

**AT-RISK CHILDREN AND FAMILIES’  
NEEDS ASSESSMENT  
BERGEN COUNTY 2012**

---

The seal of Bergen County, New Jersey, is a circular emblem. It features an eagle with spread wings at the top. Below the eagle are two figures: a man in a hat and a woman in traditional dress. The year '1683' is inscribed at the bottom of the inner circle. The words 'SEAL OF BERGEN COUNTY' are written around the top inner edge, and 'NEW JERSEY' is written around the bottom inner edge.

**A PROJECT OF THE  
HUMAN SERVICES ADVISORY COUNCIL**

**DEPARTMENT OF HUMAN SERVICES  
ONE BERGEN COUNTY PLAZA – 2<sup>ND</sup> FLOOR  
HACKENSACK, NEW JERSEY 07601**

**201-336-7474**

# COUNTY OF BERGEN



**Kathleen A. Donovan**  
*County Executive*

## BOARD OF CHOSEN FREEHOLDERS

**John D. Mitchell**  
*Chairman*

**John A. Felice**  
*Vice Chairman*

**Maura R. DeNicola**  
**John Driscoll, Jr.**  
**David L. Ganz**  
**Robert G. Hermansen**  
**Joan M. Voss**

## DEPARTMENT OF HUMAN SERVICES

**Jane C. Linter**  
*Director*

# TABLE OF CONTENTS

---

<b>Executive Summary</b> .....	<b>1</b>
<b>The State of Bergen County</b> .....	<b>3</b>
Our At-Risk Children and Families .....	4
Our Human Services Delivery System.....	8
Four Solutions .....	12
<b>Methodology</b> .....	<b>16</b>
Scope .....	16
Target Service Areas .....	17
Data Sources .....	18
Stakeholder Survey .....	18
Focus Groups .....	29
Resource Inventory .....	20
Priority Ranking Form .....	21
<b>Children and Families’ Needs Assessment Survey Analysis</b> .....	<b>23</b>
Demographics.....	23
Need .....	24
Availability.....	26
Accessibility .....	28
Difficulties Accessing Services.....	30
Service Priorities .....	40
Service Priorities – Focus Group .....	41
<b>Priority Ranking Form</b> .....	<b>42</b>
<b>Acknowledgements</b> .....	<b>46</b>
<b>Appendix A – Data for DCF Needs Assessment</b> .....	<b>52</b>
<b>Appendix B – BCYSC 2012 Needs Assessment Survey Results</b> .....	<b>56</b>
<b>Appendix C – Children and Families’ Needs Assessment Survey</b> .....	<b>57</b>
<b>Appendix D – Summary of Focus Group Responses</b> .....	<b>67</b>
<b>Appendix E – Comments from Survey and Focus Groups</b> .....	<b>85</b>
<b>Appendix F – Filtered Responses to Survey Data</b> .....	<b>106</b>

# Executive Summary

---

Beginning in April 2012, the Bergen County Department of Human Services and its Human Services Advisory Council (HSAC) conducted a comprehensive needs assessment of Bergen County's at-risk children and families on behalf of the New Jersey Department of Children and Families (NJDCF).

Although our goal was to reach as many professionals and consumers as possible, reaching families and youth was the top priority. We successfully gathered information in several ways.

- Over 600 people completed a stakeholder survey which was available via Survey Monkey in English, Spanish, and Korean. Approximately 65% of the responders were consumers, 30% were professionals, and 5% were community advocates.
- Nearly 70 people participated in five focus groups. Approximately 53% were members of county planning bodies and were primarily professionals and 47% percent were consumers.
- Data from 13 sources was analyzed.

The needs assessment defines at-risk children and families as follows:

- Children who have been harmed, are at risk of being harmed, and/or may be exposed to abuse or neglect and their families;
- Children and adolescents with emotional and behavioral health care challenges and their families;
- Children with intellectual and/or developmental disabilities and their families;
- Children and families receiving support services to prevent abuse and neglect; and
- Youth ages 14-21 who in the transition to adulthood require services to achieve economic self-sufficiency, independence, and healthy life styles.

Bergen County's United Way and NJ 2-1-1 prepared the *Resource Inventory: Bergen County Service Area*. The extensive inventory, submitted as a companion document to the needs assessment, corresponds with the target service areas included in the needs assessment.

We assessed the Bergen County human services delivery system in the following target services areas:

- Basic Needs
- Substance Abuse Treatment Services
- Mental Health Services
- Transitional Living Services for Youth, Ages 14 to 21
- Domestic Violence Support Services
- Support Services for Children with Intellectual and/or Developmental Disabilities

The needs assessment includes an analysis of the need, availability, and accessibility of services. A prioritization of the most important services and an identification of the strengths and gaps of the Bergen County human services delivery system also are included. Most importantly the report recommends four (4) solutions to improve services to at-risk children and families.

1. Provide funding for services identified as either non-existent or available but not funded in the County;
2. Provide additional funding in order to expand existing services to satisfy the demand;
3. Improve access to services; and
4. Continue to take steps to move from a comprehensive and coordinated continuum of care to a comprehensive, coordinated and **integrated** continuum of care.

It is imperative that the four solutions we propose be addressed with urgency in order to ensure that our at-risk children and their families receive the best care available, alleviating their parents' frustration with finding and navigating a difficult and confusing system.

The love between our children with special needs and their parents is especially palpable. The search for the very best care to improve their children's lives is the fundamental reason for every breath taken by these mothers and fathers. Their genuine appreciation for securing sought after services is matched only by the frustration of navigating a difficult and confusing labyrinth of a system.

## **The State of Bergen County**

---

Bergen County's 239 square-miles are well situated in the northeastern corner of the state of New Jersey strategically nestled in the heart of the New York Metropolitan area. Located in one of the nation's wealthiest regions, the county is home to nearly one million residents residing in seventy municipalities, a vibrant and diverse business community and retail opportunities that are second to none. Bergen County offers many extraordinary attributes including highway access, quality of life, educated workforce, diverse housing stock and a supportive business environment for owners and employees to do business.

Our ample road system and transportation infrastructure allow businesses to access customers and suppliers with a well-developed road system that includes the New Jersey Turnpike, the Garden State Parkway and the Palisades Interstate Parkway. Many Bergen County commuters traveling into nearby Manhattan for business or pleasure enjoy access to trans-Hudson River public transportation in the forms of bus, train, and ferry. Teterboro Airport, located in the southern portion of the County, is another convenient transportation option for general aviation as well as charter flights located just 12 miles from Midtown Manhattan.

A qualified and well-trained labor force is one of our strongest assets. According to the 2010 U.S. Census Bergen County's percentage of adults with a college degree or higher is 44.2% which is 10% higher than the national average. Our sought after colleges and universities continue to enhance and tailor curriculum to educate the workforce of our future and for our growing companies.

Bergen County ranks high in quality of life indicators. The Bergen County Park System features a nationally accredited zoo, five golf courses, 21 parks, two horseback riding areas, an environmental center, and nine historic sites. The county is proud to be home to nearly 9,000 acres of assorted cultural and recreational opportunities.

## **Our At-Risk Children and Families**

Residents of Bergen County come from diverse backgrounds with 5.8% from the Black or African American Community, 14.5% from the Asian community and 16.1% from the Latino or Hispanic community. The Korean population comprises 6.15% of the total Bergen County community. In 2010, children under 18 totaled 204,405, approximately 23% of Bergen County's population. Consistent with the total population 5.8% of the children are Black/African American and 14.7 % are Asian. Twenty percent (20%) of the children in Bergen County are from the Latino/Hispanic communities which is 4% higher than the overall population.

In 2010 Bergen County's median income of families with children was \$108,133, which is significantly higher than \$83,208, the State of New Jersey's median income of families with children. The fair market rent in Bergen County for one and two bedroom apartments in 2012 is the highest in the state and 49% of Bergen County households spend more than 30% of their income on rent. According to a study conducted by the NJ Association of Child Care Resource and Referral Agencies the average cost of child care in Bergen County is higher than the state average. For example, the average annual cost of infant care at a licensed child care center in Bergen County is \$13,245 compared to the state average of \$11,135. The average cost of full time care for a four-year old in Bergen County is \$10,668 compared to the state average of \$9,098.

The cost of living is higher in Bergen County and the climb to self-sufficiency longer and steeper for Bergen County families living below the poverty level or with low income than it is for families living in other counties in New Jersey. According to research by the Massachusetts Institute of Technology and the National Low Income Coalition a family of one adult and two children (the composition of most families who seek help in Bergen County), requires an annual income before taxes of almost \$58,000. But, statewide, a similar family would require an annual income of approximately \$50,000. In Bergen County, a minimum wage earner must work 154 hours per week per year to earn \$58,000. Statewide, this same worker would have to work 132 hours per week per year to earn \$50,000. In Bergen County, a worker making the average renter's wage (\$16.88) must work 66 hours per week per year to earn \$58,000. Statewide, a

worker making the statewide renter's wage (\$16.40) would have to work 58 hours per week per year to earn \$50,000.

Bergen County is home to many families with children who struggle to become self-sufficient.

- In 2010, 14,546 Bergen County children were living below the poverty level, an increase of approximately 2,500 children since 2006.
- In 2011, 2,118 children received welfare, up from 1,707 in 2007 and 13,555 received NJ SNAP (formerly food stamps) up from 5,980 in 2007;
- In August 2012, the seven (7) Bergen County communities with the largest number of TANF caseloads were in descending order Hackensack, Garfield, Lodi, Englewood, Cliffside Park, Fort Lee, and Teaneck.
- In December 2011, the seven (7) Bergen County communities with the largest number of Food Stamp caseloads were, in descending order, Hackensack, Garfield, Lodi, Englewood, Cliffside Park, Teaneck, and Fort Lee.
- In 2011, there were 24,061 claims filed for the State Earned Income Tax Credit, up from 22,423 in 2008, and 38,900 claims filed for the Federal Earned Income Tax Credit, up from 30,327 in 2006.
- In 2011, 38,952 children were enrolled in NJ Family Care/Medicaid, up from 28,348 in 2007.
- From 2010/11 to 2011/12 school years, students eligible for the federally funded school breakfast program rose from 35% to 43%. The percentage of eligible children receiving these breakfasts also increased from 18% last year to 29% in the 2011/12 school year.
- For the 2011-12 school year, the seven (7) Bergen County Communities with the highest number of children eligible for the school breakfast program were, in descending order, Hackensack, Garfield, Englewood, Lodi, Cliffside Park, Teaneck, and Fairview.
- According to the 2012 Bergen County Point-in-Time Count 461 people were homeless, of which 105 (23%) were children.

- According to the Bergen County Homelessness Management Information System (HMIS), during calendar year 2011:
  - 1,263 households with children were sheltered or received assistance to prevent their homelessness. There were 2,324 children in those households, almost 40% of all people served.
  - 7,039 households with children received food from pantries. There were 14,529 children in those households, over 40% of all people served.

Children in Bergen County require protective services.

- A review of the data provided by NJ Department of Children and Families (NJDCF) for the Needs Assessment (Appendix A, pages 52 to 55) shows that the number of families/children requiring assistance from the Division of Child Protection and Permanency (DCP&P) increased in all five target service areas between 2010 and 2011. By contrast, statewide, the number requiring assistance decreased in three target service areas and increased in two target service areas.
- According to the *2012 New Jersey Kids Count*, the number of child abuse and neglect investigations conducted by the NJDCF increased in Bergen County and statewide between 2006 and 2010. However, Bergen County's increase was 29%, the third highest increase in the state, compared to only a 12% increase statewide.
- The Child Abuse/Neglect Substantiation rate decreased both in the County and Statewide between 2007 and 2010. In Bergen County the rate decreased by only 8%, the second lowest decrease statewide, and the state decrease was 25%. Also the number of children in out-of-home placements decreased from 436 in 2007 to 333 in 2011.
- When children grow up in a household with domestic violence, they are often the secondary victim. Shelter Our Sisters (SOS), Bergen County's shelter for victims of domestic violence, served 16% more people in 2011 than 2010. Of the 164 people served in 2010, 74 were children (45%) of 52 women who arrived with children. Of the 191 served in 2011, 92 (48%) were children of 54 women who arrived with children. The number of people served in shelters also increased statewide from 2011

to 2012. However, the percentage of those served by Bergen County increased from 5.8% in 2010 to 6.2% in 2012.

- The Division of Alternatives to Domestic Violence (ADV) receives referrals for counseling and other non-residential services from both DCP&P and the New Jersey Superior Court, Bergen County Family Part. The number of referrals appears to be increasing. In 2011, 179 referrals were received. Through September 30, 2012, 171 referrals were received. Since the average number of referrals each month in the fourth quarter is 10, ADV projects 216 referrals for 2012.
- According to the *2010 Report on the Prevention of Domestic Violence Act*, prepared by the Family Practice Division of the Administrative Office of the Courts, in 2010 there were 38,553 domestic violence civil complaints filed in New Jersey. In Bergen County there were 2,569, which is 7% of the statewide complaints. Statewide, in 16,948 (44%) of those complaints, the victim and the abusive partner had children together. In Bergen County, in 1,094 (43%) of the complaints, the victim and abusive partner had children together.

Bergen County's children with disabilities require services.

- In 2011, the number of children in Bergen County with disabilities enrolled in special education was 18,771. The percentage of children with disabilities enrolled in special education in Bergen County is 14.1% similar to 14.5%, which is the percentage of children with disabilities in special education across the state.
- For SFY2011, 1,534 children up to age three (3) received early intervention services in Bergen County which represents 9% of the 17,079 receiving this service statewide. Bergen County ranks third in the number of children receiving early intervention services with only Ocean and Essex Counties serving larger numbers.

Indicators for the well-being of teens and young adults show improvement as follows:

- The percentage of births to girls ages 10 to 19 decreased from 2.3% in 2004 to 2% in 2008. The percent change represents a 12% decrease. Statewide the percentage of births to girls ages 10 to 19 increased by 2%.

- The number of juvenile arrests decreased from 2,445 in 2006 to 1,749 in 2010, which is a 33% change. Statewide the number of juvenile arrests also decreased. However, the statewide decrease was 35%.
- The number of Juvenile Commitments in Bergen County decreased from 18 in 2006 to 15 in 2010 which is a decrease of 17%. Statewide the number of Juvenile Commitments decreased by 43%.
- The average daily Juvenile Population in Detention as a percentage of approved capacity decreased in Bergen County from 30 to 19, a 36% change. Statewide the percent of change decrease was only 17%.

When compared with statewide progress, the data shows that Bergen County exceeds or is consistent with state progress in three out of the four indicators.

## **Our Human Services Delivery System**

The human services delivery system in Bergen County has many strengths. Bergen County has a comprehensive and coordinated continuum of human services for our at-risk children and families. The County's Department of Human Services and Department of Health Services administer several planning bodies comprised of professionals, consumers, and community advocates. Each of the planning bodies has representation from other systems including education, housing, business and employment. Many individuals serve on several planning bodies. Both Departments along with the Bergen County Department of Planning and Economic Development (BCDPED), Division of Community Development (CD) provide funding to over 50 non-profit community based agencies.

Our non-profit providers are committed to providing quality services and making a difference in the lives of our children and families. Their commitment is demonstrated by participation on the advisory bodies, their development of unique and integrated services, and their outreach to families to complete the stakeholder survey and participate in the focus groups. The extensive resource inventory submitted with this needs assessment documents their commitment to providing services for the children and families of Bergen County. NJ 2-1-1

developed the resource inventory specifically to illustrate the services available based on the target service areas included in the needs assessment.

Bergen County has a strong partnership with its area and local offices of the NJ DCP&P. Staff from the DCP&P participates on the various advisory planning bodies and assisted with the needs assessment. With the assistance of the Bergen Hudson Area Office of the DCP&P and the two Bergen County local offices, 216 consumers (187 parents and 19 youth) served by DCP&P completed the stakeholder survey.

Bergen County is committed to including consumers in its planning and decision making process. Consumers represented over 50% of the responders to the stakeholder survey and nearly 50% of those attending the focus groups. With the assistance of at least nine (9) agencies 190 consumers (156 parents and 34 youth) not served by the DCP&P completed the survey. Bergen County's Children Inter-Agency Coordinating Council (CIACC) was the first in the state to form a Family Advisory Committee that meets quarterly in the evening at the Family Support Organization of Bergen County. In fact, the Family Advisory Committee meeting was the venue for a focus group for this needs assessment. The Committee was easily expanded to include family members who have children with intellectual and/or developmental disabilities. The parents' love for their children and their commitment to providing the best care for their children were palpable. However, their appreciation for sought after services was matched only by their frustration with finding and navigating a difficult and confusing system.

The Bergen County Human Services Advisory Council (HSAC), the principle planning and advisory body for the State Departments of Human Services and Children and Families and for the BC Department of Human Services, advocates collaboratively for the needs of vulnerable populations across all systems. Its advocacy efforts are often done in partnership with other county planning bodies. Most recently the HSAC initiated an advocacy letter signed by the HSAC, the CIACC, and the Bergen County Youth Services Commission (BCYSC) regarding expanding services at the Family Support Organizations across the state to all families served by the Unified Care Management system of care. The HSAC accomplishments are many regarding at-risk children and families. Here are just a few examples. Nearly 25 years ago, the HSAC identified services for families with young and adult children with intellectual and/or

developmental disabilities as a priority. The result is several programs including a unique child abuse and neglect prevention care management program for parents with intellectual and/or developmental disabilities and who care for their children who are not disabled. For approximately 20 years on the recommendation of the HSAC, an after school family-focused treatment program has served youth ages 7 to 13 with behavioral challenges. During the past twelve to eighteen months, the HSAC has monitored the implementation of the e-child care system and has advocated successfully for many changes to improve access for parents.

Each year the BCYSC develops a County Youth Services Plan that identifies needs and gaps in services (See Appendix B, page 56) and prioritizes services along a continuum of care: Delinquency Prevention; Diversions (Law Enforcement, Juvenile/Family Crisis Intervention, Family Court); Detention/Alternatives; Disposition; and Reentry. It was among the first to develop outcome-based contracts for its programs. The current Plan includes three evidence based programs for juveniles: Multi-systemic therapy; Aggression Replacement Training; and Second Step alcohol prevention/education. The YSC partners with the CIACC to fund a model Fire Prevention Program that provides assessment and treatment for juveniles. A long standing goal of the YSC will be accomplished this year with the opening of the new Bergen County Youth Complex. The YSC advocated for this complex for over 16 years.

The BC CIACC was among the first in the state to coordinate a School and Community Liaison Initiative, known in Bergen County as the Schools and Mental Health Initiative-Liaison Project. The BC CIACC Education Subcommittee oversees the project and brings together designated representatives from Bergen County schools and child-serving agencies to cross train on each others' systems and services and to serve as the point person in their work location to coordinate cross-system services for children and youths. Bergen County's project is one of a few that are operational in the state.

The County of Bergen is committed to providing quality services in state-of-the art facilities to its residents. The county-owned Bergen County Housing, Health and Human Services Center has been identified by the United States Interagency Council on Homelessness (USICH) as a promising model to end homelessness. The Center opened in October 9, 2009 providing a full continuum of housing services, including homelessness prevention, temporary

shelter, and permanent placement. It is an outstanding example of public and non-profit agencies together delivering a comprehensive, integrated continuum of services. The Housing Authority of Bergen County provides administrative oversight and direct management of the continuum of services that are offered by non-profit agencies: Christ Church Community Development Corporation, Care Plus NJ Inc., Family Promise of Bergen County, and North Jersey Friendship House. According to the HMIS in 2010, 1,501 people received assistance at the Center and that number increased by 10% in 2011 to 1,652 people. Since the Center opened in 2009 through August 31, 2012, 336 individuals have been placed in stable housing.

The county-owned transitional housing for families who are homeless and on welfare, located at 40 Passaic Street in Hackensack, NJ, was completely renovated in 2007. Twenty nine (29) apartments are available to families. The operation of 40 Passaic Street is a partnership that includes:

- The Bergen County Department of Human Services - the building owner;
- The Bergen County Board of Social Services - client referrals;
- The Hackensack Housing Authority - building maintenance and security; and
- Bergen County Community Action Partnership - care coordination and social support.

Approximately 43% of the families residing at 40 Passaic Street are enrolled with the TANF Initiative for Parents (TIP) Program, a child abuse and neglect prevention program and/or involved with the DCP&P. Case managers from these programs meet with clients in their apartments. Representatives from the DCP&P attend quarterly partnership meetings. Since the facility reopened in March 2008 through August 31, 2012, 174 families (212 parents; 314 children), 92.6 % of those discharged, have been placed in permanent housing.

A modern state-of-the-art Bergen County Youth Complex will open this winter and will provide a full complement of programs and services to Bergen County youth in need. In the first year, the complex will service approximately 300 youth and families and collectively will provide 12,474 services and 7,014 sessions of individual and group education and psychotherapy. Eight programs will operate within the Complex. In the first year, six programs will operate:

- Bergen County Juvenile Detention Center (Pre-adjudication);
- Bergen County Juvenile Detention Center (Commitment Program);
- Bergen’s Place, a Youth Shelter;
- Alternative to Detention Day Program;
- Alternative School Program; and
- Human Trafficking Program.

In the second year two additional programs will begin:

- An Autism Spectrum After-School Program; and
- Community/Family Education Program.

While the human services delivery system in Bergen County has many strengths, focus group participants and survey responders repeatedly expressed concern that the system is difficult to access and fragmented. They noted that although the system’s resources appear robust, there are often long waiting lists and other barriers to accessing services. Lastly they identified services that are non-existent but needed.

## **Four Solutions**

In summarizing the findings, we offer (4) solutions. It is vital that these solutions be addressed in order to insure that our at-risk children and their families receive the best care and their parents’ frustration with finding and navigating a difficult and confusing system is alleviated. Refer to the Priority Ranking Form section, pages 42 to 45, for specific information for each target service area.

1. Provide funding for the following services identified as non-existent and/or not funded in the County:
  - Dedicated care management for individuals/families who are recipients of shelter plus care vouchers;
  - Mental health prevention program for pre-school and kindergarten children;
  - Adolescent detox program;
  - BC CIACC Schools and Mental Health Initiative-Liaison Project; and
  - Transportation to and from services for children with special needs and their families.

2. Provide additional funding in order to expand existing services to satisfy the demand. While the county has services available in all target service areas, both the focus groups and the stakeholder survey document that services are not sufficiently available. Wait list was identified as one of the top five barriers to services in 12 of the 15 target service areas.
3. Improve access to services. Although providers view the system as comprehensive and coordinated, consumers stated that services are hard to find and the system is difficult to navigate.
  - Increase outreach and education to all with particular attention to underserved populations, increase distribution of guides to services, continue promotion of NJ 2-1-1 and NJ Helps, and translate brochures into Spanish and Korean. These approaches will also help to reduce stigma, a common concern identified at focus groups.
  - Increase the availability of care management for those children and youth with Intellectual and/or Developmental Disabilities who are not eligible for and do not need, the intensive services of Unified Care Management under the Children's System of Care and whose only current option is the New Jersey Division of Disability Services Information and Referral System.
  - Increase the number of Family Success Centers to provide supportive services for children and youth and their families who may require basic needs and who are not eligible for and do not need the intensive services of Unified Care Management under the Children's System of Care but need assistance in navigating the system. Bergen County individuals identified basic needs as the most necessary and most important services both through its stakeholder survey and focus groups. Based on an analysis of the number of households receiving welfare and/or food stamps and the number of children eligible for the school breakfast program, communities that would benefit from a Family Success Center are the following: Hackensack, Garfield, Englewood, Lodi, Cliffside Park, Fort Lee, Fairview, and Teaneck. Currently, a Family Success Center serves the Englewood/Teaneck area and a request for proposal is in process for one in Lodi.

Two additional centers, one in Hackensack and one in the Fort Lee/Cliffside Park/Fairview area of the county are recommended.

- Provide transportation and/or other affordable options to and from existing services for families with children and for youth ages 14 to 21. Although transportation was only identified as one of the top five items as a barriers to service in four (4) of the 15 target service areas, focus group participants identified this service as a major gap. Public transportation between New York City and Bergen County communities is available; however, public transportation between and among various communities is not easy and often requires using several buses. Federal funding to transport populations with special needs is limited to those with disabilities over 18 and to adults over 60.
  - Increase the number of locations where services are available. Currently, the majority of services are concentrated in the Hackensack, Teaneck, Englewood, and Paramus areas.
  - Increase Medicaid rates and services covered by Medicaid.
  - Increase the number of physicians, dentists, and therapists who accept Medicaid.
4. Continue to take steps to move from a comprehensive and coordinated continuum of care to a comprehensive, coordinated and **integrated** continuum of care.
- Train staff, beginning with care managers, across systems so that care plans are comprehensive and integrated and consumers are linked to all available services.
  - Develop multi-disciplinary teams to assist families with children who have multiple disabilities.
  - Eliminate silos by streamlining eligibility requirements across systems. In addition to income and assets, consider the high cost of living in Bergen County and additional expenses families with special needs children incur. Eligibility requirements were identified as one of the top five barriers to service in 14 of the 15 target service areas. Cost was identified as one of the top five barriers to service in 12 of the 15 target service areas.
  - Expand and fund the BC CIACC Schools and Mental Health Initiative-Liaison Project to include information on all systems. This project was initially funded as

a Grant to Improved Children's Mental Health by the US Department of Education.

- Continue communication among the human services, workforce development, education, municipal and business sectors in order to promote "in-demand" career options for youth transitioning to independent living.

## **Methodology**

---

In April 2012 the Children and Families Committee of the Bergen County HSAC began the process for assessing the needs of at-risk children and families on behalf of the NJDCF. During the course of the project the Children and Families Committee defined the target population, identified target service areas, oversaw participant outreach, and reviewed and synthesized the findings of the stakeholder survey and the focus groups. On October 23, 2012, the HSAC reviewed, provided input, and approved the report.

A total of 107 individuals, assisted by six (6) HSAC staff members, and an intern from Ramapo College participated in the process. See the Acknowledgement Section, pages 46 to 51, for the names of participants. The names of 15 youth ages 14 to 21 who participated in focus groups are not included.

### **Scope**

The NJDCF considers “at-risk children and families” to mean “children and families under DCP&P supervision regardless of whether children are home or in out-of-home placement settings; and children and families about whom a call has been made to the State Central Registry, including those who have been referred to differential response and other prevention programs.” The Children and Families Committee agreed to expand the definition of at-risk children in order to capture the needs of all at-risk children served by the NJDCF and maximize the significance and utility of this report for Bergen County. At-risk children and families include the following:

- Children who have been harmed, are at risk of being harmed, and/or may be exposed to abuse or neglect and their families;
- Children and adolescents with emotional and behavioral health care challenges and their families;
- Children with intellectual and/or developmental disabilities and their families;
- Children and families receiving support services to prevent abuse and neglect; and
- Youth ages 14-21 who in the transition to adulthood require services to achieve economic self-sufficiency, independence, and healthy life styles.

## Target Service Areas

The NJDCF defined the target service areas to be addressed by this needs assessment as: Basic Needs, Substance Abuse Treatment, Mental Health Services, Transitional Living Services for Youth Leaving Foster Care, and Domestic Violence Services. The Children and Families Committee expanded the target service areas to include Support Services for Children with Intellectual and/or Developmental Disabilities and their families and **all** youth ages 14-21, who in the transition to adulthood require services. Based on Bergen County's needs the target service areas were defined as follows:

- Basic Needs
  - Basic Health Care
  - Housing
  - Transportation
- Substance Abuse Treatment Services
  - Substance Abuse Services for Adults (with Hospital Stay)
  - Substance Abuse Services for Adults (without Hospital Stay)
  - Substance Abuse Services for Youth (with Hospital Stay)
  - Substance Abuse Services for Youth (without Hospital Stay)
- Mental Health Services
  - Mental Health Services for Adults (with Hospital Stay)
  - Mental Health Services for Adults (without Hospital Say)
  - Mental Health Services for Youth (with Hospital Stay)
  - Mental Health Services for Youth (without Hospital Say)
- Transitional Living Services for Youth ages 14-21
  - Employment, Educational, Life Skills Training Services
  - Housing Services
- Domestic Violence Support Services
- Family Support Services for Children (up to age 21) with Intellectual and/or Developmental Disabilities and Their Caregivers.

## **Data Sources**

Data from the following sources were reviewed, analyzed and incorporated into the report.

- *2010 Report on the Prevention of the Domestic Violence Act* by the Family Practice Division Administrative Office of the Courts
- 2010 US Census
- *2012 Fair Market Rent Indicators* from the US Department of Housing and Urban Development
- *2012 New Jersey Kids Count, The State of Our Children* by Advocates for Children of New Jersey
- *2012 Statistical Reports – TANF and Food Stamps* by BC Board of Social Services
- *Annual Performance Reports* by New Jersey Early Intervention System
- BC Homeless Management Information System 2008 to 2012
- *Bergen County New Jersey, A Profile of Child Care Indicators 2011* by

New Jersey Association of Child Care Resource and Referral Agencies

- *Children and Families' Needs Assessment Survey 2012* conducted by the BC Department of Human Services
- *Food for Thought: 2<sup>nd</sup> Annual New Jersey School Breakfast Report* by Advocates for Children of New Jersey
- *New Jersey Point-in-Time Count of Homeless 2012* by Corporation for Supportive Housing
- *Out of Reach Report 2012* by The National Low Income Coalition
- *Poverty in America Living Wage Calculator* by Massachusetts Institute of Technology

## **Stakeholder Survey**

NJDCF requested that counties utilize a specific survey tool to ensure uniformity of information across all counties. However, the survey could be expanded to suit the county's needs. The Committee agreed that reaching as many professionals and consumers as possible was important. Reaching families and youth was the top priority. The HSAC Children and

Families Committee maintained the integrity of the survey while making the language more family and youth friendly. The survey was translated into Spanish and Korean to expand our cultural outreach.

