

Cape May County Needs Assessment 2020

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County Human Services Advisory Council

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PART 1



Executive Summary

Narrative: In the Words of the County

The Cape May County Human Services Advisory Council has partnered with the New Jersey Department of Children and Families (DCF) to undertake an assessment of local strengths and needs. The goal of this Needs Assessment is to collect the information needed to make sure the right mix of services and activities are available in Cape May County to support families. The Cape May HSAC Needs Assessment is part of a coordinated effort undertaken every two years by DCF to understand the needs of families in each county. Counties are charged with gathering information related to local basic and service needs, social connections and community networks, the impact of those needs on subpopulations, trends in needs over time, key barriers to service delivery and considerations for action.

The county's outreach efforts targeted representatives across a broad range of people and organizations reflective of the county, its municipalities and demographics. They included Cape May County Government, local representatives of state agencies, workforce development agencies, community-based organizations that serve adults, children and families, as well as representatives from education, healthcare, law enforcement, the religious community and business.

Sixty-nine people completed the NJDCF online survey that assessed basic needs and service needs including housing, food, healthcare, community safety, employment and career services, child care, behavioral/mental health services for adults, substance use disorder services, services for families caring for children of a relative, behavioral/mental health services for children, domestic violence services, parenting skills services and legal advisory and advocacy services. A total of 67 people participated in ten Focus Groups. Four Key Informant Interviews were conducted, one for each of the four prioritized needs.

Key Findings

Basic Needs and Service Needs Priorities

The priority basic needs elected by the HSAC were Housing and Employment/Career services. Mental Health/Behavioral Health Services for Children & Youth and Substance Use Disorder Services were selected as priority service needs.

Housing

The Focus Groups identified a number of factors affecting the need for housing in Cape May County including cost, limited supply of housing stock and apartment rentals exacerbated by seasonal housing/rentals (47% of stock) and new opportunities for remote work during the Pandemic. Rental assistance wait lists, seasonal unemployment and low wages, difficulty navigating housing assistance

(information, documentation, eligibility criteria) and limited transportation are also factors affecting the need for housing. Substance Abuse prevents some from maintaining employment and housing.

Focus Groups and Key Informants recommended increasing housing options, improving the awareness of and process for providing housing services and providing support services enabling people to access and maintain housing.

Employment/Career Services

The need for more year-round, full time employment presented a significant need with other noted barriers such as childcare, transportation and lack of skills and access to technology for job seekers. The lack of financial resources and eligibility/qualifications to participate in training programs including drug testing and background checks for employment were cited. Stigma, especially for people in recovery, and a lack of awareness regarding requisite job skill sets needed for positions were noted as challenges.

Recommendations focused on strategies to increase employment related services and the availability of transportation options to support access.

Mental Health/Behavioral Health Services for Children & Youth

Numerous studies illustrate the mental health needs and the difficulty service systems have in meeting those needs. Behavioral Health Services for Children was chosen by 75% of Survey respondents as the most frequently cited service need.

Based on data from the County CIACC Dashboard, in the latest available report for November 2020 there were 55 calls to the Children's System of Care (CSOC) with 16 new youth registered that month. The most frequent reason for calls were requests for in home services representing 63.6% of service requests.

Eighty-one percent (81%) of survey respondents disagreed with the statement that there are enough behavioral health services for children in Cape May County, that families are able to access services (70%) and that services are widely advertised. Lack of awareness (69%), Waiting lists (52%), Transportation (49%), Services Don't Exist (48%) and Services are too expensive (40%) were the most frequently cited barriers for families accessing behavioral health services for children by survey respondents. Key Informants and Focus Group participants also identified lack of child psychiatry, stigma, engaging parents to be supportive in child's treatment, access to the internet for telehealth services and a decreasing youth population that impedes the goal of recruiting and keeping providers as barriers to service access.

The Key Informants and Focus Groups called for increasing service options, improving the awareness of services and making service improvements. Suggestions included increasing telehealth options,

providing incentives to expand the number and types of providers in Cape May County including psychiatrists and other types of clinicians and expanding transportation options.

Substance Use Disorder Services

Barriers are long standing and participants had particular concerns for youth, including stigma, admission of a problem/issue, a lack of resources to support treatment, and maintain a job or attend school present, insurance, lack of transportation and knowledge of available resources. One key informant shared the lack of awareness of treatment options was more pronounced with the transient segment of the population. Capacity was noted as a barrier with a lack of readily available beds to offer services when needed. There is also a lack of inpatient treatment facilities in and within close proximity to the County and resources to support sobriety.

The process identified strategies focusing on recommendations to increase access, reducing stigma, and treatment capacity as well as statewide recommendations for additional residential services statewide and embedding Substance Assistance Counselors in all middle and high schools.

Barriers

The needs assessment process reaffirmed long standing prominent barriers, including a need for more full time, year-long jobs, lack of transportation, lack of affordable housing and childcare, that remain challenges to meeting the priority needs and services that were identified. Cape May county's "seasonal economy" and tourism, with traditionally lower paying jobs, affect the availability of year-round full time employment and produce higher rates of unemployment during the off-season months. This in turn, affects the availability of long-term affordable housing available to Cape May residents and places increased economic pressures on households. – housing burden, food and other basic needs such as childcare and transportation. Additional barriers included lack of awareness of service, the stigma of asking for help, cost and affordability as well as waiting lists for services.

The need for transportation was noted to be more pronounced in the northern portions of the county especially Woodbine. Other geographic regions of the County with greater need include Villas, Wildwood and the extremely rural areas such as Belleplain. More rural areas of the county had fewer resource options (services/agencies were not located in these areas) and access to service hubs such as Rio Grande is exacerbated by transportation challenges.

Demographics also play a role in the availability of services in the County. Cape May's relatively small population size and small population of youth and adults and an increasingly older population lend a further complexity, resulting in smaller distributions of state and federal funding allocations and insufficient capacity of social service providers in the County for youth in particular.

Participants indicated the county does not have the resources to address the long-standing existing barriers and capacity needs without the assistance of federal, state and other partners.

Trends

Some notable themes emerged from the Focus groups and Key Informant interviews for addressing the barriers and meeting the needs of County residents including: organizing and centralizing information about services and programs (such as eligibility criteria, contacts) and pushing information to the community in various ways, increasing telehealth options, and providing incentives to encourage more providers to provide services in the County.

All groups cited transportation as a barrier and called for ways to address it to maximize service access and delivery. All groups expressed concern about lack of services due to small population size, small population of youth and adults and an increasingly older population.

Consumers often offered a unique perspective. There were three consumer focus groups featuring consumers served by the Children's System of Care, DCP&P and community-based organizations. The Consumer focus groups were particularly cognizant of ways to provide assistance to parents/youth to support their use of available services e.g. transportation, childcare for training classes, funding for training attendance. Recommendations included:

- a) Forging links between schools and mental health/behavioral health services for disseminating information and ensuring that information includes a focus on prevention.
- b) Ongoing cultural sensitivity training and efforts to reduce stigma and engage families to overcome parent's stated experience that providers treated them poorly
- c) Programs provide help with applications, expand eligibility and address a broader range of needs
- d) Gradual withdrawal of benefits with no immediate cutoff
- e) Need for Caregiver support groups
- f) Increasing availability of information, greater advertising and hub or one-stop organization of all services associated with housing.
- g) Greater access to program information and active dissemination in local communities (book mobile spinoff)

Introduction

Purpose

The N.J. Department of Children and Families is partnering with human services organizations in each county to undertake an assessment of local strengths and needs. The goal of this assessment is to collect the information needed to make sure the right mix of services and activities are available in every county in New Jersey to support families. The findings from the needs assessment can be used to support the development of local recommendations to assist with decision making; the identification of high priority human service needs and barriers to service delivery for New Jersey's communities; the coordination and improvement of services to the Departments' target populations; the planning, funding, coordination and implementation of Department Initiatives.

This statewide approach to county-specific needs assessments aligns with DCF's existing county based continuous quality improvement review cycle, in which each county is evaluated every two years. The findings from the needs assessment will be embedded into the DCF's existing ChildStat process and shared with DCF staff and stakeholders during the county's ChildStat session. ChildStat is a learning, management, and accountability tool used by DCF to support continuous quality improvement, foster a shared sense of accountability and promote system-wide problem solving around critical issues affecting child and family outcomes. A ChildStat session incorporates analysis and interpretation of administrative data to support planning and dialogue between DCF executive management and senior leadership and system partners.

County Description

Narrative: In the Words of the County

The following description of Cape May county includes information on geography, demographics, poverty, education, unemployment and the county economy. Unless otherwise noted most data is from the U.S. Census July 2019 Estimates. Any discussion about Cape May County would not be complete without addressing the issue of summer population versus year- round population. The summer population is often eight times the year-round population demonstrating the very seasonal and tourist nature of the County. While the summer population increase is dramatic, the focus of this needs assessment will be the year-round population of the County. The summer population consists of vacationers and whether they are in the County for a day, a week, a month or the summer season they are the tourists on which the economy of the County of Cape May is based.

<https://www.census.gov/quickfacts/capemaycountynewjersey>.

Geography

Cape May County is a primarily rural county located at the southernmost part of New Jersey. The county is surrounded on three sides by water. To the east and south is the Atlantic Ocean. To the west is the Delaware Bay. The land boundaries for the County are Cumberland County to the west and Atlantic County to the north. Cape May County covers 454 square miles of area with a usable land surface of 256.5 square miles. The remaining land surface consists of flood plains and marshes.

The County is connected to the rest of the State via its major transportation route the Garden State Parkway, which runs through the entire County to the tip of Cape May. The County is connected to other states and major East Coast cities such as New York, Delaware, Maryland, Washington, DC and Philadelphia by ferry services and three airports.

The County of Cape May is composed of sixteen municipalities of which eleven are considered resort communities that have developed on the barrier islands along the County's coastline. In total, the eleven resort municipalities comprise 23.8 square miles or 9% of the County's usable land area. The five remaining municipalities, which are known as the mainland, consist of 232.7 square miles or 91% of the county's usable land surface.

The Economy

The economy of the County of Cape May is seasonal and tourism based.

The State divides the tourism industry into 6 sectors; lodging, food and beverage, retail, recreation, transportation and second home rentals. In 2018, Cape May County's tourism industry saw increases

in all sectors. Cape May County Tourism Conference 2019 has reported continual growth since 1994, when the first economic impact study was conducted. Over the last 24 years, the County has seen direct tourism spending more than triple, growing from \$2 billion to \$6.6 billion in 2018. There were 10.2 million visitors in 2019.

Tourism is the backbone of the County economy, generating 26,572 direct jobs, representing 42.6% of all employment and the third highest employment in the State. Indirect tourism, those jobs that support the industry that serve the visitor, adds another 10,600 jobs, generating a total of 37,174 jobs, and representing 59.6% of all County employment. Tourism employment tops the state in the total share of jobs. Tourism employment is a significant part of several industries – 100% of lodging, 44% of recreation, and 32% of the food & beverage employment is supported by visitor spending. (Tourism Economics - 2018 Economic Impact Study).

