental Health Services and the NJ Division of Addiction Services has yet to regulate licensing, credentials and protocols for treatment to this population
- Medication management
- Provision of medication for the client, as often, medication management appointments are available but consumers do not have the funds for the medications prescribed

Another provider focus group was held April 12, 2011, at Capitol County Children's Collaborative. Eight providers were present.

This group noted the below as emerging issues in mental health:

- Transition to accessing services through one referral source to eliminate the frustration and burden of multiple contacts with different providers and to minimize the duplication of services as well as gaps in service
- The "unknown" of how reimbursement will be affected by changing trends
- Unknowns regarding the merger of the NJ Division of Addiction Services and the NJ Division of Mental Health Services, including which certifications will be required for providers or if a new certification will be identified.
- Medicaid changes
- The need for trauma and crisis intervention services

Barriers identified were:

- Lengthy wait lists
- Lack of transportation to treatment services
- Lack of provision of medication/funding for medication management
- Lack of access to funded services for the aging-out population
- Poor communication and collaboration across agencies

#### *Consumer Focus Groups*

A consumer focus group took place on March 31, 2011, at Partners in Recovery Program at Catholic Charities, where 28 consumers were present. Another focus group was held at the Association for Advancement of Mental Health (AAMH). Fifteen consumers were present, and one consumer volunteered to take notes.

The groups ranked the following in order of priority as the most critical need in the area of mental health:

- Increased access to psychiatrists
- More helpful information "on the streets" about programs
- Support groups upon completion of treatment
- A supportive attitude of the individual provider/therapist, as this makes the difference between success and premature self-termination of services

The greatest gaps in the mental health service area were identified in order of importance:

- Lack of access to psychiatric services specifically
- Lack of information about programs
- Lack of compassion of the staff

The greatest barriers to receiving services in the mental health service area in order of ranked importance were:

- Difficulty navigating the intake process at agencies
- Phone system issues

### ***Substance Abuse***

#### ***Provider Focus Group***

As was indicated previously, the substance abuse provider focus group was done as part of the joint Mercer County Organization of Addiction Treatment and Education Services (MOATES)/PAC meeting. Those outcomes are indicated at the beginning of the Mental Health Provider Focus Groups section on page 6.

#### ***Consumer Focus Group***

The substance abuse team determined that they wanted to put their focus on eliciting information from the adolescent treatment subset rather than the adult treatment groups. A focus group for adolescents ranging in age from 14 years to 18 years in residential treatment was held at the New Hope Foundation in Marlboro, N.J., on May 25, 2011. There were 32 male and female adolescents who took part in this group.

Ranked in order of priority, consumers indicated that most critical needs in the area of substance abuse treatment are:

- More residential treatment facilities within home communities
- Transportation to treatment
- More supervision in outpatient treatment programs
- More activities for adolescents in which to participate to avoid using drugs and alcohol

The greatest gaps in the substance abuse treatment area were identified in order of importance:

- Substance abuse services for youth
- Mental health services for youth
- Employment, education and life skills training for older youth
- Housing services for older youth

Consumers listed barriers to accessing substance abuse treatment area in order of greatest barrier:

- Transportation
- Lack of counselor supervision/consistency in outpatient treatment
- Lack of programming in local community



- Lack of insurance or insufficient insurance

### ***Transitioning Older Youth***

#### *Provider Focus Group*

One meeting was held at the Lawrence Library on May 18, 2011. Five (5) providers attended the meeting.