The survey (Appendix C, pages 57 to 66) was available online via Survey Monkey in English, Spanish, and Korean. The County distributed a press release containing links to the survey to the general public and posted the release on the county website. To encourage participation the Department of Human Services sent multiple e-mails which contained the Survey Monkey links to nearly 250 individuals (executive directors and senior management staff of social services agencies and members of the HSAC and its committees). The e-mail urged individuals to forward the link to others. The CIACC, the YSC, and other planning bodies forwarded the link to their membership. E-mails were also sent to public and nonprofit agencies who serve at-risk children and families requesting their assistance in reaching families and youth. As a result some agencies posted the link on their websites and/or Facebook pages. Others distributed a printed copy to families and youth.

The survey consisted of seven (7) data gathering questions and two (2) areas for text comments. Overall results were provided for all data gathering questions. For three (3) of the seven data gathering questions we compared overall survey results with consumer responses and with professional and community advocate responses. For the service priority question, results were compared with the results from the focus groups. We reviewed and analyzed the text comments and incorporated the distilled information in the priority ranking form. See Appendix E, pages 85 to 105, for comments.

## **Focus Groups**

At NJDCF's request we conducted a series of focus groups in order to obtain information from a variety of consumers, families, youth, service providers, advocates, and NJDCF employees. We scheduled focus groups around existing advisory and support meetings in order to gather qualitative information about the service gaps and barriers, county strengths, and solutions. The undistilled information gathered at the focus group is in Appendix D, pages 67 to 85.

Focus group participants also were asked to complete a questionnaire prioritizing six (6) target service areas:

- Basic Needs
- Substance Abuse Treatment
- Mental Health Services
- Transitional Living Services for Youth, Ages 14 to 21
- Domestic Violence Support Services
- Family Support Services for Children (up to age 21) with Intellectual and/or Developmental Disabilities and Their Caregivers.

The overall ranking was determined based on a weighted calculation from the focus group responses. The priority rankings for the focus group responses were determined by giving a value of six (6) to indicate most important, decreasing to a value of one (1) to indicate least important. The number of individual responses was then multiplied by this value. The prioritization responses from the focus groups were compared to the prioritization responses of the survey.

The participants at three (3) of the focus groups were primarily consumers. Approximately 53% of the participants in the five focus groups were professionals/consumer advocates and 47% were consumers.

<b>Date</b>	<b>Focus Group</b>	<b>Attendees</b>
September 13 6 pm	Family Guidance Alternatives to Detention	Youth Ages 14 to 21
September 7 9 am	HSAC Children and Families Committee Attendees expanded to include a wider variety of service providers.	Professionals, Community Advocates, and Parents
September 11 9am	Children’s Inter-Agency Coordinating Council	Professionals, Community Advocates and Parents
September 19 6:30 pm	Family Support Organization Advisory Committee Attendees expanded to include families with children with I/DD.	Parents/ Guardians/Caregivers
September 24 5 and 6 pm	Family Guidance Youth Resource Center	Youth Ages 14 to 21

## **Resource Inventory**

The NJDCF requested that counties submit a resource inventory of services currently available to Bergen County at-risk children and families. The Bergen County’s United Way and NJ 2-1-1 graciously agreed to customize the Resource Inventory: Bergen County Service Area submitted as a companion document with the needs assessment.. The format of the extensive inventory corresponds with the target service areas included in the stakeholders survey, discussed at the focus groups, and included in the prioritization section of the plan.

## **Priority Ranking Form**

The information from the survey and focus groups was used to complete the Priority Ranking Form. The overall ranking and access barriers to existing services were from the survey results while the existing services, gaps in services, and solutions came from the focus groups and survey comments. Note generic services, not specific agencies and/or specific program names are listed under existing services.

The prioritization was determined based on a weighted calculation from the survey data. The survey asked individuals to prioritize their top five (5) most important services from a list of 15. The priority rankings were determined by giving a value of five (5) to indicate most important, decreasing to a value of one (1) to indicate least important. The number of individual responses was then multiplied by the respective value.

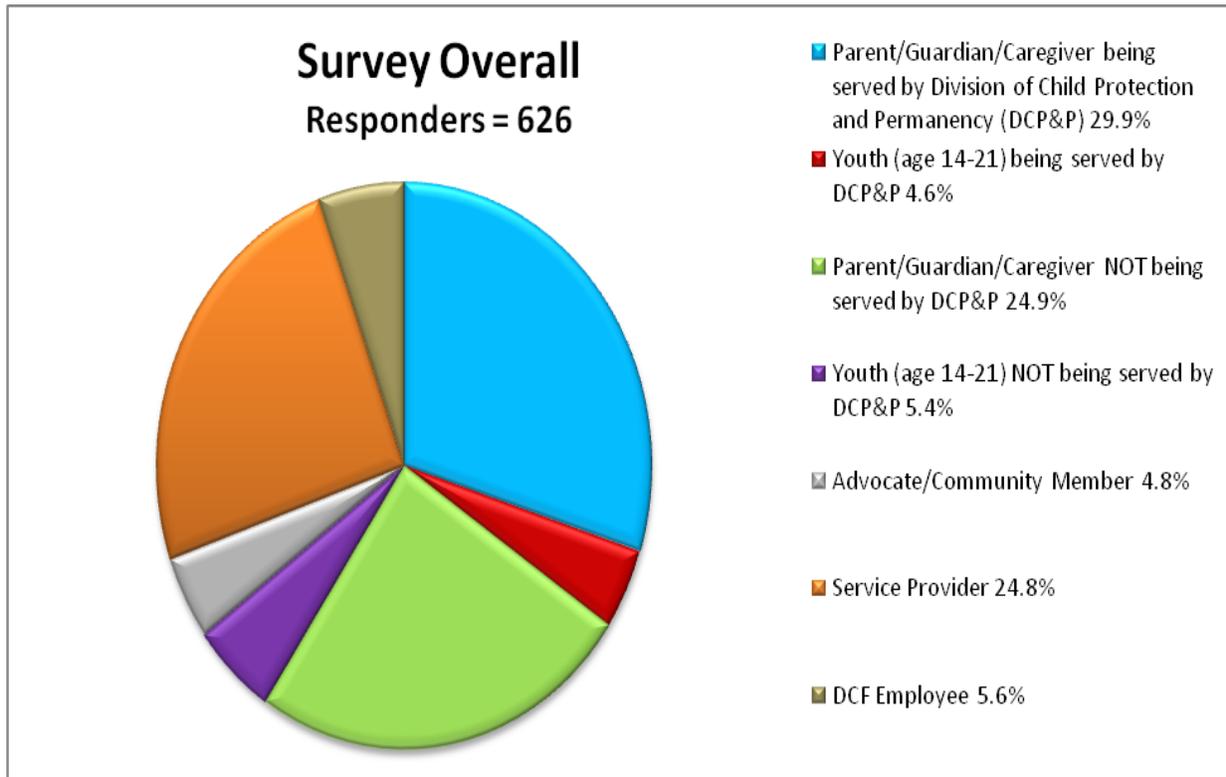
The HSAC Children and Families Committee reviewed and refined the existing services, service gaps, and solutions sections. For the existing services section, the generic services, not specific agencies and/or specific program names are listed.

# Children and Families’ Needs Assessment Survey Analysis

Overall, 626 individuals began the survey. Survey Monkey allowed individuals to proceed to the next question only after fully answering a question. The result was that the number of individuals completing each question decreased with 229 individuals completing all questions. Throughout this survey analysis, the number of individuals and their corresponding demographics is indicated for each question. For all questions, consumers represented at least 50% of the responders.

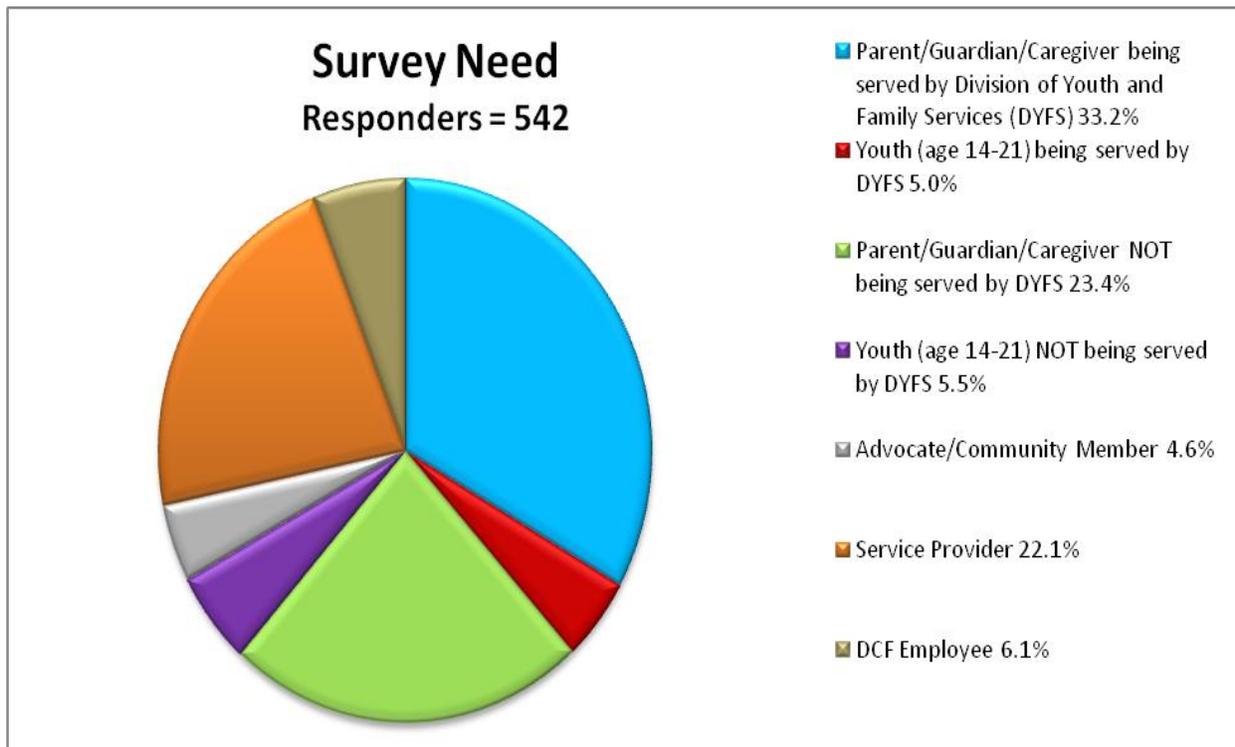
## Demographics

The first question was used to gauge the demographic of the person surveyed. The question was answered by 626 people. As indicated on the chart below, 64.8% of the responders were consumers (54.8% parents; 10% youth) 30.4% were professionals (24.8% service providers; 5.6% NJDCF employees) and 4.8% were community advocates.

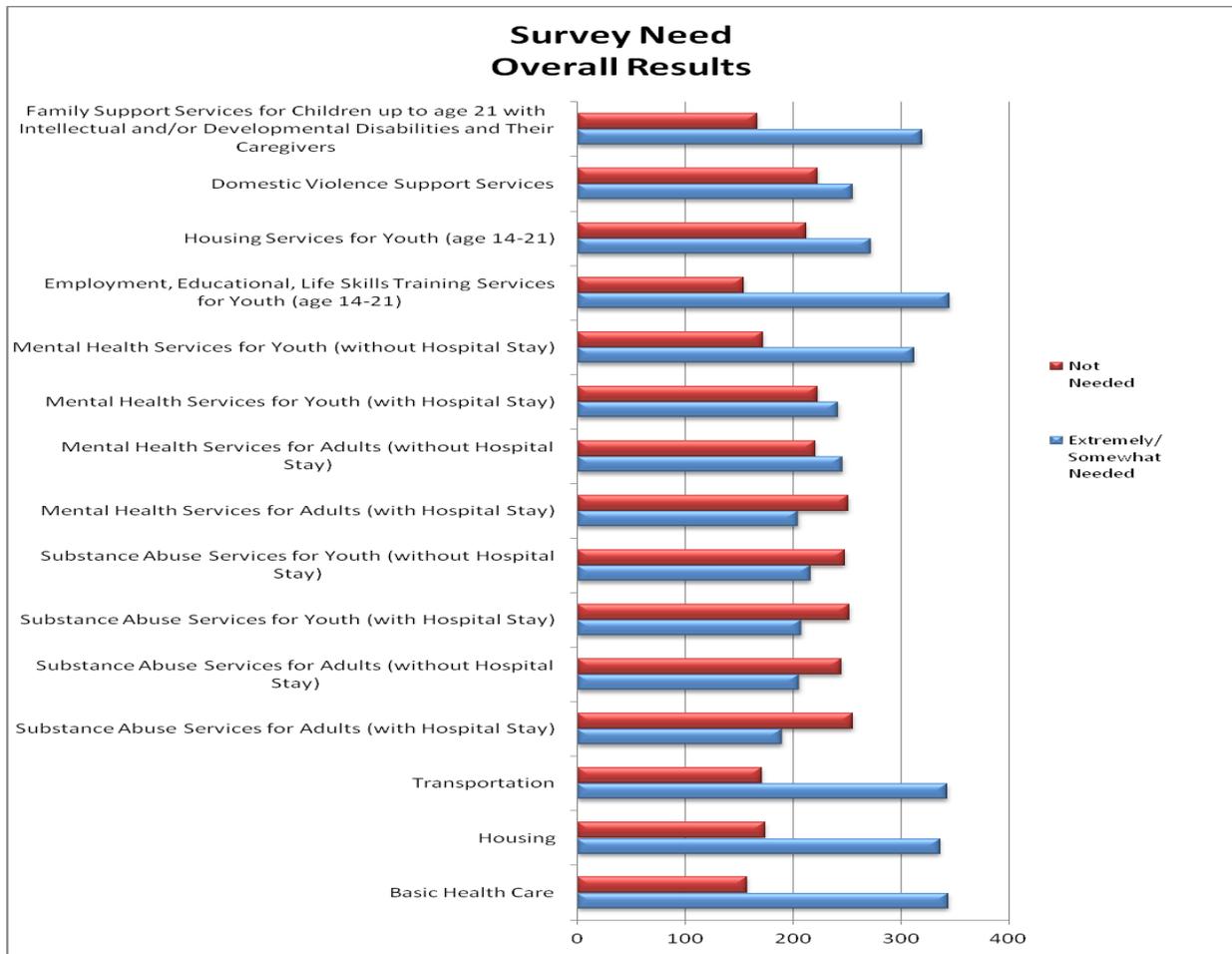


## Need

Each respondent was asked to indicate the level of need (how necessary a service is) for each target service area by checking off one of the following: Extremely Needed, Somewhat Needed, Not Needed, and Do Not Know. This question was answered by 542 people. As indicated on the chart below, 67.1% of the responders were consumers (56.6% parents; 10.5% youth) 28.2% were professionals (22.1% service providers; 6.1% NJDCF employees) and 4.6% were community advocates.



As displayed on the chart below, the majority of responders (over 50% in most target service areas) indicated the need for services was either “extremely needed” or “somewhat needed” throughout all target service areas with the exception of all the substance abuse services and mental health services for adults with hospital stay.

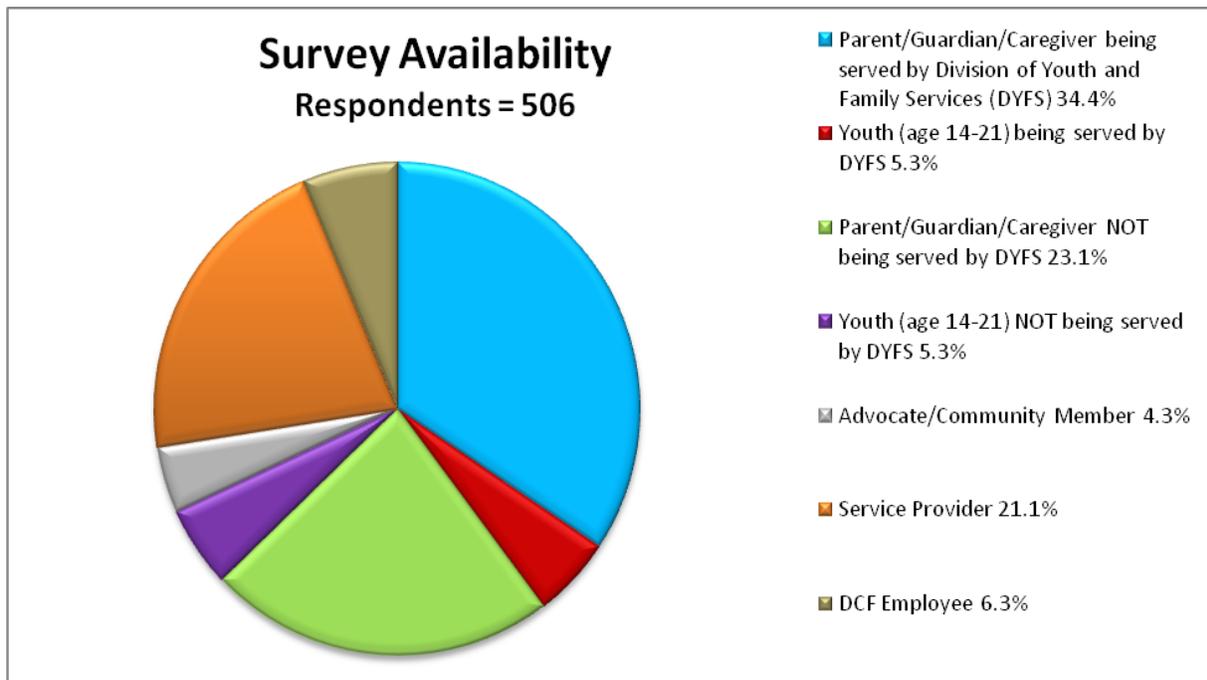


A comparison of the responses of professionals and community advocates with those of the consumers (Appendix F, pages 106 to 108 & 113 to 115) showed that:

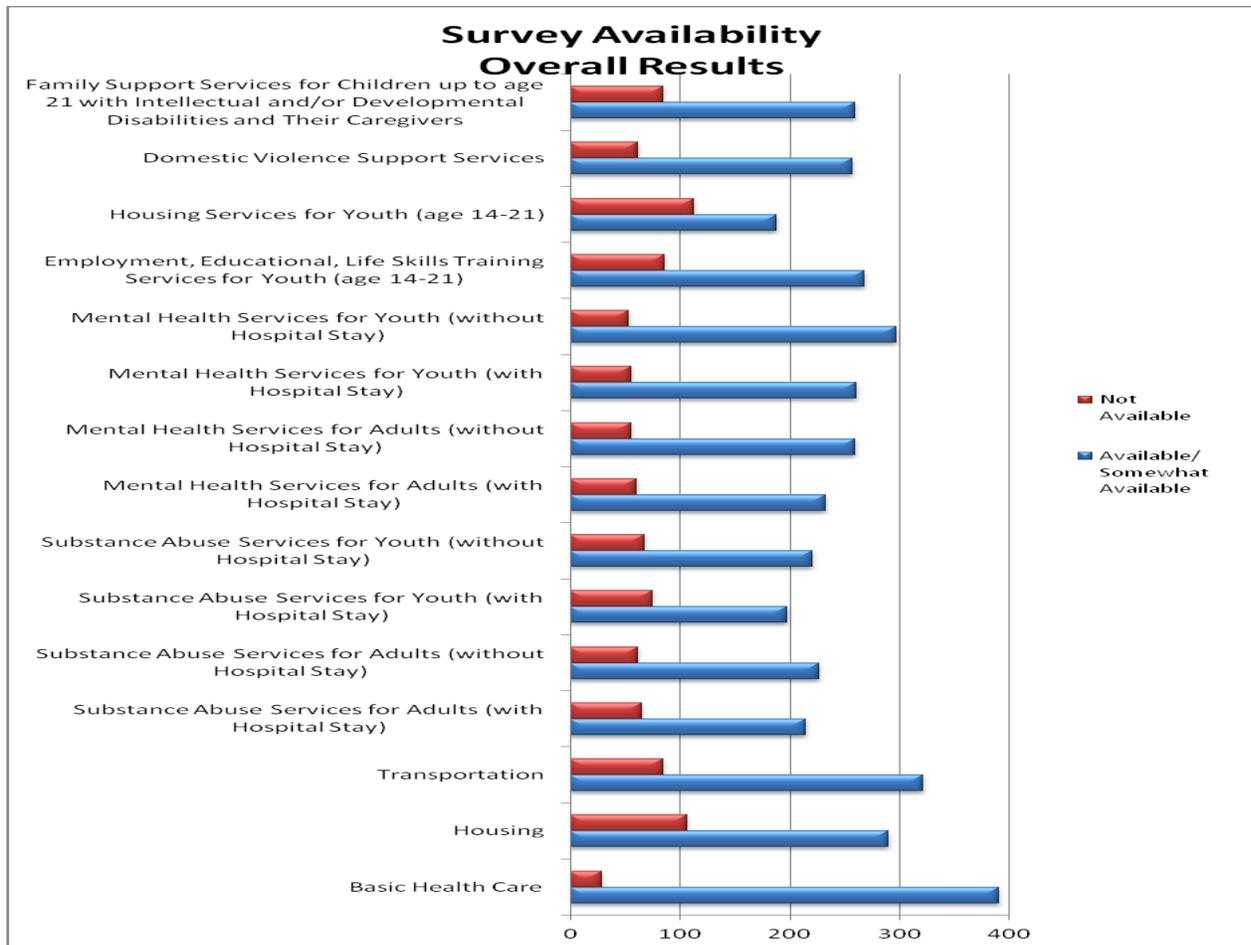
- The majority of the professionals and advocates (over 50% in all target service areas) felt all services were either extremely or somewhat needed.
- The majority (over 50% in most target service areas) of the consumers concurred with the majority of the professionals and advocates and the overall results in the six target service areas as follows:
  - All basic needs (Housing, Health Care, and Transportation)
  - Mental health services for youth without hospital stay
  - Employment, educational services, life skills training for youth (age 14 -21)
  - Family support services for children (up to age 21) with I/DD & their caregivers

## Availability

Each respondent was asked to indicate the level of availability for each target service area by checking off one of the following: Available, Somewhat Available, Not Available, and Do Not Know. This question was answered by 506 people. As indicated on the chart below, 68.1% of the responders were consumers (57.5% parents; 10.6% youth) 27.4% were professionals (21.1% service providers; 6.3% NJDCF employees) and 4.3% were community advocates.



As displayed in the chart below, overall, the majority (over 50% in most target service areas) of respondents felt all target service areas had services available/somewhat available.

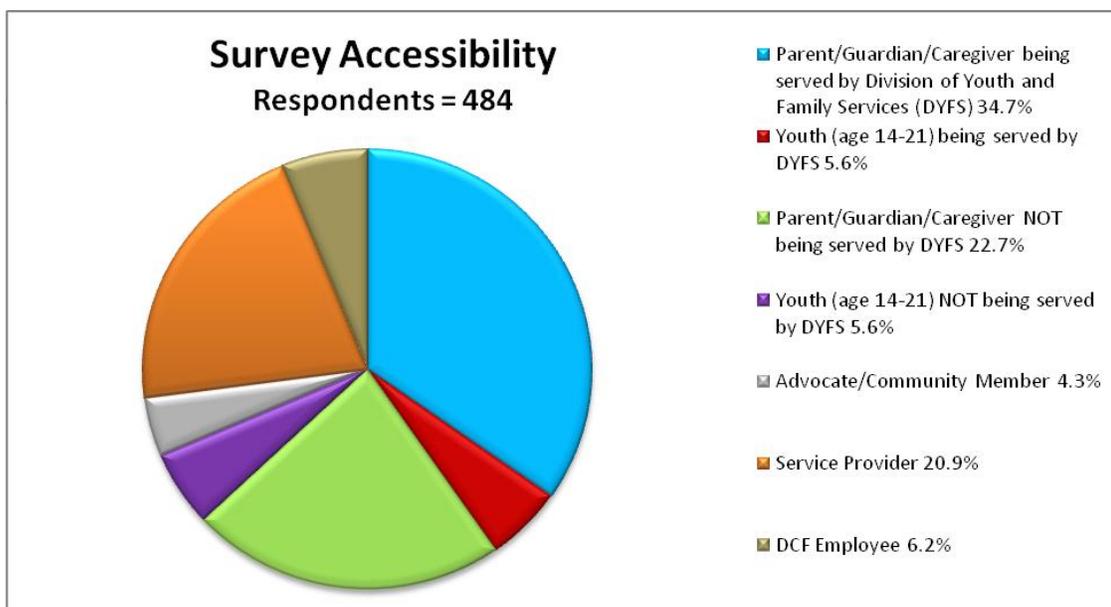


A comparison of the responses of professionals and community advocates with those of the consumers (Appendix F, pages 109,110, 116 & 117) showed that:

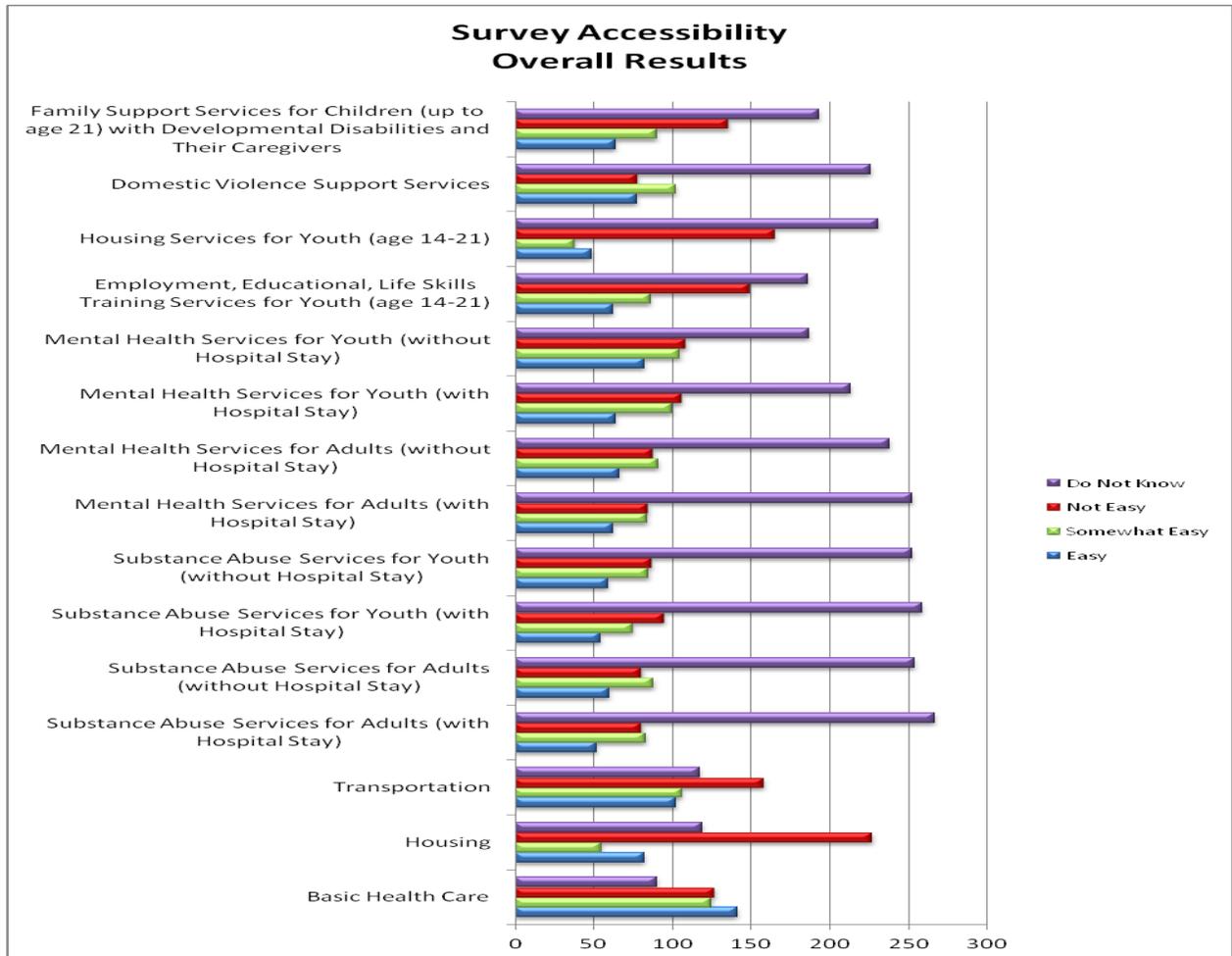
- Professionals and community advocates concurred with the overall survey results.
- Consumers agreed with professionals and community advocates that services were “available/somewhat available” in the six service areas:
  - All basic needs (Housing, Health Care, and Transportation)
  - Mental health services for youth without hospital stay
  - Employment, educational services, life skills training services for you (age14-21)
  - Family support services for children (up to age 21) with I/DD & their caregivers
- The majority of the consumers answered “do not know” for all other target service areas.

## Accessibility

Each respondent was asked to indicate the level of accessibility (how easy it is to get services) for each target service area by checking off one of the following: Easy, Somewhat Easy, Not Easy, and Do Not Know. This question was answered by 484 people. As indicated on the chart below, 68% of the responders were consumers (57.4% parents; 11.2% youth) 27.1% were professionals (20.9% service providers; 6.2% NJDCF employees) and 4.3% were community advocates.



As indicated on the chart below, overall, in 12 out of 15 target service areas, the majority of respondents answered “do not know”. For the remaining three (3) out of 15 target service areas the majority of the respondents answered “easy” for basic health care and “not easy” for housing and transportation. For those who did not answer “do not know” the response identified most was “not easy” (nine (9) out of 15 target service areas) and the response indicated the least was “easy.” Moreover in most target service areas, the responses were fairly evenly distributed across “easy,” “somewhat easy,” and “not easy.”