The 2010 Census reports that 92.5% of all occupations in the County of Cape May are in the following fields: management/professional (33.8%), service (21.3%), sales/office (25.2%) and construction (12.2%). Most of the jobs in Cape May County are with small employers who cater to the service and hospitality trades. There are no large corporations located in Cape May County. Employers with more than 1,000 employees include: Woodbine Developmental Center (approximately 1,400 employees), County Government 1,186 and Cape Regional Medical Center (approximately 1,114 employees) (source: County of Cape May Planning Department).

Demographics

According to the U.S. Census July 2019 Estimates, 92,039 individuals reside in Cape May County. This represents a population decrease of 5.4% since the 2010 census. Cape May County is the second least populous of the state's 21 counties with the population equating to 1% of the State of New Jersey's total population. More than half of the population of the County lives in the three largest townships (Lower, Middle and Upper Townships).

An analysis of the population of Cape May County by age indicates that there are 4,053 children under five (4.4%) and 15,923 children under the age of 18 comprising 17.3% of the county's total population and 0.8% of the state's child population). There are 50,989 (55.4%) individuals who are of working age (18 through 64) and 25,127 (27.3%) are 65 years and older. Cape May County has the highest percentage of residents who are age 65 years and older in the state. The median age of Cape May County residents is 49.3 years; this is the highest in the state. A breakdown of the County population by gender indicates that the population of Cape May County is 49% male and 51% female.

With regard to race, the County is predominantly white 91.8% (84,492). African Americans make up 4.8% (N=4,418) of the population and 3.4% (3,129) of the population is classified as other or multi-racial. In addition, 8.1% (7,455) of the population is of Hispanic origin. As these figures would

indicate, Cape May County is less diverse than the overall population of New Jersey. As would be expected, a small percentage of households (9.1%) speak languages other than English at home compared to NJ at 31%. Five percent of the adult population speak Spanish, in comparison 11.4% of children speak Spanish.

In Cape May, 8.5% of the population are veterans with the majority of these having served in Vietnam (2,339 of 6371 total veterans). This is nearly double the NJ percentage of the population that are veterans of 4.4%. (July 2019 Census Estimates).

People with disability under the age of 65 comprise 9.2% of the population in comparison to NJ's rate of 6.6%. Eight (8%) of those under 65 are without health insurance compared to 9.2% in New Jersey (July 2019 Census Estimates).

The US Census July 2019 Estimates reports that there are 39,904 total households in Cape May County. A further analysis of these households demonstrates that 66% (26,337) of these are family households. Of the family households, 80% (21,070) are married couple family households, 15% (3,951) are female head of household families with no husband present and 5% (1317) are male head of household families with no wife present.

Poverty

The median household income for Cape May County according to the July 2019 Census Estimates (dataset from 2014-2018) is \$63,690. This is substantially less than the state median household income of \$79,363. For households with children under the age of 18 years, this rate increases to 11%. Five percent of seniors live in poverty. The 2014-2018 Census further indicates that 9.8% of all individuals residing in the County of Cape May live below the federal poverty level, 9.2% for NJ. For residents not living in families, 12.0% of high school graduates and 33.6% of non-high school graduates live in poverty. The poverty rate was 7.2% among disabled males and 21.9% among disabled females. Sixty-six percent (66%) of poor residents rent their housing while in comparison, 40.8% of residents with incomes above the poverty level rent. <http://www.city-data.com/poverty/poverty-Cape-May-New-Jersey.html>
<http://www.city-data.com/poverty/poverty-Cape-May-New-Jersey.html>

Births to unwed mothers make up 22% of all births; 2% of these mothers are on public assistance. The majority of unwed births are to 20-34 year olds. Single parenthood is a significant factor in poverty. Twenty-six percent of individuals giving birth while unwed live below the federal poverty level (FPL); 53% have incomes at 100-199% of the FPL; and 21% have incomes at 200% or more of the FPL. <https://www.towncharts.com/New-Jersey/Demographics/Cape-May-County-NJ-Demographics-data.html#Figure17>

Education

According to the U.S. Census July 2019 Estimates 91.2% of the adult population ages 25 and over are high school graduates while 31.5% have a bachelor's degree or higher. In the county 89% of households have a computer (2014-2018 data) and 82.7% have a broadband internet subscription. These percentages are less than the state percentages (90.1% have a computer and 84.1% have a broadband).

Unemployment

The U.S. Census July 2019 Estimates reports that the County of Cape May that the percent of the population aged 16 years and older participating in the labor force is 56.9% or 52,370 people. The most outstanding factor in Cape May County's economic engine is the impact of the seasonal tourism industry on employment cycles. This industry is a 6 billion dollar business but there is a wide variation between the summer and winter months. An analysis of the County unemployment rate by month of the year demonstrates the seasonal nature of the economy. Based on data from the U.S. Bureau of Labor Statistics the size of the civilian labor force in January 2019 was 39,741 persons and in July 2019 the labor force size was 57,280 persons. By March of 2020 it was 41,426 however by August of 2020 the labor force only went up to 47,778 nearly 10,000 people less than the previous year. This change was in large part due to the pandemic.

<https://fred.stlouisfed.org/series/NJCAPE1LFN>.

A common phrase in Cape May County is "three months hurry; nine months worry". According to the Bureau of Labor Statistics, the fluctuation in unemployment rate for the County is illustrated by the rates of unemployment identified below:

In 2020, the unemployment rate for February was 12%, in September 6.9% with the highest rate in April at 26.9%.

A similar cycle is evident in 2019, with unemployment in February at 12.2%, in September 4.2%, with the highest rate in January at 13.7%.

In 2018, a similar trend occurred (February 15%, September 4.6% with the highest rate in January at 15.6%.

This variation puts significant stress on families dependent on the low paying scale frequently associated with service oriented jobs.

Needs Assessment Methodology

Quantitative and qualitative data from various sources and stakeholders related to housing, food, health care, community safety, employment and career services, child care, services for families caring for a child of a relative, behavioral/mental health services for children, behavioral/mental health services for adults, substance use disorder services, domestic violence services, parenting skills services and legal and advocacy services were collected to inform this needs assessment.

County Data Profile

DCF provided a county data profile to the county Human Service Advisory Council (HSAC) to support the HSAC in identifying key topics to be explored in more depth. The data profile consists of the most recently available administrative data related to demographic population and selected indicators of poverty, housing, food security, childcare, health care, transportation, employment, community safety, mental health and substance use. The sources for the data included in the profile include a combination of federal databases. The primary purpose of the county data profiles is to support the HSAC needs assessment team in identifying key areas to prioritize during the focus group data collection efforts.

Approach for Prioritizing Needs

Methodology:

HSAC administration and staff reviewed the guidelines and the Rutgers data sets as provided by DCF. The first task was to select the 4 need areas to be the focus of the Needs Assessment (NA). Since the HSAC was being tasked with this assignment and since HSACs by design are comprised of broad-based membership including providers of health/human services, consumers, and members-at-large it was determined by HSAC administration and staff to survey the voting membership of the HSAC to solicit their opinion regarding the top priority needs (2 basic needs and 2 service needs) for children and families in Cape May County (CMC).

A brief survey was developed, distributed, and tabulated in August 2020. The HSAC identified Housing and Employment/Career services as the top two (2) basic needs and substance use disorder and behavioral/mental health services for youth as the top two (2) service needs.

Given that completion of the DCF required survey was one of the first components to the process, HSAC and CIACC staff worked to type the survey into the County's Survey Monkey account so that data collected would be easily accessible throughout the process. In addition, HSAC staff drafted a form to capture key informant responses and a chart to capture focus group participant responses to questions during their respective sessions.

Once the priority needs were determined, HSAC administration and staff discussed the required components of key informant interviews and focus groups. While DCF guidelines included a

requirement for 10 focus groups, the number of key informant interviews was to be decided by the individual county. It was the decision of HSAC administration and staff to conduct one key informant interview for each of the four (4) identified priority needs. The key informant would be selected by HSAC administration and staff as someone who is a local professional in the field of the specific need area, as well as, someone with personal experience in the need area. Each key informant was provided with and asked to complete the DCF survey prior to the interview session. During the interviews, HSAC staff provided a brief summary of the Needs Assessment including the reason for the Needs Assessment and the process being used to complete the project. HSAC staff then provided the key informant with the priority needs as identified by the HSAC and those identified by the informant during their survey. Each key informant discussed and answered the required questions for the four (4) priority needs identified by the HSAC and for any additional priority needs that were identified by the individual as their top two (2) priority basic and service needs (if the individual identified needs that were different from those selected by the HSAC membership). HSAC staff conducted all four (4) of the key informant interviews using the questions provided in the DCF guidelines. HSAC staff also asked each key informant an additional question – “would they have selected the same priority need areas prior to COVID”. All responded affirmatively. HSAC staff then composed a written narrative of the interview by question and answer.

For the focus groups, HSAC staff reviewed DCF guidelines for each group. HSAC staff then made a list of potential participants for each group based on the examples provided in the guidelines. Once prospective focus group participants were identified (*recruitment to be addressed below), they were then surveyed regarding willingness to participate and schedule availability. Once individual members of each focus group were confirmed for participation, the focus group was scheduled via Zoom. The participants were then emailed the Zoom information for their specific session as well as the link to the DCF survey. Each focus group was given a group identifier so that the need areas selected as the priority needs by that group could be discussed during their focus group session. *It should be noted that even though all focus group participants were sent the survey, some never took it while others who did take the survey, did not attend the scheduled focus group (or any focus group). HSAC staff facilitated all focus groups. During the focus group sessions, HSAC staff provided a brief summary of the Needs Assessment including the reason for the Needs Assessment and the process being used to complete the project. HSAC staff then provided the focus group with the priority needs as identified by the HSAC and those identified by the specific group. Each group discussed and answered the required questions for the four (4) priority needs identified by the HSAC and for any additional priority needs that were identified by the individual group as their top two (2) priority basic and service needs (if the groups identified needs that were different from those selected by the HSAC membership). HSAC staff also asked each focus group an additional question – “would they have selected the same priority need areas prior to COVID”. All groups by consensus responded affirmatively. HSAC staff then composed a written narrative of the focus group (in chart form) by question and answer.

The required report was then completed utilizing information from the Rutgers data set, DCF survey, key informant interviews and the focus groups.

The four need areas selected by the county to be the focus areas and primary topics in the qualitative data (e.g. focus groups and key informant interviews) collection included:

1. Housing
2. Employment/Career Services
3. Substance Use Disorder Services
4. Behavioral/Mental Health Services for Youth

Focus Groups

In an effort to implement a uniform needs assessment approach across counties to support statewide trend analysis, DCF required HSACs to conduct a series of focus groups. The purpose of the focus groups was to collect qualitative information to better understand the scope, nature and local context related to addressing community needs that influence families.

Focus groups sessions were scheduled for approximately one and half hours with the first thirty minutes being designated for introductions and survey completion and the remaining hour being designated for the focus group dialogue. In each focus group session, participants were asked to complete a standard survey to gather data about the key topic areas outlined in the aforementioned data profiles. The survey was developed to identify areas of strength and areas in need of improvement related to county-based supports and service array. The survey consists of demographic data and approximately 10 questions related to each of the eleven basic and service needs. Six of the questions are based on a five-point Likert scale ranging from Strongly Disagree to Strongly Agree.