When asked what the most critical need in the area of youth transitioning, the following, ranked in order of priority, were the group's responses:

- The "bridge" between the youth-serving and adult-serving systems
- Finding shelter for older youth (for those turning 18)
- Medical services (especially for those with no medical insurance or those who are 18 or aging out)
- More services for teens who have been in the system for a long time who have "exhausted" their services
- Access to insurance coverage
- Permanency with a responsible parent/guardian
- Transportation

The greatest gaps in the youth transitioning area were identified in order of importance:

- Lack of adequate supportive housing for older youth (i.e., there are only 8 beds between LifeTies and Anchor Line)
- Lack of housing, especially for homeless youth
- Respite homes for college youth (college may be available but youth has no place to live when college is not in session)
- Cost of transportation (bus, train)

Barriers to accessing services in the youth transitioning area in order of greatest barrier:

- Getting youth into shelter
- Lack of transportation
- Permanency
- Lack of an advocate
- Lack of services including counseling, medical, mental health, substance abuse, etc.
- Basic needs not being met
- Lack of communication between a provider/agency and DYFS

The youth transitioning focus group also believed it was important to discuss specialized needs of this population. Those needs in order of ranked importance were:

- Transportation
- Medicaid (at age 18)
- Education, including addressing special needs, tutoring and literacy
- The schools'/DYFS's responsibility for youth
- Gay, Bisexual, Lesbian and Transgender (GBLT) programs
- Teen pregnancy (as a means to housing, benefits and care)

### *Consumer Focus Group*

These consumer focus groups were held at The Rainbow and Triad House on July 11, 2011. One (1) consumer was interviewed at each residence.

When asked what the most critical need in the area of youth transitioning, the following, ranked in order of priority, was the consumers' response:

- Independent living skills
- Job readiness
- Survival skills such as money management
- Education, including financial aid and/or scholarships
- Driver's licenses
- Transportation
- Medication needs

The greatest gaps were listed as:

- Tutoring
- Vocational school
- Mentors
- Diabetic therapy group
- Financial stability, including those who have less to work with if they are a "non-DYFS youth"
- Admission/tuition for college
- Transitioning out at 18 while not being prepared to leave (i.e. no services are in place, no place to live, no employment, etc.)

The consumers' listed the following as barriers:

- Lack of transportation
- Lack of education
- Attention issues
- Self (a personal barrier to success, fear of leaving/failing)
- Lack of support services
- Lack of medical insurance

### ***Domestic Violence***

#### *Provider and Consumer Focus Groups*

Held at Womanspace on March 30, 2011, discussion groups included agency staff and clients of the Emergency Services Shelter Program, the Counseling and Support Services Program and the Transitional Housing Program.

#### *Providers Focus Group*

The group ranked, in order of priority, the most critical needs in the area of domestic violence support services:

- Affordable housing in the county
- Services for the working poor in the county who do not qualify for welfare benefits
- Transportation

Providers ranked barriers to accessing domestic violence support services in order of greatest barrier:

- Waiting lists
- Eligibility requirements
- Lack of transportation
- Costly fees for services

The greatest gaps in the domestic violence support services were identified in order of importance:

- Housing
- Transportation

#### *Consumer Focus Group*

Consumers were asked to identify the most critical need in the area of domestic violence support services. The following, not ranked in order of priority, were the group's responses:

- Domestic violence services
- Food
- Basic healthcare
- Housing
- Transportation
- Mental health services

Like their provider counterparts, consumers listed barriers to accessing domestic violence support services in order of greatest barrier:

- Waiting lists
- Eligibility requirements
- Lack of transportation
- Costly fees for services

Also in line with the domestic violence providers, consumers of domestic violence services reported the same gaps in domestic violence support services in order of importance:

- Housing
- Transportation

#### **Survey Monkey Results:**

Mercer County received 179 surveys, the majority of which were submitted in paper copy and transferred into the Survey Monkey database. (A copy of that outcome report is attached to this response.) One hundred and two responses were identified as completed by consumers of services. Of those, 34 identified themselves as youth. Sixty-three of the surveys came from consumers in the addiction area, 53 came from the mental health area and 52 were submitted from consumers of a variety of social service providers, including youth services, domestic violence and homeless services. The remaining 11 were from consumers of disabilities services.

The data was collected in an aggregate fashion. Based upon the way the survey was created, it was impossible to pull the information apart as it pertains to outcome. Therefore the data must be viewed with an understanding that the service area from which the respondent came may skew the data in that direction.

Attached to this document you will find the grid provided by DCF enumerating the outcomes of these surveys; the following provides a narrative reflection of that information.