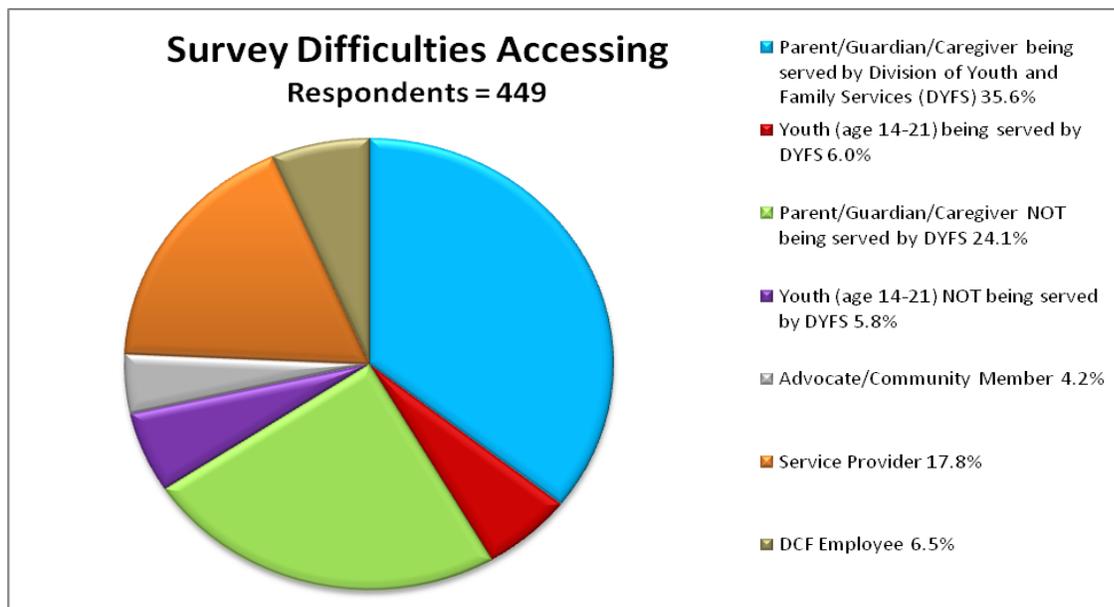
A comparison of the responses of professionals and community advocates with those of consumers (Appendix F, pages 111,112,118, & 119) showed that:

- The majority of professionals and community advocates indicated the services were not easy to access in all areas with the exception of the following: substance abuse services for adults (with and without hospital stay) and domestic violence services, which the majority answered somewhat easy.
- The majority of consumers concurred with the overall results by answering “easy” for basic health care and “not easy” for housing. The majority of the consumers answered “do not know” for all other target service areas. Moreover in most

target service areas, the responses were fairly evenly distributed across “easy,” “somewhat easy,” and “not easy.”

## Difficulties Accessing Services

We asked each person surveyed to indicate any difficulties accessing services within each target service area by checking off at least, but not limited to one of the following: No Transportation, Wait List, Eligibility Requirements, Limited Hours, Language, Cost, Lack of Child Care, No Difficulty, and Do Not Know. This question was answered by 449 people. As indicated on the chart below, 71.5% of the responders were consumers (59.7% parents; 11.8% youth) 24.3% were professionals (17.8% service providers; 6.5% NJDCF employees) and 4.2% were community advocates.



An analysis of the top five (5) responses for each of the 15 target service areas showed the following:

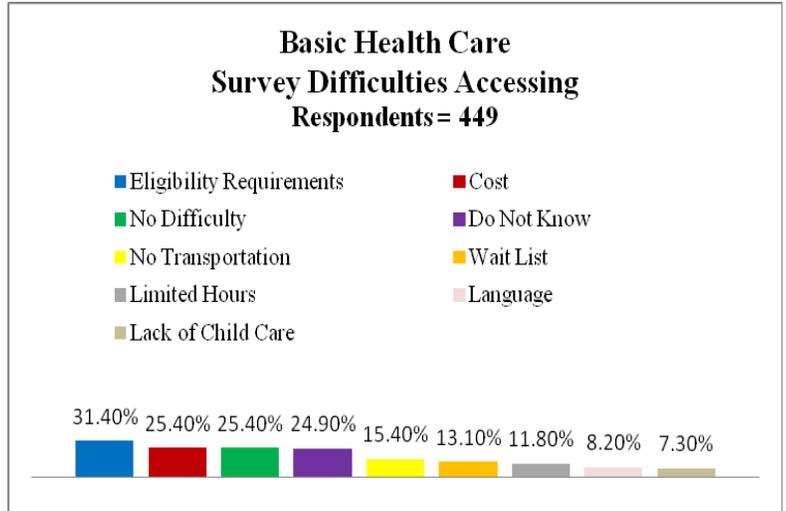
- “no difficulty” in 14 out of 15 target service areas
- “eligibility requirements” in 14 out of 15 target service areas
- “wait list” in 12 out of 15 target service areas
- “cost” in 12 out of 15 target service areas

- “do not know” in 10 out of 15 target service areas
- “transportation” in 4 out of 15 target service areas

The charts below display the difficulties accessing services for each of the 15 target service areas.

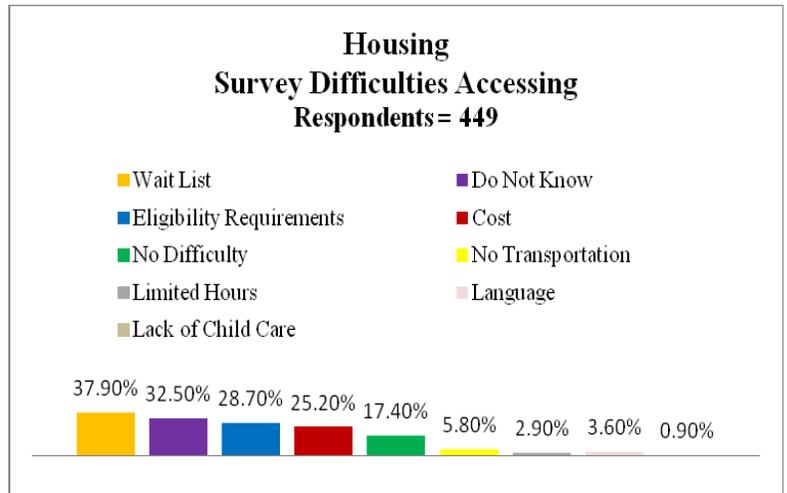
Basic Health Care

- Eligibility Requirements 31.4%
- Cost 25.4%
- No Difficulty 25.4%
- Do Not Know 24.9%
- No Transportation 15.4%
- Wait List 13.1%
- Limited Hours 11.8%
- Language 8.2%
- Lack of Child Care 7.3%



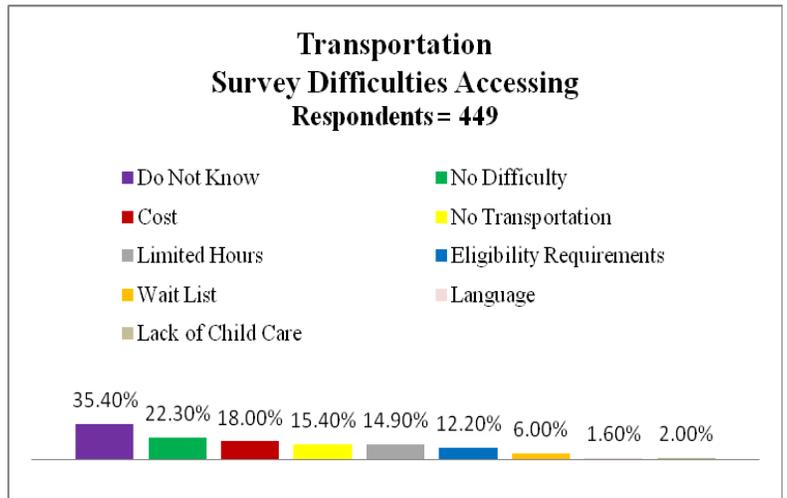
Housing

- Wait List 37.9%
- Do Not Know 32.5%
- Eligibility Requirements 28.7%
- Cost 25.2%
- No Difficulty 17.4%
- No Transportation 5.8%
- Language 3.6%
- Limited Hours 2.9%
- Lack of Child Care 0.9%



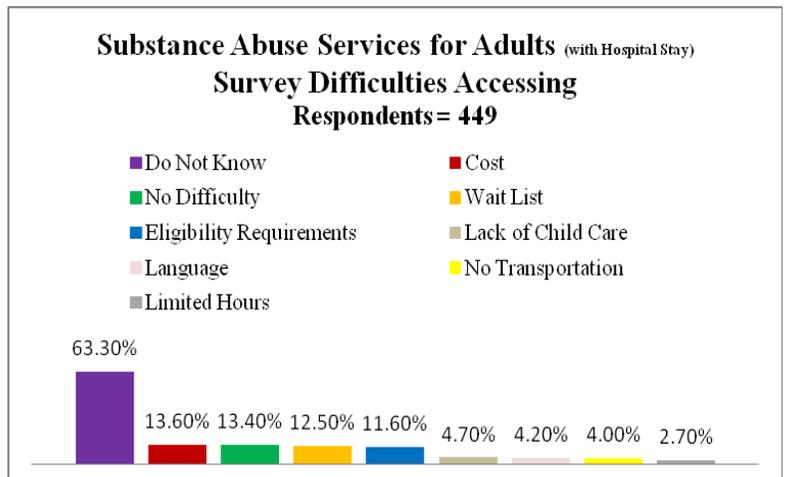
Transportation

- Do Not Know 35.4%
- No Difficulty 22.3%
- Cost 18%
- No Transportation 15.4%
- Limited Hours 14.9%
- Eligibility Requirements 12.2%
- Wait List 6%
- Lack of Child Care 2%
- Language 1.6%



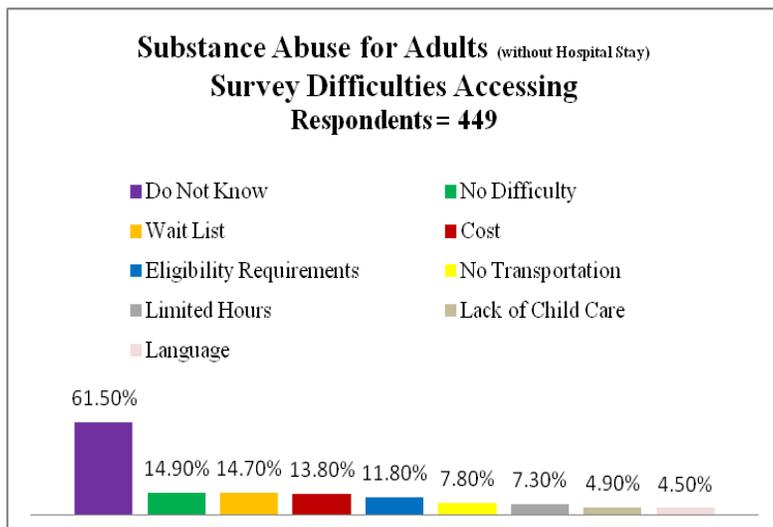
Substance Abuse Services for Adults (with Hospital Stay)

- Do Not Know 63.3%
- Cost 13.6%
- No Difficulty 13.4%
- Wait List 12.5%
- Eligibility Requirements 11.6%
- Lack of Child Care 4.7%
- Language 4.2%
- No Transportation 4.0%
- Limited Hours 2.7%



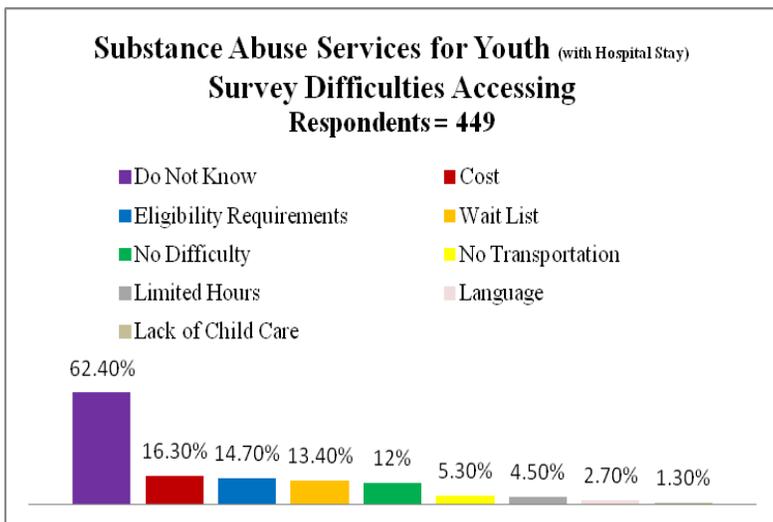
Substance Abuse Services for Adults (without Hospital Stay)

- Do Not Know 61.5%
- No Difficulty 14.9%
- Wait List 14.7%
- Cost 13.8%
- Eligibility Requirements 11.8%
- No Transportation 7.8%
- Limited Hours 7.3%
- Lack of Child Care 4.9%
- Language 4.5%



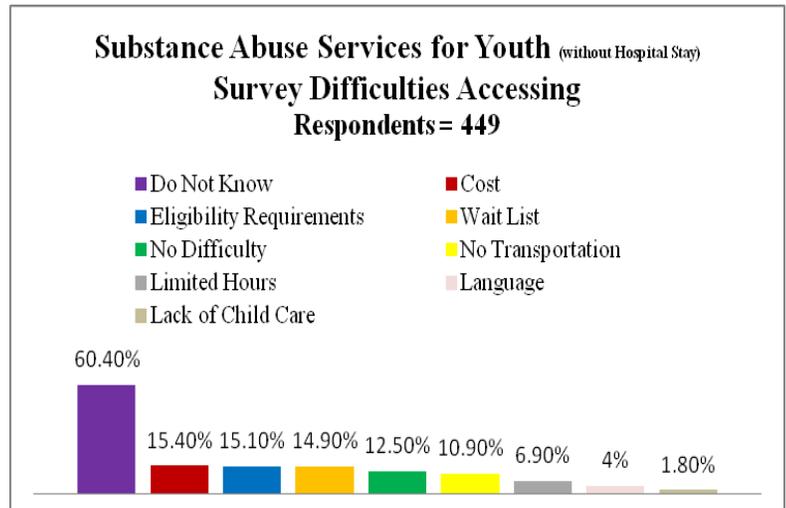
Substance Abuse Services for Youth (with Hospital Stay)

- Do Not Know 62.4%
- Cost 16.3%
- Eligibility Requirements 14.7%
- Wait List 13.4%
- No Difficulty 12%
- No Transportation 5.3%
- Limited Hours 4.5%
- Language 2.7%
- Lack of Child Care 1.3%



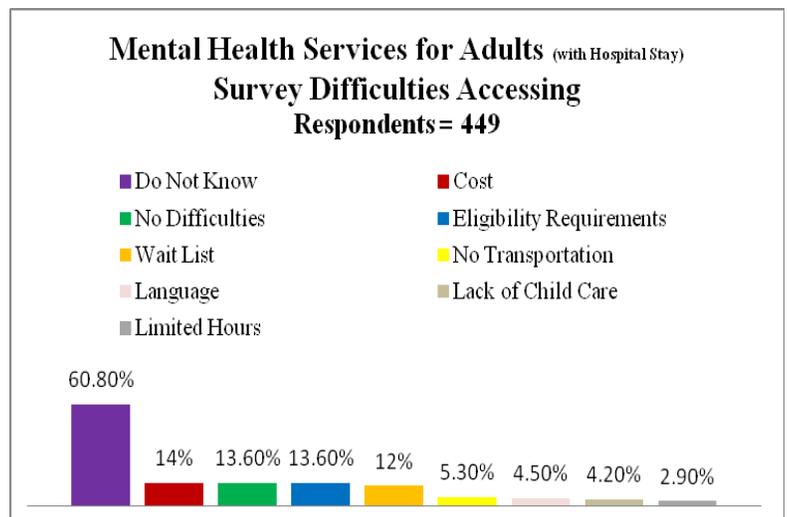
Substance Abuse Services for Youth (without Hospital Stay)

- Do Not Know 60.4%
- Cost 15.4%
- Eligibility Requirements 15.1%
- Wait List 14.9%
- No Difficulty 12.5%
- No Transportation 10.9%
- Limited Hours 6.9%
- Language 4%
- Lack of Child Care 1.8%



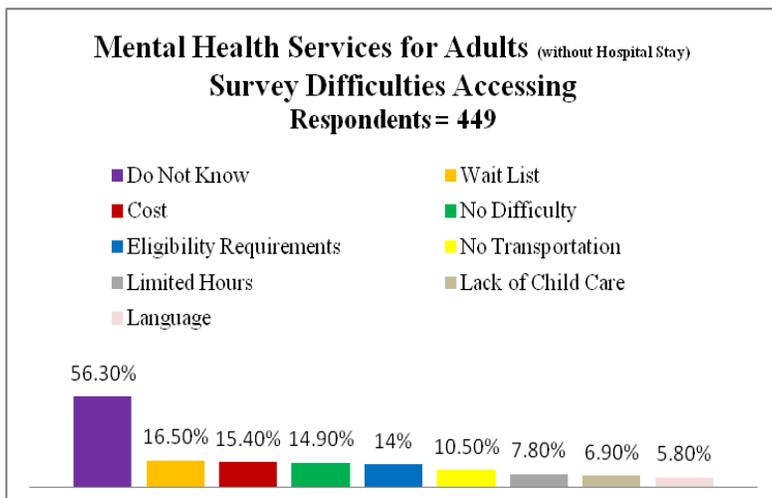
Mental Health Services for Adults (with Hospital Stay)

- Do Not Know 60.8%
- Cost 14%
- No Difficulties 13.6%
- Eligibility Requirements 13.6%
- Wait List 12%
- No Transportation 5.3%
- Language 4.5%
- Lack of Child Care 4.2%
- Limited Hours 2.9%



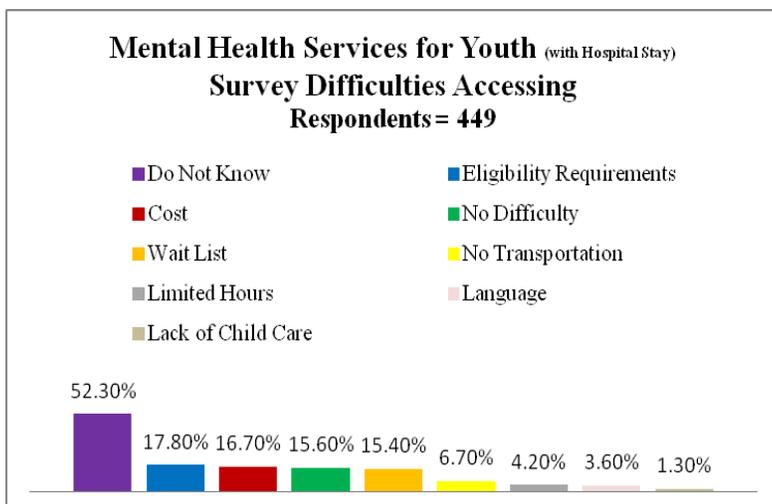
Mental Health Services for Adults (without Hospital Stay)

- Do Not Know 56.3%
- Wait List 16.5%
- Cost 15.4%
- No Difficulty 14.9%
- Eligibility Requirements 14%
- No Transportation 10.5%
- Limited Hours 7.8%
- Lack of Child Care 6.9%
- Language 5.8%



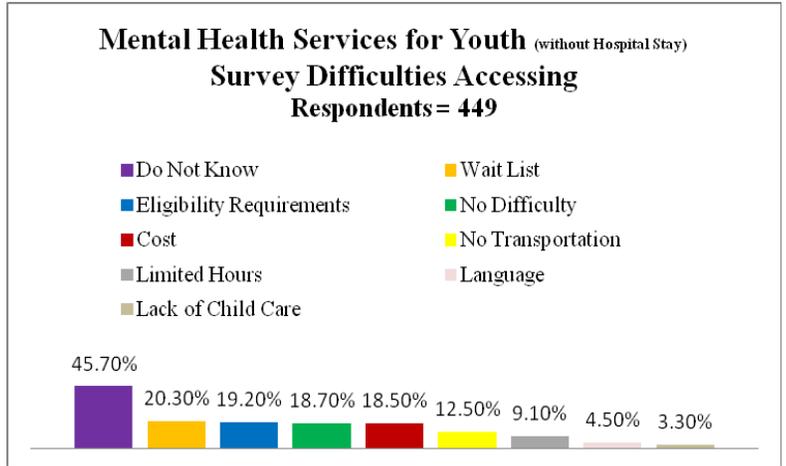
Mental Health Services for Youth (with Hospital Stay)

- Do Not Know 52.3%
- Eligibility Requirements 17.8%
- Cost 16.7%
- No Difficulty 15.6%
- Wait List 15.4%
- No Transportation 6.7%
- Limited Hours 4.2%
- Language 3.6%
- Lack of Child Care 1.3%



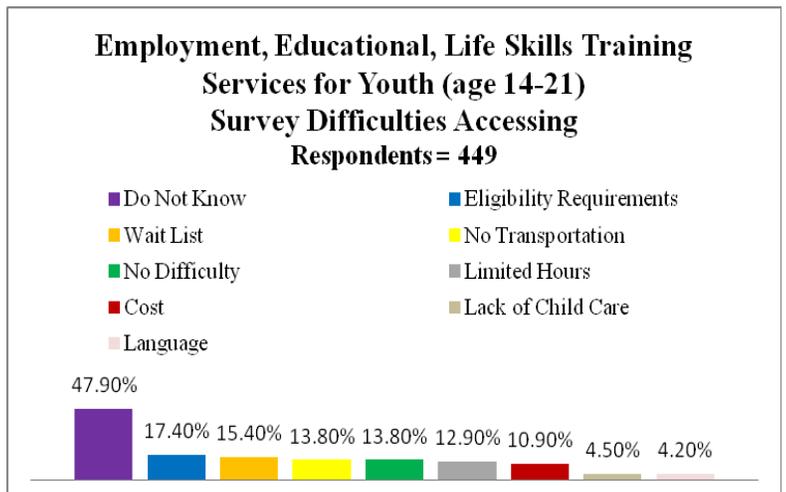
Mental Health Services for Youth (without Hospital Stay)

- Do Not Know 45.7%
- Wait List 20.3%
- Eligibility Requirements 19.2%
- No Difficulty 18.7%
- Cost 18.5%
- No Transportation 12.5%
- Limited Hours 9.1%
- Language 4.5%
- Lack of Child Care 3.3%



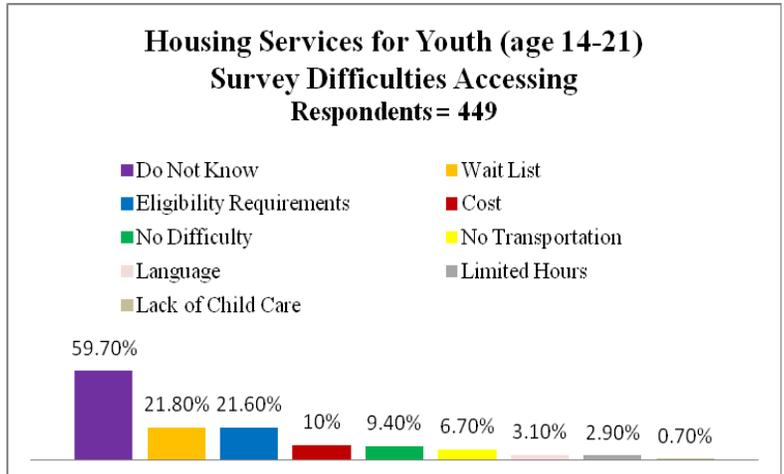
Employment, Educational, Life Skills Training Services for Youth (age 14-21)

- Do Not Know 47.9%
- Eligibility Requirements 17.4%
- Wait List 15.4%
- No Transportation 13.8%
- No Difficulty 13.8%
- Limited Hours 12.9%
- Cost 10.9%
- Lack of Child Care 4.5%
- Language 4.2%



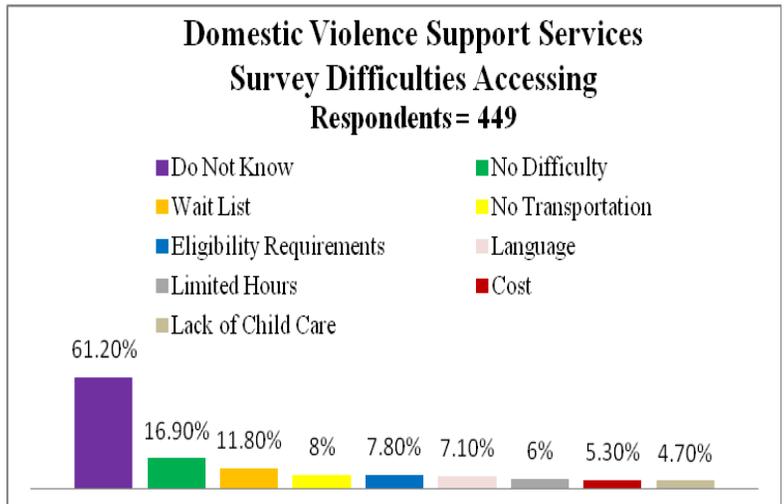
Housing Services for Youth (age 14-21)

- Do Not Know 59.7%
- Wait List 21.8%
- Eligibility Requirements 21.6%
- Cost 10%
- No Difficulty 9.4%
- No Transportation 6.7%
- Language 3.1%
- Limited Hours 2.9%
- Lack of Child Care 0.7%



Domestic Violence Support Services

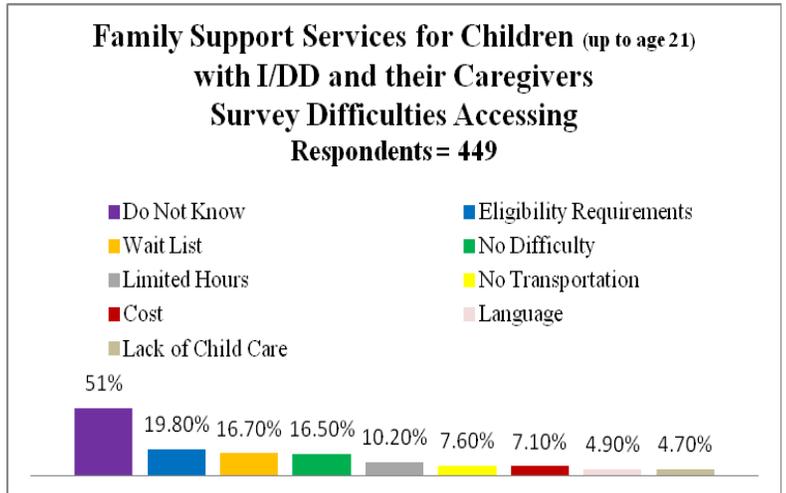
- Do Not Know 61.2%
- No Difficulty 16.9%
- Wait List 11.8%
- No Transportation 8%
- Eligibility Requirements 7.8%
- Language 7.1%
- Limited Hours 6%
- Cost 5.3%
- Lack of Child Care 4.7%



Family Support Services for Children (up to age 21) with Intellectual and/or Developmental

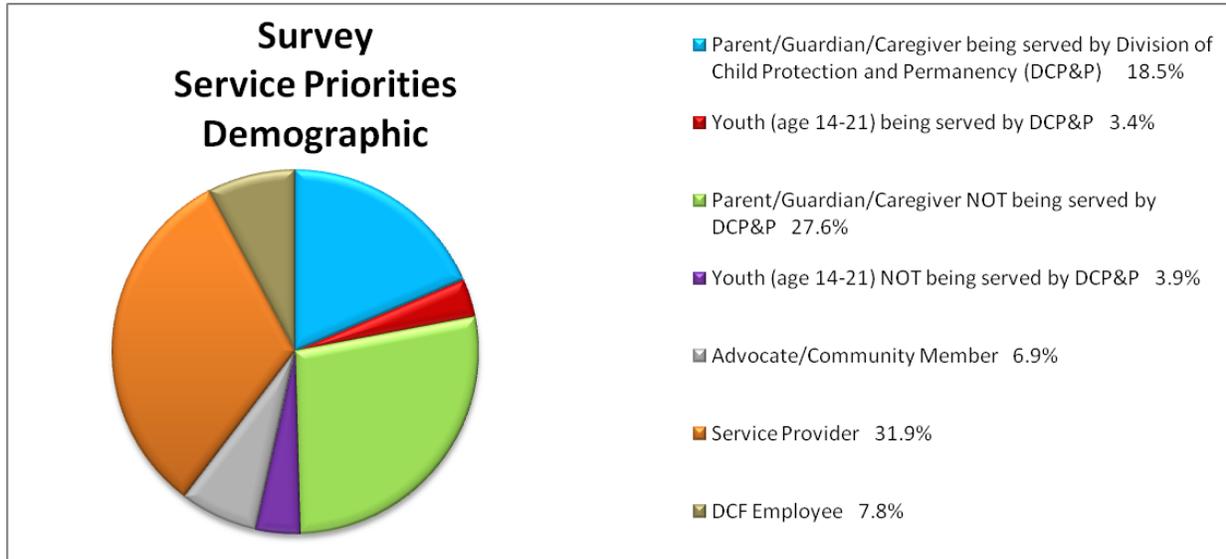
Disabilities and Their Caregivers

- Do Not Know 51%
- Eligibility Requirements 19.8%
- Wait List 16.7%
- No Difficulty 16.5%
- Limited Hours 10.2%
- No Transportation 7.6%
- Cost 7.1%
- Language 4.9%
- Lack of Child Care 4.7%



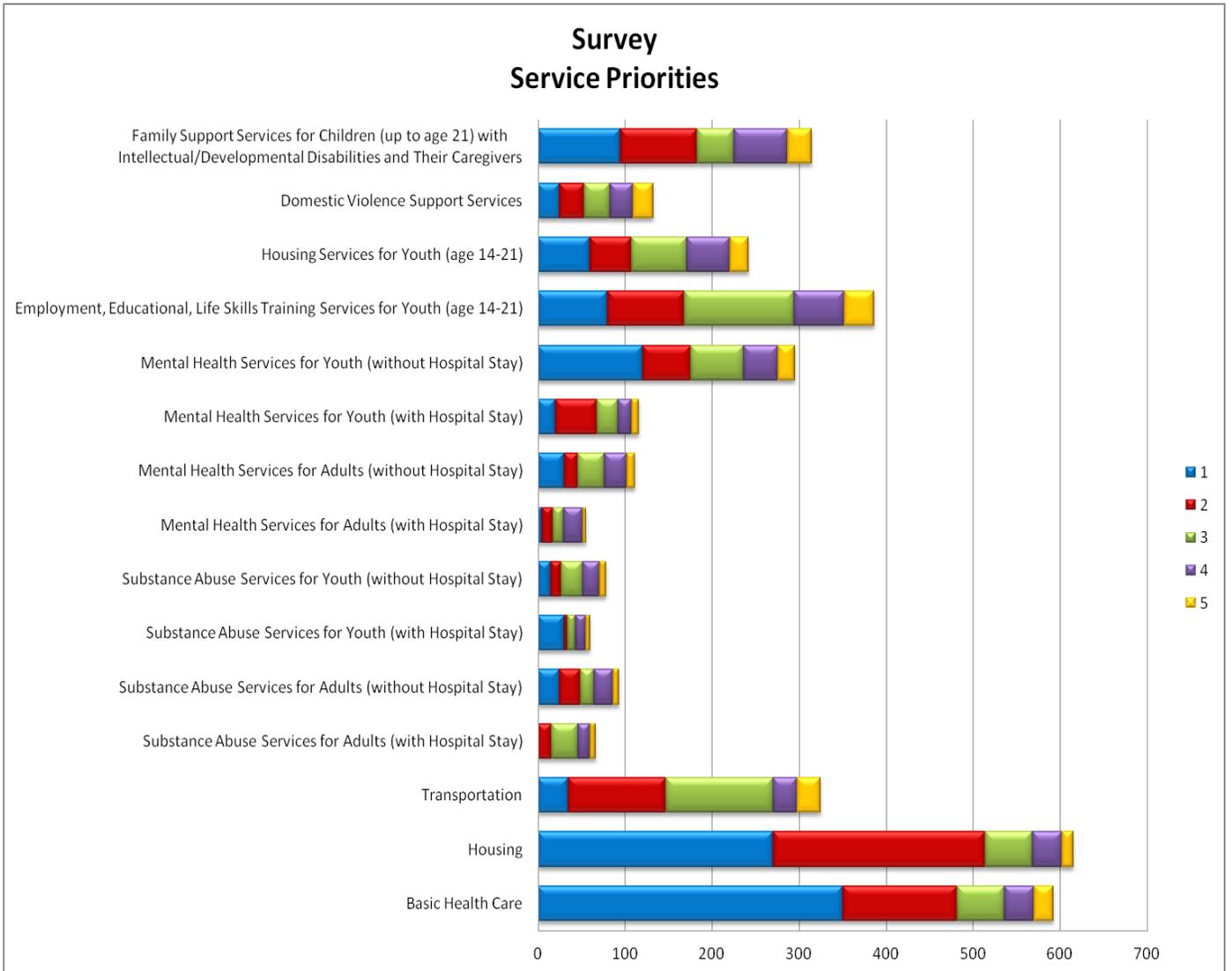
## Service Priorities

Respondents were asked to prioritize the five (5) most important target service areas from the 15 target service areas given. One (1) was used as the most important and five (5) was used as the least important. The overall ranking is based on survey data from 232 individuals. As indicated on the chart below, 53.3% of the responders were consumers (46% parents; 7.3% youth) 39.7% were professionals and 6.9% were community advocates.