Upon completion of the surveys, the focus group participants were asked to transition into the dialogue component of the session. The dialogue requirement was intended to allow participants to highlight their experiences and perceptions as community members and provide opportunity for a deeper discussion and assessment of top barriers in each area of need. Group members discussed two selected basic and service need priority areas. Facilitators use a structured protocol to explain the purpose, goals, confidentiality and informed consent and objectives of the focus group.

Recruitment.

Focus Groups: Focus group participants were selected by first reviewing the DCF criteria for each required group. HSAC staff then made a list of potential participants for each group. The potential participants were culled from existing groups (community groups/organizations, support groups,

subcommittees of various County Department of Human Services Councils/Boards, local agencies, churches, etc.), referred from a contact source, outreach to local organizations, and HSAC member referrals. In addition, each HSAC voting member was asked to participate in a focus group (the most appropriate group based on the member's position on Council). HSAC staff tried whenever possible to recruit 10-12 members per group to allow for scheduling conflicts and no-shows. However; due to time constraints, there were instances when the groups needed to be held before ten (10) participants could be identified.

The following focus groups were able to recruit participants in the above stated manner: Community Members @ Large (1&2), Community Based Organizations, Community Leaders & Influential People, and Public Service Organizations.

The focus groups listed below required additional (often extensive) recruitment efforts:

Local Business Owners – HSAC staff worked with a consumer member of the HSAC that is also a Chamber of Commerce member to identify a variety of local business owners (landlord, family childcare provider, hair salon, etc.) willing to participate in the group session. In addition, HSAC staff sought a representative from the County Department of Tourism as tourism is the largest industry in Cape May County. *

Youth – HSAC staff contacted several youth serving organizations to identify an organization that was holding ongoing meetings (due to COVID). Once an organization was identified, the next step was to identify youth willing to participate in the process. The organization was successful in securing participation. *

Community Members Served by Community-Based Providers – HSACs, by regulation, are required to have consumer members. HSAC staff worked with these members to identify other consumers. In addition, HSAC staff contacted community organizations and asked if the agencies operated any established support groups. If groups were available, HSAC asked that information on the Needs Assessment be shared for consumer recruitment. *

Community Members Served by CP&P – HSAC staff contacted the Cape May CP&P Local Office at the onset of the Needs Assessment process for assistance in recruiting participants. HSAC staff also contacted key personnel administering programs working directly with consumers such as the Family Success Center, the Child Care Resource and Referral Agency, the Grandparents Raising Grandchildren program, etc. The Cape May CP&P Local Office had concerns regarding confidentiality and sought permission from CP&P Administration to identify consumers. DCF representatives intervened in this process and secured a CP&P liaison to assist HSAC staff with the recruitment of participants. Initially, none of these efforts yielded any participants except for the Grandparents

Raising Grandchildren program. However; during one of the key informant interviews, the informant happened to mention that she was a former resource family parent. At the request of HSAC staff, the informant offered to contact some other CP&P consumers (both parents receiving services and resource family parents) for participation in the focus group. This process yielded the required participants. Additionally, CP&P Area Office staff contacted HSAC staff with the names of several potential participants on 12/8/20. HSAC staff invited all identified candidates to participate in the remaining focus group session. *

Community Members Served by CSOC – HSAC staff contacted CSOC provider organizations (CMO, FSO, Family Success Center, etc.) for assistance in recruiting participants. The CIACC Coordinator announced the Needs Assessment at the September and November 2020 CIACC meetings asking for assistance in recruiting participants. These efforts did not yield any participants. However; during another focus group, one of the participants noted that she was receiving CSOC services for her son. HSAC staff asked permission to contact her after the session. HSAC staff spoke with this participant privately and asked for her assistance in identifying other families that might be willing to participate in a focus group. This participant was able to use her “parent to parent” connection to secure the participants. *

*It should be noted that HSAC staff never asked any of the organizations/individuals contacted for assistance in recruitment for information or names of any potential participants. Instead, HSAC staff had drafted a brief recruitment flyer explaining the Needs Assessment purpose and process for distribution to any potential participants. The flyer included contact information for HSAC staff. Thus, participants contacted HSAC staff.

Focus Group Participants. A total of 10 focus groups were conducted in this county as part of this needs assessment. These focus groups were conducted from September 15, 2020 to December 9, 2020. There was a total number of 67 participants. The number of participants in each focus group ranged from a minimum of 5 and a maximum of 10 participants. During the focus group sessions, a total of 69 surveys were completed.

Key Informant Interviews

Key informant interviews were conducted to gather additional feedback from County Human Services Directors and other identified individual selected by the HSACs regarding considerations for addressing the needs and concerns that were highlighted in the data profiles and focus group sessions. Facilitators use a structured protocol to explain the purpose, goals and objectives of the focus group.

Recruitment.

Key informants were selected by identifying a local (CMC) professional considered to be an expert in one of each of the priority need areas as selected by the HSAC. Thus, a local professional in each of the following: housing, employment/career services, substance use disorder services, and

behavioral/mental health services for youth. Professionals who also have personal experience with the specific need area were sought and selected.

Key Informant Interview Participants. A total of 4 interviews were conducted in this county as part of this needs assessment. The total number of participants included was 4. These interviews were conducted from October 5, 2020 to November 24, 2020. There was a total of 4 surveys completed during the interview sessions.

Participant Demographics

As described in the above sections, both focus group and interview participants completed the needs assessment survey. Below we combine information for all participants to provide an overview of the participant demographics.

Role in the Community (not mutually exclusive)	Number of Participants
County Resident	43
Staff or Volunteer with a Community-Based Organization (e.g., Health and Human Services providers, Planning Board Participants)	28
Staff or Volunteer with a Public Service Organization (e.g., paramedics, fire fighter, police officers, air force, judges)	5
Local Business Owner in the County	4
Community leader and advocate in the county (e.g., hold a volunteer office, clergy, activist)	7
Other	6

Age	Number of Participants
Under 18	4
18-24	3
25-34	4
35-44	9
45-54	17
55-64	14
65 and over	18

Gender	Number of Participants
Female	55
Male	13
Non-binary, third gender/transgender	0
Prefer Not to Say	1
Other	0

Race	Number of Participants
American Indian or Alaska Native	0
Asian	0
Black or African-American	6
Native Hawaiian or Other Pacific Islander	0
White or Caucasian	60
Multi-Race (2 or More of the Previous)	2
Other	1

Ethnicity	Number of Participants
Hispanic, Latino or Spanish Origins	2
No Hispanic Latino or Spanish Origins	45

Education Level	Number of Participants
Grades Preschool-8	1
Grades 9-12-Non-Graduate	3
High School Graduate or GED	5
High School/GED <u>and</u> Some College/Trade	7
2 or 4-Year College/Trade School Graduate	22
Graduate or Other Post-Secondary School	31

Employment Status	Number of Participants
Employed: Full-Time	46
Employed: Part-Time	3
Unemployed-Looking for Work	1
Unemployed-Not Looking for Work	1
Retired	9
Student	3
Self Employed	6
Unable to Work	0

Years of Community membership	Number of Participants	Range
How many years have you been a member of this community?	1	30

Services Accessed by a Household Member within the last 2 Years	Number of Participants
Yes	23
No	45

Household Member History of Involvement with NJ Division of Child Protection and Permanency	Number of Participants
Yes	9
No	588

Participants represented the following municipalities

Borough of Avalon - 4; City of Cape May - 7; Borough of Cape May Point - 5; Township of Dennis - 10; Township of Lower - 18; Township of Middle - 28; City of North Wildwood - 7; City of Ocean City - 6; City of Sea Isle City - 5; Borough of Stone Harbor - 4; Township of Upper - 10; Borough of West Cape May - 6; Borough of West Wildwood - 7; City of Wildwood - 10; Borough of Wildwood Crest - 7; Borough of Woodbine - 5

Additional Data Collection Methodologies

N/A

PART 2



Key Findings Across Needs

Trends related to Scope Across Needs: The County’s “seasonal economy” and tourism, with traditionally lower paying jobs, affect the availability of year round full time employment and higher rates of unemployment during the off season months. As a result there are greater economic pressures on households – housing, food and other basic needs, childcare, transportation, etc. All ten Focus groups cited transportation as a long standing barrier with limited public transit system availability and ride sharing services as a costly option. The need was noted in northern portions of the county, especially Woodbine. Other geographic regions of the County with greater need include Villas, Wildwood and the extremely rural areas such as Belleplain. The more rural areas host fewer resource offices/service locations and access to centralized service sites (the service hub is in Rio Gande) is exacerbated by transportation challenges. Child care was also predominantly noted as a significant barrier across nine focus groups citing cost as an issue. There is a lack of coordination with housing services and limited housing stock and rentals. Services for youth and children are limited, especially mental health services coupled with provider difficulties in recruiting and retaining staff, with more services available for adults and senior citizens. Participants expressed concern that the declining population and lack of “critical mass” is insufficient to attract youth serving providers. Provider capacity is insufficient to meet needs, noting in particular several service areas: behavioral health for children/youth, substance use disorder, employment/training, and children and youth. The long-standing nature of the barriers, a lack of resources and strained budgets exacerbated by COVID -19 were of concern in addressing barriers.

Significant Common Barriers: Public transportation and ride sharing services especially in rural areas, are lacking to support ready access to community services jobs, education and training, lack of awareness regarding the availability of services, the stigma of asking for help, cost and affordability and waiting lists for services. The following trends emerged as part of the interview process as impacting the needs on specific subpopulations: People with language barriers, particularly those with limited English were noted as having access issues along with youth, people with disabilities and/or mental illness, seniors, the LGBTQ population and people with technology issues and people in lower socioeconomic populations. Accessing behavioral health services for children and youth with intellectual/developmental disabilities (IDD) has been problematic due to a lack of services tailored to the needs of people with I/DD. Those convicted of drug charges may be ineligible for services. Participants shared that some DCP&P regulations were inflexible and some providers were perceived as discriminatory because of client involvement with the Division.

Local Considerations for Addressing Needs Trends Across Stakeholders Perspectives: Some notable themes emerged from the Focus groups and Key Informant interviews for addressing the barriers and meeting the needs of County residents including increasing options related to the service need,

increasing awareness, improving the service and/or service process and providing support. Service options and provider capacity for all priority needs should be increased, the awareness of services improved and support should be provided so people can access and benefit from services, advocating for more state and federal funds to increase service options, organizing and centralizing information about services and programs (such as eligibility criteria, contacts) and ensuring the information is pushed to individuals who need it (websites, links on school's parent portals, school guidance counselors). Multiple strategies to increase transportation options from specific resources were suggested like jitney buses, to having employers provide transportation, to including transportation costs within new RFPs and the use of flex funds. Other suggestions included: Advertising and public service campaigns to increase awareness, increasing telehealth options, incentives to encourage more providers to provide services in the county. COVID-19 has increased or made the priority needs more visible.