#### *Provider Survey Outcomes*

In rank order of their priority, the following were identified by providers as “extremely needed:”

- Housing – 80%
- Transportation – 72%
- Domestic violence, transitional housing – 63%
- Domestic violence counseling – 63%
- Domestic violence emergency shelter – 62%
- Basic healthcare – 62%

Service availability across most categories was considered “somewhat available.” Services that were identified as “not available” are listed in the following ranked order:

- Housing
- Transportation
- Housing for transitioning older youth

Prioritization of all the identified services by all respondents as outlined in the survey tool provided by DCF are as follows:

- Life skills/training services transitioning older youth (14 – 21)
- Domestic violence, advocacy (legal, employment)
- Substance abuse services for adults
- Employment services for transitioning youth (14 – 21)
- Educational services for transitioning youth (14 – 21)

Service accessibility from the majority of provider respondents across all categories indicates that services are “somewhat accessible.” Four services were identified in rank order as “not available:”

- Housing services for transitioning older youth (14 – 21)

- Educational services for older transitioning youth (14 -21)
- Employment services for older transitioning youth (14 – 21)
- Life skills training/services for transitioning older youth (14 -21)

In the area of barriers to service, there were thematic issues that were identified across all service areas. These were lack of transportation, waiting lists and eligibility requirements. Lack of transportation was seen as the primary barrier for:

- Food
- Basic healthcare
- Domestic violence counseling
- Educational services for older transitioning youth

Waiting lists were seen as the primary barrier for:

- Housing
- Substance abuse services for youth (without a hospital stay)
- Domestic violence transitional housing
- Substance abuse services for adults (with a hospital stay)
- Mental health services for youth (with a hospital stay)

Providers indicated that eligibility requirements were seen as the primary barrier for the following services:

- Basic healthcare
- Housing
- Food
- Transportation
- Mental health services for youth (with a hospital stay)

#### *Consumer Surveys*

The consumer surveys elicited responses across each service area.

#### *Food Need:*

According to consumer responses, the need for food services was split between “somewhat needed” and “not needed.” In the areas of accessibility and availability, however, food was seen as “available” and “accessible.”

#### *Food Barrier:*

- Thirty percent of consumer respondents indicated that there was no barrier for food services.
- Twenty-eight percent of respondents indicated that transportation was a barrier for food services.
- Fifteen percent of respondents indicated that limited hours were a barrier for food services.

#### *Basic Healthcare:*

In the area of basic healthcare needs, consumer respondents were split evenly between “extremely needed” and “not needed.” The availability and accessibility of the services, however, were seen as “available” and “accessible.”

*Basic Healthcare Barrier:*

- Thirty-three percent of respondents indicated lack of transportation as a barrier.
- Thirty percent of respondents indicated no barriers.

Consumer responses indicate that housing, transportation, mental health for adults and employment, educational and life skills training/services for older youth are “extremely needed,” while substance abuse services for adults and youth, mental health services for youth and domestic violence services are “not needed.”

Consumers also indicated that they believe housing; substance abuse for youth; mental health for adults and youth; employment, educational and life skills training/services for older youth; and housing for older youth are “available” and domestic violence services are “somewhat available.”

Ranked as “accessible” by consumers were: housing; substance abuse for adults and youth; mental health for adults and youth; employment, educational and life skills training/services for older youth; housing for older youth; and domestic violence services. Transportation was ranked at “somewhat accessible.”

Consumers listed transportation as a barrier for all service categories. They also said limited hours were a barrier, as were wait lists, eligibility requirements, not being able to reach service providers and not knowing of existing services.

Consumers were requested to prioritize services from most needed to least needed. The following indicates those priorities in rank order:

- Domestic violence services
- Housing services for older youth
- Substance abuse services for adults
- Employment, educational, life skills training services for older youth (14 – 21)
- Mental health services for youth

It is interesting that the consumers prioritized domestic violence services as the most-needed service in this section. In the previous section, responses indicated that consumers believed domestic violence services were not needed.