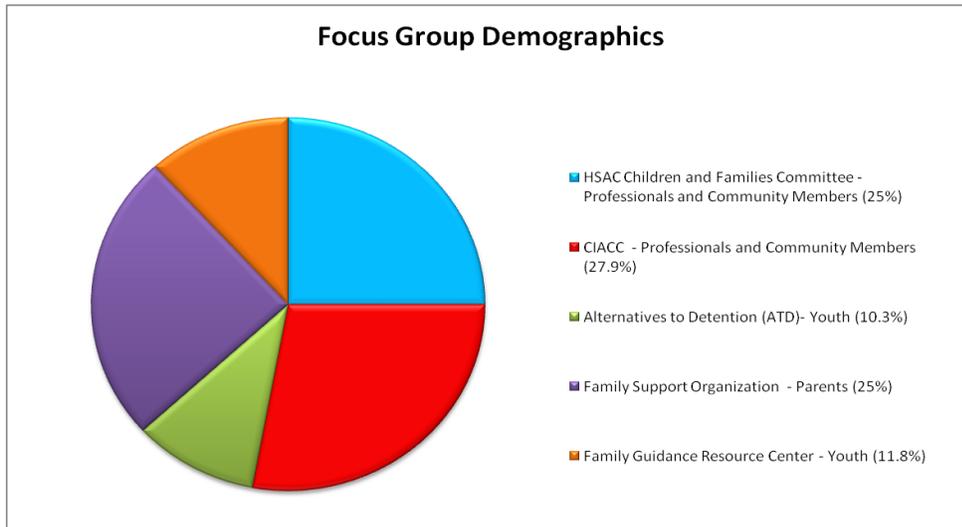
The majority of survey responders identified basic needs (basic health care, housing, and transportation) as most important followed by transitional living service for youth ages 14-21 (employment, educational, life skills training services and housing services), and family support services for children (up to age 21) with intellectual and/or developmental disabilities and their caregivers. Substance abuse treatment services (all target service areas) and mental health services for adults (with hospital stay) were identified as the least important.

The results are displayed on the chart below:

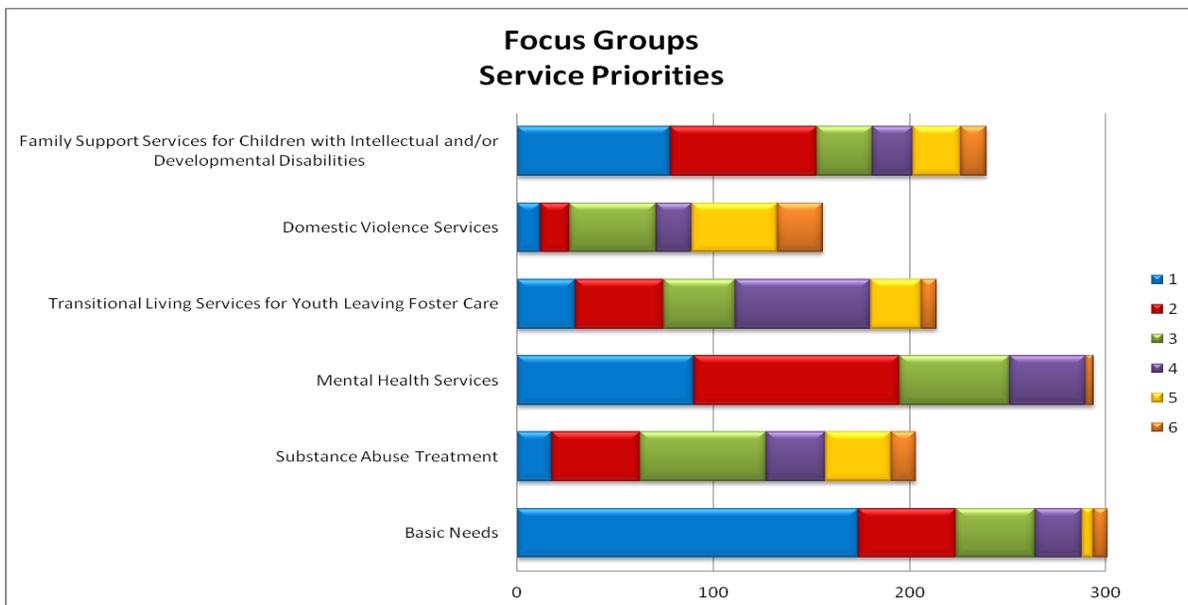


## Service Priorities - Focus Group

Respondents were asked to prioritize six (6) target service areas with one (1) being the most important and six (6) being the least important. The focus group information is based on 67 attendees. As indicated on the chart below, 52.9% were members of county planning bodies and are primarily professionals and 47.1% percent were consumers (25% parents; 22.1% youth).



Focus group participants concurred with survey responders identifying basic needs as most important. Focus group participants, however, identified domestic violence services as least important. The results are displayed on the chart below:



Department of Children and Families  
**Needs Assessment for At-Risk Children and Families**  
**Priority Ranking Form**

**Targeted Services:** BASIC NEEDS; MENTAL HEALTH SERVICES; SUBSTANCE ABUSE TREATMENT; TRANSITIONAL LIVING SERVICES FOR YOUTH AGES 14-21; DOMESTIC VIOLENCE SERVICES; FAMILY SUPPORT SERVICES FOR CHILDREN (UP TO THE AGE 21) WITH INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES AND THEIR CAREGIVERS

Overall Ranking	Priority Service Needs	Sub-category	Existing Service(s)	Access Barrier(s) to Existing Services	Gap(s) in Service	Solution(s)
# 1	Basic Needs	Housing	Homeless Prevention Programs (Security Deposits, Rental and Utility Assistance), Homeless Prevention Programs for Welfare (EA and TRA), Shelters (Families and Individuals), Transitional Housing for Families, Vouchers (Section 8 and Shelter Plus Care), & Kinship Care Services for DCP&P Children	Wait List - 37.9% Eligibility Requirements - 28.8% Cost - 25.2% Do not know - 32.4%	Lack of Sufficient Outreach & Communication, Lack of Sufficient Coordination & Integration, Lack of Affordable Housing, Lack of Care Management for Clients Eligible for Shelter Plus Care Vouchers	Provide funding for Care Management for Clients Eligible for Shelter Plus Care Vouchers; Increase funding for Subsidies and Homelessness Prevention Programs, Improve coordination and integration by training staff across systems; Increase the number of Family Success Centers; Increase distribution of the <i>Bergen County Guide to Emergency Assistance and Related Services</i> .
# 2	Basic Needs	Basic Health Care	Welfare, Medicaid/NJ Family Care, Private Insurance, Special Child Health Services, HIV Testing and Education, Catastrophic Illness Fund, County Hospitals, Federally Qualified Health Care Centers, Bergen Volunteer Medical Initiative, Nutrition Assistance - Breakfast/Lunch Programs, Food Pantries and Food Stamps, Baby Diapers and Formula, WIC, Kinship Care Services for DCP&P Children	Eligibility Requirements - 31.5% Cost - 25.4% No Difficulty - 25.4% Do Not Know - 24.8%	Lack of Sufficient Outreach & Communication, Lack of Sufficient Coordination & Integration, Insufficient number of Participating Physicians, Dentists and Therapists, Insufficiently Covered Services by Insurance, Unaffordable Co-Pays	Provide funding for Care Management for Clients Eligible for Shelter Plus Care Vouchers; Increase funding for Subsidies and Homelessness Prevention Programs, Improve coordination and integration by training staff across systems; Increase the number of Family Success Centers; Increase distribution of the <i>Bergen County Guide to Emergency Assistance and Related Services</i> .
# 3	Transitional Living Services	Employment, Educational, Life Skills Training for Youth (age 14-21)	Education and Life Skills Training, including Homeward Bound, GED Program, Vocational Rehabilitation, After School Youth Resource Center, Seminars for I/DD kids – Pathways to the Journey, One Stop Career Center, NJ DCF Office of Adolescent Services, School-based Youth Services Programs, Housing and Financial Literacy Counseling, Chafee Wrap-Around Fund.	No Transportation - 13.8% Wait List - 15.4% Eligibility Requirements - 17.4% Do not know - 48.0%	Lack of Sufficient Outreach & Communication, Lack of Sufficient Coordination & Integration, Insufficient promotion of "in demand" career options, particularly for non-college bound youth.	Provide funding for Care Management for Clients Eligible for Shelter Plus Care Vouchers; Increase funding for Subsidies and Homelessness Prevention Programs, Improve coordination and integration by training staff across systems; Increase the number of Family Success Centers; Increase distribution of the <i>Bergen County Guide to Emergency Assistance and Related Services</i> .
# 4	Basic Needs	Transportation	Welfare, New Jersey Access – Access Link, Public Transportation	No Transportation - 15.4% Cost - 18.1% No Difficulty - 22.1% Do not know - 35.5%	Lack of transportation to services for children with special needs and their families, Lack of Sufficient Outreach & Communication, Lack of Sufficient Coordination & Integration,	Provide funding for Care Management for Clients Eligible for Shelter Plus Care Vouchers; Increase funding for Subsidies and Homelessness Prevention Programs, Improve coordination and integration by training staff across systems; Increase the number of Family Success Centers; Increase distribution of the <i>Bergen County Guide to Emergency Assistance and Related Services</i> .

Overall Ranking	Priority Service Needs	Sub-category	Existing Service(s)	Access Barrier(s) to Existing Services	Gap(s) in Service	Solution(s)
#5	Family Support Services for Children (up to the age 21) with Intellectual and/or Developmental Disabilities and their Caregivers	Family Support Services for Children (up to the age 21) with Intellectual and/or Developmental Disabilities and their Caregivers	Special Services School Districts, Children's Mobile Response, Classifications – re: advocacy for certain level programs, Regional Unified Intake process, Home Companion Programs, Recreation Program/ Summer Camp Respite Care and Home Care, After School Programs and Extended School Year Program, Child Care, Counseling, Advocacy and Education, Speech and Occupational Therapy, Behavioral Health Care, Adaptive Equipment and Home Modification, Medical Expense Services, Early Intervention Services, Care Management Services, Winter Program Camps, Special Parent Teacher Organizations (PTO), Saturday Programs	Wait List - 16.7% Eligibility Requirements - 19.9% No Difficulty - 16.3% Do not know - 51.1%	Lack of Adequate Outreach & Communication, Lack of Sufficient Coordination & Integration, Case Management, Multiple Diagnosis Services, Early Intervention, Transitional Services, Daily Living Skills, Insufficient Number of Participating Physicians, Dentists and Therapists Accepting Medicaid	Provide funding for Care Management for Clients Eligible for Shelter Plus Care Vouchers; Increase funding for Subsidies and Homelessness Prevention Programs, Improve coordination and integration by training staff across systems; Increase the number of Family Success Centers; Increase distribution of the <i>Bergen County Guide to Emergency Assistance and Related Services</i> .
#6	Mental Health Services	Mental Health Services for Youth (without Hospital Stay)	Unified Care Management Organization, Family Support Organization, Mobile Response, Outpatient Service for Those with Insurance via Private Practitioners, School Based Youth Services Primary Prevention and Treatment, Free Outpatient Services for Those Without Insurance, Intensive Outpatient Therapy, Hotlines (Crisis, 262-HELP), Mental Health First Aid Training, School and Community Liaison Initiative, Fire Prevention & Education, Juvenile/Family Crisis Intervention Unit, Information and Assistance, Bergen Regional Medical Center, Mental Health Programs - Community Mental Health Centers, MICA Services	Wait List - 20.3% Cost - 18.5% No Difficulty - 18.5% Do not know - 45.8%	Lack of Services for Children in Pre-school and Kindergarten, Lack of Adequate Outreach & Communication, Lack of Sufficient Coordination & Integration, Lack of Services for children under 12, Dual Diagnosis, Insufficient number of School Based Youth Services	Provide funding for Care Management for Clients Eligible for Shelter Plus Care Vouchers; Increase funding for Subsidies and Homelessness Prevention Programs, Improve coordination and integration by training staff across systems; Increase the number of Family Success Centers; Increase distribution of the <i>Bergen County Guide to Emergency Assistance and Related Services</i> .
#7	Transitional Living Services	Housing Services for Youth (age 14-21)	Youth Shelter, Vouchers (Shelter Plus Care) with Associated Care Management, Transitional Housing, Emergency and Transitional Housing for Pregnant and New Moms, Chafee Wrap Around Program, NJ DCF Office of Adolescent Services	Wait List - 21.9% Eligibility Requirements - 21.7% Cost - 10.0% Do not know - 59.6%	Lack of Adequate Outreach & Communication, Lack of Sufficient Coordination & Integration, Lack of Sufficient Vouchers with Associated Care Management	Provide funding for Care Management for Clients Eligible for Shelter Plus Care Vouchers; Increase funding for Subsidies and Homelessness Prevention Programs, Improve coordination and integration by training staff across systems; Increase the number of Family Success Centers; Increase distribution of the <i>Bergen County Guide to Emergency Assistance and Related Services</i> .

Overall Ranking	Priority Service Needs	Sub-category	Existing Service(s)	Access Barrier(s) to Existing Services	Gap(s) in Service	Solution(s)
#8	Domestic Violence Services	Domestic Violence Support Services	Prevention, Advocacy, and Community Education Programs regarding Domestic Violence & Sexual Abuse, Shelter and Transitional Housing for Victims of Domestic Violence, Hotlines, Crisis Response Teams, Training for Volunteers, Counseling (Group and Individual) and Treatment for Victims and Batterers, Children, Adolescent, and Family Counseling, BI-lingual Counselors, Care Management Services, One Stop – Displaced Homemakers, Police Officer Training, Court Accompaniment Program, Private Wait Room at Courthouse for Children and Victims of Domestic Violence, DCP&P Services, Anger Management Services.	No Transportation - 8.0% Wait List - 11.8% No Difficulty - 17.0% Do not know - 61.2%	Lack of Sufficient Outreach and Communication, Lack of Sufficient Coordination and Integration Across Systems, Lack of Prevention Programs at Pre-K and Elementary School Levels.	Provide funding for Care Management for Clients Eligible for Shelter Plus Care Vouchers; Increase funding for Subsidies and Homelessness Prevention Programs, Improve coordination and integration by training staff across systems; Increase the number of Family Success Centers; Increase distribution of the <i>Bergen County Guide to Emergency Assistance and Related Services</i> .
#9	Mental Health Services	Mental Health Services for Youth (with Hospital Stay)	Inpatient Hospital Services, Family Support Programming	Eligibility Requirements - 17.9% Cost - 16.7% No Difficulty - 15.6% Do not know - 52.2%	Lack of Sufficient Funding, Lack of Adequate Outreach & Communication, Lack of Sufficient Coordination & Integration, Dual Diagnosis, Children Hospital	Provide funding for Care Management for Clients Eligible for Shelter Plus Care Vouchers; Increase funding for Subsidies and Homelessness Prevention Programs, Improve coordination and integration by training staff across systems; Increase the number of Family Success Centers; Increase distribution of the <i>Bergen County Guide to Emergency Assistance and Related Services</i> .
#10	Mental Health Services	Mental Health Services for Adults (without Hospital Stay)	Private Practitioners, Mental Health First Aid Training, Information and Assistance, Outpatient Treatment at Hospitals and Community Mental Health Agencies, Parenting Education Classes, Mental Health Programs - Community Mental Health Centers, MICA Services at Community Mental Health Centers, Integrated Case Management Service, Family Support Programming	Wait List - 16.5% Cost - 15.4% No Difficulty - 15.0% Do not know - 56.3%	Lack of Sufficient Outreach & Communication, Lack of Sufficient Coordination & Integration, Lack of Sufficient Family Engagement and Education	Provide funding for Care Management for Clients Eligible for Shelter Plus Care Vouchers; Increase funding for Subsidies and Homelessness Prevention Programs, Improve coordination and integration by training staff across systems; Increase the number of Family Success Centers; Increase distribution of the <i>Bergen County Guide to Emergency Assistance and Related Services</i> .
#11	Substance Abuse Treatment	Substance Abuse Services for Adults (without Hospital Stay)	Psychiatrics/Psychology treatment, Intensive Out-patient for Adults, Outpatient Treatment at Hospitals and Community Mental Health Centers, MICA Services at Community Mental Health Centers, Family Support Programming, 12 Step Programs	Wait List - 15.0% Cost - 15.4% No Difficulty - 15.0% Do not know - 61.4%	Lack of Sufficient Awareness and Education; Lack of Sufficient Coordination & Integration, Insufficient follow-up/after care	Provide funding for Care Management for Clients Eligible for Shelter Plus Care Vouchers; Increase funding for Subsidies and Homelessness Prevention Programs, Improve coordination and integration by training staff across systems; Increase the number of Family Success Centers; Increase distribution of the <i>Bergen County Guide to Emergency Assistance and Related Services</i> .

Overall Ranking	Priority Service Needs	Sub-category	Existing Service(s)	Access Barrier(s) to Existing Services	Gap(s) in Service	Solution(s)
#12	Substance Abuse Treatment	Substance Abuse Services for Youth (without Hospital Stay)	Intensive outpatient treatment, Student Assistance Counselors (SAC), Free Substance Abuse Services for Youth Without Insurance Mandated by the Court, Prevention, Education, and Awareness Programs via Municipal Alliances, MICA Services at Community Mental Health Centers, School and Community Liaison Initiative, Family Support Programming, 12 Step Programs	Wait List - 15.0% Eligibility Requirements - 15.2% Cost - 15.4% Do not know - 60.3%	Lack of Teen Detox and programs for Dually Diagnosed; Lack of Sufficient Outreach & Communication, Lack of Sufficient Coordination & Integration, Lack of Sufficient Follow-up, After Care, Dual Diagnosis and Intensive Out-Patient Treatment	Provide funding for Care Management for Clients Eligible for Shelter Plus Care Vouchers; Increase funding for Subsidies and Homelessness Prevention Programs, Improve coordination and integration by training staff across systems; Increase the number of Family Success Centers; Increase distribution of the <i>Bergen County Guide to Emergency Assistance and Related Services</i> .
#13	Substance Abuse Treatment	Substance Abuse Services for Adults (with Hospital Stay)	Psychiatrics/Psychology at Public and Private Facilities, Family Support Programming	Wait List - 12.5% Cost - 13.6% No Difficulty - 13.4% Do not know - 63.2%	Lack of Sufficient Outreach & Communication, Lack of Sufficient Coordination & Integration, Follow-up, After Care	Provide funding for Care Management for Clients Eligible for Shelter Plus Care Vouchers; Increase funding for Subsidies and Homelessness Prevention Programs, Improve coordination and integration by training staff across systems; Increase the number of Family Success Centers; Increase distribution of the <i>Bergen County Guide to Emergency Assistance and Related Services</i> .
#14	Substance Abuse Treatment	Substance Abuse Services for Youth (with Hospital Stay)	Hospital Based Psychiatrics/Psychology treatment, Residential-based Psychiatric/Psychology Treatment, Family Support Programming,	Wait List - 13.4% Eligibility Requirements - 14.7% Cost - 16.3% Do not know - 62.3%	Lack of Sufficient Outreach & Communication, Lack of Sufficient Coordination & Integration, Follow-up, After Care, No Children's Hospital, Dual Diagnosis, Teen Detox	Provide funding for Care Management for Clients Eligible for Shelter Plus Care Vouchers; Increase funding for Subsidies and Homelessness Prevention Programs, Improve coordination and integration by training staff across systems; Increase the number of Family Success Centers; Increase distribution of the <i>Bergen County Guide to Emergency Assistance and Related Services</i> .
#15	Mental Health Services	Mental Health Services for Adults (with Hospital Stay)	Hospital based intensive inpatient treatment at public and private facilities, Family Support Programming	Wait List - 12.1% Cost - 14.1% No Difficulty - 13.6% Do not know - 60.7%	Lack of Sufficient Outreach & Communication, Lack of Sufficient Coordination & Integration	Provide funding for Care Management for Clients Eligible for Shelter Plus Care Vouchers; Increase funding for Subsidies and Homelessness Prevention Programs, Improve coordination and integration by training staff across systems; Increase the number of Family Success Centers; Increase distribution of the <i>Bergen County Guide to Emergency Assistance and Related Services</i> .

## Acknowledgements

---

The Bergen County Department of Human Services and its Human Services Advisory Council would like to thank the many individuals and organizations who made this Needs Assessment possible by their participation throughout the various stages of its preparation. Without broad based involvement from consumers, community advocates and human services professionals and planners this project could not have been completed.

We would like to thank NJ 2-1-1 for developing the extensive resource inventory specifically to illustrate the services available for Bergen County residents based on the target service area included in this Needs Assessment.

We would like to thank Alcira Castro and Gina Meyers for translating the stakeholder survey into Spanish and Vantage Health System and the expertise of Joon Lee, for translating it into Korean.

We are most appreciative of the following organizations for hosting our focus groups:

- Bergen County Children’s Inter-Agency Coordinating Council
- Bergen County Division of Family Guidance
- Family Support Organization of Bergen County

Very special thanks go to the following organizations for distributing our survey to consumers:

- Bergen County Department of Human Services, Division of Family Guidance
- Bergen County Community Action Partnership
- Bergen Family Center
- Bergen’s Promise
- Family Support Organization of Bergen County
- New Jersey Department of Children and Families, Division of Child Protection and Permanency, Bergen Hudson Area Office and Bergen County’s Local Offices
- The Arc of Bergen and Passaic Counties
- YWCA of Bergen County

We are grateful for the continuous support and tireless efforts of the Children and Families Committee of the Bergen County Human Services Advisory Council and the individuals who participated on the focus groups. Approximately 115 members of the community provided valuable insight and expertise in identifying needs and developing strategies for enhancing services.

The Children and Families Committee wishes to thank

- Jeffrey Chan, Committee Chairman, Vicki Sidrow, former HSAC Chairwoman, and Beatrice Podorefsky, current HSAC Chairwoman for their leadership and commitment;
- Jean Marimon, Director, and Sandra Parente, County Service Specialist, at the DCP&P Bergen and Hudson Area Office as well as Luis Tamayo, New Jersey Department of Human Services Representative, for sharing their insights and planning expertise

The Committee also thanks Bari-Lynne Schwartz, HSAC Administrator, and staff members Carol Benners, Rocco Mazza, Susan Nottingham, and Sarah Onello for their hard work, diligence, and professionalism. The Committee extends a special thank you to Jamie Ziegelhofer, Ramapo College Intern, for her initiative, enthusiasm and excellent analytical skills.

The Committee is also grateful to Jane Linter, Director of the BCDHS, for her support, guidance and wisdom.

A list of community participants and staff members follows.