Trends (Differences or Similarities) Across Stakeholders' Perspectives: The following similarities were found across all stakeholders: All groups cited transportation as a barrier and called for ways to address it to maximize service access and efficacy. All groups expressed concern about lack of services due to small population size, small population of youth and adults and an increasingly older population. Consumers often offer a unique perspective. There were three consumer focus groups featuring consumers served by the Children's System of Care, DCP&P and community-based organizations. The Consumer focus groups were particularly cognizant of ways to provide assistance to parents/youth to support their use of available services e.g. transportation, child care for training classes, funding for training attendance. They recommended forging links between schools and mental health/behavioral health services for disseminating information and ensuring that information includes a focus on prevention. Ongoing cultural sensitivity training and efforts to reduce stigma and engage families to overcome parent's stated experience that providers treated them poorly were recommended.

Other recommendations included: programs provide assistance with applications, expand eligibility and address a broader range of needs, gradual withdrawal of benefits with no immediate cutoff, need for caregiver support groups, call for increasing availability of information, greater advertising and hub or one-stop organization of all services associated with housing, greater access to program information and active dissemination in local communities (spin off on the book mobile model).



Need Area: Housing

Status: Prioritized Need Area

Housing includes the availability of affordable, stable, permanent and acceptable living accommodations. This need area seeks to assess the sufficiency of housing in the county and the degree to which residents are homeless or threatened with eviction, as well as the existence of community supports (e.g., subsidy, vouchers, etc.) and services aimed at ensuring housing for all (e.g., Homelessness Prevention Program, Housing Resource Center, community shelters, County Board of Social Services, Section 8, affordable housing, housing authorities, etc.)

In Cape May County , 20 percent of households experienced severe cost burden (50% of income or more is spent on housing) for housing in 2017. This percentage is greater than the percentage for the state of New Jersey (American Community Survey; see *County Data Profile for Additional Source Information*). In 2019 the latest year of data made available in the county profile packet, 21 percent of households experienced at least one of four severe housing problems: 1.) overcrowding determined by high person-per-room, persons-per-bedroom, or unit square footage-per-person; 2) severe cost burden, 3) lack of kitchen facilities, or 4) lack of plumbing facilities (Comprehensive Housing Affordability Strategy; data compiled by HUD; see *Data Profile for Additional Source Information*).

Need Assessment Key Findings

Summary: Scope of the Need

The US Census Bureau 2019 Quick Facts identified 40,171 total households in Cape May County <https://www.census.gov/quickfacts/capemaycountynewjersey>. The percentage of households with a severe cost burden i.e., spending over 50% of their household income on housing, in 2019 was 20% or 8,034 households. From 2014-2019, the percentage of households with severe housing problems such as high cost or overcrowding has ranged from 21% to 23% with 2018 and 2019 at 21% down from 23% in the previous two years. Housing was also identified most frequently (91%) by Survey respondents as one of their top three basic needs. Eighty-seven percent (87%) of survey respondents did not feel that there were enough housing services to address those in need. Eighty-two percent (82%) felt that Housing services (options and resources) were not widely advertised or known in the county.

Poverty and income are key factors driving the need for housing services. While the overall county poverty rate for families with children is 13.6% , there are 7 municipalities with higher poverty rates. Cape May Point (66.7%), Wildwood City (44.2%), Woodbine Boro (27.9%) and West Cape May (27.8%) had the four highest poverty rates. The county median household income is \$62,332 which is more than \$14,000 less than the NJ Median income of \$76,475. The median income falls below the county median in 10 of 16 municipalities. The median income in Wildwood City is \$29,945, Woodbine Boro \$41,111, North Wildwood \$45,629 and Cape May Point \$46,964.

Summary: Nature of the Need

In Cape May County there are 3 Municipal Housing Authorities in Cape May, Ocean City and Wildwood. The Cape May Housing Authority has 85 units of low income housing including efficiency and one-bedroom apartments for seniors and people with disabilities as well as two to four bedroom apartments for larger families. <https://capemayha.org/programs.php>. The Ocean City Housing Authority consists of 121 units at Bay View Manor and Pecks Beach Village in Ocean City serving seniors and families. <http://www.oceancityha.org>. The Wildwood Housing Authority owns 2 housing developments with 170 units and provides housing and assistance to 1000 Wildwood citizens. <https://www.wildwoodhousing.org/properties/sandman-tower.html>.

Woodbine Manor Apartments is a low income HUD subsidized apartment complex with 102 units of one, two and three bedroom apartments. The Housing Choice Voucher Program (Section 8 Rental Assistance) is administered by a Department of Community Affairs (DCA) office in Atlantic City. The website AffordableHousingonline.com identified 15 low income apartment communities in Cape May County.

The Focus Groups identified a number of factors affecting the need for housing in Cape May County including cost, limited supply of housing stock and apartment rentals exacerbated by seasonal housing/rentals (47% of stock) and new opportunities for remote work during the Pandemic. Rental assistance wait lists, seasonal unemployment and low wages, difficulty navigating housing assistance (information, documentation, eligibility criteria) and limited transportation are also factors affecting the need for housing. Substance abuse prevents some from maintaining employment and housing.

Focus group participants reported that people rely on word of mouth or personal networks because they are unaware of the county's housing resources and/or perceive a stigma to seeking public help. People also reported difficulty understanding, navigating and complying with housing program eligibility processes and documentation requirements. There is also confusion between county programs and state administered programs especially New Jersey DCA programs.

The key barriers to addressing housing needs most frequently cited by survey respondents were waiting lists (67%), transportation (60%), lack of awareness of services (57%) and cost (50%). The Focus Groups and Key Informants also noted the high cost of housing and lack of affordable housing stock (particularly housing suitable for families) as barriers. Communication issues for people with limited English and consumer's capacity to use technology for a housing search can also present barriers. A history of mental health, substance use and/or criminal records were also noted as barriers. Participants noted that the barriers were generally long standing with the exception of the pandemic induced demand for housing by people who wish to work remotely.

Summary: Local Considerations for Addressing the Need for County Prioritized Need Area

The Survey Respondents, Focus Groups and Key Informants identified Housing Services as the top priority, urgent basic need. They emphasized how unstable housing impacts all other need areas. The Focus Groups and Key Informants called for increasing housing options, improving the awareness of and process for providing housing services and providing support services so people could access and maintain housing. Their suggestions for what system changes are needed and what the housing industry partners could do include:

Increasing Housing Options

- Focus on economic development, bringing in high paying jobs so people can afford housing
- Encourage/facilitate municipalities to identify unused housing stock
- Create a County-wide shared list/database of housing resources across municipalities
- Encourage more apartment building
- Advocate for more state and federal funding for housing
- Increase funds to move wait lists
- Encourage agencies to pursue grants

Increasing Awareness & Improving the Process

- Create a county-based single Point of Entry for information
- Collaborate with 211
- Provide funding to include case management and housing specialist positions in housing programs
- Develop web-based countywide resource list of programs, eligibility criteria and contacts (include information for surrounding counties and states)
- Expand eligibility to include the working poor
- Provide sliding scale rental programs
- Provide a gradual increase in amount paid toward housing
- Adopt an “assistance before paperwork” policy
- Increase advertising to increase awareness (e.g., information on Hope One Van)
- Adjust programs to be more flexible to simultaneously provide multiple types of assistance to multiple populations

Support Services

- Increase transportation options including small jitney busses
- Increase year round employment opportunities
- Provide legal assistance including expungement as a prior criminal record affects eligibility

If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area

The pandemic may exacerbate the housing situation in Cape May County as people have lost jobs and may face eviction should the moratorium be lifted. Additionally, the Pandemic has driven up interest in shore rentals for people seeking to leave crowded cities to work remotely, thus adding pressure to an already limited housing stock situation.

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	69	48 %	39 %	7 %	1 %	4 %	100 %
2. Anyone in the county is able to access services.	69	28 %	49 %	14 %	0 %	9 %	100 %
3. Services are widely advertised and known by the county.	69	25 %	57 %	14 %	0 %	4 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	69	3 %	14 %	35 %	3 %	45 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	69	9 %	32 %	26 %	0 %	33 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	69	3 %	19 %	26 %	1 %	51 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	68	46	68
Services do not exist	68	26	38
Transportation	68	41	60
Cannot contact the service provider	68	13	19
Too expensive	68	34	50
Lack of awareness of service	68	39	57
Cultural Barriers	68	17	25
Services provided are one-size fits all, and don't meet individual needs	68	26	38
Stigma Leads to Avoidance	68	19	28
Eligibility Requirement (explain below)	68	12	18
Other (explain below)	68	10	15

Need Area: Food

Status: General Need Area

Food security is the availability and ability to acquire nutritionally adequate and safe foods. This area of need seeks to assess the level to which residents throughout the county have adequate food and the existence of community services and supports to address unmet food needs (e.g., food banks, soup kitchen, local pantry, community-based organization, Supplemental Nutrition Assistance Program (SNAP), food stamps, Women, Infants, Children (WIC) Supplemental Nutrition Program, etc.)

In **Cape May County**, the food insecurity rate for households was approximately 11.9 percent in **2017**, the most recent date of available data (U.S. Census Bureau Current Population Survey and U.S. Department of Agriculture Economic Research Service; see *County Data Profile for Additional Source Information*). This percentage is **greater than** the percentage rate for New Jersey.

Need Assessment Key Findings

Summary: Scope of the Need

The NJDCF County Profile provided data on Food Security. Food insecurity in Cape May County was 11.9 % in 2017. The percentage has been dropping since 2015 when it was at 13.3% and 2016 when it was 12.4%. The County's percentage is higher than the state figure (9.6%) and lower than the U.S. percentage of 12.5% (2017). (Table 6.1)

Enrollment in WIC in 2017 was 1,445. WIC enrollment has not significantly changed from 2013 through 2017 decreasing from 1,835 (2013) to 1,856 (2014) to 1,685 (2015) and 1,513 (2016). (Table 6.3)

NJ Free and Reduced Lunch Program enrollment in School Year 2017-2018 was 3,555. Student Enrollment has ranged from a high of 3,725 in the 2014-2015 school year with minor fluctuations across the five school years. (Table 6.4)

SNAP enrollment was 4,396 in 2013 falling to 3,394 in 2014, rising to 3,919 in 2015, 3,845 in 2016 and 3,482 in 2017. (Table 6.5)

The factors that contribute to food insecurity include unemployment and poverty. Areas of the County where poverty and unemployment are higher than the overall County percentages are likely to have higher incidence of food insecurity. In the Survey, Food was ranked outside of the top three basic needs.

Summary: Nature of the Need

Forty three percent (43%) of respondents agreed that there are enough services in the county to help those with food insecurity. Forty seven (47%) agreed that anyone is able to access these services. Fifty five percent (55%) disagreed that services were widely advertised and known throughout the county with 36% agreeing they were adequately advertised. Although 33% of respondents agreed that food insecurity services take race, gender, age and ethnicity into account, 29% disagreed and more than a third (38%) did not know. Respondents also felt food service providers were of good quality (58%) and had well-trained, knowledgeable staff (68%). The top three key barriers to accessing services for food insecurity were transportation (77%), lack of awareness of the service (69%) and stigma leading to avoidance (33%).