## Children and Families' Needs Assessment Participants

Name	Affiliations	Focus Groups			Needs Assessment Oversight	
		Children & Families Committee	Children's Interagency Coordinating Council (CIACC)	Family Support Organization of Bergen County (FSO)	Children & Families Committee	Human Services Advisory Council
<b>Jane C. Linter</b> <i>Director</i>	B C Department of Human Services					✓
<b>Victoria Sidrow</b> <i>HSAC Chairwoman (2011-2012)</i>	Vantage Health System, Inc.					✓
<b>Beatrice Podorefsky</b> <i>HSAC Chairwoman (2012-2013)</i>	Community Advocate	✓				✓
Kristen Ambrosio	Comprehensive Behavioral Healthcare, Inc.					
Gloria Andrade	Teaneck Health Department		✓			
Cindy Andrade	Volunteer Center of Bergen County				✓	
Noa Aronouils	Parent			✓		
Diane Baillif	B C Board of Social Services		✓			
Frank Bauer	Parent			✓		
Jennifer Bauer	Parent			✓		
Carol Benners	B C Human Services Advisory Council Staff					
Paulina Beristain	Rutgers Cooperative Extension of Bergen County					✓
Noreen Best	BCPED Division of Community Development					✓
LeAnn Blunt	Parent			✓		
Lynne Bolson	Family Support Organization of Bergen County			✓		
Kristen Brady	B C Special Child Health Services		✓			
John Browne	Community Advocate					✓
Robert Calocino	Community Advocate					
Bill Careccia-Romano	Parent			✓		
Kim Careccia-Romano	Parent			✓		
C. Cartas	Youth Consultation Services (YCS)		✓			
Alcira Castro	B C Human Services Advisory Council Staff					✓
Jeffrey Chan	Community Advocate	✓			✓	✓
Ching Chang	Community Advocate					✓
Bonita Christmas	Community Advocate					
David Cohen	BCDHS Division of Alternatives to Domestic Violence					✓
Stephanie Cohen	Bergen's Promise, Inc.		✓			

**Children and Families' Needs Assessment Participants**

Name	Affiliations	Focus Groups			Needs Assessment Oversight	
		Children & Families Committee	Children's Interagency Coordinating Council (CIACC)	Family Support Organization of Bergen County (FSO)	Children & Families Committee	Human Services Advisory Council
Scott Cohen	Community Learning Partners		✓			
Patrick Connelly	Family Resource Network					✓
Jacqueline Corn	*BCDHS-Division of Family Guidance		✓			
Mary Davey	West Bergen Mental Healthcare		✓			
Susan DeAngelo	Vantage Health System, Inc.		✓			
Laura Deituxo	Care Plus NJ, Inc.		✓			
Ashley Devine	*BCDHS-Office for Children Intern				✓	
Michelle Duelle	Parent			✓		
Gerry Drummond	B C Human Services Advisory Council Staff					✓
Mikie Drummond	Community Advocate					✓
Helen Emond	Shelter Our Sisters	✓			✓	
Alyssa Ferstenelo	Parent			✓		
Jennifer Flores	Children's Aid and Family Services		✓			
Judith Flores	Parent			✓		
Neringa Fonarev	#BCDHS-Special Child Health Services	✓				
Judy Forman	B C Department of Health Services					
Suad Gacham	Jewish Family Service of Bergen County, Inc.	✓				
Joe Galletta	Parent			✓		
Sharon Galletta	Parent			✓		
Brian Glick	Parent			✓		
Diane Glick	Parent			✓		
Jodi Goffredo	B C Housing, Health and Human Service Center	✓				
Marcia Gongora	Community Advocate					
Joan Grzenda	Women's Rights Information Center	✓				
Michelle Hart-Loughlin	#BCDHS-Division of Mental Health		✓			
Gertrude Hecht	Community Advocate					
Jamie Hellar	Comprehensive Behavioral Healthcare, Inc.		✓			
Connie Hochberg	Community Advocate				✓	✓
Sandy Hydik	Grandparent			✓		

**Children and Families' Needs Assessment Participants**

Name	Affiliations	Focus Groups			Needs Assessment Oversight	
		Children & Families Committee	Children's Interagency Coordinating Council (CIACC)	Family Support Organization of Bergen County (FSO)	Children & Families Committee	Human Services Advisory Council
Loraine Joewono	*BCDHS Division of Senior Services					✓
Francine Kaplan	Parent		✓			
Francine Kaplan	Parent			✓		
Jennifer King	Supreme Consultants		✓			
Mark Klein	B C Department of Health Services		✓			
Robyn Knapp	YWCA of Bergen County				✓	
Sheryl Lebauer	Parent		✓			
Jean Lickun	Margaret P. Muscarelle Child Development Center	✓			✓	
Rosemarie Lobretto	Family Support Organization of Bergen County	✓	✓	✓	✓	✓
Nancy Mangieri	Bergen County Department of Health Services					✓
Ani Manuelian	Comprehensive Behavioral Healthcare, Inc.		✓			
Carmine Marchionda	Community Advocate					✓
Jean Marimon	Community Advocate					
Cindy Martinez	Parent			✓		
Rocco Mazza	B C Human Services Advisory Council Staff	✓	✓	✓	✓	✓
Gina Meyers	B C Department of Human Services					✓
Tammy Molinelli	Community Advocate					
Dawn Monaco	Parent			✓		
Elizabeth Morley	*BCDHS-Division of Family Guidance	✓			✓	
Stacia Mosier	Community Advocate	✓				
Marisol Naranjo	Community Advocate					
Susan Nottingham	B C Human Services Advisory Council Staff	✓	✓	✓	✓	✓
Sarah Onello	B C Human Services Advisory Council Staff	✓	✓	✓	✓	✓
Julia Orlando	Community Advocate					✓
Vera Oppong	BC Community Action Partnership, Inc. Intern				✓	
Rudy Pasterczyk	*BCDHS Division of Community Transportation					✓
Sandra Parente	NJDCF-Division of Child Protection and Permanency		✓			
Dean Patras	Bergen's Promise		✓			✓
Fern Porter	Parent			✓		
Judy Pucciarelli	Center for Food Action, Inc.	✓				

## Children and Families' Needs Assessment Participants

Name	Affiliations	Focus Groups			Needs Assessment Oversight	
		Children & Families Committee	Children's Interagency Coordinating Council (CIACC)	Family Support Organization of Bergen County (FSO)	Children & Families Committee	Human Services Advisory Council
Shahin Rahvar	B C Housing, Health and Human Service Center	✓				
Sheetal Ranjan	Community Advocate	✓			✓	✓
Keith Robertson	B C Special Services School District		✓			
Shena Romney	BC Community Action Partnership, Inc.				✓	
Gail Rosewater	Bergen County Department of Human Services					✓
Tom Rosamilia	Bergen Regional Medical Center		✓			
Faith Samples-Smart, Ph.D.	Volunteer Center of Bergen County		✓			
Claire Scarano	Teaneck Women Train and Work	✓				
Bari-Lynne Schwartz	B C Human Services Advisory Council Administrator	✓	✓	✓	✓	✓
Jessica Shea	Care Plus NJ, Inc.		✓			
Lorna Smith	B C Special Services School District		✓			
June Smith-Bryant	Community Advocate				✓	
Kum Ju (Kay) Song	Friends of Grace Senior Korean Community Center	✓				✓
Linda Stempel	*BCDHS-Division of Family Guidance	✓				
Phyllis Strohmeyer	*BCDHS-Office for Children				✓	✓
Luis Tamayo	Community Advocate					✓
James Thebery	*BCDHS Division of Disability Services					✓
Donna Todd	Bergen One-Stop Career Center	✓				
Michael Tozzoli	Community Advocate					✓
Taylor Trause	*BCDHS-Division of Family Guidance Intern				✓	
DebraLyn Wagner	Community Advocate					
Kathy Walsh	The Arc of Bergen and Passaic Counties, Inc.	✓		✓	✓	✓
Eddy Watson	*BCDHS-Division of Family Guidance Intern					
Linda S. Wieseneck	B C Special Services School District		✓			
Patty Wisoczareki	Parent			✓		
Jamie Ziegelhofer	B C Human Services Advisory Council Intern	✓	✓	✓	✓	✓
Lori Zimmerman	Community Advocate					✓

\* **BCDHS**- Department of Human Services

# **BCDHS**- Department of Health Services

**Appendix A- New Jersey Department of Children and Families  
Data for DCF Needs Assessment**

	Statewide	Bergen	Burlington	Cape May	Hunterdon	Morris	Passaic	Salem	Sussex	Warren
1a. Total CWS Referrals for 2010	12,418	657	604	196	82	505	516	124	241	200
1b. Total CWS Referrals for 2011	13,684	701	698	203	108	528	540	196	258	208
2a. Total CPS Referrals for 2010	60,631	3,184	2,884	867	506	2,239	3,581	778	974	914
2b. Total CPS Referrals for 2011	59,479	3,142	2,776	857	506	2,105	3,587	794	999	887
3a. Children under DYFS Supervision as of 12/31/10 <sup>1</sup>	45,208	2,171	2,016	746	256	1,144	2,242	658	432	831
3b. Children under DYFS Supervision as of 12/31/11 <sup>2</sup>	52,885	3,040	2,212	708	328	1,315	2,884	771	565	797
4a. Children under DYFS Supervision Receiving In-Home Services as of 12/31/10 <sup>1</sup>	38,037	1,865	1,684	592	210	943	1,845	571	366	675
4b. Children under DYFS Supervision Receiving In-Home Services as of 12/31/11 <sup>2</sup>	45,867	2,707	1,842	558	272	1,127	2,482	675	497	654
5a. Children in Out-of-Home Placement as of 12/31/10 <sup>1</sup>	7,171	306	332	154	46	201	397	87	66	156
5b. Children in Out-of-Home Placement as of 12/31/11 <sup>2</sup>	7,018	333	370	150	56	188	402	96	68	143

1: Children under DYFS Supervision or in placement as of 12/31/2010, based on the NJSM-5 data extract of 1/4/2011

2: Children under DYFS Supervision or in placement as of 12/31/2011, based on the NJSM-5 data extract of 1/4/2012

**Appendix A- New Jersey Department of Children and Families  
Data for DCF Needs Assessment**

	Statewide	Bergen	Burlington	Cape May	Hunterdon	Morris	Passaic	Salem	Sussex	Warren
--	-----------	--------	------------	----------	-----------	--------	---------	-------	--------	--------

3: Quartiles are blank when an insufficient number of children have exited to make the calculation.

4: Statewide total is based on Total Exits while County total is based on Qualifying Exits which exclude Adoptions, child deaths, exit to independent living, youth aging out and transfers.

6a. Children under DYFS Supervision by Placement Type as of 12/31/10 <sup>1</sup>	7,171	306	332	154	46	201	397	87	66	156
- Foster Care - Related	2,461	139	82	72	22	93	119	34	12	45
- Foster Care - Unrelated	3,195	126	146	56	18	74	205	23	41	74
- Residential Care	413	13	24	5	0	11	26	4	6	16
- Group Home	204	9	7	6	0	9	12	5	4	6
- Shelter	186	1	16	3	0	4	5	6	0	0
- Treatment Home	537	12	45	12	6	7	22	14	2	13
- Independent Living	174	6	12	0	0	3	8	1	1	2
6b. Children under DYFS Supervision by Placement Type as of 12/31/11 <sup>2</sup>	7,018	333	370	150	56	188	402	96	68	143
- Foster Care - Related	2,379	144	97	67	28	85	130	51	13	41
- Foster Care - Unrelated	3,261	141	156	65	23	75	203	27	50	74
- Residential Care	329	12	16	2	0	14	18	1	3	11
- Group Home	201	10	10	1	2	5	14	2	1	6
- Shelter	195	9	24	5	0	4	3	4	0	0
- Treatment Home	509	12	51	10	3	5	26	9	1	11
- Independent Living	144	5	16	0	0	0	8	2	0	0
7a. Initial Entry to Out-of-Home Placement for Calendar Year 2009	3,983	138	147	82	28	111	219	33	58	62
7b. Initial Entry to Out-of-Home Placement for Calendar Year 2010	3,845	172	167	82	43	143	203	64	55	44

**Appendix A- New Jersey Department of Children and Families  
Data for DCF Needs Assessment**

	Statewide	Bergen	Burlington	Cape May	Hunterdon	Morris	Passaic	Salem	Sussex	Warren
--	-----------	--------	------------	----------	-----------	--------	---------	-------	--------	--------

1: Children under DYFS Supervision or in placement as of 12/31/2010, based on the NJSM-5 data extract of 1/4/2011

2: Children under DYFS Supervision or in placement as of 12/31/2011, based on the NJSM-5 data extract of 1/4/2012

3: Quartiles are blank when an insufficient number of children have exited to make the calculation.

4: Statewide total is based on Total Exits while County total is based on Qualifying Exits which exclude Adoptions, child deaths, exit to independent living, youth aging out and transfers.

8a. All Entry to Out-of-Home Placements for Calendar Year 2009	5,203	174	200	108	34	131	263	56	73	81
8b. All Entry to Out-of-Home Placements for Calendar Year 2010	4,952	212	201	113	48	163	256	80	71	52
9a. All Exits from Out-of-Home Placement for Calendar Year 2009 <sup>4</sup>	6,149	150	154	97	21	78	202	61	48	49
9a. All Exits from Out-of-Home Placement for Calendar Year 2010 <sup>4</sup>	5,620	134	165	73	24	102	174	79	79	49
10a. Rates per 1,000 of Initial Removal to Out-of-Home Placement, for Calendar Year 2009	1.9	0.7	1.3	3.8	0.9	0.9	1.6	2.1	1.5	2.2
10a. Rates per 1,000 of Initial Removal to Out-of-Home Placement, for Calendar Year 2010	1.8	0.8	1.5	3.8	1.4	1.2	1.5	4.1	1.4	1.6
11a. Median Length of Time in Placement for Calendar Year 2009 (in Months)	9.5	11.0	7.8	12.0	8.8	7.6	13.6	11.5	8.2	18.3
11b. Median Length of Time in Placement for Calendar Year 2010 (in Months) <sup>3</sup>	9.9	-	8.8	-	-	-	-	3.0	2.7	-

**Footnotes for Preceding Page.**

- 1: Children under DYFS Supervision or in placement as of 12/31/2010, based on the NJSM-5 data extract of 1/4/2011
- 2: Children under DYFS Supervision or in placement as of 12/31/2011, based on the NJSM-5 data extract of 1/4/2012
- 3: Quartiles are blank when an insufficient number of children have exited to make the calculation.
- 4: Statewide total is based on Total Exits while County total is based on Qualifying Exits which exclude Adoptions, child deaths, exit to independent living, youth aging out and transfers.

**APPENDIX B**  
**BERGEN COUNTY YOUTH SERVICES COMMISSION, 2012-2014 PLAN**  
**2013 PLAN UPDATE**  
**2012 NEEDS ASSESSMENT SURVEY RESULTS**

<b>TOP TEN PROBLEMS AREAS</b>
1) DIFFICULTY CONTROLLING YOUTH'S BEHAVIOR (was Ranked 6 <sup>th</sup> in 2011)
2) DRUG ABUSE (same Ranking in 2011)
3) ALCOHOL ABUSE (was Ranked 5 <sup>th</sup> in 2011)
4) POOR PROBLEM SOLVING SKILLS (was Ranked 1 <sup>st</sup> in 2011)
5) DRUG DEPENDENCE
6) MENTAL ILLNESS - FAMILY
7) INCONSISTENT PARENT FIGURE (was Ranked 9 <sup>th</sup> in 2011)
8) INADEQUATE SUPERVISION (was Ranked 7 <sup>th</sup> in 2011)
9) DOMESTIC VIOLENCE - FAMILY
10) POOR ANGER MANAGEMENT (was Ranked 3 <sup>rd</sup> in 2011)

**NOTES:**

New Problems Ranked in Top Ten 2012: Drug Dependence, Mental Illness – Family, Domestic Violence – Family.

Problems no longer Ranked in Top Ten: Disruptive Behavior in School (Ranked 4<sup>th</sup> in 2011); Poor Relationship – Male Figure (Ranked 10<sup>th</sup> in 2011); Low Self Esteem (Ranked 9<sup>th</sup> in 2011).

<b>TOP TEN SERVICE INTERVENTIONS NEEDED BUT NOT AVAILABLE</b>
1) AFTER SCHOOL PROGRAM (same Ranking as 2011)
2) INTENSIVE IN-HOME SERVICES
3) SUBSTANCE ABUSE TREATMENT OUTPATIENT (same Ranking as 2011)
4) TRANSPORTATION (was Ranked 10 <sup>th</sup> in 2011)
5) COUNSELING/FAMILY (was Ranked 7 <sup>th</sup> in 2011)
6) DECISION MAKING SKILLS TRAINING (was Ranked 8 <sup>th</sup> in 2011)
7) LIFE SKILLS TRAINING
8) SUBSTANCE ABUSE TREATMENT INPATIENT
9) OUTPATIENT SEX OFFENDER SERVICES
10) COUNSELING/INDIVIDUAL

**NOTES:**

New Services Ranked in Top Ten 2012: Intensive In-Home Services; Life Skills Training; Substance Abuse Treatment Inpatient; Outpatient Sex Offender Services; Counseling/Individual.

Services no longer Ranked in Top Ten: Substance Abuse Treatment-IOP (Ranked 2<sup>nd</sup> in 2011); Independent Living Program (Ranked 4<sup>th</sup> in 2011); Anger Management Training (Ranked 5<sup>th</sup> in 2011); Interpersonal Skills Training (Ranked 6<sup>th</sup> in 2011); Role Model/Mentor (Ranked 9<sup>th</sup> in 2011)

**Appendix C**  
**Children and Families' Needs Assessment Survey**

---

# Children and Families' Needs Assessment Survey

## Bergen County 2012



This survey is being conducted by the Bergen County Department of Human Services on behalf of the NJ Department of Children and Families (DCF). It is being distributed to youth and family members/guardians, as well as providers of services, community groups, and state employees. It gathers a wide range of information about services: how necessary a service is (need); if a service is available; how easy it is to get services (accessibility); and what difficulties there might be to receiving services.

The survey focuses on services for children up to age 21 and their parents/guardians/caregivers in six areas: 1) basic needs; 2) substance abuse services; 3) mental health services; 4) transitional living services for youth; 5) domestic violence services; and 6) family support services for children with developmental disabilities.

Please complete the survey in one sitting, using your own knowledge of, and experience with, the services in these six areas. Please allow 15 minutes to complete the questions. This survey is anonymous. Please do not provide your name or other personal information.

DCF will use the information gathered from the survey to improve/enhance service planning. For assistance with social services, please contact the Bergen County Department of Human Services at 201-336-7474.

### 1. I am a:

- Parent/Guardian/Caregiver being served by Division of Youth and Family Services (DYFS)
- Youth (age 14-21) being served by DYFS
- Parent/Guardian/Caregiver NOT being served by DYFS
- Youth (age 14-21) NOT being served by DYFS
- Advocate/Community Member
- Service Provider
- DCF Employee
- Other (please specify)

# Children and Families' Needs Assessment Survey

## Need for Services

**2. Please indicate the level of NEED (how necessary a service is) for each service by checking one of the following options for each line below.**

	Extremely Needed	Somewhat Needed	Not Needed	Do Not Know
Basic Health Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Services for Adults (with Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Services for Adults (without Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Services for Youth (with Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Services for Youth (without Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services for Adults (with Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services for Adults (without Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services for Youth (with Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services for Youth (without Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment, Educational, Life Skills Training Services for Youth (age 14-21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Services for Youth (age 14-21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence Support Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Support Services for Children (up to age 21) with Developmental Disabilities and Their Caregivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Children and Families' Needs Assessment Survey

## Availability of Services

**3. Please indicate the AVAILABILITY of each service by checking one of the following options below.**

	Available	Somewhat Available	Not Available	Do Not Know
Basic Health Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Services for Adults (with Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Services for Adults (without Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Services for Youth (with Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Services for Youth (without Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services for Adults (with Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services for Adults (without Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services for Youth (with Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services for Youth (without Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment, Educational, Life Skills Training Services for Youth (age 14-21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Services for Youth (age 14-21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence Support Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Support Services for Children (up to age 21) with Developmental Disabilities and Their Caregivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Children and Families' Needs Assessment Survey

You're doing great and we really appreciate your help – please don't stop now!

# Children and Families' Needs Assessment Survey

## Accessibility of Services

**4. Please indicate the ACCESSIBILITY (how easy it is to get services) of each service by checking one of the following options below.**

	Easy	Somewhat Easy	Not Easy	Do Not Know
Basic Health Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Services for Adults (with Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Services for Adults (without Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Services for Youth (with Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Services for Youth (without Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services for Adults (with Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services for Adults (without Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services for Youth (with Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services for Youth (without Hospital Stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment, Educational, Life Skills Training Services for Youth (age 14-21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Services for Youth (age 14-21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence Support Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Support Services for Children (up to age 21) with Developmental Disabilities and Their Caregivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Children and Families' Needs Assessment Survey

## Difficulties Accessing Services

**5. Please indicate any DIFFICULTIES ACCESSING each service. You may select more than one difficulty for each service.**

	No Transportation	Wait List	Eligibility Requirements	Limited Hours	Language	Cost	Lack of Child Care	No Difficulty	Do Not Know
Basic Health Care	<input type="checkbox"/>								
Housing	<input type="checkbox"/>								
Transportation	<input type="checkbox"/>								
Substance Abuse Services for Adults (with Hospital Stay)	<input type="checkbox"/>								
Substance Abuse Services for Adults (without Hospital Stay)	<input type="checkbox"/>								
Substance Abuse Services for Youth (with Hospital Stay)	<input type="checkbox"/>								
Substance Abuse Services for Youth (without Hospital Stay)	<input type="checkbox"/>								
Mental Health Services for Adults (with Hospital Stay)	<input type="checkbox"/>								
Mental Health Services for Adults (without Hospital Stay)	<input type="checkbox"/>								
Mental Health Services for Youth (with Hospital Stay)	<input type="checkbox"/>								
Mental Health Services for Youth (without Hospital Stay)	<input type="checkbox"/>								
Employment, Educational, Life Skills Training Services for Youth (age 14-21)	<input type="checkbox"/>								
Housing Services for Youth (age 14-21)	<input type="checkbox"/>								
Domestic Violence Support Services	<input type="checkbox"/>								
Family Support Services for Children (up to age 21) with Developmental Disabilities and Their Caregivers	<input type="checkbox"/>								

**6. Please specify any other difficulties accessing services.**

## Children and Families' Needs Assessment Survey

You're in the home stretch! Your opinions are important and there are just a few more questions!

# Children and Families' Needs Assessment Survey

## Service Priorities

**7. Please RANK (PRIORITIZE) the five (5) most important services below (1= Most Important and 5 = Least Important)**

	1	2	3	4	5
Basic Health Care	<input type="radio"/>				
Housing	<input type="radio"/>				
Transportation	<input type="radio"/>				
Substance Abuse Services for Adults (with Hospital Stay)	<input type="radio"/>				
Substance Abuse Services for Adults (without Hospital Stay)	<input type="radio"/>				
Substance Abuse Services for Youth (with Hospital Stay)	<input type="radio"/>				
Substance Abuse Services for Youth (without Hospital Stay)	<input type="radio"/>				
Mental Health Services for Adults (with Hospital Stay)	<input type="radio"/>				
Mental Health Services for Adults (without Hospital Stay)	<input type="radio"/>				
Mental Health Services for Youth (with Hospital Stay)	<input type="radio"/>				
Mental Health Services for Youth (without Hospital Stay)	<input type="radio"/>				
Employment, Educational, Life Skills Training Services for Youth (age 14-21)	<input type="radio"/>				
Housing Services for Youth (age 14-21)	<input type="radio"/>				
Domestic Violence Support Services	<input type="radio"/>				
Family Support Services for Children (up to age 21) with Developmental Disabilities and Their Caregivers	<input type="radio"/>				

## Children and Families' Needs Assessment Survey

### Other Comments

**8. Please indicate other service(s) that you feel are needed, if they exist, and if there are difficulties accessing the service(s).**

**9. Please tell us what language is spoken in your home.**

- English
- Spanish
- Korean
- Other

**10. If you answered "Other", please tell us what language is spoken in your home.**

THANK YOU FOR YOUR PARTICIPATION.

Please Click "OK" below to submit your responses.

**APPENDIX D**  
**SUMMARY OF FOCUS GROUP RESPONSES: ADULT**  
 Bergen County (2012) - NJDCF Children and Families' Needs Assessment

<b>Target Service Area and Question</b>	<b>HSAC Children &amp; Families Committee (9/7/2012)</b>	<b>CIACC (9/11/2012)</b>	<b>Family Support Organization – Fairlawn (9/19/2012)</b>
<p><b>Basic Needs</b>                      What are the County's strengths?</p>	<p>More services than most counties                      Agencies with strong staff committed to good service-dip into all resources                      Access to staff is easier                      Providers and Staff are more helpful                      Strong staff at the county level to provide support                      Coordination is better in Bergen than others                      Community food bank have more than food                      Access is easiest in Bergen in-spite of gaps                      Even though a gap, Bergen better integrated and trained on system                      "Luck of the draw" on any call but good knowledge (need a clearing house and advocates)                      Well-coordinated Work Force Investment Board (WIB) and One Stop Career Center                      Good people in the community who are looking to help and need to be told of opportunity                      Child Study Team mandatory</p>	<p>Public System Commitment to service                      Collaborations                      No charge services supported by grants                      Kinship Care Services                      CIACC - Education of School liaisons</p>	<p>Family support organization                      There are programs available</p>
<p><b>Basic Needs</b>                      Are the services easy to access?</p>	<p>Transportation hard in Northern areas                      Eligibility/insufficient resources make it difficult                      "Poor" in Bergen County is different from other areas (cost of living in Bergen is much higher than national average), so Cost of Living vs. Eligibility makes a gap in Bergen                      Eligibility Requirements difficult to understand                      Language and cultural gaps (includes the stigma attached to asking for help)                      Childcare- especially for DD difficult due to special needs                      Families not eligible for TANF – facing foreclosure and eviction                      Homeless FAMILIES who are not TANF eligible and can't find shelter/housing - Forced to contact DYFS to care for their children as a last resort                      Medical Care Cost (Child with disability)                      Overwhelming (Not used to calculate eligibility)                      Demand is much higher than the supply</p>	<p>Awareness – getting help with Navigation from inside/internal as well as from outside                      Lack of Funding- referrals out of County –also eligibility/restriction to funding – Silo                      Voluntary vs. involuntary systems –can't place call for help other on other's behalf.                      Too hard to access to hospital – special need/sex offenders                      Language and cultural barriers                      Eligibility of funding (restrictions on funding)                      Socio economic stress and demand on the system – system can't keep up                      Demand larger than supply                      Public transportation too difficult to navigate, expensive, and takes too much time</p>	<p>System is difficult altogether                      Community doesn't know services- police, fire, teachers, etc.                      Navigation is difficult                      Eligibility and income guidelines are prohibitive and confusing                      Wait list – not just for service, but waiting on phone trying to get help                      Agency workers, including State agencies, need education to know services to get help                      Lack of Referrals and communication between divisions and agencies                      Every parent is forced to become detective, pit bull, squeaky wheel or no services are offered                      Until you are in a service, other services aren't made available. State doesn't tell you what's available.</p>

**APPENDIX D**  
**SUMMARY OF FOCUS GROUP RESPONSES: ADULT**  
 Bergen County (2012) - NJDCF Children and Families' Needs Assessment

<b>Target Service Area and Question</b>	<b>HSAC Children &amp; Families Committee (9/7/2012)</b>	<b>CIACC (9/11/2012)</b>	<b>Family Support Organization – Fairlawn (9/19/2012)</b>
	Not enough awareness of programs System difficult to Navigate		The system is not integrated – silos block comprehensive system and assistance
<b>Basic Needs</b> Are there any gaps in the services?	Childcare Subsidies (sometimes ok, other times big gaps) – waiting list Catastrophic illness fund Requires money first or can't get services, since ready cash is rare, fund can't be accessed. Awareness of system and services – people in need without roadmaps to help Behavioralist need to oversee, use for accessing services but staff not available Rates too low for professionals to participate Stigma regarding accessing services and cultural values add to this Immigration status-fear of impact; Even if child needs help, if parent is not legal and is deported what happens to the child? Short on Child Psychologists and Psychiatrists, doctors and dentists Lack of Medicaid Lack of professionals because of rates and requirements Overlap/Duplication means no good triage- Need guidance to navigate system Need better coordination/integration Need Schools trained – access to child and parents is key to making sure needs are met Speech Pathologist Clearing House/Advocates School attendance and dropouts – issue is affected by truancy which can be caused by Lack of School Supplies Embarrassment over Clothing (labels are important to children) Bullying and Peer pressure School system dropout rate is inaccurate (hurts one stop)	Funding – leads to gaps of services such as transitional housing Services not sufficiently available Navigators to systems (people to help families to get through the system) Psychiatric hospitalization for under 5 yr. old (state wide) Lack of comprehensive screening law for kids (state wide) can't hospitalize against parents' wishes Lack of case management services in order to access services – need more knowledgeable staff Partial Hospital program for adolescent No dual diagnosis services No one has just a Basic Needs program– even food needed (more) Economic pressure affects demands Clothing allowance –coats and school uniforms are needed Lack of School supplies Transportation Respite beds Youth shelter Employment –youth & youth with needs-job trainings/internships Life skills – parents as well as youth/children National Work Readiness Credential for Youth – New workers Respite for children/youth-have to go out the county Hospital beds-children with mental health and developmental disabilities have to leave the county	No areas identified

**APPENDIX D**  
**SUMMARY OF FOCUS GROUP RESPONSES: ADULT**  
 Bergen County (2012) - NJDCF Children and Families' Needs Assessment

<b>Target Service Area and Question</b>	<b>HSAC Children &amp; Families Committee (9/7/2012)</b>	<b>CIACC (9/11/2012)</b>	<b>Family Support Organization – Fairlawn (9/19/2012)</b>
<b>Basic Needs</b> What are the areas in which the County can Improve?	No areas identified	No areas identified	Need a single case manager who is stable, consistent, knowledgeable to guide/navigate parent through system Need an effective referral system
<b>Basic Needs</b> What solutions would you suggest?	Funding not necessarily the solution but needed Will continue to make the best use of what's available, but more would help provide needed services Medical care costs are currently not being deducted from income in order to meet eligibility requirements The ability to deduct medical costs from your income when applying for services Need "honest" accounting of dropout rate for better planning for youth needs Involve schools – establish a collaboration between Bergen County Human Services, schools, service providers, and human services School uniforms and resources to purchase Schools supply program Corporate sponsors Town Social Service Source of training Agencies and after school programs to provide discretely "Back Packs for Success" Workshops between Mental Health and Schools Develop a Clearinghouse Woman One Stop More awareness	One Size doesn't fit all – <u>Flexibility needed</u> Each child is unique; service is not one mold that fits all. Know the population/"complexibility" better. Need time; Acknowledge variety of skills' Raise Awareness –Public/Professional 1. One comprehensive data tracking data base to track services/need/place for help beyond NJ Helps Capture local services/help. Provides better service for family/children. 2. Not just services needed or agency – also what client has done –tracking – get agency feedback and avoid duplication. 3. Outcomes and what works 4. Know the population better in order to understand their needs  One comprehensive web based service analysis system – where one can plug in needs and get a list of services they are eligible for – this system should also track services rendered in order to control duplication of services and give feed back	Education Program for workers/Judges/ community/education (teachers) to know what is available and how to get it Navigators/case managers for system. More Funding and services More awareness to the public, teachers, police, etc. regarding consumer's issues
<b>Substance Abuse Treatment</b> What Services do you know about?	"Some" Outpatient –not enough, not easy "Some" Inpatient – not enough, not easy Prevention program Outreach to schools (BC Dept. Health), educational not treatment Center for Alcohol and Drug Four (4) community Mental Health agencies –	Collaborative groups to organize/active/integration Psychiatrics/Psychology treatment Inpatient – Detoxification/Rehabilitation –two services different Intensive Out-patient for Adults (IOPA) Outpatient Services	Collaborative groups Psychiatrics/Psychology treatment Inpatient – Detoxification/Rehabilitation – two services different Intensive Out-patient for Adults (IOPA) Outpatient Services (BRMC) Inpatient Services

**APPENDIX D**  
**SUMMARY OF FOCUS GROUP RESPONSES: ADULT**  
 Bergen County (2012) - NJDCF Children and Families' Needs Assessment

<b>Target Service Area and Question</b>	<b>HSAC Children &amp; Families Committee (9/7/2012)</b>	<b>CIACC (9/11/2012)</b>	<b>Family Support Organization – Fairlawn (9/19/2012)</b>
<p><b>Substance Abuse Treatment</b>                      What Services do you know about?                      (Continued)</p>	<p>Adolescent- sliding scale                      Housing for Substance Abuse Treatment- for families, homeless only                      But must have this disability and must have a sponsor/match for family</p>	<p>Inpatient Services                      Shelter Plus Care housing vouchers for Homeless families with disability i.e. substance abuse                      Mental health centers – must be co-occurring substance abuse with mental health                      Four Community Mental Health Centers - adolescent and sliding scale                      Family Guidance (County) Court Ordered substance abuse –have a county hospital for folks who can't afford to pay. (BRMC)                      Family Guidance – Court ordered children only                      Bergen County Health Department – Education not Treatment                      Student Assistance Counselors (SAC)                      Training for treatment professionals                      Prevention and Education Programs                      Outreach to schools, educational</p>	<p>Shelter Plus Care housing vouchers for homeless families with disability i.e. substance abuse                      Mental health centers – must be co-occurring substance abuse with mental health                      Four Community Mental Health Centers - adolescent and sliding scale                      Family Guidance (County) Court Ordered substance abuse –have a county hospital for people who can't afford to pay (BRMC)                      Family Guidance – Court ordered youth only                      Bergen County Health Department – provided education not treatment                      Student Assistance Counselors (SAC)                      Training for treatment professionals                      Prevention and Education Programs                      Outreach to schools                      High Focus                      Insurance companies often help with substance abuse programs.</p>
<p><b>Substance Abuse Treatment</b>                      What are the County's strengths?</p>	<p>Awareness in the Social Services Community- addresses the gaps; education program at the schools                      More programs in Bergen than others even though not enough                      This can work against Bergen getting services needed as other level of government see the services in existence and what little is available is reducing the numbers in need compared to other places.                      The county is trying to address the issues</p>	<p>SAC's in schools                      Division of Family Guidance - County Court Ordered Assessments                      Municipal alliances (60) prevention                      Sometimes ID's Families and kids to target assistance                      Office of Alcohol and Drug Abuse use prevention to help with treatment facilities &amp; detox                      This is for uninsured families with kids and is located outside Bergen but available to Bergen families due to County contract                      LACATA (funding)                      Agencies with knowledge and resources                      Advisory groups – well specialized and staffed – active and work together – co-fund collaboratively and integrated                      Lots of resources for professionals – training                      Bergen Regional Medical Center for uninsured</p>	<p>No areas identified</p>

**APPENDIX D**  
**SUMMARY OF FOCUS GROUP RESPONSES: ADULT**  
 Bergen County (2012) - NJDCF Children and Families' Needs Assessment

<b>Target Service Area and Question</b>	<b>HSAC Children &amp; Families Committee (9/7/2012)</b>	<b>CIACC (9/11/2012)</b>	<b>Family Support Organization – Fairlawn (9/19/2012)</b>
<p><b>Substance Abuse Treatment</b> Are the services easy to access?</p> <p><b>Substance Abuse Treatment</b> Are the services easy to access? (Continued)</p>	<p>Access to DYFS due to Substance Abuse patient in care – Need intensive service early on to make the “fix” hold the first time Need Access Help – Education/Awareness to understand eligibility/sliding scales/programs/community mental health system Cultural/Language limitations including stigma of asking for help Wait list: LONG (e.g. for child assessment) Access (locations/transportation/transit) Dual Diagnosis Not easy unless consumer is already in the system Eligibility Requirements Affordability of health care Insufficient Funding</p>	<p>Voluntary and Involuntary systems – parents may not be willing to call or ask for help Statewide barrier – youth under 5 can’t get services NJ lacks a comprehensive screening law to screen child and hospitalize against parent’s will If a child is not court ordered they have nowhere to go</p>	<p>High Focus is easy to find but have to be careful of insurance coverage or can be expensive - always have get clear information participate (write off) V.S. Accept (portion but parent pays balance) Not a lot of participants in network</p>
<p><b>Substance Abuse Treatment</b> Are there any gaps in the services?</p>	<p>No free outpatient substance abuse Treatment programs for Outpatient -Substance Abuse Treatment unless court order, expensive and no Medicaid Few inpatient psychiatrists – that take Medicaid No adolescent emergency medical care for psychiatric emergencies Dual Diagnosis Psychologist Psychiatrist Behaviorist Adolescent girls programs No child medical services in hospital – adolescents can’t get help Hospitals have closed programs due to Medicaid rates – can’t afford to offer services Trauma groups Unaware of the services and fees IOP</p>	<p>Substance abuse services (alone) for adolescent &amp; youth or not court ordered Need detox for teens Pregnant teens (under 18) Teens (under 18) Adolescent substance abuse Uninsured and underinsured No children hospital Partial Care Services Pediatric unit, re: substance abuse services/detox Psychiatrics/Psychology treatment –have some but need more hours The best available is private and therefore expensive, with limited funding the service is far harder to secure. DFG has some hours but it’s limited to 8 hours total for a person.</p>	<p>Follow-Up/ Aftercare Navigation of the services – especially if there is a mental health and substance abuse combination (MICA)</p>
<p><b>Substance Abuse Treatment</b> What are the areas in which the County</p>	<p>No areas identified</p>	<p>No areas identified</p>	<p>No areas identified</p>

**APPENDIX D**  
**SUMMARY OF FOCUS GROUP RESPONSES: ADULT**  
 Bergen County (2012) - NJDCF Children and Families' Needs Assessment

<b>Target Service Area and Question</b>	<b>HSAC Children &amp; Families Committee (9/7/2012)</b>	<b>CIACC (9/11/2012)</b>	<b>Family Support Organization – Fairlawn (9/19/2012)</b>
is in need of Improvement?			
<p><b>Substance Abuse Treatment</b>                      What solutions would you suggest?</p> <p><b>Substance Abuse Treatment</b>                      What solutions would you suggest?                      (continued)</p>	<p>Improved/Increased Prevention programs                      Intense family services while seeking treatment                      Retired professionals/medical women –reach out for volunteers; will have to address insurance coverage – immunity for volunteers re: malpractice                      Government funding for malpractice insurance to cover the volunteers                      Approve an immunity law or Good Samaritan law for volunteers                      Involve other volunteer medical initiatives?                      Retired doctors are more likely to pay their own way to go overseas to continue helping people because that's cheaper than the insurance they would need to stay here.</p>	<p>One Size doesn't fit all -some outside Bergen but need children/adolescent substance abuse (this is "beyond the prevailing philosophy")</p>	<p>A Follow-Up/after care program                      Counseling to track/reinforce/maintain the progress made in the substance abuse program                      Navigation Program – case manager to coordinate and lead                      An overall assessment (and over haul) of the substance abuse system                      More participants in network</p>
<p><b>Mental Health Services</b>                      What Services do you know about?</p>	<p>Community Mental Health Clinics and Bergen Regional Medical Center                      Shelter Plus Care Housing Vouchers                      Children's System of Care – Bergen's Promise                      Department of Children and Families Referrals                      Bergen County Health Department for information and referral                      County sponsored Mental Health programs (Division of Family Guidance)                      Many Agencies but need more aware ness of what is available                      Juvenile/Family Crisis Intervention Unit                      262-HELP                      Hotlines                      Private Practitioners                      School based treatment and prevention</p>	<p>Bergen Regional Medical Center (BRMC)                      44,000 outpatient appointments for adult/adolescents/youth-County Hospital                      biggest provider in Bergen County                      Mobile Crisis – Crisis Intervention Short term care management and stabilization                      Private Practitioners                      PESP-helps adults/children through 262-HELP                      Hotlines                      Children's Mobile Response                      2<sup>nd</sup> floor (prevention, hotline)                      CIACC –Education to police on mental health issues- CD/DVD available                      Respond to mental health crisis-how to handle &amp; respond                      Collaborative effort (family advisory committee meeting)                      Mental Health First Aid Training                      School Based Primary Prevention and Treatment                      Strong Collaboration - Counseling available at all</p>	<p>Bergen Regional Medical Center (BRMH)                      44,000 outpatient appointments for adult/adolescents/youth-County Hospital                      biggest provider in Bergen County                      Mobile Crisis – Crisis Intervention Short term care management and stabilization                      Private Practitioners                      PESP-262-HELP                      Hotlines                      Children's Mobile Response                      2<sup>nd</sup> floor (prevention, hotline)                      CIACC –Education to police on mental health issues- CD/DVD available                      Respond to mental health crisis-how to handle &amp; respond                      Collaborative effort (family advisory committee meeting)                      Mental Health First Aid Training                      School Based Primary Prevention and Treatment</p>

**APPENDIX D**  
**SUMMARY OF FOCUS GROUP RESPONSES: ADULT**  
 Bergen County (2012) - NJDCF Children and Families' Needs Assessment

<b>Target Service Area and Question</b>	<b>HSAC Children &amp; Families Committee (9/7/2012)</b>	<b>CIACC (9/11/2012)</b>	<b>Family Support Organization – Fairlawn (9/19/2012)</b>
<p><b>Mental Health Services</b>                      What Services do you know about?                      (continued)</p>		<p>Bergen County Colleges                      Family Support Networks for Mental Health issues – NAHMI                      Fire Prevention &amp; Education                      Community Mental Health Centers (four)                      Shelter Plus Care housing vouchers for homeless families with disability i.e. mental health                      Children’s System of Care                      Bergen County Health Department – Mental Health Division – information and referral                      Bergen County Division of Family Guidance                      Many Nonprofit Agencies                      Juvenile/Family Crisis Intervention Unit</p>	<p>Strong Collaboration - Counseling available at all Bergen County Colleges                      Family Support Networks for Mental Health issues - NAHMI                      Fire Prevention &amp; Education                      Community Mental Health Centers (four)                      Shelter Plus Care housing vouchers for homeless families with disability i.e. mental health                      Children’s System of Care                      Bergen County Health Department, Mental Health Division for Information and referral                      Bergen County Division of Family Guidance                      Many Nonprofit Agencies                      Juvenile/Family Crisis Intervention Unit                      Local Psychiatrists                      NAMI - parent training classes                      Peer Counseling/ information/ referral                      Family Support Organization</p>
<p><b>Mental Health Services</b>                      What are the County’s strengths?</p>	<p>Non Profit agencies speak out and ask for help on unmet clients’ needs                      Agency/program collaborations                      Non Profits have resources unencumbered by government guidelines                      More programs than most counties</p>	<p>Collaboration/cooperation/problem solving among mental health agencies                      Family Support Organizations                      Bergen Regional Medical Center                      Some psychiatric time available – very limited                      Statewide Hotline                      2-1-1                      Mental Health First Aid Training - CIACC and YSC collaboration – training for Police/first responders                      Strong collaborations in Bergen County                      Education and strong collaboration and counseling with departments in the surrounding colleges                      Strong Family Support Networks (NAMI, etc)                      Fire Education and Prevention Program – co-funded</p>	<p>No areas identified</p>
<p><b>Mental Health Services</b></p>	<p>Good number compared but not enough                      Waiting list</p>	<p>Insurance vs. no insurance or under insured                      Many things are expensive and only available</p>	<p>No areas identified</p>

**APPENDIX D**  
**SUMMARY OF FOCUS GROUP RESPONSES: ADULT**  
 Bergen County (2012) - NJDCF Children and Families' Needs Assessment

<b>Target Service Area and Question</b>	<b>HSAC Children &amp; Families Committee (9/7/2012)</b>	<b>CIACC (9/11/2012)</b>	<b>Family Support Organization – Fairlawn (9/19/2012)</b>
<p>Are the services easy to access?</p> <p><b>Mental Health Services</b>                      Are the services easy to access?                      (Continued)</p>	<p>Stigma for kids and the families asking for help – how to get over/past this issue?                      With Dual Diagnosis, can't get into anything because services aren't set up for the issues                      Always transportation/transit is a problem                      People understand they must pay for everything, even when there is help for payments                      If school aware, they can't refer to the programs - have to talk to parent and hope parent will make the call                      If school makes the call they are responsible for all costs which is not something the education system can handle                      Services not east to access                      Hard to navigate                      Eligibility requirements</p>	<p>if family can afford to pay                      Unaffordability due to Medicaid fee for services switch                      Lack of Medicaid providers and limited access for families                      Insured middle class can't afford co-pays or deductibles for mental health service                      Voluntary and Involuntary systems – parents may not be willing to call or ask for help                      Statewide barrier – can't get services for children under age 5                      NJ lacks a comprehensive screening law to screen child and hospitalize against parent's will                      Medicaid is changing the system to fee for services - no services or money to providers                      Other insurance co-pay too high, so insurance is more catastrophic than providing basic services; makes existing grant funding more important so lower cost Medicaid and co-pay will be enough.                      Hearing Impaired Services – interpreting and therapy</p>	
<p><b>Mental Health Services</b>                      Are there any gaps in the services?</p>	<p>Advocate/Guide for families - to help access                      Cost/Availability (high co-pay, too)                      Grants running out then good programs get lost                      No Infant and preschool                      Need trained people, school available only to children over age 5, "safe Schools/Healthy Families" program is gone                      No Medicaid                      High deductible and co-pay with whatever insurance the family has, so they don't follow though – families can't pay their portion of the costs                      Mobile Crisis response especially for kids                      Private Health Insurance "iffy" for coverage                      Insurance = Headache                      Parents just don't have the</p>	<p>Hotlines are available.                      They're meant to improve services/knowledge/system but education needed to make them helpful to clients: need to be more informed about Bergen services                      Lack of services (all ages) for eating disorders (unless family can afford to pay)                      Need help for adolescents uninsured or under insured                      Children under the age of 12 - no help especially fire setting (grant funded for age 10 &amp; older)                      Sexual Abuse Treatment for children                      Suicide Prevention                      Limitations- re: Eligibility to programs and it's getting worse in Bergen                      MICA population hospital program for youth</p>	<p>There are no programs for parents ("we need help") Counseling, guidance in system, education about specific diagnoses, training, trusted respite)                      Training for Parents to understand what the doctors and therapists are telling them – plain words to understand the professionals – needs to be user friendly                      Programs for kids – not for adults.                      Dual diagnosis services – especially help to navigate system                      Flexibility in services                      Special assistance or client assistance fund (flexible funds)                      Autism services are lacking – esp. if paired with other disorders</p>

**APPENDIX D**  
**SUMMARY OF FOCUS GROUP RESPONSES: ADULT**  
 Bergen County (2012) - NJDCF Children and Families' Needs Assessment

<b>Target Service Area and Question</b>	<b>HSAC Children &amp; Families Committee (9/7/2012)</b>	<b>CIACC (9/11/2012)</b>	<b>Family Support Organization – Fairlawn (9/19/2012)</b>
	time/strength/determination to take on while they are trying to hold family together Preventive Services Programs/Services for birth to age 1 When problems start to show, families think it will get better and do not address issues; are doctors well trained in the signs of a problem for children that young? Lack of training for people working with mental illnesses	Applied behavioral analysis not covered by Medicaid and the fees are prohibitive Language gaps – Chinese/Korean (especially) speaking Psychiatric/ Psychologist and Therapists Hearing impaired/ mental health –need services Ages 0-4 -almost no services Policy & practice ideas need focus since existing policies (fee for service) are important and affecting everyone	Need Special Needs professionals with appropriate background and education Eligibility restrictions May be eligible and need the care, but eligibility doesn't provide for full service or blocks service. Multiple diagnosis blocks all services – need holistic approach Silos or service shift the person when the diagnosis includes other needs. If someone has autism and substance abuse both send person to the other, but neither take person because they can't handle the combination. All staff need training to know what's available in their own state departments, in the community, etc.
<b>Mental Health Services</b> What are the areas in which the County is in need of Improvement?	No areas identified	No areas identified	No areas identified
<b>Mental Health Services</b> What solutions would you suggest?	Retired volunteers, e.g. retired social workers (NASW) - Preschool/Infant-toddlers Fix Insurance Programs for younger kids with mental health issues Early Intervention Series, especially birth to age 1 Education/Prevention- re: Overcoming Stigma Mentoring Moms as a model for families with kids with mental health disabilities Nutritionist/Pediatrician - a hotline for parents Re: medication - Mental health and Pediatric Consultation Model Also understanding and identifying problems earlier	Partial for all ages Mental Health First Aid Training A policy change to have a screening tool for emotional well-being at <u>pre-school</u> level for mental health Pediatrician screening and connecting doctors to schools Incorporate mental health issue awareness in primary & secondary education Re: mental health curriculum to prevent stigma ("family life education") More mental health education at the primary and secondary level in order to remove the stigma Emotional wellness education	Expand the services and staff of Family Support Organizations Integration of services User friendly manuals or classes to help consumers More awareness and responsibility for children with multiple diagnosis More funding

**APPENDIX D**  
**SUMMARY OF FOCUS GROUP RESPONSES: ADULT**  
 Bergen County (2012) - NJDCF Children and Families' Needs Assessment

Target Service Area and Question	HSAC Children & Families Committee (9/7/2012)	CIACC (9/11/2012)	Family Support Organization – Fairlawn (9/19/2012)
		Introductory tool to pediatrician for mental health screen <u>all</u> levels; links to mental health centers Include businesses and foundations Plans for organizations/businesses to get support (ie. Money) Train educators/psychiatrists Include getting access to mental health services –social orientation- pre-school to high school and all the programs for wellness/holistic Specialized training for parents who are mentally ill and who have children	
<b>Transitional Living Services -Youth Leaving Foster Care</b> What Services do you know about?  <b>Transitional Living Services -Youth Leaving Foster Care</b> What Services do you know about? (Continued)	Housing/Financial Literacy Counseling Life Skills Training GED Courses (Family Guidance Connection Program) Children’s Aid and Family Services – Project Self Sufficiency for children in foster care Bergen’s Promise STEPS program Vocational Rehabilitation Bergen County Youth Resource Center One Stop Career Center (OSCC) for employment and training State Employment and Training Commission (SETC) in the WIB Mandated that schools plan with student for after graduation (start at age 14 in order to finish at graduation) Office of Adolescent Services (link with WIB and OSCC) Housing for Pregnant Teens Group and residential programs for children in foster care NJ DCF Office of Adolescent Services	6 Beds for youth 7 Shelter plus care housing vouchers –Aging Out (18-24 yrs.) CBHC has Vouchers for SPC for Youth Aging out of DYFS/Foster Care Housing – Emergency Housing- Pregnant/Not Pregnant Some Transitional programs for Pregnant or New Moms Housing and Financial Literacy Counseling Life Skills Training GED Program Group and residential programs for children in foster care NJ DCF Office of Adolescent Services One Stop Career Center Vocational Rehabilitation Bergen County Youth Resource Center Youth Complex - Bergen’s Place (Youth shelter) Emergency Housing - Pregnant Youth	6 Beds for youth 7 Shelter plus care housing vouchers –Aging Out (18-24 yrs.) CBHC has Vouchers for SPC for Youth Aging out of DYFS/Foster Care Housing – Emergency Housing- Pregnant/Not Pregnant Some Transitional for Pregnant or New Moms Housing and Financial Literacy Counseling Life Skills Training GED Program Group and residential programs for children in foster care NJ DCF Office of Adolescent Services One Stop Career Center Vocational Rehabilitation Bergen County Youth Resource Center Youth Complex - Bergen’s Place Emergency Housing - Pregnant Youth ICMS Seminars for DDD kids – Pathways to the Journey
<b>Transitional Living Services -Youth</b>	New Youth Complex Increased Shelter beds, allowing for self-referrals	No areas identified	No areas identified

**APPENDIX D**  
**SUMMARY OF FOCUS GROUP RESPONSES: ADULT**  
 Bergen County (2012) - NJDCF Children and Families' Needs Assessment

<b>Target Service Area and Question</b>	<b>HSAC Children &amp; Families Committee (9/7/2012)</b>	<b>CIACC (9/11/2012)</b>	<b>Family Support Organization – Fairlawn (9/19/2012)</b>
<b>Leaving Foster Care</b> What are the County's strengths?	at "Bergen's Place" Initiating and Planning Better system of integrating services for DD than other counties Resource Center		
<b>Transitional Living Services -Youth Leaving Foster Care</b> Are the services easy to access?	Need to train schools so counselors know adult programs to assist with transition out of school Programs are in "silos" and haven't enough connections Grants are temporary – can't rely on programs to be available Youth lose Medicaid and other services if their DCP&P case is closed More connection to adult services for DD	No insurance Eligibility requirements System referred programs only – nothing available for people asking for help Lack of knowledge in schools staff	Division of Vocational Rehabilitation (limited) Pathways to explain adult services Limited information
<b>Transitional Living Services -Youth Leaving Foster Care</b> Are there any gaps in the services?  <b>Transitional Living Services -Youth Leaving Foster Care</b> Are there any gaps in the services? (Continued)	Programs not sustainable – grants are temporary Transitional housing for youth Outreaching to youth Housing Vocational Rehabilitation	Need more HUD Shelter Plus Care Housing Vouchers Emergency Shelter beds and Housing (all youth including pregnant) Transitional Housing for Mental Health and DD Transitional services for youth in the juvenile justice system Psychiatric/Psychology services Housing for people with developmental disabilities and mental health (dual diagnosis) Not enough life skills and housing for youth aging out - invest money better plan for the future Eating disorders not covered unless other insured psych disorder is treated; very expensive to pay without insurance Partial care services Intensive Outpatient for Adolescents Mentoring for adolescents/youth wanting to get away from the system and be independent Private provider -Lack of knowledge about the system Lack of investment in transitioning youth Job training IOP especially for under age 12	Housing ICMS has no connection once the child reaches the age of majority Services dry up at graduation from high school; therefore try to keep child from graduating Means holding child back in order not to lose services they need Transition plans are supposed to start at age 16, but they do not. They are not done at all.

**APPENDIX D**  
**SUMMARY OF FOCUS GROUP RESPONSES: ADULT**  
 Bergen County (2012) - NJDCF Children and Families' Needs Assessment

<b>Target Service Area and Question</b>	<b>HSAC Children &amp; Families Committee (9/7/2012)</b>	<b>CIACC (9/11/2012)</b>	<b>Family Support Organization – Fairlawn (9/19/2012)</b>
<b>Transitional Living Services -Youth Leaving Foster Care</b> What are the areas in which the County is in need of Improvement?	No areas identified	Fire Prevention program for children under 10 No areas identified	No areas identified
<b>Transitional Living Services -Youth Leaving Foster Care</b> What solutions would you suggest?	Funding –Solid/Sustained SETC – Youth policy analysis identifying needs (such as gang prevention and violence) Mandate a post-graduation plan Educate youth of the benefits of keeping their DYFS case open in order to access services	More investment in transitioning youth Partial Care Plan throughout lifetime Coordinate Benefits/Increase funding for Housing and set-up of the home Network of Mentors Sexual Abuse Treatment	Transition Plans – coordinated with schools Programs for young adults How to keep services but still graduate high school Independent living - classes, preparation, and opportunities
<b>Domestic Violence Services</b> What Services do you know about?  <b>Domestic Violence Services</b> What Services do you know about? (Continued)	Shelter with care (SOS) County: Alternatives to Domestic Violence Hotline Transitional housing Case Management (ie Never Alone Again) Displaced Homemakers (sometimes includes Domestic Violence at OSCC) High School Awareness Clubs Police Training to address issues in DV calls Male Victim Group Private waiting room and child care at the Courthouse Rape Crisis Center Batterer Group (ADV) MANAVI - serves Bergen but not in Bergen	County operated & supported hotline - ADV General-preventive – Bergen more committed to providing services-but more are needed Rape Crisis Center Prevention Programs in Human Services Nonprofit Shelters Transitional housing Advocacy, Education, Hotlines, Counseling, and Treatment for Victims and Batterers Victim Groups (Male and Female) Care Management services One Stop – Displaced Homemakers – sometimes DV involved High School Awareness Clubs Police Officer Training Private wait room and child care for DV cases in courthouse	County operated & supported hotline - ADV General-preventive – Bergen more committed to providing services but more are needed Rape Crisis Center Prevention Programs in Human Services Nonprofit Shelters (SOS) Transitional housing Advocacy, Education, Hotlines, Counseling, and Treatment for Victims and Batterers Victim Groups (Male and Female) Care Management services One Stop – Displaced Homemakers – sometimes DV involved High School Awareness Clubs Police Officer Training Private wait room/child care in courthouse 9-1-1 DYFS Anger Management
<b>Domestic Violence Services</b>	Batterer Group – rare elsewhere Art therapy	ADV - County Operated and supported agency Family Guidance – only in Bergen County	Once admitted to the Anger Management program, it is easy to access since staff come

**APPENDIX D**  
**SUMMARY OF FOCUS GROUP RESPONSES: ADULT**  
 Bergen County (2012) - NJDCF Children and Families' Needs Assessment

<b>Target Service Area and Question</b>	<b>HSAC Children &amp; Families Committee (9/7/2012)</b>	<b>CIACC (9/11/2012)</b>	<b>Family Support Organization – Fairlawn (9/19/2012)</b>
What are the County's strengths?	Mental Health Services More sensitized rape crisis and DD Many Support Systems	Specialized services for youth offenders	to your home More services because of the immediate danger associated
<b>Domestic Violence Services</b> Are the services easy to access?	Hotline Outreach limited – Expand school programs ADV and Rape Crisis Center provide education/outreach Barrier in reporting domestic violence – more accountability Stigma Many services in Hackensack, not other towns	Education to overcome the stigma: Not bad to ask for help Education for young population – grade school level Prevent competition for limited money in grants DCF (includes Domestic Violence) but for all the groups need to expand Family Success Centers and their programs	Easier access to these programs because DV is a danger to life therefore the system reacts immediately. This is needed for the families using FSO when children act out. Anger Management program in-home
<b>Domestic Violence Services</b> Are there any gaps in the services?	Male victim housing Children are victims Lack of trauma assessment, Trauma groups Services available only after they are in system Training for Judges – family court More services for male victims	Program to help young people understand domestic violence Address stigma on accessing services Prevention competes with treatment – prevention gets lost Higher income leads to less resources available	DYFS staff need training on the ID/DD needs with DV Housing Preventative DV counseling Anger Management – need easier admittance to the program
<b>Domestic Violence Services</b> What are the areas in which the County is in need of Improvement?	Strong on response, but need more response balance of the treatment Need support for getting people to report ADV Advisory Committee (activate) Train Judges and continue to train police officers Promote awareness	No areas identified	No areas identified
<b>Domestic Violence Services</b> What solutions would you suggest?	Start education at primary school level to remove the stigma Collaboration Keep the current relationships but build on them with cross training Train judges and keep training police officers Find long-term grants – funding	Mentoring for young people in Domestic Violence Programs Prevention program at much younger level Remove Stigma Public Service Announcement -NYC addressing men to support prevention of domestic violence, PSA commercial during sporting events.	Just need MORE Better preventative services
<b>Family Support Services for Children with Developmental Disabilities</b>	Home Companion Programs Respite/Recreational Program Summer Camp- Not just fun for kids - Not frivolous – also for parents respite/working parents keeping jobs/prevention	Special Services school districts Children's Mobile Crisis Response Unified intake process is by region, so not universally useful Home Companion Programs	Special Services school districts Children's Mobile Crisis Response Unified intake process is by region, so not universally useful Home Companion Programs

**APPENDIX D**  
**SUMMARY OF FOCUS GROUP RESPONSES: ADULT**  
 Bergen County (2012) - NJDCF Children and Families' Needs Assessment

<b>Target Service Area and Question</b>	<b>HSAC Children &amp; Families Committee (9/7/2012)</b>	<b>CIACC (9/11/2012)</b>	<b>Family Support Organization – Fairlawn (9/19/2012)</b>
What Services do you know about?	After School Programs Extended school years – limited availability Special Child Health Services Case Management Educational Advocacy - SPAN website <a href="http://www.spannj.org/index.html">http://www.spannj.org/index.html</a> Strengths and needs of all other group even to families with kids with developmental disabilities Some specialization available Child Care Counseling Advocacy and Education Speech and Occupational Therapy Behavioral Health Care Adaptive Equipment and Home Modification Medical Expense Services Early Intervention Services Care Management Services	Recreation Program/ Summer Camp Respite Care and Home Care After School Programs and Extended School Year Program Child Care Counseling Advocacy and Education Speech and Occupational Therapy Behavioral Health Care Adaptive Equipment and Home Modification Medical Expense Services Early Intervention Services Care Management Services	Recreation Program/ Summer Camp Respite Care and Home Care After School Programs and Extended School Year Program Child Care Counseling Advocacy and Education Speech and Occupational Therapy Behavioral Health Care Adaptive Equipment and Home Modification Medical Expense Services Early Intervention Services Care Management Services The ARC SSI DDD Summer Camps: Elks: One free week of camp, Camp Acorn and Winter Camps Special Parent Teacher Organizations (PTO) Saturday Programs 2-1-1 (nj211.org)
<b>Family Support Services for Children with Developmental Disabilities</b> What are the County's strengths?	Early Intervention is better run/coordinated than elsewhere SPAN Bergen County Home Companion Bergen County Recreation Respite Programs More coordinated in Bergen County than other counties	Bergen County – Special Services School District DD has numeric data (intake process) to follow kids from youth to adult by region	2-1-1
<b>Family Support Services for Children with Developmental Disabilities</b> Are the services easy to access?	Agencies must be able to commit time to get trust of families Family Support Organization across NJ can provide peer to peer support/advice, etc. Need more programs Availability much lower than demand Funding cuts Hard to qualify for camp or child care Lack of respite care Lack of qualified child care	DD data not readily available Eligibility Requirements Planning Coordination of existing services	The system is tough for parents who know to push, persevere, and search out the services their children need to cobble together what their children need. Question asked: what's it like for parents who don't know where to start, don't run into the right people by accident to start them on their way?