Summary: Local Considerations for Addressing the Need for County Prioritized Need Area

NA

If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area

NA

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	69	6 %	38 %	42 %	1 %	13 %	100 %
2. Anyone in the county is able to access services.	69	7 %	33 %	46 %	1 %	12 %	100 %
3. Services are widely advertised and known by the county.	69	4 %	51 %	36 %	0 %	9 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	69	7 %	22 %	30 %	3 %	38 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	69	0 %	13 %	54 %	4 %	29 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	69	0 %	9 %	48 %	6 %	38 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	64	5	8
Services do not exist	64	9	14
Transportation	64	49	77
Cannot contact the service provider	64	6	9
Too expensive	64	3	5
Lack of awareness of service	64	44	69
Cultural Barriers	64	16	25
Services provided are one-size fits all, and don't meet individual needs	64	19	30
Stigma Leads to Avoidance	64	21	33
Eligibility Requirement (explain below)	64	9	14
Other (explain below)	64	1	2

Need Area: Health Care**Status: General Need Area**

Health care service providers deliver medical care, including health promotion, disease prevention and diagnosis and treatment services, to children and adults. This need area seeks to determine the level of residents in the county with health care needs, the availability of insurance coverage, and the existence of community services and supports that address health and wellness (e.g., doctors and clinics, hospitals, Medicaid Services, Home Visiting Programs, Family Success Centers, etc.)

In **Cape May County** , the estimated proportion of children under 18 years old (minors) with no health insurance coverage was 3.7 percent in 2017. This percentage is **less than** the estimated percentage of minors with no health insurance for New Jersey in the same year (ACS; see Data Profile for Additional Source Information).

In Cape May County in **2017**, there were no available reports of lack of or no prenatal care. This was unavailable data of prenatal care in reports from the previous year (Center for Disease Control and Prevention; see *Data Profile for Additional Source Information*).

Need Assessment Key Findings**Summary: Scope of the Need**

Based on data from the NJDCF County Profile, the number of children without health insurance has ranged from 5.4% in 2013 falling to 3.7 in 2017. (Table 9.2)

West Cape May (18.4%) had the highest percentage of minors with no health insurance, followed by West Wildwood (17.9%) and Wildwood Crest (12.9%). (2017, Table 9.3).

Summary: Nature of the Need

Survey participants (53%) disagree there were enough healthcare services in the County to meet needs while 44% agreed service capacity met needs. Sixty four percent disagree that anyone can access healthcare services with 77% responding that transportation presented a barrier. Also cited were a lack of awareness of available services (56%) and cost (52%) as barriers.

Summary: Local Considerations for Addressing the Need for County Prioritized Need Area

NA

If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area

NA

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	68	15 %	38 %	43 %	1 %	4 %	100 %
2. Anyone in the county is able to access services.	68	15 %	49 %	32 %	1	4 %	100 %
3. Services are widely advertised and known by the county.	68	12 %	47 %	31 %	1 %	9 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	68	3 %	22 %	30 %	3 %	43 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	68	4 %	9 %	60 %	4 %	22 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	68	6 %	12 %	51 %	3 %	28 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	64	26	41
Services do not exist	64	25	39
Transportation	64	45	70
Cannot contact the service provider	64	14	22
Too expensive	64	33	52
Lack of awareness of service	64	36	56
Cultural Barriers	64	17	27
Services provided are one-size fits all, and don't meet individual needs	64	15	23
Stigma Leads to Avoidance	64	15	23
Eligibility Requirement (explain below)	64	11	17
Other (explain below)	64	0	0

Need Area: Community Safety

Status: General Need Area

Community safety is the ability to be and feel safe from crime or violence in one's community and public spaces. This need area seeks to assess the level to which residents throughout the county are safe from crime or violence and the existence of community services and supports to assist residents with being and feeling safe in their community (e.g., local police, DCF's Child Protection and Permanency, Family Success Centers, security companies, neighborhood watch, safe havens, hospitals, etc.)

In Cape May County there was a total of 217 violent crimes in 2016 and the *violent crime* rate per 1,000 was 2.3 percent (NJ Department of Law and Public Safety, Division of NJ State Police, Uniform Crime Reports, Updated 8/15/19; see Data Profile for Additional Source Information). Of the *non-violent* crimes committed there was a total of 8 arson, 49 motor vehicle theft, 2,257 larceny and 532 burglary in Cape May County (NJ Department of Law and Public Safety, Division of NJ State Police, Uniform Crime Report, Updated 8/15/19; see Data Profile for Additional Source Information).

Need Assessment Key Findings

Summary: Scope of the Need

Based on data from the NJDCF County Profile, in 2016 the violent crime and non-violent crime rates for the County were 2.3 and 30 per 1,000 people respectively (Table 11.1). The juvenile arrest rate was 31.0 per 1000 youth as of July 2016 (Table 11.3) compared to the statewide rate of 10 per 1,000 youth. From 2012 to 2016 the juvenile arrest rate was a high of 36 in 2012 compared to a statewide rate of 15 to 31 in 2016 compared to a statewide rate of 10 that year (Table 11.4).

The age-adjusted homicide rate for the County in 2017 and across the five year span from 2013 through 2017 was not available due to the number of deaths reported as too small to calculate a reliable rate. (Table 11.5 and 11.6). (The data for 2013-2017's age-adjusted death by race/ethnicity and sex indicated was also not available (Table 11.7). Only 9 % of the respondents in the Community Survey identified community safety as a high priority need, ranking it outside of the top three basic needs for the county.

Summary: Nature of the Need

Survey respondents agreed (50%) that there were enough services available in the county to address community safety. Fifty seven percent (57 %) agreed that anyone is able to access these services. Forty nine percent (49%) of the respondents disagreed that services were widely advertised and known throughout the county. Forty six percent (46%) of respondents agreed that services take race, gender, age and ethnicity into account. Forty one percent of respondents (41%) reported that service providers

were of good quality, however 49% didn't know with well-trained, knowledgeable staff (50%). The top three key barriers to accessing services for community safety were lack of awareness of the service (60%), cultural barriers (38%) and transportation(35%).

Summary: Local Considerations for Addressing the Need for County Prioritized Need Area

NA

If Applicable: Additional Notable Focus Group Trends for County Prioritized Need Area

NA

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	68	3 %	26 %	40 %	10 %	22 %	100 %
2. Anyone in the county is able to access services.	68	3 %	16 %	51 %	6 %	24 %	100 %
3. Services are widely advertised and known by the county.	68	6 %	43 %	28 %	4 %	19 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	68	4 %	13 %	43 %	3 %	37 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	67	1 %	7 %	37 %	4 %	49 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	67	3 %	4 %	46 %	4 %	42 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	55	1	2
Services do not exist	55	12	22
Transportation	55	19	35
Cannot contact the service provider	55	4	7
Too expensive	55	5	9
Lack of awareness of service	55	33	60
Cultural Barriers	55	21	38
Services provided are one-size fits all, and don't meet individual needs	55	9	16
Stigma Leads to Avoidance	55	13	24
Eligibility Requirement (explain below)	55	1	2
Other (explain below)	55	4	7

Need Area: Employment and Career Services

Status: Prioritized Need Area

Employment is the condition of having paid work or an alternate ability to earn a living. This need area seeks to determine the employment status (e.g., full or part-time, permanent or temporary) of county residents and the employment opportunities within a county, as well as the existence of community services and supports to assist in ensuring employment (e.g., unemployment services, career development, County One-Stop Centers, Family Success Centers, County Board of Social Services, etc.)

<https://fred.stlouisfed.org/series/NJCAPE1LFN>

Need Assessment Key Findings

Summary: Scope of the Need

Employment and Career Services was selected as a basic need by the HSAC as well as participants in the Needs Assessment process. Survey Respondents (67%) selected this service as one of the top basic needs that should be addressed in the county along with participants in six of the ten Focus Groups and all Key Informants.

The U.S. Census July 2019 Estimates Report for Cape May County that the percent of the population aged 16 years and older participating in the labor force is 56.9% or 52,370 people. An analysis of the County unemployment rate by month of the year and the size of the labor force demonstrates the seasonal nature of the economy. The U.S. Bureau of Labor Statistics reported the size of the civilian labor force in January 2019 was 39,741 persons and in July 2019 the labor force size was 57,280 persons. By March of 2020 it was 41,426 however by August of 2020 the labor force only went up to 47,778 nearly 10,000 people less than the previous year. This change was in large part due to the pandemic. <https://fred.stlouisfed.org/series/NJCAPE1LFN>.

The County is heavily reliant on the tourism industry as a significant driver of the economy with six in ten workers employed directly or indirectly in the industry compared to one in ten workers statewide (2019 Cape May Tourism Conference) .

The most outstanding factor in Cape May County's economic engine is the impact of the seasonal tourism industry on employment cycles. This industry is a 6 billion dollar business but there is a wide variation between the summer and winter months. A common phrase in Cape May County is "three months hurry; nine months worry". According to the Bureau of Labor Statistics, the fluctuation in unemployment rate for the County is illustrated by the rates of unemployment identified below:

In 2020, the unemployment rate for February was 12%, in September 6.9% with the highest rate in April at 26.9 %.

A similar cycle is evident in 2019, with unemployment in February at 12.2%, in September 4.2%, with the highest rate in January at 13.7%.

In 2018, a similar trend occurred (February 15%, September 4.6% with the highest rate in January at 15.6%.

This variation puts significant stress on families dependent on the low paying scale frequently associated with service oriented jobs.

Summary: Nature of the Need

The key barriers to accessing Employment and Career Services cited by Survey respondents indicated a lack of availability of employment and career services in the county (74%), services are not widely advertised and known in the county (70%) and access is an issue ((54%). Transportation (78%) and a lack of awareness of services (69%) were cited as barriers to obtaining the services. Cultural barriers were indicated by 34% of respondents but services were provided by trained and knowledgeable staff who provided good customer service (50%) and race, age, gender and ethnicity are taken into consideration (44%) in providing services.

All ten Focus groups cited transportation as a long standing barrier with limited public transit system availability and ride sharing services as a costly option. The need was noted in northern portions of the county, especially Woodbine. Other geographic regions of the County with greater need include Villas, Wildwood and the extremely rural areas such as Belleplain.

Child care was also predominantly noted as a significant barrier across nine focus groups citing cost as an issue. Participants also noted there are limited opportunities for full time year round employment for all age groups and a need for access to technology and technology skills to support job searches, readiness and training as well as a lack of information and awareness for existing employment assistance programs . Low wages associated with the tourism industry and job readiness for other occupations was also noted as a challenge.

The need for more year round full time employment was echoed by Key Informants as well as previously noted barriers such as child care, transportation and the lack of skills and access to technology for job seekers. Key Informants also cited the lack of financial resources and eligibility/qualifications to participate in training programs including drug testing and background checks for employment. Stigma, especially for people in recovery, and a lack of awareness regarding requisite job skill sets needed for positions were noted as challenges.

People with language barriers, particularly those with limited English were noted as having access issues along with youth, and people in lower socioeconomic populations.

Summary: Local Considerations for Addressing the Need for County Prioritized Need Area

**Required only if focus group need area topic.*

The Survey Respondents, Focus Groups and Key Informants identified Employment and Career Services as an urgent need in the county. Survey Respondents (67%) selected this service as one of the top basic needs that should be addressed in the county along with participants in six of the ten Focus Groups

and all Key Informants. The process yielded several suggestions to increase access to employment and to address barriers and challenges. However, the county engages in advocacy, awareness and partnership to support economic development and job development but has limited capacity to address these long standing issues with existing resources. Suggestions included:

Increase Availability of Transportation Options

- Encourage employers to provide transportation
- Include transportation services in all Request for Proposals and funding submissions

Increasing Employment Related Services

- Create service outreach hubs
- Create a website listing of entry level jobs
- Provide training opportunities at various times and on-line
- Encourage One Stop Career Center screening and linkage to support services such as job readiness and case management and other support programs
- Provide subsidies for people enrolled in training programs including broadening eligibility requirements for child care subsidies, financial assistance for child care, licensing, certification
- Develop job training opportunities for the trade and technology industries
- Incentivizing work through graduated decreases in benefit assistance
- Provide employment re- training opportunities for young adults 18-25 year olds to support full time non-seasonal work
- Provide wraparound services including job coaches to support employment
- Encourage trainings and opportunities for programs around in demand jobs and remote employment
- Increase community awareness of existing employment services
- Use of flex funds to prevent the need for ongoing services such as support for transportation, such as one time auto repair, and other related assistance.

If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area

NA

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	68	21 %	53 %	19 %	1 %	9 %	100 %
2. Anyone in the county is able to access services.	68	9 %	46 %	31 %	3 %	12 %	100 %
3. Services are widely advertised and known by the county.	68	10 %	60 %	16 %	0 %	13 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	68	3 %	13 %	44 %	0 %	40 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	68	4 %	12 %	44 %	0 %	40 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	68	3 %	12 %	50 %	3 %	32 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	65	11	17
Services do not exist	65	18	28
Transportation	65	51	78
Cannot contact the service provider	65	10	15
Too expensive	65	3	5
Lack of awareness of service	65	45	69
Cultural Barriers	65	22	34
Services provided are one-size fits all, and don't meet individual needs	65	13	20
Stigma Leads to Avoidance	65	8	12
Eligibility Requirement (explain below)	65	6	9
Other (explain below)	65	3	5

Need Area: CHILD CARE**Status: General Need Area**

Child care services include agencies that provide care and supervision to children; as well as, before- and after- school care programs. This need area seeks to assess the level to which residents throughout the county need child care and before and after school care and the existence of community services and supports that address the need for child care (e.g., licensed daycares providers, subsidized and unsubsidized childcare, Child Care Resource and Referral Agencies, Boys & Girls Clubs, YMCAs, Family Success Centers, County Board of Social Services, etc.)

In Cape May County in 2017 the median monthly center-based child care cost for an infant was greater than the median monthly cost for NJ. The median monthly center-based child care cost for a toddler was greater than the median monthly cost for NJ. Median monthly center-based child care cost child care cost for Pre-K in Cape May County was greater than the median monthly cost for NJ.

Need Assessment Key Findings**Summary: Scope of the Need**

Based on data from the NJDCF County Data Profile, based on a November 2017 report, the median monthly cost of infant, toddler and Pre-K center based child care are \$840, \$840 and \$800 respectively. These costs represent 16%, 16% and 15% of the Cape May County median household income \$62,332. (Table 7.2) Fifty four (54%) of the respondents identified child care services as a top three service need.

Summary: Nature of the Need

In the community survey only 14% of the respondents agreed or strongly agreed that there were enough child care services available in the county while 70% disagreed or strongly disagreed. Only 10% of respondents agreed or strongly agreed that anyone is able to access these services while 71% disagreed. Sixty-seven percent (67%) of respondents disagreed with the statement that services were widely advertised and known throughout the county. Respondents largely did not know whether child care services take race, age, gender, ethnicity and more into account (57%). The majority of respondents (52%) also did not know if service providers were of good quality; and whether child care agencies had well-trained, knowledgeable staff (55%). The top two key barriers to accessing child care services were transportation and cost. Waiting lists were cited as the third most frequent barrier.

Summary: Local Considerations for Addressing the Need for County Prioritized Need Area

NA

If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area

NA

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	66	32 %	38 %	12 %	2 %	18 %	100 %
2. Anyone in the county is able to access services.	67	28 %	43 %	9 %	1 %	18 %	100 %
3. Services are widely advertised and known by the county.	67	21 %	46 %	12 %	1 %	19 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	67	9 %	10 %	24 %	0 %	57 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	67	3 %	13 %	27 %	4 %	52 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	67	1 %	12 %	28 %	3 %	55 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	63	40	63
Services do not exist	63	31	49
Transportation	63	46	73
Cannot contact the service provider	63	4	6
Too expensive	63	45	71
Lack of awareness of service	63	31	49
Cultural Barriers	63	18	29
Services provided are one-size fits all, and don't meet individual needs	63	19	30
Stigma Leads to Avoidance	63	2	3
Eligibility Requirement (explain below)	63	4	6
Other (explain below)	63	2	3

Need Area: Services for Families Caring for a Child of a Relative

Status: General Need Area

Kinship services are supports for caregivers who have taken on the responsibility of caring for kin, including financial assistance, support groups, navigation of government benefits and assistance, and more. This need area seeks to assess the level to which residents require kinship services and the existence of community services and supports to support caregivers' ability to care for their kin (e.g., Kinship Navigator Program, DCF's Division of Child Protection and Permanency, Family Success Centers, County Board of Social Services, etc.)

Need Assessment Key Findings

Summary: Scope of the Need

The NJDCF County Data Profile indicated that in 2018 there were 742 children receiving services from the DCP&P. The majority were served through in-home services (583). (Table 1.13) There were 159 children served in out-of-home care, 92 in non-kinship placements and the remaining 67 in the care of a relative (Table 1.14). Only 30% of Survey respondents ranked services for families caring for a child of a relative as a top three need and so these services were not included in the priority needs.

Summary: Nature of the Need

In the community survey only 16% of the respondents agreed that there were enough services available in the county to help those caring for a child of a relative. The majority (45%) disagreed or strongly disagreed. Also 34% agreed that anyone is able to access these services but the majority (45%) disagreed or strongly disagreed (10%). Seventy percent of the respondents disagreed or strongly disagreed with the statement that services for families caring for a child of a relative are widely advertised and known throughout the county. Fifty-eight percent (58%) of Survey respondents also did not know if the services take race, age, gender, ethnicity and more into account. The top two key barriers to accessing these services were lack of awareness of the service (72%) and services do not exist 47%. Transportation was the third most frequently cited barrier at 43%.

Summary: Local Considerations for Addressing the Need for County Prioritized Need Area

NA

If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area

NA

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	67	10 %	45 %	16 %	1 %	28 %	100 %
2. Anyone in the county is able to access services.	67	10 %	39	16 %	1 %	33 %	100 %
3. Services are widely advertised and known by the county.	67	16 %	54 %	7 %	1 %	21 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	66	6 %	14 %	20 %	3 %	58 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	67	4 %	7 %	21 %	3 %	64 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	67	3 %	10 %	22 %	3 %	61 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	58	6	10
Services do not exist	58	27	46
Transportation	58	25	43
Cannot contact the service provider	58	5	9
Too expensive	58	9	15
Lack of awareness of service	58	42	72
Cultural Barriers	58	17	29
Services provided are one-size fits all, and don't meet individual needs	58	11	19
Stigma Leads to Avoidance	58	7	12
Eligibility Requirement (explain below)	58	3	5
Other (explain below)	58	2	3

Need Area: Behavioral/Mental Health Services for Children

Status: Prioritized Need Area

Child behavioral/mental health services are services designed to assess, address and support the emotional, psychological and social well-being of children. This need area seeks to assess the level to which children throughout the county have behavioral/mental health disorders, their ability to cope and function, and the existence of community services and supports to address children's behavioral/mental health needs (e.g., hospitals, in/out-patient therapy, individualized counseling, medication management, PerformCare, DCF's Children's System of Care, Family Support Organizations, etc.)

Need Assessment Key Findings

Summary: Scope of the Need

Numerous studies illustrate the mental health needs and the difficulty service systems have in meeting those needs. In a meta analysis of prevalence estimates of serious emotional disturbance in children, researchers found as many as 1 in 10 children are affected and likely to need treatment services. <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201700145>.

In a study in the Journal of Pediatrics, researchers analyzed nationally representative data from the 2016 National Survey of Children's Health to show prevalence estimates and treatment receipt for children's mental health conditions. They showed that depression (3.2%), anxiety (7.1%), and behavioral/conduct problems (7.4%) are prevalent among US children and adolescents ages 3-17. They also concluded that treatment gaps remain, particularly for anxiety and behavioral/conduct problems. [https://www.jpeds.com/article/S0022-3476\(18\)31292-7/fulltext](https://www.jpeds.com/article/S0022-3476(18)31292-7/fulltext).

SAMHSA selected specific topics and indicators in its Behavioral Health Barometer report to provide an annual update representing a cross-section of the key behavioral health indicators that are assessed in SAMHSA data collections. The Behavioral Health Barometer: New Jersey, Volume 5 includes indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services. The indicators include:

During 2013–2017, the annual average prevalence of past-year Major Depressive Episode (MDE) in New Jersey was 9.5% (or 64,000), similar to the regional average (10.4%) but lower than the national average (12.1%).

Among youth aged 12–17 in New Jersey during 2013–2017 with an MDE in the past year, an annual average of 38.2% (or 24,000) received depression care in the past year, similar to both the regional average (42.3%) and the national average (40.3%).

<https://www.nj.gov/dcf/about/divisions/dcsc/New%20Jersey-BH-BarometerVolume5.pdf>.

DCF data indicated that in 2017, there were 16,226 children and youth under the age of 18; 31.3% under 6, 35.8% between 6 and 11 and 32.8% between the ages of 12 and 17 in Cape May County. Certain groups of children may be at higher risk. There were 742 children served by the NJ Department of Children and Families Division of Child Protection and Permanency; 583 or 76% were served in their own homes and 159 or 24% of children were served in non kinship out of home placements (2018). In 2018, there were 25 more non-kinship placements than kinship placements. This was the greatest difference between non-kinship than kinship placements from 2011 to 2018.

Nineteen percent (19.7%) of county children were classified eligible for special education services above the statewide average of 17.6%. There were 2411 children enrolled in special education programs in 2018. In 2018 there were 110 children who received early intervention services. Behavioral Health Services for Children was chosen by 75% of Survey respondents as the most frequently cited service need.

Atlanticare Behavioral Health serves Cape May County with a combined Atlantic-Cape May Children's Mobile Response and Stabilization Service. Based on data for the first quarter of State Fiscal Year 2021 Cape May's percentage of service was 27%,18% and 18% or 23, 17 and 24 dispatches for June, July and August 2020 respectively. MRSS exceeded the quarterly targets for the percentage of youth remaining in placement and youth improving in one life domain upon stabilization discharge. MRSS most frequently refers to Intensive In-Community/Behavioral Assistance (IIC/BA), Care Management Organization (CMO) and Outpatient/Medication, Trauma Therapy.

Based on data from the County CIACC Dashboard, in the latest available report for November 2020 there were 55 calls to the Children's System of Care (CSOC) with 16 new youth registered that month. The most frequent reason for calls were requests for in home services representing 63.6% of service requests. During the month the three services authorized most frequently were intensive in-community (35.3%), care management (28.9%) and behavioral assistance (10.7%). There were 21 initial authorizations for mobile response and 73 authorizations for mobile response stabilization. Over 31% of calls to the CSOC were for children ages 0-10.