**APPENDIX D**  
**SUMMARY OF FOCUS GROUP RESPONSES: ADULT**  
 Bergen County (2012) - NJDCF Children and Families' Needs Assessment

<b>Target Service Area and Question</b>	<b>HSAC Children &amp; Families Committee (9/7/2012)</b>	<b>CIACC (9/11/2012)</b>	<b>Family Support Organization – Fairlawn (9/19/2012)</b>
	Need more training for families Families need help navigating the system and figuring out what they are entitled to Stigma Autistic population growing		
<b>Family Support Services for Children with Developmental Disabilities</b> Are there any gaps in the services?	Early intervention services for birth to 3 Early management services for birth to 21 More campership- Camp is a necessity not a luxury for working parents Full day extended school year The partial/half days now offered in a few cases blocks camp attendance and therefore affects parents working Kids with Autism – behavioral health support Sleep deprivation an issue with families and result in health issues Educational advocacy Specialized Services – adjusted for DD consumers	Services not available to youth Specialized training to help DD consumers stay with their family and transition to independent living More after school programs Ongoing Parent Training (specifically in behavioral areas) Mental Health Services (re: dual diagnosis) Psychiatric Crisis Intervention Training (for Specialized Population) Children focus of Mobile Response Need more after school programs All the program that exist are <b>NOT</b> enough	No services/more costly unless registered with DDD (e.g. camp) Divorce/legal counseling services There are special situations when a child with ID/DD is involved and courts are not prepared. Housing for aging child to move to more independence and out of home of aging parent – being built but so slow and not enough Safe camps with trained staff for children with multiple diagnoses/medical challenges Respite facilities that can care for children with multiple diagnoses Shared files and cases among programs so parents don't have to tell story over and over Need more private schools – public not equipped to handle children ID/DD Parents need stress relief – need respite Aids or teachers not allowed for camps and/or respite Parenting workshops on getting services Supports for parents and family (siblings too) to keep the family unit healthy and intact
<b>Family Support Services for Children with Developmental Disabilities</b> What are the areas in which the County is in need of	Waiting List All Over Funding affecting all Finding families resistant need training on how to help families out of denial BEFORE a break. Need to keep close eye on statistics and services – re: Autism	Training for caring for kids to avoid problems for child later – need housing programs so they are not still untrained as adult at home with elder parents Get State accountable for programs and gaps/needs	Camps have early registration deadlines Court system needs training - judges

**APPENDIX D**  
**SUMMARY OF FOCUS GROUP RESPONSES: ADULT**  
 Bergen County (2012) - NJDCF Children and Families' Needs Assessment

<b>Target Service Area and Question</b>	<b>HSAC Children &amp; Families Committee (9/7/2012)</b>	<b>CIACC (9/11/2012)</b>	<b>Family Support Organization – Fairlawn (9/19/2012)</b>
Improvement?			
<b>Family Support Services for Children with Developmental Disabilities</b> What solutions would you suggest?	Needs similar to all other groups but adjusted to the specifics needs of families with children with developmental disabilities Funding Coordinators/schools & practitioners Help remove stigma and resistance to services Long term case management Peer to Peer support Behavioral support in particular for autism Respite overnight Financial help for families with children with significant medical needs – equipment and cost	Advocacy group –focused on children/families (developmental disabilities) to bring attention and help infrastructure to shift to this service Planning for resources for a free continuum Coordinate all existing services –what system is there to know; what’s really missing. More programs (respite, after school, etc)	Educate Judges Easy access to programs to find aides/shadows at home and at camps Get rid of DDS Bring back or hire more case managers Cross Training to get better coordination and linkages between services Integrated services Emergency fund (e.g. for medical expenses) Better educated staff Educators need to be trained to know how to fit into the system Expand/promote 211 Better, more accessible website Vouchers and Flex Funding More Summer Camps – with training for children with multiple diagnosis More respite – better training

**APPENDIX D**  
**SUMMARY OF FOCUS GROUP RESPONSES: YOUTH**  
 Bergen County (2012) - NJDCF Children and Families' Needs Assessment

Target Question	Alternatives to Detention (ATD) – Conklin (9/13/2012)	DFG Youth Resource Center – Conklin (9/24/2012)
What Services do you know about?	Youth Care Management Juvenile Justice (JJC/ATD) Juvenile Intensive State Population (JISP) Independent Living Star Program (SP) Welfare Assurance (free phone service) Medicare/Medicaid Job Corp (Edison, NJ closest) Section 8 (Housing) Suspension Alternative Program (SAP) Police Athletic League (PAL) Food Stamps NBA Cares YCM Superstars (after-school) Fathers Know Best (Mentors) Parole Child Support School-Working Papers-help with resume GED Program Ho-Ho-Kus Business School Straight and Narrow Newark Renaissance	Section 8 Suicide Hotline Resource Center/Youth Center Domestic Violence Job Training Gay/Straight Alliance SOAR AA/NA Pet Abuse Hotline Counseling Welfare Child Care Reflections DYFS Health Care Education Law Enforcement Food Stamps Reflections Anti-Bullying Programs
What are the County's strengths?	Welfare (for college) Section 8 (Housing) Suspension Alternative Program (SAP) Superstars –helpful to watch youngsters after-school (PAL) Father's Know Best (Mentors) Child Support (useful for the moms/kids) GED Program Straight and Narrow	No areas identified
Are the services easy to access?	Most of the programs are easy to get: "Just get in trouble" Assurance – just make a call College (welfare) – get good grades Food Stamps <b>NOT</b> Easy	No areas identified

**APPENDIX D**  
**SUMMARY OF FOCUS GROUP RESPONSES: YOUTH**  
 Bergen County (2012) - NJDCF Children and Families' Needs Assessment

<b>Target Question</b>	<b>Alternatives to Detention (ATD) – Conklin (9/13/2012)</b>	<b>DFG Youth Resource Center – Conklin (9/24/2012)</b>
	Anger Management Counselor comes to you – counselor visits you at home	
Are there any gaps in the services?	College Loans Physical Therapy Anger Management – Through probation was not helpful, but was convenient Transportation – Assistance for passes for transit	Job Services – resume and job placement Summer Programs After School Programs Affordable College – more loans available Recreation Programs More Parks Teen Peer Groups
What are the areas in which the County is in need of Improvement?	No areas identified	No areas identified
What solutions would you suggest?	Prevention Program – avoid needing this (ATD) program Mentoring Ease eligibility to allow more people to get what they need (re: Ease of Food Stamps) College Loans-Tax money that should help to actually educate people More College – Better Education/Accessibility to Education	Free college education Make shelters more “homelike” Counseling and decision making Youth Centers Independent Living Centers Job Training – more job opportunities Make it easier to get working papers at age 15

# Appendix E

## Comments from the Survey and Focus Groups

---

Children and Families Needs Assessment Focus  
Groups



Comments made verbally or on ranking sheet.

	Response Count
	12
answered question	12
skipped question	56

**Q1. Comments made verbally or on ranking sheet.**

1	free college education	Sep 25, 2012 6:28 AM
2	More gyms, arcades, skate parks, etc.	Sep 25, 2012 6:27 AM
3	Need case workers back for more personal needs that DDS has no knowledge of.	Sep 21, 2012 6:30 AM
4	Adolescent Partial Hospital including a substance abuse (MICA) track. Could have transitional youth to adult track (18-23) Adolescent Substance Abuse I.O.P. Youth Partial - 5-12 years? Would volume/need permit the development of such a service?	Sep 11, 2012 9:15 AM
5	Other gaps in mental health Therapists speaking Chinese Therapeutic services for sexual abuse (for youth) Partial hospital program in Bergen County Therapists specializing in self harm (accepting medicaid) "Trauma" focused therapists ABA (eating disorders) medicaid approved (important for aspergers/autism) Substance abuse gaps Therapists specializing in substance abuse (medicaid approved/accepting medicaid)	Sep 11, 2012 9:09 AM
6	Good job by those who conducted focus group	Sep 11, 2012 9:04 AM
7	I would be interested in hearing the Bergen County Board of Social Services input into the areas we discussed.	Sep 7, 2012 11:19 AM
8	Prevention Prevention Prevention Coordination of services.	Sep 7, 2012 11:18 AM
9	Supportive service providers/matches for our homeless seriously mentally ill and chronic substance abusers population for the Bergen County Housing, Health and Human Services Center's Shelter Plus Care Voucher	Sep 7, 2012 11:16 AM
10	1.) Greater cooperatin between schools and the Department of Human Services. 2.) Possibility of working in coalition with corporations and volunteer organizations to educate them; the needs of the most vulnerable in the community. 3.) Consider creating a cadre of volunteers to work in High School.	Sep 7, 2012 11:10 AM
11	Future needs for autistic population Services & Cost Expand School Based Youth Services Expand Family Success Center Veteran Services - impact in all levels Juvenile Justice	Sep 7, 2012 11:06 AM
12	CICRF reimbursement for extraordinary medical expenses, home and van modifications. Respite - most challenging issues and service to access.	Sep 7, 2012 11:02 AM

Please indicate other service(s) that you feel are needed, if they exist, and if there are difficulties accessing the service(s).

	Response Count
	84
answered question	84
skipped question	541

**Page 9, Q1. Please indicate other service(s) that you feel are needed, if they exist, and if there are difficulties accessing the service(s).**

1	JCC has the most social services for youths and yet it is a long 30-40 minutes away from us. So, in truth we don't go there. It would be nice to have another facility closer to us (Woodcliff Lake, NJ area).	Aug 27, 2012 10:50 AM
2	Bergen Promise has been extremely helpful and on top of things with providing different services for my son.	Aug 15, 2012 2:20 PM
3	better colaboration between the different children's agencies in terms of timelines, verbal contact, impleimentation of programs. Too much of a "revolving door" of case managers at different agencies, resulting in having to start over, and too much time lost.	Aug 15, 2012 2:17 PM
4	All children services are extremely lacking because the priorities go to Adults as this state has not caught up to providing Housing for Adults or work programs. Consequently, in the past twenty years we have no moved one inch further than we were twenty years ago.	Aug 15, 2012 11:35 AM
5	Family Support Respite needs to ask the parent what options they want in regard to respite rather than limit the part by stating well you have an Extended School Year, plus the number of weeks for summer respite like camps is very limited.	Aug 15, 2012 11:27 AM
6	The FSOBC is wonderful. Very much needed. Excellent, inspiring, uplighting, helpful with family life.	Aug 15, 2012 7:14 AM
7	Needed - mentoring programs (role model) Needed - Programs with consistent delivery of services with consistent people	Aug 15, 2012 6:48 AM
8	Coordinated mental health care for youths and adults between professionals (in their professional/clinical settings) and the home environment (functional setting) of the individual and family.	Aug 15, 2012 6:29 AM
9	More training with mobile crisis, more workers needed, legitimate diagnosis of children, continuity of services through IIC so that child does not get 3 months of therapy then start over. Clean hospital for the kids.	Aug 14, 2012 12:00 PM
10	In-home mental services. No difficulties in accessing service.	Aug 14, 2012 11:30 AM
11	No difficulties because of involvement with CMD and family assistance.	Aug 14, 2012 11:15 AM
12	there should be more family counselling sessions	Aug 14, 2012 9:56 AM
13	After school day care programs.	Aug 13, 2012 12:40 PM
14	Recreation and respite need to be expanded. There need to be more programs for the developmentally disabled after school and on weekends. Also, respite services like after school care and overnight respite. Housing for the future when my son can't live at home anymore is extremely important.	Aug 13, 2012 7:34 AM
15	Health care services are needed for individuals who do not have insurance due to immigration status or financial issues.	Aug 9, 2012 8:25 AM

**Page 9, Q1. Please indicate other service(s) that you feel are needed, if they exist, and if there are difficulties accessing the service(s).**

16	Susstance abuse sewrvices	Aug 8, 2012 1:04 PM
17	Assistance with rent. Family guidance without DYFS involvement Educational advocates More funding for day programming and residential facilities	Aug 8, 2012 11:15 AM
18	someone to fill out and submit applications for family care and other services	Aug 3, 2012 8:24 AM
19	housing program	Aug 3, 2012 8:21 AM
20	affordable housing affordable and accessible public transportation	Jul 31, 2012 11:39 AM
21	pro-social recreational activities for 14-21 year olds life skills for 18-25 year olds	Jul 30, 2012 2:44 PM
22	Mental Health and Substance abuse services for Spanish speaking population both youth and adults.	Jul 30, 2012 11:58 AM
23	health care	Jul 27, 2012 9:40 AM
24	Residential program that is secure and has both mental health and substance abuse counseling.	Jul 26, 2012 11:07 AM
25	I feel that funding is always going to be an issue yet by combining exisiting programs it may offer more resources to those in need. The ongoing problem is transportation, housing and healthcare.	Jul 26, 2012 10:13 AM
26	I answered this in a previous comments box. I would also like to add that for a family new to mental health issues, one does not know where to turn. There are services out there, but publicity awareness is EXTREMELY lacking. And for families that, for confidentiality, don't want to turn to the school or their employer (EAP) for access guidance, it is a difficult process of digging to find services. There needs to be a clearinghouse or central guidance access service that has a database or website describing the services available to help someone get the services they need. And this needs to be widely publicized/marketed. My experience to get help for my child was very frustrating. If I was a depressed adult searching for services, I would not have been able to sustain the search effort that I had to go through. It shouldn't be so difficult.	Jul 26, 2012 9:22 AM
27	True collaboration of services. As it is, there are too many agencies providing similar services and none providing the umbrella that case manages for each unique, well-deserving client. I really do not want to suggest another "agency" or "department" or "division, but what is needed is effective cross-agency, department and division case management, with rules of confidentiality somehow reduced so that services can be properly appropriated---and managed.	Jul 26, 2012 7:54 AM
28	Vocational training and job placement - children & adults	Jul 26, 2012 6:04 AM
29	Life Skills for youth age (7-18) taught in the school system or outside through provider agencies	Jul 25, 2012 2:27 PM
30	- affordable housing - education / trianing programs for teens / early adult - skill	Jul 25, 2012 2:06 PM

**Page 9, Q1. Please indicate other service(s) that you feel are needed, if they exist, and if there are difficulties accessing the service(s).**

	development - allowing all who wish to participate to have the benefit of doing so - too many programs are restricted to populations from XYZ geographic area of ABC ethnicity who are in families on public assistance thereby eliminating far too many youth who would benefit - mental health awareness to de-stigmatize and increase access to care - HOUSING, HOUSING and MORE HOUSING	
31	Transportation is a significant barrier in Bergen County. Cost is becoming more significant.	Jul 25, 2012 1:15 PM
32	Besides transportation for youth with substance abuse disorders and dysfunctional parent(s), there are few to none in patient detox facilities for teens, treatment programs exist but no transportation to and from them and then there's the need for a safe house for kids, whose families are too addicted to help the teens and do not provide a safe environment for the kids to return to.	Jul 25, 2012 12:53 PM
33	alternative therapies such as equine assisted activities	Jul 25, 2012 11:31 AM
34	none	Jul 25, 2012 6:44 AM
35	1) All kids should have access to nutritious food at all times 2) All kids should have access to health care and dental care 3) All kids should have adequate housing 4) All kids should live free of fear of violence 5) All kids should have everything they need to get the most out of their education	Jul 16, 2012 12:02 PM
36	The difficulty with accessing services is knowing who to call or where to go to get information about services you need. It's difficult to know what is available and if you qualify.	Jul 13, 2012 9:18 AM
37	Law help (LSNJLAW) Services Health care Housing	Jul 12, 2012 9:00 AM
38	Day care for children with behavioral problems.	Jul 10, 2012 8:58 AM
39	1 - Guidance in finding Assisted Leaving programs. 2 - More community colleges special needs programs. 3 - More scholarships for high functioning special needs. 4 - Help providing single mothers with a break once in a while.	Jul 10, 2012 8:10 AM
40	Korean Speaking Services	Jul 10, 2012 7:28 AM
41	Full day camp programs for children on the spectrum that run a full 9 weeks of summer.	Jul 5, 2012 7:12 AM
42	Legal advise for parents Financial support for the legal needs of the disabled Respite services for families	Jul 4, 2012 8:12 AM
43	Transportation for Sophia is needed and I know nothing about what is available or might work for her. She is very concerned about a profession when she is an adult. Needs someone to truly work with her on these possibilities. Health care - nursing services.	Jul 2, 2012 11:52 AM
44	Aftercare programs for school age children with disabilities.....	Jul 1, 2012 5:01 PM

**Page 9, Q1. Please indicate other service(s) that you feel are needed, if they exist, and if there are difficulties accessing the service(s).**

45	Improve case management for those individuals with dual diagnosis. Implement recommendations of DDTF. I had to bring my child to Kennedy Krieger to get diagnosis, effective treatment and care. NJ should have a hospital that provides similar services and expertise for the DD community. This should be a major priority for the state as the population of those individuals with autism continues to rise. There is also an increased number of DD individuals who are aging out of the educational system and are in need of appropriate adult day services.	Jun 30, 2012 4:55 PM
46	none	Jun 30, 2012 11:18 AM
47	A way to find out what the services are.	Jun 30, 2012 10:20 AM
48	Minimum 7 week summer programs to be provided at the special ed schools. Summer Camp services to be available for a broad spectrum of disabilities. Summer camps to be adequately staffed to work with the different disabilities children may have.	Jun 29, 2012 11:54 AM
49	HEALTH INSURANCE COVERAGE FOR A SINGLE PARENT HOUSEHOLD IS EXTREMELY IMPORTANT TO THE FAMILY AS A WHOLE. WHAT GOOD IS IT TO CONTRIBUTE TOWARDS YOUR NJ FAMILY CARE WHEN THE ONLY RESPONSIBLE PERSON FOR THEM ISN'T ASSURED OF ASSISTANCE IF THEY NEEDED IT?	Jun 29, 2012 10:23 AM
50	With the EI population (0-3yrs), communication/speech & language services remain a strong need. Families find their lives disrupted and stressed when their child doesn't/can't speak well enough to communicate their needs. The ensuing behavioral difficulties impact the child, then the entire family throughout the days and weeks. Accessing services may not be problematic, however often the frequency of services is less than optimal for timely success.	Jun 29, 2012 10:20 AM
51	The major difficulty in accessing services is the client themselves. There is a tendency to look for someone else to do the follow through, call, make appointments. Clients need to be empowered to do these things for themselves. The services are available but the client turns away by unkind or rude workers in the social service agencies. This is very sad but it is what is reported to me all too frequently.	Jun 29, 2012 8:53 AM
52	A vast list of services are needed for this sensitive community, including the disabled ones.	Jun 29, 2012 8:22 AM
53	there is a void of services for FASD	Jun 28, 2012 12:04 PM
54	DDD you have to be enrolled in to get into camps or certain schools but we have been enrolled for three years and get nothing. There is no money so they tell me. School year should be all year round. Kids need structure and families need to put their families back together with their other children. Guidance with proper placement regardless the location of the school/ facility. School districts only give you the local schools available.	Jun 28, 2012 11:41 AM
55	Affordable housing since DDD will soon not assist, regular & reliable	Jun 28, 2012 11:23 AM

**Page 9, Q1. Please indicate other service(s) that you feel are needed, if they exist, and if there are difficulties accessing the service(s).**

	transportation	
56	I would like to see more Friday evening/Saturday programs for the special needs population.	Jun 28, 2012 11:07 AM
57	1.family and individual mental health sources 2.appropriate housing 3.employment opportunities and resources	Jun 28, 2012 9:51 AM
58	Need before and after school educational/physical ed./clubs/art/opportunities for ALL children to help them succeed in school, and better information for parents so that they can help their children learn and encourage them. Need more help for parents who work to be able to feel that their children are safe at school.	Jun 27, 2012 7:25 PM
59	Adult day programs for adults with autism reasonable speech OT PT etc that all can afford social skills groups that don't cost \$1,000 and allow children with autism not just aspies more affordable housing since we spend a lot on the services our children get better schools that fire teachers for abusing a special needs child unlike SBJC No Child Left Behind revamped our children don't need core subjects they need life skills, social skills and independence skills which are not being taught now A State wide curriculum for special needs children so they all get the education they need caps on what a service provider can charge the list goes on please feel free to contact me for more suggestions something needs to be done 1 in 29 boys are diagnosed with autism in NJ 201-966-8738 Deborah Wertalik	Jun 27, 2012 1:04 PM
60	transition preparation for families before Dev Disabled child reaches 16. MORE WORK NEEDS TO BE DONE IN CONJUNCTION WITH OUR BOE's (SPEC ED DEPT) IN ORDER TO MAKE THIS ENTIRE PROCESS EFFECTIVE!	Jun 27, 2012 11:40 AM
61	Emergency food packages are needed by many. They do exist, and some people have difficulties with transportation.	Jun 25, 2012 10:00 AM
62	Long term intervention/ prevention programs	Jun 21, 2012 8:50 AM
63	already mentioned previously	Jun 20, 2012 10:19 AM
64	RECREATIONAL ACTIVITIES AFTER SCHOOL WITH PEER WITH OUT DISABILITIES.	Jun 20, 2012 9:22 AM
65	Life skills -- There are too few places available in Bergen County, employment assistance.	Jun 20, 2012 7:01 AM
66	Needed services are for seniors because many of them just go above the financial eligibilty limit by a few dollars making their survival in the community more difficult	Jun 20, 2012 4:35 AM
67	We need a housing development information resource to aid in establishing permanent housing for disabled and developmentally disabled populatiions. Regulations, model programs, information resources, and how individuals in the homes are able to fund living there...	Jun 19, 2012 9:27 PM

**Page 9, Q1. Please indicate other service(s) that you feel are needed, if they exist, and if there are difficulties accessing the service(s).**

68	My main and MAJOR CONCERN IS STATED ABOVE. The original location was supposed to be down the block, I have the documentation to prove it, then they changed the location to the other end of town, her elementary school, where she would normally be school bussed during the school year.	Jun 19, 2012 10:21 AM
69	Sexual assault services, both intervention and prevention, are needed and do exist, however for some reason it was not included in this survey. This is often overlooked, let's not keep it that way.	Jun 19, 2012 10:07 AM
70	Food assistance. Pantries do exist which are relatively accessible.	Jun 19, 2012 9:31 AM
71	child care	Jun 19, 2012 9:08 AM
72	School Based Youth Services for Children and Families in Middle School.	Jun 19, 2012 9:08 AM
73	After school program.	Jun 19, 2012 8:43 AM
74	Job training for adults over 21. Childcare is the biggest challenge.	Jun 19, 2012 8:13 AM
75	Collaborations with SBYSP's and incentives for youth. They get into most of their troubles because they are bored and we live next to New York, the greatest entertainment capital in the world. They stay in abusive relationships because they are isolated. The children are having children and they cycle of poverty and abuse continue. Collaborate with the hospitals, pregnant teens especially should be given a drivers manual and a road test before birth and resources in place for continous care. Elementary teachers must recognize and teach signs of children who may be in domestic violence situations and advocate for children academically and otherwise. Youth who are incarcerated need to be given access to lifeskill and career and mentorship and job creation for those who come back into society. Everything is related and lacking in one whether it's education, food, housing, employment, lack of transportation will all lead to a certainty SUBSTANCE ABUSE AND MENTAL ILLNESS OR INSANITY... and then we all are affected.	Jun 19, 2012 7:28 AM
76	MORE DRUG AND RESIDENTAL PROGRAMS FOR TEENS AND ADULT WOMEN, NOT LONG TERM BUT OF GOAL DRIVEN, RESULT BASED TREATMENT THAT ADRESSES ISSUES IN AN EXPIDIATED METHOD..	Jun 19, 2012 6:37 AM
77	Very difficult to access any services. The websites tell you what is available, but they do not tell you how to apply or criteria to be eligible. There is a definatc lack of low income housing and section 8 vouchers.	Jun 19, 2012 6:29 AM
78	Many of the services are needed Housing is the most needed for youth returning from JJC as a transitional place prior to returning home to their family...	Jun 19, 2012 5:51 AM
79	Substance abuse treatment for adolescent females	Jun 19, 2012 5:44 AM
80	All of the services/needs presented are importint; I answered based on what I thought could be prioritized for support throught DCF and BCDHS. Others may be handled by primarily funded by Departments of Education, HUD Transportation etc.	Jun 18, 2012 3:10 PM

Page 9, Q1. Please indicate other service(s) that you feel are needed, if they exist, and if there are difficulties accessing the service(s).

81	Eligibility process / application for DDS is too intimidating to process by oneself. You should be able to work with a Rep at BCBSS or someone to come to your home to initiate. It is not easy to tend to a child with a disability and process this packet.	Jun 18, 2012 1:46 PM
82	Transitional services for Parolees aand juveniles leaving the children's system of care., There are no bridging of services from the children's/adolescent system of care to the adult system of care.	Jun 18, 2012 1:36 PM
83	We need motivators group to speak to the youth, helping them with their selfteem and counseling to pursue a career. Also more help for working single parents that don't received child support. More afforable child care centers, because without childcare you can not keep a job(single parents only).	Jun 18, 2012 1:26 PM
84	Transition information and housing	Jun 18, 2012 1:01 PM

**Children and Families' Needs Assessment  
Comments - SHORT FORM**



Please indicate service(s) that you feel are needed, if they exist, and/or if there are difficulties accessing the service(s).

	Response Count
	39
answered question	39
skipped question	0

**Q1. Please indicate service(s) that you feel are needed, if they exist, and/or if there are difficulties accessing the service(s).**

1	More DV services, rental assistance and help with seeking employment.	Sep 18, 2012 10:52 AM
2	Programs to learn the English Language. Day care for children so that parents can work.	Sep 10, 2012 7:27 AM
3	That transportation be more accessible and affordable.	Sep 10, 2012 7:19 AM
4	Head Start for children ages 3 to 5 years old to be accepted at the day care centers even if parents are not working. It is important for the children's education.	Sep 10, 2012 7:18 AM
5	Unaware of programs. Interesting prevention programs for juveniles without drug problems or juvenile delinquency.	Sep 10, 2012 7:15 AM
6	Employment	Sep 10, 2012 7:08 AM
7	Programs are very difficult to get. So many criteria. I never get the right services for our daughter. She is mental ill and she always rejected from programs such as IRTS. My daughter needs the IRTS Program. They have denied her because of her IQ which is wrong. They need to interview her to make a better assessment.	Sep 10, 2012 7:06 AM
8	After school social skills group/program	Sep 10, 2012 7:04 AM
9	Parent training/coaches	Sep 10, 2012 7:04 AM
10	No available funding. No day care unless you are on TANF. Not enough grants for middle class. Day care, after care and psychiatric care for pediatrics.	Sep 10, 2012 7:04 AM
11	Child care when I have appointment at counseling.	Sep 10, 2012 7:03 AM
12	Not sure New York CPS is assisting my family with services which are through the courts in New York. More and better evaluations don be multiple doctors so that opinion and facts come from more than one professional person. I feel a person assessment can be influenced on the type of day they are having and how they are feeling that day. Do it on two or more days and time because we all have bad day at times and that unfair. (NY CPS)	Sep 10, 2012 7:03 AM
13	Trade school placement/options. Trade school (difficulty to have funding to attend)	Sep 10, 2012 7:02 AM
14	Transportation and Housing	Sep 10, 2012 7:02 AM
15	Low expectations in income, reducing services for the people in the workforce. Yet making it easier to be unemployed and eligible. You can't succeed if their pushing you down! Youth substance abuse should be treated out as an adult going in for treatment every other week is waste of money, There should be a limit. People who need help are denied while others work the system! I found all services were hard to come by while I was working services were impossible. Now losing my apt and can I finally qualify for help for me and my kids. It should have to come to that expectation of income is terribly to maintain a household of	Sep 10, 2012 7:00 AM

**Q1. Please indicate service(s) that you feel are needed, if they exist, and/or if there are difficulties accessing the service(s).**

	\$400. Is telling someone have fun being homeless. Stop helping the people that don't need assistance and the ones that do. Drug test should be mandatory in screening process! As well as random screening! Once approved. Thanks.	
16	Child care	Sep 10, 2012 6:59 AM
17	Different option to visit with parents for different situations.	Sep 10, 2012 6:55 AM
18	Job training & housing, support services for disabled adults after 21.	Sep 10, 2012 6:54 AM
19	Affordable Day Care. It is very difficult to find affordable housing in Bergen County.	Sep 10, 2012 6:54 AM
20	Affordable Housing and Transportation	Sep 10, 2012 6:53 AM
21	Quickie Medicaid for my child.	Sep 10, 2012 6:53 AM
22	My children are receiving all the proper services that the school provides me with, so everything is in order.	Sep 10, 2012 6:53 AM
23	Therapy Evaluation	Sep 10, 2012 6:52 AM
24	There are no other services that I feel are necessary. In my opinion, every aspect of help and/or aid was covered and available to me. I felt extremely comfortable asking for help or service if I needed it and I was always given help or answers exactly when I needed it. I can only express gratitude to my case worker and I feel I was treated with kindness and respect and always was available when I called.	Sep 10, 2012 6:52 AM
25	Transportation. More services for youth.	Sep 10, 2012 6:51 AM
26	Transportation	Sep 10, 2012 6:51 AM
27	Service for my child, she need someone to talk to.	Sep 7, 2012 11:44 AM
28	Am currently on general assistance. Difficult to get temporary rental assistance because my kids are not with me. But my kids won't be returned to me because I don't have housing. I need to help to secure housing and I am running into a road block everywhere I turn. I want to complete all of requirements (psychologist, ADV & etc.) I want my kids to come home. I just need help with housing.	Sep 7, 2012 11:43 AM
29	Sex abuse therapy/counseling for victims and aggressors.	Sep 7, 2012 11:42 AM
30	No other services needed. Felt services were accessible easily.	Sep 7, 2012 11:42 AM
31	I feel that bullying is very serious. Maybe you can help attack the bullying. It's very serious	Sep 7, 2012 11:41 AM
32	I need for DYFS to continue after 21.	Sep 7, 2012 11:41 AM

**Q1. Please indicate service(s) that you feel are needed, if they exist, and/or if there are difficulties accessing the service(s).**

33	Housing and independent living program in Bergen County.	Sep 7, 2012 11:40 AM
34	I need to find housing after the division closes case.	Sep 7, 2012 11:40 AM
35	I am not really sure how difficult to get services from a work perspective. On personal perspective it seems very difficult to obtain.	Sep 7, 2012 11:38 AM
36	Help with payment for summer camp for children. Insurance (health) for adults	Sep 7, 2012 11:37 AM
37	For my family; child mental health services are needed as well as other services that may be offered in the area that the general public is not aware of.	Sep 7, 2012 11:35 AM
38	Child care for working families with low income.	Sep 7, 2012 11:33 AM
39	Hospital and legal services are very limited. When any service is available it must be available with full translation to Korean, especially for people who do not understand or speak English. Notice of all services available must be made through newspapers and publications in Korean or any other languages that people who need the services speak. People cannot benefit from services if they are not available, communicated, or translated to Korean or a person's language.	Sep 7, 2012 11:32 AM

Please specify any other difficulties accessing services.