Summary: Nature of the Need

Eighty-one percent (81%) of survey respondents disagreed with the statement that there are enough behavioral health services for children in Cape May County, that families are able to access services (70%) and that services are widely advertised. Survey respondents were split between those that agreed that facilities that provide service to meet this need are of good quality (41%) and those that did not know (44%). Most respondents did not know if services take race, age, gender, ethnicity and more into account (43%) but the rest were split between disagreeing (30%) and agreeing (27%) with the statement. Most respondents agreed that staff are well-trained, knowledgeable and provide good

customer service (46%). Lack of awareness (69%), Waiting lists (52%), Transportation (49%), Services Don't Exist (48%) and Services are too expensive (40%) were the most frequently cited barriers for families accessing behavioral health services for children by survey respondents. Key Informants and Focus Group participants also identified lack of child psychiatry, stigma, engaging parents to be supportive in child's treatment, access to the internet for telehealth services and a decreasing youth population that impedes the goal of recruiting and keeping providers as barriers to service access. Accessing behavioral health services for children and youth with intellectual/developmental disabilities (IDD) has been problematic due to a lack of services tailored to the needs of people with I/DD.

Summary: Local Considerations for Addressing the Need for County Prioritized Need Area

****Required only if focus group need area topic.***

The HSAC identified Mental Health/Behavioral Health Services for youth as the highest priority service need that should be addressed now. The Key Informants and Focus Groups called for increasing service options, improving the awareness of services and making service improvements. Their suggestions included:

Increasing Service Options:

- Increase telehealth options
- Increase agency partnerships
- Expand school based programs like the School Based Youth Services Program (SBYSP)
- Encourage private practice therapists to participate in serving youth in Cape May County
- More family support type programs where the whole family can participate and benefit
- Incentives to expand the number and types of providers in Cape May County including psychiatrists and other types of clinicians
- Include funds for transportation in all RFPs
- Develop community wellness programs
- Increase resiliency programs in schools
- Advocate for more funds to increase service accessibility especially services offered in a school setting
- Advocate for funds for mental health training in schools and within the medical community (so mental health becomes a component of all well/preventive visits)
- Advocate for more in-home services
- Develop a second Family Success Center in the northern part of the county
- Tie Family Success Centers to schools
- Increase options for trauma care
- Target counseling to children of families involved in Domestic Violence cases and other trauma related situations
- Provide parent support groups
- Increase Intensive Outpatient Program options for youth

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- Build capacity so community providers could connect within a few days (rather than 3 weeks) when a child leaves inpatient care
 - Increase referrals between public and private agencies
 - Advocate for funding for more DCP&P Mommy & Me supervised housing programs to prevent trauma in children by avoiding separation from their parents
 - Advocate for funding for safe places for youth to get supervised socialization/recreation

Increasing Awareness and Reducing Stigma

- Advertise, conduct a public awareness campaign that includes a prevention component
- Reduce stigma
- Strengthen linkages between agencies and 211
- Encourage the use of the CMO Resource Net to offer local listings of agencies/services
- Ensure school guidance counselors have information on services
- Encourage schools to provide links to services on parent portals

Service Improvements

- Providers should have cultural sensitivity training
- Providers should provide separate waiting rooms for youth and adults

There are numerous community based organizations providing behavioral health services for children. Participants recommended capacity building across the board. Some of these suggestions can be incorporated into existing operations, but to make substantial increases in service options will require additional funding.

If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area

NA

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	67	43 %	37 %	12 %	0 %	7 %	100 %
2. Anyone in the county is able to access services.	67	31 %	39 %	16 %	0 %	13 %	100 %
3. Services are widely advertised and known by the county.	66	32 %	45 %	15 %	0 %	8 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	67	6 %	24 %	25 %	1 %	43 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	66	6 %	9 %	38 %	3 %	44 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	67	4 %	12 %	34 %	12 %	37 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	65	34	52
Services do not exist	65	31	48
Transportation	65	32	49
Cannot contact the service provider	65	14	22
Too expensive	65	26	40
Lack of awareness of service	65	45	69
Cultural Barriers	65	22	34
Services provided are one-size fits all, and don't meet individual needs	65	19	29
Stigma Leads to Avoidance	65	25	38
Eligibility Requirement (explain below)	65	5	8
Other (explain below)	65	2	3

Need Area: Behavioral/Mental Health Services for Adults

Status: General Need Area

Adult behavioral/mental health services include services designed to assess, address and support the emotional, psychological and social well-being of adults. This need area seeks to assess the level to which adult residents throughout the county have behavioral/mental health disorders, their ability to function and the existence of community services and supports to address adult behavioral/mental health needs (e.g., hospitals, in/out-patient therapy, individualized counseling, medication management, Statewide Parent Advocacy Network, Division of Mental Health and Addiction Services, PerformCare, etc.)

Need Assessment Key Findings

Summary: Scope of the Need

Although 72% of respondents selected this service area as a priority need, this need area was not chosen as a priority need by the HSAC.

The age adjusted frequency of mental health distress was 15.9% for Cape May County which was higher than the statewide average of 12.1%. This indicator is defined as 14 or more of the past 30 days "not good". The Age-adjusted Data is from the New Jersey Behavioral Risk Factor Survey Data and included in the NJDCF County Data Profile.

Summary: Nature of the Need

Twenty-two percent of survey respondents agreed that there are enough services available in the county to help adults who need Behavioral Health/Mental Health services while 34% strongly disagreed and 37% disagreed.

Fifteen percent agreed and 2% strongly agreed that anyone in the county is able to access these services; 30% strongly disagreed and 39% disagreed while 14% didn't know.

Key barriers were lack of awareness of the service cited by 70% of survey respondents followed by transportation at 64% and wait lists at 61%.

Summary: Local Considerations for Addressing the Need for County Prioritized Need Area

NA

If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area

NA

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	67	34 %	37 %	22 %	0 %	6 %	100 %
2. Anyone in the county is able to access services.	66	30 %	39 %	15 %	2 %	14 %	100
3. Services are widely advertised and known by the county.	67	28 %	43 %	19 %	0 %	9 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	67	9 %	16 %	30 %	0 %	45 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	67	3 %	15 %	40 %	1 %	40 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	67	3 %	16 %	46 %	3 %	31 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	66	40	61
Services do not exist	66	26	39
Transportation	66	42	64
Cannot contact the service provider	66	15	23
Too expensive	66	29	44
Lack of awareness of service	66	46	70
Cultural Barriers	66	22	33
Services provided are one-size fits all, and don't meet individual needs	66	21	32
Stigma Leads to Avoidance	66	32	48
Eligibility Requirement (explain below)	66	5	8
Other (explain below)	66	4	6

Need Area: Substance Use Disorder and Prevention Services (Adults and Adolescents)

Status: Prioritized Need Area

Substance use treatment services includes services that provide a range of assessment and supportive treatment for substance use disorders. This need area seeks to gauge the substance use needs and the existence of community services and supports to address substance use disorder needs throughout the county (e.g., detoxification, short- and long-term inpatient treatment services, outpatient treatment services, medication management, Division of Mental Health and Addiction Services, NJ 2-1-1, etc.)

Need Assessment Key Findings

Summary: Scope of the Need

The survey process identified Substance use disorder services as one of the top priority service needs in the county by 55% of survey respondents with 59% disagreeing that there are sufficient services in the county.

DMHAS data in 2017 identified Heroin (51%) as the predominant substance used by people admitted to substance abuse treatment centers for Cape May followed by alcohol (27%), marijuana (9%) other opiates (7%) and cocaine (3%). There were 105 (5%) admissions for those 18-21 years old. Of a total of 1954 admissions, Lower Township (571) Middle Township (361) and Wildwood City (250) represented the highest areas of admissions in the County. Referrals were primarily from the criminal justice system (776), 504 were self-referred and DCCP/CPSAI referred 141 people.

<https://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2017/Pas.pdf>.

Sixty two percent of County residents were treated in Cape May. Most residents received treatment primarily in outpatient care (648 or 33%) with 606 or 48% treated in Cape May and intensive outpatient care (551 or 28%) of which 490 (39%) received treatment in Cape May with 183 or 9% people receiving residential detox services outside of the county.

<https://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2017/Pas.pdf>. There were 59 suspected opioid overdose deaths in 2017 falling to 47 in 2018. This represented a 20% decline. <https://www.njcares.gov/#atla>.

In 2018, with 2,394 admissions, Lower Township (678) Middle Township (508) and Wildwood City (261) continued to be municipalities with the highest admissions. Admissions included 99 residents who were 18-21 years of age. Referrals were mainly from the criminal Justice system (1,005) and self referrals (699) with 148 referrals from DCCP/CPSAI. <https://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2018/Cap.pdf>.

Heroin was the predominant drug (45%) presented at admission, followed by alcohol (30%), Marijuana (8%), other opiates (7%) and Cocaine (4%). Fifty nine percent of County residents were treated in Cape May. Most residents received treatment primarily in outpatient care (738 or 31%) with 683 or 47% treated in Cape May and intensive outpatient care (680 or 28%) of which 549 or 37% received treatment in Cape May with 219 or 9% of people receiving residential detox services outside of the county.

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

In 2019, there were 2,838 substance abuse admissions for Cape May residents 1,067 for alcohol and 1,770 for drugs representing 3% of the statewide total.

Alcohol represented 38% of admissions, Heroin (37%), Cocaine (5%), Marijuana (9%), and other Opiates (6%). Four hundred (2%) of the admissions were first time clients. Unmet demand for the County is estimated at 23%. County specific data for age, referral source, municipalities, treatment type and unmet need were not available.

<https://nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2019/Substance%20Abuse%20Overview%20Statewide%20Report%20-%20%202019.pdf>.

Summary: Nature of the Need

Survey respondents (68%) indicated that a lack of awareness about services and transportation presented the greatest barriers followed by wait lists (51%), stigma (49%) and non existent services (41%).

Respondents (58%) also disagreed that anyone in the county could access services and 51% regarded awareness of services as lacking. Respondents (52%) were generally unaware of gender, race and ethnicity were considered or if services were of good quality (52%) although 32% agreed they were. Provider staff were considered to be well trained, knowledgeable and provided good customer service by 38% of respondents although 45% didn't know.

Focus groups identified numerous barriers related to access to treatment, noting they are long standing and had particular concerns for youth. One focus group noted that the County population size does not support the critical mass to attract providers to the area.