	Response Count
	73
answered question	73
skipped question	552

**Page 6, Q1. Please specify any other difficulties accessing services.**

1	Services for mental health do not exist.	Aug 15, 2012 2:09 PM
2	Family Support is quite limited as they feel children under 21 need to first go to schools for An Extended School Year; however, the schools limit those hours to have days not full days, plus it is not respite nor is an extended school year it is enrichment. Parents have limited options so Family Support restricts them. It appears that the state lacks the understanding of what Education Law is in regard to what is being offered nor do they care.	Aug 15, 2012 11:25 AM
3	We need bilingual	Aug 15, 2012 8:24 AM
4	Can't locate a place to offer employment, educational, life skills training services for youth (14-21)	Aug 15, 2012 7:39 AM
5	For kids with autism	Aug 15, 2012 7:06 AM
6	I had no problem accessing services. However, the waiting process was a little long.	Aug 15, 2012 6:55 AM
7	Long time to wait for services; lack of consistency in providing follow-up with family. Lot of talk, but little substance in actual services and help rendered.	Aug 15, 2012 6:47 AM
8	Difficulty accessing services specific to autistic child.	Aug 14, 2012 11:03 AM
9	Programs are very difficult to get so many criterias. I never get the right services for our daughter. She is mentally ill and she always gets rejected from programs such as IRTS.	Aug 14, 2012 10:36 AM
10	not enough evening hours, lack of services (very few options for obtaining services), transportation for out of county services.	Aug 14, 2012 9:40 AM
11	dyfs.gives me 100% support in my family	Aug 14, 2012 9:35 AM
12	it is very difficult finding services for spanish speaking families	Aug 14, 2012 9:23 AM
13	sometimes when work is slow my bills pile up, but when work picks up I am able to pay the balance. the need for another car for Kiley could be helpful, but in time all things work for the good.	Aug 14, 2012 9:18 AM
14	DDD case manager almost impossible to contact, does not return emails or phone calls for weeks or months, respite services are lacking, DDD behaviorists hours were limited and it became impossible to find a worker after the previous was fired, housing for my son will be hard to get as he gets older (he is 12) because DDD is inundated and community housing is hard to find. There is no after school care so my employment is limited.	Aug 13, 2012 7:23 AM
15	Many services do not meet the need. Aging out youth is a good example. These young people need tremendous support, and while they did some, they do not get what they need. What isn't shown here on this list of difficulties is inadequate supply. The term "wait lists" comes closest to expressing this need. Also bureaucratic inefficiencies and attitudes prevent utilization of existing services.	Aug 10, 2012 7:15 AM
16	Language poses a big barrier in accessing services for the clients I provide	Aug 9, 2012 8:23 AM

**Page 6, Q1. Please specify any other difficulties accessing services.**

	services for. Other challenges include not knowing services are available in the community, cost, lack of insurance in accessing services, and transportation in accessing services.	
17	One of the biggest challenges and issues I see is language barrier for a lot of the clients I provide services for. Some of these clients are not aware of available services. They also face cost issues due to lack of finances and insurance.	Aug 9, 2012 8:18 AM
18	The copay on the mediation. We did not have in the past. Maybe you can do without the copay? Also do not know at the moment the copay for a DR. check up? And also do not know the copay on a blood test?	Aug 8, 2012 11:28 AM
19	location of program; accessible for wheelchairs/no steps	Aug 8, 2012 11:04 AM
20	Not sure New York CPS is assisting my family with services which are though the courts in New York.	Aug 6, 2012 11:48 AM
21	i went to head start and is a long list	Aug 3, 2012 9:03 AM
22	no problems with substance use or domestic violence	Aug 3, 2012 8:56 AM
23	affordable daycare	Aug 3, 2012 7:53 AM
24	Low expectations in income reducing services for the people in the workforce. Yet making it easier to be unemployed and eligible. You can't succeed if their pushing you down! You sub abuse should be treated but as an adult going in for treatment every other week is a waste of money. There should be a limit. People who need help are denied while others work the system!	Aug 1, 2012 8:28 AM
25	Trade school placement/options	Aug 1, 2012 8:16 AM
26	Lack of funding for programs and access to a live person when calling about programs.	Jul 26, 2012 10:03 AM
27	Cost, insurance participation, and location are huge difficulties. Our family has health coverage through United HealthCare (UHC) and there does not seem to be enough providers, especially for group therapy, that participate with UHC. For example, West Bergen Mental Health, which is geographically convenient for my family's needs, offers several group adolescent substance abuse and mental health groups plus individual therapy. However, they are not a UHC participating provider. Shame on them....aren't they supposed to be in the business of helping people in need of mental health services? So instead, I have to drive 12 miles away to another provider, which is not convenient to me nor supporting my community services. I have also called them for their groups on anger management for school age children, and the cost of \$900+ is outrageous. Living in Bergen County is extremely expensive and my husband and I don't have that kind of money to spend on therapy that my child truly needs to become an well-adjusted adult in today's challenging world.	Jul 26, 2012 9:10 AM
28	The difficulties in accessing services begin with insufficient primary and secondary prevention services which lead to multiple and serious issues within families, impinges on their resources and creates multi-generational problems. The agents of resources communicate with each other at wonderful collaborative	Jul 26, 2012 7:48 AM

Page 6, Q1. Please specify any other difficulties accessing services.

	planning meetings and then return to their cocoons, each not sharing services and trying for their own grant. In the meantime, the consumer has no idea what services are available. Schools need to contain a community resource center to facilitate services. Such a service should not be run or staffed by the BOE. Perhaps it needs to be staffed by retirees!	
29	Increase services for Bergen County	Jul 25, 2012 2:08 PM
30	Accessability depends on the services and the functional and financial resources of the individual needing assistance. Some people self advocate well and are able to find resources. Others get lost in the systems, become overwhelmed or just do not know what they need or how to begin to find it. We actually have a significant number of services in this County, but....	Jul 25, 2012 1:13 PM
31	Teens living with dysfunctional parents who battle addictions, unemployment themselves cannot access the treatment/recovery programs that could attend to the teens needs. If we had transportation for them, we could treat them and provide alternative choices to their lifestyles...perhaps changing another generation of drug/alcohol users/addicts.	Jul 25, 2012 12:49 PM
32	There is difficulty locating appropriate services for clients that suffer mental health issues as well as substance abuse issues and they do not have health insurance.	Jul 25, 2012 7:51 AM
33	I am not really sure how difficult to get services from a work perspective. On a personal perspective it seems very difficult.	Jul 25, 2012 7:09 AM
34	Help with payment for summer camp for the children.	Jul 25, 2012 6:54 AM
35	We have not attempted to access services. We have provided for our son's needs other than education.	Jul 18, 2012 9:26 AM
36	Lack of information on how to access services and who to ask for help.	Jul 13, 2012 9:11 AM
37	Insurance for teenage child who is not a legal citizen have to use charity care.	Jul 13, 2012 8:01 AM
38	No Spanish speaking workers at ADV. Long waiting list at ADV. Substances Abuse programs and mental health services are not affordable for our families. No transportation to get them there and waiting list.	Jul 12, 2012 5:26 PM
39	Difficulty finding doctors that accept their insurance.	Jul 12, 2012 2:10 PM
40	Foster parents report great difficulty accessing providers who will take the Healthcare options we offer. Few life skills/employment/training programs out there.	Jul 12, 2012 12:29 PM
41	I have not tried to get any of these services yet, but now I know they are available.	Jul 12, 2012 12:01 PM
42	Could not get TANF or Legal Service. My anticipated support income put me over the limit. If I was getting it-support payments were not being made and I was denied the services, including housing. Legal system enables - which cost more in legal fees.	Jul 12, 2012 8:58 AM
43	We need more continuing education (post High School) programs for high	Jul 10, 2012 8:06 AM

**Page 6, Q1. Please specify any other difficulties accessing services.**

	functioning young adults. We need more volunteering opportunities for our special needs to enhance their social skills (e.i., animal shelters, movie theaters, parks etc.	
44	I have a rather high functional child that falls right between the gap of mainstream and full spectrum disabilities. My son has two full time working parents and require to maintain full time jobs in order to live here. The choices are limited at best for child care before (but mostly) for after school as well as summer camp programs that accomodate the 9 weeks children are out of school and full day programs prior to 9:00 start and past a 3:30/4:00 dismissal. What do you do when family dosen't live close or you have no family support?	Jul 5, 2012 7:10 AM
45	I checked off limited hours in the 5th question, for access to mental health services for youth and family support. These services are so limited in their scope as to be nonexistent. Competant, skilled professional staff for teens with mental health issues are not readily available in Bergen County. The services here are out of date and filled with inept providers. There are limited services for family support. Waiting lists for emplyment and lifeskills training as well as residential schools are nonexistant as well. My son is out of state for these services until he is 21, and when he returns, the waiting lists are so long as to be unavailable. My daughter received mental health services in New York, I was not going to waste her time and my resources on incompetant providers. I am a physician, and I cant believe that this very wealthy county cant provide better services for its residents. It seems that all the resources go to those who dont need help, the wealthy, the gifted and the already healthy.	Jul 4, 2012 8:10 AM
46	Medical Insurance coverage for therapy more often denied than covered.	Jul 3, 2012 6:29 PM
47	I have had the experience of having a covering case manager and supervisor who did not know process and contact information to assist me during a crisis. I was told they get "hundreds of calls from people in crisis every day." This was a highly inappropriate comment. They did not offer assistance until my fourth call. I did not know what to ask for and they put that responsibility on the family to ask. "What would you like us to do?" If you don't ask they don't offer - seems to be the DDD policy. This was a horrible experience for me. When you are having a crisis with your child you cannot think straight. They should have told me that they could get me a home health aide the first time I called in tears not the fourth time and second supervisor later ! I had no idea that this was even an option from DDD. Shame on them!	Jun 30, 2012 4:41 PM
48	My son hase high functioning autism. Because he is high functioning we got no support/help. Our life is very difficult	Jun 30, 2012 2:39 PM
49	Getting children with Developmental Disabilities and Their Caregivers help through DDD when it's needed!	Jun 30, 2012 11:17 AM
50	Learning what is actually out there.	Jun 30, 2012 10:18 AM
51	Limited summer program or not equiped to work with a brad spectrum of disabilities. No Family support,respit or other services.	Jun 29, 2012 11:27 AM
52	D	Jun 29, 2012 8:19 AM

Page 6, Q1. Please specify any other difficulties accessing services.

53	As a mother of a 10yr old adopted son it is very frustrating summer services are cut short. The families I know need and deserve the special needs programs to be year round. Most of us have other children and would love to have that time to put our family back together. The sibling deserve that. The special needs kids need the continuous structure so they don't regress and the typical children in the family need some normalcy. Our son has uncontrollable seizures with manifestations of behaviors, poor impulse control and OCD. He requires the structure and for five weeks he goes from services until 5p at night to absolutely nothing for five weeks. This tears a family apart. We do the best we can do get through the day. My older two children are paying the price.	Jun 28, 2012 11:36 AM
54	Very few medical professionals accept Medicaid, housing is basically non existent	Jun 28, 2012 11:20 AM
55	Not only are funds not available for guardianship of an individual turning 18, but there is no one available to help you through the process.	Jun 28, 2012 11:03 AM
56	Service providers should have a cap on what they can charge! Insurance companies should be required to provide the needed services that a child/adult with autism needs because that service not being provided could cost that child/adult their life. When people want to start programs for special needs children especially adult day programs for adults with autism there should be more help for those individuals to do so because that would cut down on the wait lists that are way too long. Stop the babysitting in school and demand and monitor the schools to teach real independence and life skills with real vocational training so our adults don't have to sit at home after 21 or push carts they are capable of so much more. More support is needed for the older moms and dads with adults that the schools neglected to provide an education for and now the adults are home with aging parents and eventually unless the right things are done they will be supported by the State for the rest of their lives or abused in a residential placement and ultimately die from the abuse. More committees need to be formed with parents not people with degrees on the committees because no degree, no book can teach you more than what a caregiver knows.	Jun 27, 2012 12:58 PM
57	education and awareness of what services are available for families with an autistic child.	Jun 27, 2012 11:35 AM
58	I find that the main issue in providing certain services for some families is the lack of options, availability, and most don't qualify for various reasons as well as trying to obtain services in certain counties due to transportation issues. Many families also complain that they cannot work while being provided with certain services because most businesses are open from 9-5 which seems to be one of the biggest problems.	Jun 22, 2012 11:28 AM
59	Referrals are to teh agency that most closely applies, specific individual needs are not often met unless families and support systems are heavily involved. Unqualified caregivers at certain agencies that are more harmful then empowering.	Jun 21, 2012 8:48 AM
60	Dear Sir/Madam: I am a single parent caring for my 5 1/2 year old son with autism. Aside from the special education he receives from the district I was informed that I was not eligible for any assistance from the government. All of his interventions outside of school hours is private pay and they are extremely	Jun 20, 2012 10:18 AM

Page 6, Q1. Please specify any other difficulties accessing services.

costly. I feel that there is not enough support for people like me who are not 'poor enough' but actually spending so much to on private pay interventions enough to qualify me and my son to be 'poor enough'. It is difficult for people in my income bracket and I hope the government can see the unfairness. I have been a tax paying US citizen since 1986 when I came to this country however my son and I do not receive the same benefits as those who just came into this country who actually earn so much more than I do but not declared since they are under the table. They leech the system and get away with it. This has been my primary frustration and I hope this survey can put this issue to the table for discussion so the politicians can do something about it. Thank you!

61	Access to services for adolescents is limited and cumbersome. Youth do not have ready access to acute services, primary prevention and /or intervention services. Barriers include, but are not limited to, space availability, lack of parental engagement, cultural/language barriers, and bureacratic/administrative barriers. Working with the DFYS sysemt is cumbersome and often works in direct opposition to prevention. Teenagers are most at risk and frequently left behind.	Jun 20, 2012 9:24 AM
62	there is a need of recreational activities with peers with out special needs.	Jun 20, 2012 9:12 AM
63	While services exist they are two few and the wait list is very long. The providers are working to provide services for as many as they can but they do not have the resources. The most glaring need is in County transitional placements for youths turning 18.	Jun 20, 2012 6:59 AM
64	We were discontinued from services with no notice and have been reapplying with no written acknowledgement. Since losing DDD case manager, we have no contacts, no services, and are simply on hold on the phone, not replied to, or presuming we are on a wait list. The system is arbitrary, faceless and unresponsive now. It wasn't several years ago.	Jun 19, 2012 9:23 PM
65	I have no way to get my kid to summer camp @9am. They changed the location to the far end of town and even with public transportation we still need to walk 1/2 to the school after the bus lets us off in the morning. I have to do this going home after dropping her off, then I need to do this going back to pick her up at 3pm then we both need to walk that 1/2 mile. I am a disabled single mom with limited income, taking a taxi, is so.....out of the question!	Jun 19, 2012 10:01 AM
66	Funding itself. My son doesn't get other funding but for the summer camp and it not easy to get.	Jun 19, 2012 8:41 AM
67	Lack of affordable childcare makes it impossible to maintain a job.	Jun 19, 2012 8:11 AM
68	The new echildcare system is extremely difficult for both parent and provider. It takes extra time for working parents to arrive and sign out their child. Sometimes other parents have to wait to use the system. The site staff has to complete attendance logs twice a month instead of once. The deposit is made directly to the district so that the program administrator does not know the exact amount sent or the families the amount is covering. And I am not sure that the entire fee the program charges is met.	Jun 19, 2012 7:21 AM
69	juveniles who are succceptable to be profiled and arrested because of the	Jun 19, 2012 7:20 AM

# Appendix F

## Filtered Responses of Survey Data: Consumers

Children and Families' Needs Assessment Survey  SurveyMonkey

I am a:

		Response Percent	Response Count
Parent/Guardian/Caregiver being served by Division of Youth and Family Services (DYFS)		46.1%	187
Youth (age 14-21) being served by DYFS		7.1%	29
Parent/Guardian/Caregiver NOT being served by DYFS		38.4%	156
Youth (age 14-21) NOT being served by DYFS		8.4%	34
Advocate/Community Member		0.0%	0
Service Provider		0.0%	0
DCF Employee		0.0%	0
Other (please specify)		0.0%	0
		<b>answered question</b>	<b>406</b>
		<b>skipped question</b>	<b>0</b>

## Children and Families' Needs Assessment Survey SurveyMonkey

Please indicate the level of **NEED** (how necessary a service is) for each service by checking one of the following options for each line below.

	Extremely Needed	Somewhat Needed	Not Needed	Do Not Know	Response Count
Basic Health Care	39.3% (143)	15.9% (58)	38.5% (140)	6.3% (23)	364
Housing	39.0% (142)	12.6% (46)	43.1% (157)	5.2% (19)	364
Transportation	31.9% (116)	22.5% (82)	41.8% (152)	3.8% (14)	364
Substance Abuse Services for Adults (with Hospital Stay)	11.0% (40)	9.1% (33)	64.0% (233)	15.9% (58)	364
Substance Abuse Services for Adults (without Hospital Stay)	12.4% (45)	11.0% (40)	61.3% (223)	15.4% (56)	364
Substance Abuse Services for Youth (with Hospital Stay)	15.1% (55)	7.4% (27)	63.7% (232)	13.7% (50)	364
Substance Abuse Services for Youth (without Hospital Stay)	15.4% (56)	8.5% (31)	63.5% (231)	12.6% (46)	364
Mental Health Services for Adults (with Hospital Stay)	14.3% (52)	10.2% (37)	62.9% (229)	12.6% (46)	364
Mental Health Services for Adults (without Hospital Stay)	17.3% (63)	15.4% (56)	55.8% (203)	11.5% (42)	364
Mental Health Services for Youth (with Hospital Stay)	19.2% (70)	12.4% (45)	55.8% (203)	12.6% (46)	364
Mental Health Services for Youth (without Hospital Stay)	29.1% (106)	17.3% (63)	43.7% (159)	9.9% (36)	364
Employment, Educational, Life Skills Training Services for Youth (age 14-21)	39.0% (142)	15.4% (56)	38.5% (140)	7.1% (26)	364
Housing Services for Youth (age 14-21)	24.5% (89)	12.1% (44)	53.6% (195)	9.9% (36)	364
Domestic Violence Support Services	19.8% (72)	12.1% (44)	55.5% (202)	12.6% (46)	364

Family Support Services for  
Children (up to age 21) with  
Developmental Disabilities and  
Their Caregivers

35.2% (128)

14.6% (53)

**42.0% (153)**

8.2% (30)

364

**answered question**

**364**

**skipped question**

**42**

# Children and Families' Needs Assessment Survey

Please indicate the AVAILABILITY of each service by checking one of the following options below.

	Available	Somewhat Available	Not Available	Do Not Know	Response Count
Basic Health Care	52.8% (182)	21.7% (75)	5.5% (19)	20.0% (69)	345
Housing	40.3% (139)	16.2% (56)	17.4% (60)	26.1% (90)	345
Transportation	38.8% (134)	24.6% (85)	13.9% (48)	22.6% (78)	345
Substance Abuse Services for Adults (with Hospital Stay)	19.1% (66)	13.3% (46)	14.8% (51)	52.8% (182)	345
Substance Abuse Services for Adults (without Hospital Stay)	21.4% (74)	12.5% (43)	14.8% (51)	51.3% (177)	345
Substance Abuse Services for Youth (with Hospital Stay)	17.1% (59)	13.3% (46)	15.7% (54)	53.9% (186)	345
Substance Abuse Services for Youth (without Hospital Stay)	19.1% (66)	13.6% (47)	14.2% (49)	53.0% (183)	345
Mental Health Services for Adults (with Hospital Stay)	21.7% (75)	14.2% (49)	13.6% (47)	50.4% (174)	345
Mental Health Services for Adults (without Hospital Stay)	26.1% (90)	15.1% (52)	13.3% (46)	45.5% (157)	345
Mental Health Services for Youth (with Hospital Stay)	23.8% (82)	17.7% (61)	13.0% (45)	45.5% (157)	345
Mental Health Services for Youth (without Hospital Stay)	29.9% (103)	20.3% (70)	12.2% (42)	37.7% (130)	345
Employment, Educational, Life Skills Training Services for Youth (age 14-21)	28.1% (97)	21.7% (75)	15.1% (52)	35.1% (121)	345
Housing Services for Youth (age 14-21)	20.3% (70)	12.5% (43)	17.4% (60)	49.9% (172)	345
Domestic Violence Support Services	24.9% (86)	14.8% (51)	13.9% (48)	46.4% (160)	345

Family Support Services for Children (up to age 21) with Developmental Disabilities and Their Caregivers	25.8% (89)	21.2% (73)	16.8% (58)	36.2% (125)	345
				<b>answered question</b>	<b>345</b>
				<b>skipped question</b>	<b>61</b>

## Children and Families' Needs Assessment Survey SurveyMonkey

Please indicate the **ACCESSIBILITY** (how easy it is to get services) of each service by checking one of the following options below.

	Easy	Somewhat Easy	Not Easy	Do Not Know	Response Count
Basic Health Care	38.0% (126)	21.1% (70)	20.2% (67)	20.8% (69)	332
Housing	22.6% (75)	12.0% (40)	35.5% (118)	29.8% (99)	332
Transportation	27.7% (92)	21.4% (71)	21.4% (71)	29.5% (98)	332
Substance Abuse Services for Adults (with Hospital Stay)	13.6% (45)	9.9% (33)	9.6% (32)	66.9% (222)	332
Substance Abuse Services for Adults (without Hospital Stay)	15.4% (51)	11.4% (38)	9.6% (32)	63.6% (211)	332
Substance Abuse Services for Youth (with Hospital Stay)	14.2% (47)	9.3% (31)	10.8% (36)	65.7% (218)	332
Substance Abuse Services for Youth (without Hospital Stay)	15.7% (52)	10.5% (35)	9.0% (30)	64.8% (215)	332
Mental Health Services for Adults (with Hospital Stay)	15.7% (52)	12.3% (41)	9.3% (31)	62.7% (208)	332
Mental Health Services for Adults (without Hospital Stay)	16.6% (55)	13.9% (46)	9.6% (32)	59.9% (199)	332
Mental Health Services for Youth (with Hospital Stay)	16.3% (54)	16.9% (56)	13.6% (45)	53.3% (177)	332
Mental Health Services for Youth (without Hospital Stay)	20.8% (69)	16.6% (55)	14.8% (49)	47.9% (159)	332
Employment, Educational, Life Skills Training Services for Youth (age 14-21)	16.9% (56)	17.5% (58)	19.9% (66)	45.8% (152)	332
Housing Services for Youth (age 14-21)	13.6% (45)	8.7% (29)	19.3% (64)	58.4% (194)	332
Domestic Violence Support Services	17.8% (59)	15.1% (50)	9.0% (30)	58.1% (193)	332

Family Support Services for Children (up to age 21) with Developmental Disabilities and Their Caregivers	17.2% (57)	16.9% (56)	20.2% (67)	45.8% (152)	332	
					<b>answered question</b>	<b>332</b>
					<b>skipped question</b>	<b>74</b>

# Appendix F

## Filtered Responses of Survey Data: Professionals and Advocates

Children and Families' Needs Assessment Survey  SurveyMonkey

I am a:

	Response Percent	Response Count
Parent/Guardian/Caregiver being served by Division of Youth and Family Services (DYFS)	0.0%	0
Youth (age 14-21) being served by DYFS	0.0%	0
Parent/Guardian/Caregiver NOT being served by DYFS	0.0%	0
Youth (age 14-21) NOT being served by DYFS	0.0%	0
Advocate/Community Member 	13.6%	30
<b>Service Provider</b> 	<b>70.5%</b>	<b>155</b>
DCF Employee 	15.9%	35
Other (please specify)	0.0%	0
	<b>answered question</b>	<b>220</b>
	<b>skipped question</b>	<b>0</b>

## Children and Families' Needs Assessment Survey SurveyMonkey

Please indicate the level of **NEED** (how necessary a service is) for each service by checking one of the following options for each line below.

	<b>Extremely Needed</b>	<b>Somewhat Needed</b>	<b>Not Needed</b>	<b>Do Not Know</b>	<b>Response Count</b>
Basic Health Care	<b>48.9% (87)</b>	31.5% (56)	10.1% (18)	9.6% (17)	178
Housing	<b>61.8% (110)</b>	21.3% (38)	10.1% (18)	6.7% (12)	178
Transportation	<b>53.9% (96)</b>	27.5% (49)	11.2% (20)	7.3% (13)	178
Substance Abuse Services for Adults (with Hospital Stay)	29.2% (52)	<b>36.5% (65)</b>	12.9% (23)	21.3% (38)	178
Substance Abuse Services for Adults (without Hospital Stay)	<b>39.3% (70)</b>	28.7% (51)	12.9% (23)	19.1% (34)	178
Substance Abuse Services for Youth (with Hospital Stay)	<b>38.8% (69)</b>	32.0% (57)	11.8% (21)	17.4% (31)	178
Substance Abuse Services for Youth (without Hospital Stay)	<b>47.8% (85)</b>	24.7% (44)	10.1% (18)	17.4% (31)	178
Mental Health Services for Adults (with Hospital Stay)	<b>35.4% (63)</b>	29.8% (53)	12.9% (23)	21.9% (39)	178
Mental Health Services for Adults (without Hospital Stay)	<b>41.8% (74)</b>	29.9% (53)	10.2% (18)	18.1% (32)	177
Mental Health Services for Youth (with Hospital Stay)	<b>42.1% (75)</b>	29.2% (52)	11.8% (21)	16.9% (30)	178
Mental Health Services for Youth (without Hospital Stay)	<b>53.9% (96)</b>	26.4% (47)	7.9% (14)	11.8% (21)	178
Employment, Educational, Life Skills Training Services for Youth (age 14-21)	<b>64.0% (114)</b>	18.5% (33)	8.4% (15)	9.0% (16)	178
Housing Services for Youth (age 14-21)	<b>56.2% (100)</b>	21.9% (39)	10.1% (18)	11.8% (21)	178
Domestic Violence Support Services	<b>45.5% (81)</b>	32.6% (58)	12.4% (22)	9.6% (17)	178

Family Support Services for  
Children (up to age 21) with  
Developmental Disabilities and  
Their Caregivers

**54.5% (97)**

24.2% (43)

7.9% (14)

13.5% (24)

178

**answered question**

**178**

**skipped question**

**42**

# Children and Families' Needs Assessment Survey SurveyMonkey

Please indicate the **AVAILABILITY** of each service by checking one of the following options below.

	Available	Somewhat Available	Not Available	Do Not Know	Response Count
Basic Health Care	23.6% (38)	59.0% (95)	6.8% (11)	10.6% (17)	161
Housing	11.8% (19)	47.2% (76)	29.2% (47)	11.8% (19)	161
Transportation	8.1% (13)	55.3% (89)	23.6% (38)	13.0% (21)	161
Substance Abuse Services for Adults (with Hospital Stay)	8.7% (14)	54.7% (88)	9.3% (15)	27.3% (44)	161
Substance Abuse Services for Adults (without Hospital Stay)	13.7% (22)	54.7% (88)	6.8% (11)	24.8% (40)	161
Substance Abuse Services for Youth (with Hospital Stay)	8.1% (13)	49.1% (79)	13.7% (22)	29.2% (47)	161
Substance Abuse Services for Youth (without Hospital Stay)	11.2% (18)	55.3% (89)	12.4% (20)	21.1% (34)	161
Mental Health Services for Adults (with Hospital Stay)	18.0% (29)	49.7% (80)	8.7% (14)	23.6% (38)	161
Mental Health Services for Adults (without Hospital Stay)	18.6% (30)	54.7% (88)	6.2% (10)	20.5% (33)	161
Mental Health Services for Youth (with Hospital Stay)	14.9% (24)	58.4% (94)	7.5% (12)	19.3% (31)	161
Mental Health Services for Youth (without Hospital Stay)	14.9% (24)	62.1% (100)	7.5% (12)	15.5% (25)	161
Employment, Educational, Life Skills Training Services for Youth (age 14-21)	8.7% (14)	50.9% (82)	21.7% (35)	18.6% (30)	161
Housing Services for Youth (age 14-21)	8.1% (13)	38.5% (62)	33.5% (54)	19.9% (32)	161
Domestic Violence Support Services	19.9% (32)	54.7% (88)	8.7% (14)	16.8% (27)	161

Family Support Services for  
Children (up to age 21) with  
Developmental Disabilities and  
Their Caregivers

8.7% (14)

51.6% (83)

17.4% (28)

22.4% (36)

161

answered question

161

skipped question

59

## Children and Families' Needs Assessment Survey SurveyMonkey

Please indicate the **ACCESSIBILITY** (how easy it is to get services) of each service by checking one of the following options below.

	Easy	Somewhat Easy	Not Easy	Do Not Know	Response Count
Basic Health Care	9.9% (15)	36.2% (55)	<b>40.1% (61)</b>	13.8% (21)	152
Housing	4.6% (7)	9.9% (15)	<b>71.7% (109)</b>	13.8% (21)	152
Transportation	6.6% (10)	23.0% (35)	<b>57.2% (87)</b>	13.2% (20)	152
Substance Abuse Services for Adults (with Hospital Stay)	4.6% (7)	<b>32.9% (50)</b>	32.2% (49)	30.3% (46)	152
Substance Abuse Services for Adults (without Hospital Stay)	5.9% (9)	<b>32.9% (50)</b>	32.2% (49)	28.9% (44)	152
Substance Abuse Services for Youth (with Hospital Stay)	4.6% (7)	28.9% (44)	<b>38.8% (59)</b>	27.6% (42)	152
Substance Abuse Services for Youth (without Hospital Stay)	4.6% (7)	32.9% (50)	<b>37.5% (57)</b>	25.0% (38)	152
Mental Health Services for Adults (with Hospital Stay)	6.6% (10)	28.3% (43)	<b>35.5% (54)</b>	29.6% (45)	152
Mental Health Services for Adults (without Hospital Stay)	7.2% (11)	29.6% (45)	<b>36.8% (56)</b>	26.3% (40)	152
Mental Health Services for Youth (with Hospital Stay)	6.6% (10)	28.9% (44)	<b>40.1% (61)</b>	24.3% (37)	152
Mental Health Services for Youth (without Hospital Stay)	8.6% (13)	32.9% (50)	<b>39.5% (60)</b>	19.1% (29)	152
Employment, Educational, Life Skills Training Services for Youth (age 14-21)	3.9% (6)	18.4% (28)	<b>54.6% (83)</b>	23.0% (35)	152
Housing Services for Youth (age 14-21)	2.6% (4)	5.9% (9)	<b>66.4% (101)</b>	25.0% (38)	152
Domestic Violence Support Services	11.8% (18)	<b>34.2% (52)</b>	31.6% (48)	22.4% (34)	152

Family Support Services for Children (up to age 21) with Developmental Disabilities and Their Caregivers	4.6% (7)	22.4% (34)	<b>46.1% (70)</b>	27.0% (41)	152	
					<b>answered question</b>	<b>152</b>
					<b>skipped question</b>	<b>68</b>