Focus groups identified several barriers related to residential services and treatment and contributing factors across the ten focus group sessions including:

- Capacity for inpatient and outpatient services is lacking
- No residential facility in the County
- Stays at residential facilities are not long enough (most length of stays are determined by insurance not individual client need)
- Wait time to get into residential facilities

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- Only one outpatient program for adolescents
 - IOP capacity for youth is very limited
 - Residential services for youth are at a significant out-of-county distance
 - Youth at 14 years of age can refuse services (parent cannot insist)
 - Changes to Juvenile Detention Alternative Initiative have eliminated required treatment reducing external motivators to get youth into treatment
 - Reimbursement rates for residential services for youth are too low
 - Stigma – admitting there is a problem is problematic as well as parental support for treatment planning and supportive home environments
 - Lack of certified clinicians leading to longer wait times
 - Impact of Covid-19 on residential services
 - Impact of Covid-19 on Methadone treatment – reducing the number of daily check-in requirements)
 - Treatment options for co-occurring diagnosis and youth with disabilities
 - Resources to support navigating the system
 - Cost of treatment
 - Lack of Insurance
 - Provider capacity affected by population size i.e., the county doesn't have the critical mass numbers to attract providers to area for services
 - Availability of transportation to services
 - Support for people with addictions within healthcare settings is lacking

Key Informants echoed many of the barriers conveyed by the focus groups. Barriers exist due to stigma, admission of a problem/issue, a lack of resources to support treatment, and maintain a job or attend school present challenges to seeking or attending treatment, insurance, lack of transportation and knowledge of available resources. One key informant shared the lack of awareness of treatment options was more pronounced with the transient segment of the population. Capacity was noted as a barrier with a lack of readily available beds to offer services when needed. There is also a lack of inpatient treatment facilities in close proximity to the County and resources to support sobriety.

Summary: Local Considerations for Addressing the Need for County Prioritized Need Area

The County does not have the resources to address the long standing existing barriers and capacity needs without the assistance of federal, state and other partners. The process identified the following recommendations to improve access and service delivery as well as statewide recommendations:

Increase Access

- Certify all provider points of access to the system of care capable of determining Presumptive Eligibility for Medicaid
- Increase telehealth
- Advocate for programs to provide financial assistance through payment plans or paycheck deduction
- Increase transportation services including local outpatient services and out-of-county inpatient services
- Provide on demand transportation services to immediately “link” a consumer to treatment as soon as they agree to participate needs to be increased for both youth and adults

Increasing Awareness and Reducing Stigma

- Publicize hotline numbers
- Increase publicity for NJ Family Care
- Increase advertising for available programs
- Increase community education about available services/treatment options
- Increase/update educational materials on addiction supplied to schools
- Increase advertising of recovery centers and support groups (AA/NA)
- Develop “quick reference cards” on service options with contact information for mass distribution

Increasing Service Options

- Advocate for increased capacity to decrease wait times for services, a need throughout the state
 - Advocate for increased funding statewide for adolescent services
 - Develop a continuum of services for youth like the adult system
 - Increase youth IOP options
 - Advocate for greater access to inpatient facilities for County consumers or an inpatient facility located within the County
 - Increase telehealth
 - Increase reimbursement rates for residential providers of youth services
 - Advocate for program/policy changes that provide motivation/incentives for youth to complete substance use treatment such as reducing time on probation if treatment is completed.
 - Advocate for programs to include other family members in the person’s
- Implement a “drug court” like program to assist those with substance abuse disorder who have not been involved with the law

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- More prevention services/resources for youth and parents as parents often want to address issues in their children before they become a “crisis”.
 - Eliminate the time lag so that a consumer can be “linked” to treatment as soon as they agree to participate.
 - Increase in-school and in-community prevention and education services; including youth as partners in the message not just consumers.
 - Increase flexibility in programs so that they are not based on a set amount of time but rather specific to each consumer
 - Flexible appointment times with weekend and night time appointments

Statewide Recommendations

- Advocate for additional residential services statewide
- Expand the number of Medicaid beds available statewide
- Substance Assistance Counselors should be present in all middle and high schools statewide

If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area

NA

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	67	28 %	31 %	19 %	4 %	16%	100%
2. Anyone in the county is able to access services.	67	18 %	31 %	25 %	6 %	19%	100%
3. Services are widely advertised and known by the county.	67	18 %	33 %	28 %	7 %	13%	100%
4. Services take race, age, gender, ethnicity and more into account.	67	10 %	12 %	21 %	5 %	52%	100%
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	67	3 %	4 %	33 %	7 %	52%	100%
6. Staff are well-trained, knowledgeable and provide good customer service.	67	3 %	6 %	39 %	7 %	45%	100%

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	63	32	51
Services do not exist	63	26	41
Transportation	63	43	68
Cannot contact the service provider	63	10	16
Too expensive	63	25	40
Lack of awareness of service	63	43	68
Cultural Barriers	63	18	29
Services provided are one-size fits all, and don't meet individual needs	63	14	22
Stigma Leads to Avoidance	63	31	49
Eligibility Requirement (explain below)	63	2	3
Availability of Substance Use Disorder Services	NA	NA	NA
Availability of Substance Abuse Prevention Programs	NA	NA	NA
Other (explain below)	63	2	3



Need Area: Domestic Violence Services

Status: General Need Area

Domestic violence is violence or other forms of abuse by one person against another in a domestic setting, e.g., husband and wife, child and parent, sibling and sibling, etc. This need area seeks to assess the level to which domestic violence impact residents throughout the county and the existence of community services and supports that will keep families safe from physical, sexual, financial, digital, mental and emotional forms of domestic violence (e.g., shelter services, victim services, batterers intervention services, DCF's Office of Domestic Violence Services, domestic violence liaisons, domestic violence hotline, Family Success Centers, etc.)

Need Assessment Key Findings

Summary: Scope of the Need

Only 22% of survey respondents ranked domestic violence services as a top three need, therefore these services were not included in the priority needs.

The NJDCF County Data Profile indicated over the last five years, incidents of domestic violence have fluctuated up and down from 2012 to 2016.

-2012: 1,194

-2013: 1,253

-2014: 1,166

-2015: 1,293

-2016: 1,262

<https://www.njsp.org/ucr/domestic-violence-reports.shtml>. and NJDCF County Data Profile (Table 12.2)

The municipalities of Middle Township (388), Lower Township (353), Wildwood City (123) and Ocean City (83) had the highest number of incidents in the 2016 Annual domestic violence reports.

<https://www.njsp.org/ucr/domestic-violence-reports.shtml>. and NJDCF County Data Profile (Table 12.3)

Summary: Nature of the Need

Thirty-three percent (33%) of survey respondents agreed that there are enough services available in the county to help those who need domestic violence services while 13% strongly disagreed and 33% disagreed and 21% responded they didn't know.

Thirty-four percent agreed and 3% strongly agreed that anyone in the county is able to access these services; 12% strongly disagreed and 25% disagreed while 25% didn't know.

Key barriers were lack of awareness of the service cited by 71% of survey respondents followed by stigma leading to avoidance at 48% and transportation at 47%.

Summary: Local Considerations for Addressing the Need for County Prioritized Need Area

NA

If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area

NA

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	67	13 %	33 %	33 %	0 %	21 %	100 %
2. Anyone in the county is able to access services.	67	12 %	25 %	34 %	3 %	25 %	100 %
3. Services are widely advertised and known by the county.	67	15 %	36 %	30 %	1 %	18 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	67	6 %	9 %	24 %	4 %	57 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	67	0 %	4 %	37 %	7 %	51 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	67	1 %	4 %	43 %	9 %	42 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	58	10	17
Services do not exist	58	8	14
Transportation	58	27	47
Cannot contact the service provider	58	9	16
Too expensive	58	2	3
Lack of awareness of service	58	41	71
Cultural Barriers	58	12	21
Services provided are one-size fits all, and don't meet individual needs	58	7	12
Stigma Leads to Avoidance	58	28	48
Eligibility Requirement (explain below)	58	1	2
Other (explain below)	58	4	7



Need Area: Parenting Skills Services**Status: General Need Area**

Parenting skills services are programs that aim to enhance parental capacity and skills, improve parenting practices and behaviors, and teach age appropriate child development skills and milestones. This need area seeks to assess the level to which residents require parenting skills services and the existence of community services and supports which address parenting skills (e.g., Home Visiting Program, Nurse-Family Partnership, Family Preservation, Family Success Centers, Family Service Organizations, Parents Anonymous, Parent Mentors, SPAN, etc.).

Need Assessment Key Findings**Summary: Scope of the Need**

Only 25% of survey respondents ranked parenting skills services as a top three need, therefore these services were not included in the priority needs.

Summary: Nature of the Need

Fifty-two percent of respondents disagreed or strongly disagreed that there are enough parenting skills services in Cape May County. Twenty-five percent agreed that anyone in the county is able to access these services; 10% strongly disagreed and 30% disagreed while 34% didn't know. Lack of awareness was cited as the predominant barrier (78%) followed by transportation at 48%.

Summary: Local Considerations for Addressing the Need for County Prioritized Need Area

NA

If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area

NA

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	67	15 %	37 %	21 %	1 %	27 %	100 %
2. Anyone in the county is able to access services.	67	10 %	30 %	25 %	0 %	34 %	100 %
3. Services are widely advertised and known by the county.	67	18 %	42 %	18 %	0 %	22 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	67	4 %	16 %	18 %	3 %	58 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	67	1 %	4 %	31 %	1 %	61 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	67	1 %	3 %	33 %	4 %	58 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	58	3	5
Services do not exist	58	17	29
Transportation	58	28	48
Cannot contact the service provider	58	3	5
Too expensive	58	2	3
Lack of awareness of service	58	45	78
Cultural Barriers	58	18	31
Services provided are one-size fits all, and don't meet individual needs	58	11	19
Stigma Leads to Avoidance	58	15	26
Eligibility Requirement (explain below)	58	1	2
Other (explain below)	58	2	3



Need Area: Legal and Advocacy Services**Status: General Need Area**

Legal and advisory services include legal assistance, advocacy and support in various types of legal matters, including child support, child custody, paternity, immigration, domestic violence, housing and eviction, criminal, etc. This need area seeks to assess if the level to which residents throughout the county have unresolved legal issues for which they need assistance and the existence of legal and advisory services to meet those needs (e.g., Legal Aid, pro-bono attorneys and clinics, court system, ombudsman, etc.)

Need Assessment Key Findings**Summary: Scope of the Need**

Only 19% of survey respondents ranked legal and advocacy services as a top three need, therefore these services were not included in the priority needs.

Summary: Nature of the Need

Fifty-four percent of respondents disagreed or strongly disagreed that there are enough legal and advocacy services in Cape May County. Twenty-six percent agreed and 2% strongly agreed that anyone in the county is able to access these services; 14% strongly disagreed and 38% disagreed while 21% didn't know.

Lack of awareness (76%) was the predominant barrier cited followed by transportation at 47%.

Summary: Local Considerations for Addressing the Need for County Prioritized Need Area

NA

If applicable: Additional Notable Focus Group Trends for County Prioritized Need Area

NA

Need Area: Survey Results

Item	Total Number of Respondents	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total
1. There are enough services available in the county to help those who have this need.	67	15 %	39 %	25%	4 %	16 %	100 %
2. Anyone in the county is able to access services.	66	14 %	38 %	26%	2 %	21 %	100 %
3. Services are widely advertised and known by the county.	67	15 %	49 %	18%	1 %	16 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	67	3 %	12 %	31%	3 %	51 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	66	2 %	5 %	41%	3 %	50 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	66	3 %	3 %	44%	9 %	41 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	58	15	26
Services do not exist	58	19	33
Transportation	58	27	47
Cannot contact the service provider	58	6	10
Too expensive	58	12	21
Lack of awareness of service	58	44	76
Cultural Barriers	58	14	24
Services provided are one-size fits all, and don't meet individual needs	58	5	9
Stigma Leads to Avoidance	58	6	10
Eligibility Requirement (explain below)	58	3	5
Other (explain below)	58	2	3